



FLORIDA DEPARTMENT OF Environmental Protection

Southwest District
13051 North Telecom Parkway #101
Temple Terrace, Florida 33637-0926

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Alexis A. Lambert
Secretary

January 6, 2025

Gordon Onderdonk, P.E., Director of Utilities
Hernando County Public Utilities
15365 Cortez Blvd
Brooksville, FL 34613
gonderdonk@co.hernando.fl.us

Re: In – Compliance Letter
Glen Subregional Water Reclamation Facility
Facility ID No.: FLA012069
Hernando County

Dear Mr. Onderdonk:

Department personnel conducted a Compliance Evaluation Inspection and Sanitary Sewer Overflow Prevention Inspection of the above-referenced facility on December 19, 2024. Based on the information provided during the inspection, the facility was determined to be in compliance. A copy of the inspection report is attached for your records and no further response is required.

The Department appreciates the facility's efforts to maintain this system in compliance with state and federal rules. Should you have any questions or comments, please contact Jessie Standridge of the Southwest District Office at (813)470-5736, or via e-mail at:
Jessie.Standridge@FloridaDEP.gov

Sincerely,

A handwritten signature in cursive script that reads "Emily Larson".

Emily Larson
Environmental Manager
Compliance Assurance Program
Southwest District
Florida Department of Environmental Protection

EP/mj

Enclosure: Inspection Report

cc: Landis Legg, HCUD; LandisL@co.hernando.fl.us
Bruce Batten, HCUD; bbatten@co.hernando.fl.us
Emily Larson, FDEP, Emily.Larson@FloridaDEP.gov
Jessie Standridge, FDEP, Jessie.Standridge@FloridaDEP.gov



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTEWATER COMPLIANCE INSPECTION REPORT

Facility Details

| | | | | | | |
|-------------------------|----------------------|----|------------------|------------------------------------|------------------------|-----------|
| Facility Name | Glen Subregional WRF | | | WAFR ID | FLA012069 | |
| Physical Address | 11354 Hexam Road | | | City, State, Zip | Weeki Wachee, FL 34601 | |
| County | Hernando | | | Facility Phone # | (352)754-4490 | |
| Permit Issued: | 7/31/2019 | | | Permit Expiration: | 7/30/2024 | |
| Facility Type | Domestic Wastewater | | | Is the Facility NPDES (Y/N) | No | |
| Latitude | Degrees ° | 28 | Minutes ‘ | 34 | Seconds “ | 56.4311 N |
| Longitude | Degrees ° | 82 | Minutes ‘ | 32 | Seconds “ | 9.2555 W |

Inspection Details

| | | | | | |
|--|---|------------|--|---------------------------|---|
| Inspection Type | Entry Date | | Exit Date | | |
| CEI | 12/19/2024 | | 12/19/2024 | | |
| | Entry Time (HH:MM AM/PM) | | Exit Time (HH:MM AM/PM) | | |
| SSOP | 9:33 AM | | 11:20 | | |
| Samples Taken (Y/N) | No | RQ# | N/A | QA Conducted (Y/N) | No |
| Name(s) and Title of Field Representatives(s) | Operator Certification | | Email | | Phone Number |
| Landis Legg, Utility Plant Supervisor Click or tap here to enter text. | N/A Click or tap here to enter text. | | LandisL@co.hernando.fl.us Click or tap here to enter text. | | (352)754-4820 Click or tap here to enter text. |
| Name(s) and address of Permittee / Designated Rep. | Title | | Email | | Phone Number |
| Hernando County Utilities Department Attn: Gordon Onderdonk, PE 15365 Cortez Blvd Brooksville, FL 34613 Click or tap here to enter text. | Director of Utilities Click or tap here to enter text. | | GOnderdonk@co.hernando.fl.us Click or tap here to enter text. | | (352)540-4368 Click or tap here to enter text. |

Inspector Information

| | | |
|--|--|---|
| Name(s) and Signature(s) of Inspectors(s) | District Office/Phone Number | Date |
| Jessie Standridge, Environmental Specialist II Click or tap here to enter text. | SWD/ (813)470-5736 Click or tap here to enter text. | 1/3/2025 Click or tap to enter a date. |
| Name and Signature of Reviewer | District Office/Phone Number | Date |
| Emily Larson, Environmental Manager | SWD/ (813)470-5955 | 1/6/2025 |

