

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Rainbow City LLC ADDRESS: 9012 NE 117th Pl Kirkland, WA 98034					PERMIT NUMBER: FLA012240 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001						
FACILITY: Rainbow Rock Mobile Home Park LOCATION: 1150 Fletcher Ln Plant City, FL 33563					DESCRIPTION: R-001, including Influent						
COUNTY: HILLSBOROUGH					MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024						
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0107	0.0091						0	3 Days/Week	Calculated
PARM Code 50050 P Mon. Site: CAL-01	Permit Requirement	0.012 (Qtrr Avg)	Report (Mo Avg)	MGD						(3 Days/Week)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					3.5			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement				1.2	1.2	1.2		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					4.5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1	<1		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.1		8.3		0	3 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(3 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.0				0	3 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(3 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						1.0		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.0108	0.0094						0	3 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	Permit Requirement	0.012 (Qtr Avg)	Report (Mo Avg)	MGD						(3 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-02	Sample Measurement						90		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Isaac Bostic	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 GATHERED AND EVALUATED 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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 643-8293	SUBMITTED ON 04/24/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Rainbow City LLC	PERMIT NUMBER:	FLA012240
ADDRESS:	9012 NE 117th Pl Kirkland, WA 98034	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	R-002
FACILITY:	Rainbow Rock Mobile Home Park		
LOCATION:	1150 Fletcher Ln Plant City, FL 33563	DESCRIPTION:	R-002
COUNTY:	HILLSBOROUGH	MONITORING PERIOD:	From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0001	0.0003						0	3 Days/Week	Meter
PARM Code 50050 1 Mon. Site: FLW-02	Permit Requirement	0.012 (Qtr Avg)	Report (Mo Avg)	MGD						(3 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	<2.0		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						4.6		0	3 Days/Week	Grab
PARM Code 00530 B Mon. Site: EFB-01	Permit Requirement						5.0 (Maximum)	mg/L		(3 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						<1		0	3 Days/Week	Grab
PARM Code 74055 A Mon. Site: EFA-02	Permit Requirement						25.0 (Maximum)	#/100mL		(3 Days/Week)	(Grab)
Coliform, Fecal, % less than detection	Sample Measurement				100				0	3 Days/Week	Calculated
PARM Code 51005 A Mon. Site: EFA-02	Permit Requirement				75.0 (MinTotMo)			percent		(3 Days/Week)	(Calculated)
pH	Sample Measurement				7.1		8.3		0	3 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-01	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(3 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				2.2				0	3 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-02	Permit Requirement				1.0 (Minimum)			mg/L		(3 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.0		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-01	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
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PERMITTEE NAME: Rainbow City LLC ADDRESS: 9012 NE 117th Pl Kirkland, WA 98034				PERMIT NUMBER: FLA012240 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q			
FACILITY: Rainbow Rock Mobile Home Park LOCATION: 1150 Fletcher Ln Plant City, FL 33563				DESCRIPTION: Biosolids Quantity			
COUNTY: HILLSBOROUGH				MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024			

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred)	Sample Measurement		0.2502				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	dry tons			(1 Monthly)	(Calculated)	
Biosolids Quantity (Landfilled)	Sample Measurement		0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	Permit Requirement		Report (Mo Total)	dry tons			(1 Monthly)	(Calculated)	

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