When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: MAILING ADDRESS:

FACILITY:

LOCATION:

Clark Family Campground

1440 E Minnesota Ave

Orange City, Florida 32763-3012

Clark Family Campground WWTF

1440 E Minnesota Ave Orange City, FL 32763-3012

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA011237-004-DW3P

**Expiration Date:** 

October 5, 2024

Final N/A

REPORT FREQUENCY: PROGRAM:

Monthly Domestic

MONITORING GROUP NUMBER: R-001 Rapid Infiltration Basins, with Influent MONITORING GROUP DESCRIPTION:

RE-SUBMITTED DMR:

NO DISCHARGE FROM SITE:

JUNE 30, 2020\_\_

MONITORING PERIOD From: JUNE 1 \_\_\_ To: Volusia COUNTY: Central District OFFICE:

Parameter		Quantity or Loading		Units	Ç	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow (to RIBs)	Sample Measurement		.002	MGD					0	5 Days/Week	ETM
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement		0.015 (An.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
Flow (to RIBs)	Sample Measurement		.002	MGD					0	5x/ Week	ETM
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.9		Mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.25	3.25	3.25	Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					8.4		Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				110-2-2	20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.88	3.88	3.88	Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
William D. Pulver Jr	Welliam Alacan	386-668-5776	07/03/2020

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

RECEIVED

**DEP Central District** 

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Clark Family Campground WWTF

MONITORING GROUP NUMBER:

R-001

MONITORING PERIOD

From: JUNE 1\_\_ To:

JUNE 30, 2020\_\_

Parameter		Quantity	or Loading	Units		Quality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					35.2		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					1	1	#100 mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
pН	Sample Measurement				7.0		7.4	s.u.	0	5 x /week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.8			Mg/L	0	5 x/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Flow (through facility)	Sample Measurement		.002	MGD					0	5 x /Week	ETM
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement		0.015 (An.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
Flow (through facility)	Sample Measurement	.001	.002	MGD					0	5 x/Week	ETM
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Qt.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Elapsed Time Meter on Pump
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement						9	%	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
			***								

When Completed mail this	report to: Department of Environmental Protection	, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767			
PERMITTEE NAME:	Clark Family Campground 1440 E Minnesota Ave	PERMIT NUMBER:	FLA011237-004-DW3P		
MAILING ADDRESS:	Orange City, Florida 32763-3012	LIMIT: CLASS SIZE:	Final N/A	REPORT FREQUENCY: PROGRAM:	Monthly Domestic
FACILITY: LOCATION:	Clark Family Campground WWTF 1440 E Minnesota Ave	MONITORING GROUP NUMBER: MONITORING GROUP DESCRIPTION:	RMP-Q Biosolids Quantity	TROGRAM.	Domestic
COUNTY	Orange City, FL 32763-3012 Volusia	RE-SUBMITTED DMR:  NO DISCHARGE FROM SITE:  MONITORING PERIOD  From:	JUNE 1, To:	JUNE 30, 2020	

Parameter		Quantity	or Loading	Units	Qu	ality or Concentrat	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0	Dry Tons					0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo.Total)	dry tons						Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		0	Dry Tons					0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo.Total)	dry tons						Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
William D. Pulver Jr	William Delans	386-668-5776	07/03/2020

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Central District

OFFICE:

When Completed mail this	report to: Department of Environmental Protection, 3319 N	laguire Bivu, Suite 232, Offailuo, FL 32803-3707			
PERMITTEE NAME: MAILING ADDRESS:	Clark Family Campground 1440 E Minnesota Ave	PERMIT NUMBER:	FLA011237-004-DW3P		
THE RESIDENCE TRADECTORS.	Orange City, Florida 32763-3012	LIMIT: CLASS SIZE:	Final N/A	REPORT FREQUENCY: PROGRAM:	Quarterly Domestic
FACILITY: LOCATION:	Clark Family Campground WWTF 1440 E Minnesota Ave Orange City, FL 32763-3012	MONITORING GROUP NUMBER: MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR:	R-001 Rapid Infiltration Basins		
COUNTY:	Volusia	NO DISCHARGE FROM SITE: MONITORING PERIOD From:	APR 1 To:	JUN 30, 2020	