Facility Compliance Eval Areas

| | | | | | | | |
|---|------------------------------|----|---------------|-------------------|--------------------------|----|--------------------|
| <i>IC = In Compliance; MC = Minor Out of Compliance; NC = Out of Compliance; SC = Significant Out of Compliance; NA = Not Applicable; NE = Not Evaluated</i> <i>Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a “*”</i> | | | | | | | |
| Overall Compliance Determination | | | | Out of Compliance | | | |
| IC | *Permit | IC | Laboratory | IC | Facility Site Review | NC | *Effluent Quality |
| IC | *Compliance Schedules | IC | Sampling | IC | Flow Measurement | IC | *Effluent Disposal |
| IC | *Records & Reports | IC | Biosolids | IC | *Operation & Maintenance | NC | *Groundwater |
| NC | SSO Survey | NA | Other | NA | Nutrient Management Plan | NA | Access Control |
| NA | Site Restrictions & Setbacks | NA | Odor/Nuisance | NA | Site Monitoring | NA | MLPW Disposal |
| NA | Manure Solids | | | | | | |

| | | | | |
|---------------------|---------------------------------|--|---|--------------------------------------|
| Clear Report | Hide/Unhide Placeholders | Generate Blank Rows (for field paper setup) | Generate Deficiency & Observation Rows | Finish Inspection Report Form |
|---------------------|---------------------------------|--|---|--------------------------------------|

Single Event Violations (“*” SNC SEVs)

| Check for Yes | Evaluation Area | Description | Finding Description | Finding ID |
|--------------------------|--------------------------------|--|---|------------|
| <input type="checkbox"/> | Permit | Effluent Violations - Unapproved Bypass | Wastewater was diverted from a portion of the treatment process without department approval. | UNBY |
| <input type="checkbox"/> | *Permit | Permit Violations - Discharge Without a Valid Permit | The facility was operating without a permit or with an expired permit. | UPHI |
| <input type="checkbox"/> | Permit | Permit Violations - Failure to Submit Timely Permit Renewal Application | The permittee failed to submit an application to renew the existing permit at least 180 days prior to expiration. | PFSA |
| <input type="checkbox"/> | Laboratory | Management Practice Violations - Laboratory Not Certified | The laboratory was not certified by the National Environmental Laboratory Accreditation Conference (NELAC). | LNCE |
| <input type="checkbox"/> | Sampling | Monitoring Violations - Analysis not Conducted | The facility failed to collect and/or analyze samples as required by permit or enforcement action. | ANCV |
| <input type="checkbox"/> | Sampling | Monitoring Violations - Failure to Monitor for Toxicity Requirements | The facility failed to collect and/or analyze routine or follow-up toxicity samples. | FTOX |
| <input type="checkbox"/> | Records and Reports | Management Practice Violations - Failure to Develop Adequate SPCC Plan | The facility failed to develop or maintain their Spill Prevention Control and Countermeasures (SPCC) plan. | FSPC |
| <input type="checkbox"/> | Records and Reports | Management Practice Violations - Failure to Maintain Records | The facility failed to maintain records for the required retention period. | FMRR |
| <input type="checkbox"/> | Records and Reports | Reporting Violations - Failure to Notify | The permittee failed to notify the department of any event or activity that requires notification as required by permit or rule. | RSWP |
| <input type="checkbox"/> | Records and Reports | Reporting Violations - Failure to Submit DMRs | The permittee failed to submit any DMR required by rule, permit, or enforcement action in a timely manner. | FDMR |
| <input type="checkbox"/> | Records and Reports | Reporting Violations - Failure to submit required report (non-DMR, non-pretreatment) | The facility failed to submit any report required by rule, permit, enforcement action or inspection activity except for DMRs. | FRPT |
| <input type="checkbox"/> | Facility Site Review | Management Practice Violations - Improper Land Application (non-503, non-CAFO) | The land application system was not being maintained. | LASN |
| <input type="checkbox"/> | Flow Measurement | Monitoring Violations - No Flow Measurement Device | The facility failed to install a flow measurement device, an approved flow measurement device, or a working flow measurement device. | NOFL |
| <input type="checkbox"/> | Operation and Maintenance | Management Practice Violations - Improper Operation and Maintenance | The facility failed to follow their operation and maintenance plan/manual. | IONM |
| <input type="checkbox"/> | Operation and Maintenance | Management Practice Violations - Inflow/Infiltration (I/I) | The facility had an inflow and infiltration problem causing collection system issues and/or operational issues. | ININ |
| <input type="checkbox"/> | Operation and Maintenance | Management Practice Violations - No Licensed/Certified Operator | The facility was being operated without a certified operator or by an operator that is not licensed for the size of plant. | ONCO |
| <input type="checkbox"/> | *Effluent Quality | Effluent Violations - Failed Toxicity Test | Persistent acute toxicity has been documented through follow-up tests. | EATX |
| <input type="checkbox"/> | *Effluent Quality | Effluent Violations - Failed Toxicity Test | Persistent chronic toxicity has been documented through follow-up tests. | ECTX |
| <input type="checkbox"/> | *Effluent Quality | Effluent Violations - Failed Toxicity Test | Persistent acute or chronic toxicity has been documented in the effluent through the use of routine and follow-up tests. | ETOX |
| <input type="checkbox"/> | Effluent Quality | Effluent Violations - Narrative Effluent Violation | The facility violated a permit or enforcement narrative effluent limit. | XNEV |
| <input type="checkbox"/> | Effluent Quality | Effluent Violations - Reported Fish Kill | The facility had a discharge of wastewater that resulted in a fish kill. | XFSH |
| <input type="checkbox"/> | Sanitary Sewer Overflow Survey | WW SSO - Discharge to Waters | A sewage spill from any components of a collection/transmission system or from a treatment plant reached surface waters including stormwater conveyance system or drainage ditch. | SSO1 |
| <input type="checkbox"/> | Sanitary Sewer Overflow Survey | WW SSO - Failure to Maintain Records or Meet Record Keeping Requirements | The facility failed to keep routine documentation and reporting records of spills, and/or operation and maintenance activities on the collection/transmission system. | SSO2 |
| <input type="checkbox"/> | Sanitary Sewer Overflow Survey | WW SSO - Failure to monitor | The facility failed to collect and/or analyze bacteriological samples for sewage spills that reached surface waters. | SSO3 |
| <input type="checkbox"/> | Sanitary Sewer Overflow Survey | WW SSO - Failure to report violation that may endanger public health 122.41(I)(7) | The facility failed to report a sewage spill within 24 hours of discovery. | SSO4 |
| <input type="checkbox"/> | Sanitary Sewer Overflow Survey | WW SSO - Improper Operation and Maintenance | The facility failed to perform routine preventative maintenance to keep the collection/transmission system in good working order. | SSO5 |

