

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southwest District Office,

Compliance Assurance Program, Attn: Domestic Wastewater,
13051 North Telecom Parkway, Temple Terrace, FL 33637-0926
swd_dw-@dep.state.fl.us

PERMITEE NAME:
MAILING ADDRESS:

Sunset Shores Co-Op, Inc.
P.O. Box 1078
Frostproof, Florida 33843
sunsetshorescoop@gmail.com

PERMIT NUMBER: FLA013089-007-DW3P/NRL

LIMIT: Final REPORT: Monthly
GROUP: Domestic

CLASS SIZE N/A
MONITORING GROUP NLR-001

FACILITY:
LOCATION:

Sunset Shores WWTF
1000 S. Clinch Lake Blvd.
Frostproof, FL 33843-9150

MONITORING GROUP RIB including Influent

DESCRIPTION:

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/23 To: 10/31/23

COUNTY:
OFFICE:

Polk
Southwest District

RECEIVED
11-21-2023

DIVISION OF WATER
RESOURCE MANAGEMENT

Parameter		Quality or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.005				0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculation
Flow	Sample Measurement	0.006				0		
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	ETM
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.11		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	<2.0	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.18		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		mg/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement			<1.0	<1.0	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	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(Y/M/DD)
DANNY ALEXANDER/OPERATOR		863-965-2599	11/24/23

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

DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sunset Shores WWTF

MONITORING GROUP R-001

PERMIT NO.: FLA013089-007-DW3P/NRL

NUMBER:

MONITORING GROUP From: 10/1/23 To: 10/31/23

Parameter		Quality or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1			0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1			0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement				800 (Max.)		#/100mL		Monthly	Grab
pH	Sample Measurement				7.5	7.5		0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine Total Residual (For Disinfection)	Sample Measurement				1.7			0		
PARM Code. 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					3.4		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.006	0.005					0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	0.015 (3Mo. Avg.)	MGD					5 Days/Week	ETM
Permitted Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					33.3		0		
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement					Report (Mo. Avg.)	%		Monthly	Calculation

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MAILING ADDRESS: P.O. Box 1078
Frostproof, Florida 33843
sunsetshorescoop@gmail.com
FACILITY: Sunset Shores WWTF
LOCATION: 1000 S. Clinch Lake Blvd.
Frostproof, FL 33843-9150
COUNTY: Polk
OFFICE: Southwest District

PERMIT NUMBER: FLA013089-007-DW3P/NRL
LIMIT: Final REPORT FREQUENCY: Annually
PROGRAM: Domestic
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: RIB including Influent
NO DISCHARGE FROM SITE:
MONITORING PERIOD From: 10/1/23 To: 10/31/23

Parameter		Quality or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement			MNR		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	mg/L		Annually	Grab
Solids, Total Suspended (Influent)	Sample Measurement			MNR		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	mg/L		Annually	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT DANNY ALEXANDER/OPERATOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 863-965-2599	DATE(Y/M/D) 11/24/23
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A


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 FACILITY: Sunset Shores WWTF
 LOCATION: 1000 S. Clinch Lake Blvd.
 Frostproof, FL 33843-9150
 COUNTY: Polk
 OFFICE: Southwest District

PERMIT NUMBER: FLA013089-007-DW3P/NRL
 LIMIT: Final REPORT FREQUENCY: Monthly
 PROGRAM Domestic
 CLASS SIZE N/A
 MONITORING GROUP NU RMP-Q
 MONITORING GROUP Biosolids Quantity
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 10/1/23 To: 10/31/23

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

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE(YY/MM/DD)
DANNY ALEXANDER/OPERATOR		863-965-2599	11/24/23

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

DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit

DEP Form 62-620.910(10), Effective Nov. 29, 1994

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013089-007-DW3P/NRL
 Monitoring Period From: 10/1/23 To: 10/31/23

Facility: Sunset Shores WWTF

	Flow (MGD)	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L	Coliform, Fecal #/100mL	pH s.u.	Chlorine, Total Residual (For Disinfection) mg/L	CBOD (mg/L)	TSS (mg/L)	Nitrogen, Nitrate, Total (as N) mg/L	Notes
Code	50050	80082	00530	74055	00400	50060	80082	530	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	EFA-01	
1	0.009				7.5					
2	0.009				7.5	1.8				
3	0.008				7.5	1.7				
4	0.008				7.5	1.7				
5	0.006				7.5	1.8				
6	0.006				7.5	1.7				
7	0.007									
8	0.007									
9	0.007				7.5	1.7				
10	0.006				7.5	0.5				
11	0.006				7.5	1.9				
12	0.005				7.5	2				
13	0.005				7.5	1.9				
14	0.006									
15	0.006									
16	0.006				7.5	1.9				
17	0.006				7.5	3.8				
18	0.006	<2.0	<1.0	<1	7.5	3.9			3.4	
19	0.005				7.5	3.6				
20	0.005				7.5	3				
21	0.006									
22	0.006									
23	0.006				7.5	2.2				
24	0.006				7.5	1.9				
25	0.006				7.5	1.9				
26	0.004				7.5	1.8				
27	0.004				7.5	1.9				
28	0.005									
29	0.005									
30	0.005				7.5	1.9				
31	0.006				7.5	1.8				
Total	0.192	<2.0	<1.0	<1					3.4	
Mo. Avg.	0.006	<2.0	<1.0	<1					3.4	

PLANT STAFFING:

Day Shift Operator Class: C Certified No: 7801 Name: Daniel Alexander
 Evening Shift Operator
 Night Shift Operator
 Lead Operator Class: C Certified No: 7801 Name: Daniel Alexander

DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit

DEP Form 62-620.910(10), Effective November 29, 1994