

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Little Willies RV Resort ADDRESS: 5905 NE Cubitis Ave Arcadia, FL 34266 FACILITY: Little Willie's RV Resort WWTF LOCATION: 5905 NE Cubitis Ave Arcadia, FL 34266 COUNTY: DESOTO	PERMIT NUMBER: FLA011962 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: R001 REUSE SYSTEM DUAL PONDS MONITORING PERIOD: From: 05/01/2022 To: 05/31/2022
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	Sample Measurement			5.0		0	1 Monthly	Grab	
	Permit Requirement			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	Sample Measurement			5.0	5.0	5.0	0	1 Monthly	Grab
	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	Sample Measurement			3.0		0	1 Monthly	Grab	
	Permit Requirement			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)	
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	Sample Measurement			3.0	3.0	3.0	0	1 Monthly	Grab
	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)	(Grab)

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	.009	.013						0	5 Days/Week	Elapsed Time Measurement on Pump (Pump Log)
	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 PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement					33.6			0	1 Monthly	Calculated
	Permit Requirement					Report (Mo Avg)	percent			(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					2441			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					372			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Michael Strand	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 (863) 990-1393	SUBMITTED ON 06/27/2022

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PERMITTEE NAME: Little Willies RV Resort ADDRESS: 5905 NE Cubitis Ave Arcadia, FL 34266 FACILITY: Little Willie's RV Resort WWTF LOCATION: 5905 NE Cubitis Ave Arcadia, FL 34266 COUNTY: DESOTO	PERMIT NUMBER: FLA011962 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 05/01/2022 To: 05/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
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