| | | | | |
|-------------------------------------|--------------------------------|-------------------------------|--|------|
| <input checked="" type="checkbox"/> | Sanitary Sewer Overflow Survey | WW SSO - Overflow to Dry Land | A sewage spill from any part of a collection/transmission system or treatment plant that did not make it to surface waters, i.e., stormwater collection system, drainage ditch, stream, pond, or lake. | SSO6 |
|-------------------------------------|--------------------------------|-------------------------------|--|------|

Permit

| | | | | |
|---|----------------------------------|-----|-----------------------|----|
| Compliance Rating | In Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| *Is the permit current? | Yes | | | |
| Is a copy of the permit available onsite? | Yes | | | |
| Is the facility operated in accordance with the permit? | Yes | | | |
| *Was the facility constructed or modified with an appropriate or valid permit issued by the Department? | Yes | | | |
| Has the facility submitted the permit renewal application 180 days prior to the expiration date? | Yes | | | |
| If the permittee for the facility has changed did the department receive notification of this change? | N/A | | | |
| If the permit is accompanied by a Consent Order or Administrative Order are, they abiding by the conditions of the order? | Yes | | | |
| Is wastewater from a portion of the treatment process diverted with Department approval? | N/A | | | |
| *Is the facility discharging to waters of the state with an appropriate FDEP permit? | N/A | | | |
| *Was the facility free from unpermitted discharge, bypass, collection system, or residuals with a high potential for water quality or health impacts? | Yes | | | |
| Is the facility free from any Permit violation not listed above that needs to be addressed? | Yes | | | |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”</i> • <i>Questions with “No” responses indicate deficiencies</i> • <i>Questions with “N/A” responses do not apply to the facility</i> | | | | |
| Observations: | | | | |
| The permit is accompanied by administrative order AO-016SWD19, which requires the facility to meet a monthly Nitrogen limit of 3.0 mg/L by January 1, 2026. | | | | |

Compliance Schedule

| | | | | |
|--|----------------------------------|-----|-----------------------|----|
| Compliance Rating | In Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| If the facility has a compliance schedule in a permit, Administrative Order or Enforcement Action are they in compliance with the schedule? | Yes | | | |
| *Are the Compliance Date(s), Construction Milestone(s), Enforcement Order Schedule(s) or Final Compliance Date started/completed within 90 days of the due date? | Yes | | | |
| Has the facility completed construction and submitted a Notification of Completion of Construction for Wastewater Facilities or Activities (Form 62-620.910(12)), if required? | Yes | | | |
| Has the Notification of Availability of Record Drawings and Final Operation and Maintenance Manuals (Form 62-620.910(13)) been submitted as required? | Yes | | | |
| If the facility is under a Toxicity Corrective Action Plan, are they in compliance with the plan? | N/A | | | |

| | |
|--|-----|
| Is the facility free from any Compliance Schedule violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*” • Questions with “No” responses indicate deficiencies • Questions with “N/A” responses do not apply to the facility | |
| Observations: | |
| All scheduled items are up to date. Permit renewal application has been submitted timely and the Facility is work with the Department’s permitting program on renewal. | |