Parameter		Quantity o	r Loading	Units	(	Quality or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	Sample Measurement					55.9		Mg/L	0	Quarterly	Grab
PARM Code 00600 Y Mon. Site No. EFA-1	Permit Requirement					Report (An.Avg.)		mg/L		Quarterly	Grab
Nitrogen, Total	Sample Measurement						11.7	Mg/L	0	Quarterly	Grab
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement						Report (Mo.Avg.)	mg/L		Quarterly	Grab
											4.70
_											

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
William D. Pulver Jr	Wil Cours Dolans	386-668-5776	07/03/2020

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

OFFICE:

Central District

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Clark Family Campground PERMIT NUMBER: FLA011237-004-DW3P MAILING ADDRESS: 1440 E Minnesota Ave Orange City, Florida 32763-3012 LIMIT: Final REPORT FREQUENCY: Annually CLASS SIZE: N/A PROGRAM: Domestic FACILITY: Clark Family Campground WWTF MONITORING GROUP NUMBER: R-001 LOCATION: 1440 E Minnesota Ave MONITORING GROUP DESCRIPTION: Rapid Infiltration Basins, with Influent Orange City, FL 32763-3012 RE-SUBMITTED DMR: NO DISCHARGE FROM SITE:

COUNTY: Volusia
OFFICE: Central District

MONITORING PERIOD From: JAN 1 To: DEC 31, 2020

Parameter
Quantity or Loading Units Quality or Concentration Units No. Frequency of Ex. Analysis

Nitrogen, Nitrate, Total (as N)
Sample Measurement

MONITORING PERIOD From: JAN 1 To: DEC 31, 2020

Units No. Frequency of Ex. Analysis

MNR Mg/L 0 Annual Grab

T thumbter		Quantity	or Loading	Omis	\	danty of Concentrati		Units	Ex.	Analysis	Sample Type
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MNR	Mg/L	0	Annual	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						MNR	Mg/L	0	Annual	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
Solids, Total Suspended (Influent)	Sample Measurement						MNR	Mg/L	0	Annual	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
William D. Pulver Jr	William Dollan	386-668-5776	07/03/2020

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

# DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011237-004-DW3P From JUNE 1\_\_\_\_

To: \_JUNE 30, 2020\_\_\_\_

Facility: Clark Family Campground WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Solids, Total Suspended mg/L	pH s.u.	Flow (through facility) MGD	Total Nitrogen	
Code Mon Site	80082	50060	74055	00530	00400	50050		
Mon. Site	EFA-1	EFA-1 1.2	EFA-1	EFA-1	7.0	FLW-1 .001		 _
2		1.2			7.0	.001		
3						1		
4		1.0			7.2	.003		 -
5					7.2	.005		1
6		1.0			7.2	.001		-
7		1.0			7.2	.002		
8	3.25	1.2	1	3.88	7.3	.002		
9			_	0.00		1.02		
10						1		
11		1.4			7.2	.004		
12		1.4			7.0	.001		
13		1.4			7.2	.001		
14		1.2			7.0	.001		+
15		0.8			7.2	.003		-
16					1,22	.002		
17						-		
18		1.0			7.0	.008		
19		1.0			7.2	.002		
20		1.2			7.2	.002		 -
21		1.2			7.2	.003		
22		1.2			7.4	.002		
23								1
24								
25		1.0			7.2	.005		
26		1.2			7.2	.001		
27		1.2			7.2	.001		
28		1.0			7.2	.003		
29		1.2			7.2	.001		
30						+		
31						+		
Total						.047		
Mo. Avg.						.001		

28		1.0			7.2	.0	03			
29		1.2			7.2	.0	01			
30										
31										
Total						.0-	47			
Mo. Avg.						.0	01		Ì	
PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator		Class: Class: Class:	Certifica	ate No:	4874			m Emert m D. Pulver Jr		
6										