DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

										110.00		
PERMITTEE NAME: Little Willies RV Resort						PERMIT NUMBER: FLA011962						
ADDRESS: 5905 NE Cubitis Ave						LIMIT: FINAL REPORT: Mont						
	Arcadia, FL 34266	i i			FACILITY TYPE: DW GROUP: Domestic							
							M	ONITORING G	ROUP: R-001			
FACILITY:	Little Willie's RV	Resort WWTF										
LOCATION:	5905 NE Cubitis A		DESCRIPTION: R001 REUSE SYSTEM DU						S			
	Arcadia, FL 34266											
COUNTY:	DESOTO						М	ONITORING P	FRIOD From	05/01/202	2 To: 05/31/2022	
	DEBOTO		İ			1				00/01/202		
										No.	Frequency	Sample
Para	meter		Quantity or Loading		Units	Quali	ty or Concent	tration	Units	Ex.	of	Туре
										L'A.	Analysis	Type
		Sample										
BOD, Carbonaceous 5 day, 20C		-					5.0			0	1 Monthly	Grab
	•	Measurement										
PARM Code 800)82 Y	Permit					20.0					
Mon. Site: EFA-		Requirement					(Annl Avg)		mg/L		(1 Monthly)	(Grab)
Mon. She. EFA-	01	Keyun ement					(111111111)					
		Sample				5 0	= 0	= 0		0		<i>a</i> 1
BOD, Carbonace	ous 5 day, 20C	Measurement				5.0	5.0	5.0		0	1 Monthly	Grab
PARM Code 80082 A		Permit				60.0	45.0	30.0			(1 Manthla)	(Grab)
Mon. Site: EFA-01		Requirement				(Maximum)	(Wkly Avg)	(Mo Avg)	mg/L		(1 Monthly)	(Grad)
		_										
Solids, Total Sus	nondad	Sample					3.0			0	1 Monthly	Grab
Solius, Total Sus	pended	Measurement					5.0			U	1 Wontiny	Grab
	20. 17	D 1/										
PARM Code 00530 Y		Permit					20.0		mg/L		(1 Monthly)	(Grab)
Mon. Site: EFA-01		Requirement					(Annl Avg)		g, 22		(1 112011011))	(0140)
		Samula										
Solids, Total Suspended		Sample				3.0	3.0	3.0		0	1 Monthly	Grab
, F		Measurement									-	
PARM Code 00530 A		Permit				60.0	45.0	30.0				
Mon. Site: EFA-01		Requirement				(Maximum)	(Wkly Avg)	(Mo Avg)	mg/L		(1 Monthly)	(Grab)
WOII. SILE: EFA-01		Kequirement				(intaxiniulii)	(Thy Avg)	(morag)				

Parameter		Quantity or Loading Units		Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement					5.0			0	1 Monthly	Grab
PARM Code 74055 Y Mon. Site: EFA-01	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal	Sample Measurement				10	10	10		0	1 Monthly	Grab
PARM Code 74055 A Mon. Site: EFA-01	Permit Requirement				800.0 (Maximum)	400.0 (90th %)	200.0 (Mo Geomn)	#/100mL		(1 Monthly)	(Grab)
рН	Sample Measurement				7.8		8.1		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-01	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				0.8				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						.14		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-01	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.009	.013						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement	Report (Mo Avg)	0.04 (3MonAvg)	MGD						(5 Days/Week)	(Elapsed Time Measurement on Pump (Pump Log))
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						33.6		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-01	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						2441		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement						372		0	1 Monthly	Grab
PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
OR AUTHORIZED AGENT DI PF Michael Strand PF TT AN	I CERTIFY UNDER PENALT DIRECTION OR SUPERVISIO PROPERLY GATHERED ANI PERSONS WHO MANAGE TH THE INFORMATION SUBMIT AM AWARE THAT THERE POSSIBILITY OF FINE AND I	ION IN ACCORDAN ND EVALUATED TH THE SYSTEM, OR TH ITTED IS, TO THE N E ARE SIGNIFICA	NCE WITH A SYS' THE INFORMATION HOSE PERSONS DII BEST OF MY KNO' ANT PENALTIES F	GTEM DESIGNED ' N SUBMITTED. BA IRECTLY RESPON OWLEDGE AND BA FOR SUBMITTINC	TO ASSURE THAT ASED ON MY INQU SIBLE FOR GATHE ELIEF, TRUE, ACC	T QUALIFIED PER UIRY OF THE PER ERING THE INFORI CURATE AND COM	RSONNEL OR AUT RSON OR RMATION, Electronic MPLETE. I	TURE OF PRINCIPA THORIZED AGENT nically Signed	L EXECUTIV		E SUBMITTED ON 93 06/27/2022

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME ADDRESS:					PERMIT LIMIT:	NUMBER:	FLA0119	062 REPORT:	Monthly					
Arcadia, FL 34266								FACILITY TYPE: DW			Domestic			
	Little Willie's RV						MONITC	RING GROUP	: RMP-Q					
FACILITY:														
LOCATION:	5905 NE Cubitis A	Ave				DESCRIPTION: Biosolids Quantity								
	Arcadia, FL 34266	5												
COUNTY:	DESOTO						MONITORING PERIOD: From: 05/01/2022 To: 05/31/2022							
	DEDOTO	1			1	1	mornie	Iditto I Eldob	. 110111.00	101/2022 10		1		
_							~			No.	Frequency	Sample		
Paran	neter		Quantity or Loading		Units	Quality or Concentration			Units	Ex.	of	Туре		
										1244	Analysis	1,00		
Biosolids Quantity (Landfilled)		Sample												
		Measurement	mt	0						0	1 Monthly	Calculated		
	- · · · · ·													
PARM Code B00	PARM Code B0008 +			Report										
Mon. Site: RMP-01		Requirement		(Mo Total)	dry tons						(1 Monthly)	(Calculated)		
		-												
Biosolids Quantit	v (Transferred)	Sample		0						0	1 Monthly	Calculated		
Diosonius Quantit	(fransienea)	Measurement		v						v	1 1.10110111	Curculated		
PARM Code B0007 + Permit		Permit		Report										
				(Mo Total)	dry tons						(1 Monthly)	(Calculated)		
WOII. Site. KWIF-	01	Requirement		(1010 10121)				<u> </u>						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENAI OR AUTHORIZED AGENT DIRECTION OR SUPERVIS										VE OFFICER TELEPHONE	SUBMITTED ON			
OK AUTHORIZED AGENT		ROPERLY GATHERED ANI							IONIZED AGEI	11				
Michael Strand		ERSONS WHO MANAGE TH							ally Signed		(863) 990-1393	06/27/2022		
		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												
		OSSIBILITY OF FINE AND I					,							