Laboratory

| | | | | |
|---|-----------------------|-----|-----------------------|----|
| Compliance Rating | In Compliance | | | |
| Does this section apply to the facility? | <input type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| Is there a current copy of the laboratory certification onsite? | Yes | | | |
| If the facility has an onsite laboratory does it have a Florida Department of Health Environmental Laboratory Certification Program certification? | Yes | | | |
| Facility DOH Certification # | - | | | |
| Contract Lab Name and DOH Certification # | AEL – Tampa E84589 | | | |
| Does the onsite laboratory use sample analysis methods prescribed in 40 CFR part 136 or a test method that has gone through the EPA alternative method approval process? | Yes | | | |
| Does the facility have standard operating procedures that follow the methods set in 62-620.10(18) F.A.C. including 40 CFR Part 136; including required instrumentation, glassware cleaning, reagent/standard use, and troubleshooting procedures? | N/A | | | |
| Does the facility have a QA/QC program with a written QA/QC manual as required by 40 CFR 122.41 that is up to date and available for review? | N/A | | | |
| Does the facility follow the procedures set in the QA/QC manual; including instrument calibration/maintenance, checks on standard solutions, sample analysis precision/accuracy limits on a prescribed bases and QC samples (duplicate, spiked, blank in at least 10%)? | N/A | | | |
| Is the detailed record complete and available for review for each set of analyses performed including the order of calibration, QA/QC, bracketing, and samples analyzed? | N/A | | | |
| Does the facility have QA/QC records on the reagent preparation, instrument calibration/maintenance, incubator temperature and purchase of laboratory supplies? | N/A | | | |
| Does the facility's laboratory documentation of the sample results use qualifier codes when sample QA/QC fall outside acceptable precision and accuracy limits set in the QA/QC manual? | N/A | | | |
| Does the facility's laboratory take and record corrective actions or trouble shooting steps when data falls out of the precision and accuracy limits? | N/A | | | |
| Are records of standard(s) and reagent(s) preparation maintained at the laboratory? | N/A | | | |
| Is the laboratory maintaining adequate records for reagent preparation(s)? | N/A | | | |
| Does the laboratory have a system for uniformly recording, correcting, processing and reporting data; including formulas, significant figures, rounding rules, units, cross-checking calculations? | N/A | | | |
| Is the facility's laboratory adequate for analyzing samples; including pure water, clean bench space for instrument use/storage free of contamination, necessary equipment, vibration free area, ventilation, humidity and temperature control? | N/A | | | |

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| Does the Laboratory meet NELAC and EPA standards including; dry and clean sample storage locations, sample custodian(s) to ensure upon receipt of samples, proper sample storage, preservation and custody documentation? | N/A |
| Does the facility use appropriate standards that are prepared in volumetric glassware, checked against reliable primary standards, labeled properly, stored in clean containers, and discarded when expired or degraded? | N/A |
| Does the facility's laboratory analyst(s) demonstrate competency and appropriate training; including ability to follow procedures, ability to meet precision and accuracy limits, knowledge of equipment and analytical methods. | N/A |
| If the facility test requires temperature measurement, is there a thermometer present that is routinely calibrated against NIST thermometer within calibration date range? | N/A |
| Is the sample refrigerator temperature correct to meet the preservation requirements for the samples stored within? | N/A |
| Is the facility free from any Laboratory violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”</i> • <i>Questions with “No” responses indicate deficiencies</i> • <i>Questions with “N/A” responses do not apply to the facility</i> | |
| Observations: | |
| The contracted laboratory is certified to perform the required analysis for this facility. | |

Sampling

| | | | | |
|--|----------------------------------|-----|-----------------------|----|
| Compliance Rating | In Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| In facility log books or other documentation, are the daily records appropriately recorded, including composite sampler or other temperatures, and daily calibration of meters. | Yes | | | |
| Does the facility maintain records of their daily calibration of their pH meter, chlorine meter, dissolved oxygen meter? | Yes | | | |
| Does the facility maintain records of their daily checks of their in-line meter(s) with their field meter(s)? | Yes | | | |
| Do field sheets document that the collection and analysis of field tests were analyzed within the 15-minute holding time. | N/A | | | |
| Are meters calibrated and sample analysis conducted at the facility done in accordance with DEP SOP and NELAC guidelines? (calibration frequency and sample bracketing for pH, total residual chlorine (TRC), turbidity, DO) | N/A | | | |
| Are all the primary and secondary standards used to calibrate and verify meters, used prior to expiration dates and verified against primary standards appropriate for pH, TRC, turbidity, DO? | Yes | | | |
| Are the inline meters reading within established limits compared to the bench meters? (TRC ≤ 20%, Turbidity ≤ 20%, pH 0.2 SU) | N/A | | | |
| Were safe access points for obtaining representative influent/effluent samples available? | Yes | | | |
| Are influent sampling points put prior to internal facility return lines including supernatant, filter backwash and return activated sludge (RAS)? | Yes | | | |
| Are samples being collected and analyzed as required by the permit or enforcement action; including location, type (grab/composite), time, and frequency? | Yes | | | |

| | |
|---|-----|
| Are samples being collected in the proper containers, preserved and analyzed in appropriate hold times in accordance with 40 CFR Part 136, Table II? | Yes |
| If the facility has a composite sampler with cooling system at the influent/effluent sampling location is there a thermometer present in the sampler that is annually checked against NIST thermometers? | Yes |
| Is composite sampling being conducted appropriately; including purging, sampling velocity at least 2fps, clean tubing, individual sample volume of at least 100 mL, sample storage of <6°C preservation, hold times and representative samples? | Yes |
| Did the facility have their Chain of Custody records? | Yes |
| If sampling was conducted and observed during the inspection did the sampling follow DEP SOP requirements? | N/A |
| Did the facility collect and/or analyze routine or follow-up toxicity samples as required by permit or enforcement action? | N/A |
| Is the facility free from any Sampling violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”</i> • <i>Questions with “No” responses indicate deficiencies</i> • <i>Questions with “N/A” responses do not apply to the facility</i> | |
| Observations: | |
| No sampling was conducted at the time of inspection. | |

Records and Reports

| | | | | |
|--|----------------------------------|-----|-----------------------|----|
| Compliance Rating | In Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| Are the entries in the operator logbook clear, concise, informative and relevant? | Yes | | | |
| Was copy of the current O&M manual available at the time of the inspection? | Yes | | | |
| Is there a current operator license? | Yes | | | |
| Is there a current RPZ certification? | Yes | | | |
| Is there a copy of the current Operating Protocol for Part 3 Reuse? | Yes | | | |
| Does the facility have and maintain their Spill Prevention Control and Counter measurement (SPCC) Plan? | Yes | | | |
| Are all required documents and reports available at the plant well organized and complete? | Yes | | | |
| Does the facility maintain the records onsite for the required retention period? | Yes | | | |
| Discharge Monitoring Reports (DMRs) Review Period | 10/01/2023-10/31/2024 Yes | | | |
| Are the discharge monitoring reports completed properly? | Yes | | | |
| Are the DMRs submitted on the proper form? | Yes | | | |
| Is an authorized representative signing the DMRs? | Yes | | | |
| Has the permittee submitted an annual Reclaimed Water and/or Effluent Analysis Report? | Yes | | | |
| Does the facility submit their monitoring results for Giardia and Cryptosporidium in a timely manner? | Yes | | | |
| A review of the last toxicity test did not reveal any deficiencies? | N/A | | | |
| Has the facility submitted all report(s) during the review period that are required by rule, permit, enforcement action or inspection activity, other than DMRs? | Yes | | | |

| | |
|---|-----|
| *Has the facility timely submitted DMRs as required by rule, permit, or enforcement action? (If either reports are >30 days late meets SNC criteria) | Yes |
| Has the facility submitted all final compliance schedule reports as required by rule, permit, or enforcement action? | Yes |
| Has the permittee notified the Department of any event or activity that requires notification as required by permit or rule? | Yes |
| *Are records or reports free from falsified data? | Yes |
| Is the facility free from any Records and Reports violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”</i> • <i>Questions with “No” responses indicate deficiencies</i> • <i>Questions with “N/A” responses do not apply to the facility</i> | |
| Observations: | |
| Records are well organized and maintained in the office located at the facility. The most recent Operating Protocol was dated January 13, 2020 | |

Facility Site Review

| Compliance Rating | In Compliance | | | |
|--|----------------------------------|-----|-----------------------|----|
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| The headworks was free from excessive corrosion. | Yes | | | |
| The headwork is free from evidence of recent overflows. | Yes | | | |
| Is the odor control system operational at the headworks? | Yes | | | |
| Is the comminutor operational at the headworks? | N/A | | | |
| Is the grit separator operational at the headworks? | Yes | | | |
| Is the bar screen cleaned on a routine basis? | Yes | | | |
| Is the mechanical bar screen functioning as intended? | Yes | | | |
| Are screenings and grit being collected from the headworks in suitable containers? | Yes | | | |
| Rags, grit and/or screening are being disposed of properly. | Yes | | | |
| Are screenings and grit from the headworks being disposed at a Class I Landfill? | Yes | | | |
| Are records of the disposal of the screenings and grit collected at the headworks available? | Yes | | | |
| The leachate from the screening dumpster(s) is piped to the headworks and not onto the ground. | Yes | | | |
| Is the clarifier free from solids discharging over the weir(s)? | Yes | | | |
| Is the clarifier free from excessive sand and/or grit accumulation? | Yes | | | |
| Is the clarifier free from excessive scum, algae and/or trash overflowing the weir? | Yes | | | |
| Does the skimmer appear to be functional in the clarifier? | Yes | | | |
| Is the sludge collector and pump functional in the clarifier? | Yes | | | |
| Are the clarifier weir(s) level? | Yes | | | |
| Is the clarifier free from short circuiting with loss over the weir? | Yes | | | |
| Are the aeration basins diffusers free from clogs and providing adequate mixing? | N/A | | | |
| Was the time clock or manual controls for the aeration system operational at the time of the inspection? | N/A | | | |
| Is the RAS line properly located? | Yes | | | |

| | |
|--|----------|
| The RAS line was free from excessive splashing that could cause solids to be discharged outside the tank. | Yes |
| The mixed liquor (MLSS) in the oxidation ditch was appropriately colored with no black coloring. | Yes |
| Is even distribution of air observed in the aeration basin? | N/A |
| Are the air line(s) to the aeration basin(s) free from leaks? | N/A |
| The brushes and paddles in the oxidation ditch were all in good working order. | Yes |
| Is the velocity in the oxidation ditch sufficient to prevent settling of solids? | Yes |
| Are dual blower motors present as required by rule? | Yes |
| Are the blower motors equipped with belt guards? | Yes |
| The blower motors are free from excessive noise. | Yes |
| Are all the blower motors present and operational at the time of the inspection? | Yes |
| Are spare parts and a second standby blower motors stored onsite? | Yes |
| Is the electrical box wiring for the blower motors adequately protected? | Yes |
| Were the tank contents in the aerobic digester(s) well mixed? | Yes |
| Are the digester(s) free from excessive odors and/or foaming? | Yes |
| Is the digester at the appropriate operational capacity? | Yes |
| Are there two functioning pumps in the surge tank(s)? | N/A |
| What was the biomass color of the trickling filter at the time of the inspection? | - N/A |
| Is trickling filter media free from excessive ponding? | N/A |
| Are center columns and distribution arms of the trickling filter free from leaks? | N/A |
| Are the distribution arm orifices free from clogs, trash and/or scum resulting in uneven distribution of flow on the trickling filter media? | N/A |
| Is the RBC free from black biomass indicating solids and/or BOD loading? | N/A |
| Is the RBC free from white biomass indicating the presence of bacteria, which feed on sulfur compounds? | N/A |
| Is the RBC free from excessive grinding/whining noise(s) from the motor, drive shaft, and bearings? | N/A |
| Are all RBC rotating disks and/or paddles present and in good working? | N/A |
| Is the RBC unit drive shaft free from excessive vibration? | N/A |
| Are all the aerators in the lagoon operational at the time of the inspection? | N/A |
| Is the base of the lagoon free from lateral seepage at the time of the inspection? | N/A |
| Does the treatment lagoon have adequate freeboard space? | N/A |
| Is the treatment lagoon properly secured to prevent unauthorized access? | N/A |
| Is the treatment lagoon free from excessive foaming? | N/A |
| Are the treatment lagoon berms properly stabilized? | N/A |
| Is the Chlorine Contact Chamber (CCC) effluent clear and free from scum, solids accumulation and debris? | Yes |
| Are the baffles in the CCC functioning as intended? | Yes |
| Does the chlorine injection point provide optimal mixing to occur in the CCC? | Yes |
| Is the CCC chlorine pump operational, providing adequate chlorine supply for disinfection and at the permitted location? | Yes |
| Is the chlorine storage area protected from the elements? | Yes |
| Is the alarm indicator for the chlorine system operational? | N/A |
| Is the chlorine supply covered in frost indicating an issue with the system? | N/A |
| Is the fan inside the chlorine room operational? | N/A |
| Are the chlorine scales operational? | N/A |
| Is an operational Self-Contained Breathing Apparatus (SCBA) available for the chlorine room? | N/A |

| | |
|--|-----|
| Are the chlorine gas cylinders properly secured? | N/A |
| Is a fresh supply of ammonia available to test for leaks in the gas chlorination system? | N/A |
| Do the UV ballast control boxes have adequate ventilation? | N/A |
| Does the plant staff have access to UV protective eyeglasses? | N/A |
| Is the facility maintaining adequate records of UV lamp operating hours? | N/A |
| Are the UV lamps and ballast being cleaned in accordance with the manufacturer's recommendation? | N/A |
| Does the facility have an adequate inventory of spare parts for the UV system? | N/A |
| Is the facility conducting routine performance checks on the UV system? | N/A |
| Is the UV intensity monitoring equipment operational? | N/A |
| Is the stilling well free from a thick layer of sludge and/or trash? | Yes |
| Is the chlorine contact chamber providing a minimum contact time of 15 minutes? | Yes |
| Chlorine and SO2 cylinders marked with empty/full tags? | N/A |
| Is the automatic SO2 feed operational within de-chlorination process? | N/A |
| Is the SO2 system free from frost within de-chlorination process? | N/A |
| Are the bisulfite (SO2) gas cylinders properly secured for de-chlorination? | N/A |
| Was there adequate ventilation in the SO2 room? | N/A |
| Is the filter media free from solids that could cause plugging and/or overflow? | Yes |
| Is the land application system being maintained? | Yes |
| If an injection well was plugged or abandoned, was it completed appropriately with DEP approval? | N/A |
| If a well was constructed, was it permitted prior to beginning construction and constructed as required by permit? | N/A |
| Is the injection well Operation and Maintenance done satisfactorily? | N/A |
| Is there adequate access to all monitoring locations? | Yes |
| Is the exterior of the tanks, wall, and/or pipes of the facility free from leaks? | Yes |
| Are the facility grounds clean and well maintained? | Yes |
| Is the required signage adequate? | Yes |
| The facility was free from odors emanating from the facility. | Yes |
| The facility was free from excessive noise which could be heard beyond the boundaries of the facility. | Yes |
| Is the facility providing safety measures at all times including adequate lighting? | Yes |
| The facility is disposing of sludge appropriately, with no sludge being disposed of on the facility grounds. | Yes |
| Was an alternative power source available at the facility? | Yes |
| Is the onsite generator tested under load on a monthly basis? | Yes |
| Are records available for the testing of the generator? | Yes |
| Is the area around the lift station(s) maintained? | Yes |
| Are there warning signs with emergency contact information on and/or around the lift station(s)? | Yes |
| Does the facility have a fence around their lift station(s)? | Yes |
| Is the gate around the lift station and the cover to the lift station locked? | Yes |
| Is the cover to the lift station(s) free from safety hazards? | Yes |
| Are there two functioning pumps that alternate? | Yes |
| Is the electrical panel in good working order and free from needed repair and/or replacement? | Yes |
| Was the collection system or lift station free from offsite objectionable odors? | Yes |
| The lift station visual and audio alarm operating satisfactory? | Yes |
| Are the potable water supply lines and the facility free from cross connections? | Yes |

| | |
|--|-----|
| Is an RPZ in place and free of leaks on all potable water supply lines? | Yes |
| Is there a record of testing available on the RPZ? | Yes |
| Is the facility free from any Facility Site Review violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*” • Questions with “No” responses indicate deficiencies • Questions with “N/A” responses do not apply to the facility | |
| Observations: | |
| Both clarifiers were online and contained clear effluent with the sludge blanket running about 2 ft (of 12 ft). | |

Flow Measurement

| | | | | |
|--|----------------------------------|-----|-----------------------|----|
| Compliance Rating | In Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| Is there easy access to flow meter? | Yes | | | |
| Is the flow meter in the correct location? | Yes | | | |
| Is the flow measuring device installed properly? | Yes | | | |
| Is the flow meter calibrated at least annually and is it current? | Yes | | | |
| When was the flow meter last calibrated? | 10/21/2024 Yes | | | |
| Is the flow measurement device operating within +/- 10% of the actual flow? | Yes | | | |
| Is the flow meter operating properly at the time of the inspection? | Yes | | | |
| The chart recorder and/or totalizer for the flow meter was operational at the time of the inspection. | Yes | | | |
| The elapsed time meters on the lift station pumps were functioning. | Yes | | | |
| The flow entering the convergence section of the Parshall Flume was free of excessive turbulence. | N/A | | | |
| Is the facility free from any Flow Measurement violation not listed above that needs to be addressed? | Yes | | | |
| <ul style="list-style-type: none"> • Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*” • Questions with “No” responses indicate deficiencies • Questions with “N/A” responses do not apply to the facility | | | | |
| Observations: | | | | |
| Flow to R-001 is measured at FLW-01 by a 90-degree V-Notch weir with an Ultrasonic Transducer. | | | | |

Operations and Maintenance

| | | | | |
|---|----------------------------------|-----|-----------------------|----|
| Compliance Rating | In Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |

| Questions | |
|--|-----|
| Does the facility have adequate plant staffing? | Yes |
| Is a certified operator operating the wastewater treatment facility with the appropriate license level for the size of the plant? | Yes |
| Is the operator performing treatment plant operation and maintenance duties in a responsible and professional manner? | Yes |
| Is the plant O&M log maintained in a hard-bound book with consecutive page numbering, or another approved format? | Yes |
| Does the facility have an O&M manual, and does the facility's O&M manual reflect the current configuration of the facility? | Yes |
| *Is the facility operated in accordance with the O & M Manual? (If there is a high potential for water quality or health impacts meets SNC criteria) | Yes |
| Is the facility maintaining a log that documents routine equipment maintenance? | Yes |
| Is the plant free of any treatment components that are in disrepair that would provide for unsafe operation? | Yes |
| Is the facility without an inflow and infiltration problem which would cause collection system and/or operational issues? | Yes |
| *Does the facility replace malfunctioning equipment, which can result in a high potential for water supply quality or health impacts? | Yes |
| Dike berms appeared to be in satisfactory condition. | N/A |
| Hand rails/catwalks/ladders were in good working order providing for safe conditions. | Yes |
| The liner(s) in the containment pond(s) appeared to be functioning as intended. | N/A |
| The plant operator is fulfilling the minimum site requirements as required by the Permit. | Yes |
| Preventative maintenance is being performed in the accordance with the manufacturer's recommendations. | Yes |
| The facility maintains an adequate spare parts inventory. | Yes |
| Swales were being maintained. | Yes |
| Is the facility free from any Operations and Maintenance violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a "*" • Questions with "No" responses indicate deficiencies • Questions with "N/A" responses do not apply to the facility | |
| Observations: | |
| The facility documents all operation and maintenance activities in the operator logbook. | |

Effluent Quality

| | |
|---|--|
| Compliance Rating | Out of Compliance |
| Does this section apply to the facility? | <input type="radio"/> Yes <input type="radio"/> No |
| Questions | |
| DMR review period: | 10/01/2023-10/31/2024 Yes |
| A review of the Discharge Monitoring Reports revealed the following effluent exceedance(s). | See Attachment No |

| | |
|--|---|
| A review of the inspection sampling results revealed the following effluent exceedance(s). | - N/A |
| *Did the effluent limits exceed the Technical Review Criteria less than two times in six months? | Yes |
| *Are the effluent limits without exceedances four out of six months (chronic criteria)? | Yes |
| *Did the total residual chlorine levels meet disinfection limits? (If below required minimum 10% or more of the time in a rolling 6 month period, meets SNC criteria) | Yes |
| Was the facility free of a discharge of wastewater that resulted in a fish kill? | N/A |
| *Is persistent acute toxicity documented through follow-up tests? | N/A |
| *Is persistent chronic toxicity documented through follow-up tests? | N/A |
| *Is persistent acute or chronic toxicity documented in the effluent through the use of routine and follow-up tests? | N/A |
| Does the facility meet the permit or enforcement narrative effluent limitation(s)? (Non-DMR visible sheen defined as iridescence present so as to cause taste or odor, or otherwise interfere with the beneficial use of the receiving water) | Yes |
| Is the effluent free from excessive (suspended solids, foam, grease, scum) in the discharge stream? | Yes |
| *Was the facility free from any other violation with a high potential for water quality or health impacts? | Yes |
| Is the facility free from any Effluent Quality violation not listed above that needs to be addressed? | Yes |
| Department Sampling Results Comments: Choose an item. | |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”</i> • <i>Questions with “No” responses indicate deficiencies</i> <i>Questions with “N/A” responses do not apply to the facility</i> | |
| Deficiencies & Corrective Actions: | |
| A review of the Discharge Monitoring Reports revealed the following effluent exceedance(s). | Deficiency: (Narrative) The DMR review period revealed a number of exceedances. Exceedances are listed in the attachment at the end of this report. |
| | Corrective Action(s): (Narrative) Within 7 days of the date of this letter, provide adequate comments explaining the exceedances. During the review period adequate comments were noted. No further action is required. |
| Observations: | |
| The effluent in the chlorine contact chamber appeared clear. The chlorine residual taken by Department staff at 9:51 AM that read at 5.01 mg/L. | |

Effluent Disposal

| Compliance Rating | In Compliance | | | |
|---|----------------------------------|------------|-----------------------|-----------|
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| Are discharge location(s) as per permit? | Yes | | | |
| What type of reuse is the facility approved for? | Part III & Part IV Yes | | | |
| Has a cross connection control program been implemented within the areas where reclaimed water is provided for use (Part III, VII)? | Yes | | | |
| Is all reclaimed water piping and equipment color-coded Pantone purple (522C)? | Yes | | | |
| Hose bibbs met access restrictions and other requirements. | Yes | | | |
| Reclaimed water valves and outlets were appropriately tagged and /or labeled. | Yes | | | |
| Are advisory signs posted in English and Spanish in areas where non-potable Public Access Reuse water is being applied (Part III, VII)? | Yes | | | |
| Is the reclaimed water retained on the application site? | Yes | | | |
| No significant ponding was observed on the reclaimed water application site. | Yes | | | |
| There was no aerosol mist leaving the boundaries of the land application? | Yes | | | |
| There was no evidence of solids loss in the treatment process or from the plant? | Yes | | | |
| The RIBs and/or percolation ponds were free from excessive vegetation and sludge? | Yes | | | |
| The percolation ponds were free from accumulated sludge. | N/A | | | |
| Does the percolation ponds have at least 3 ft of freeboard? | N/A | | | |
| The absorption field was free from excessive vegetation. | N/A | | | |
| Do the reclaimed water storage ponds have adequate freeboard? | Yes | | | |
| Are RIBs well maintained and free from excessive vegetation? | Yes | | | |
| There was no evidence of a bypass or failure at the effluent storage and/or disposal site(s)? | Yes | | | |
| Are all effluent disposal areas such as RIBs, ponds, and sprayfields being loaded and rested per permit conditions? | Yes | | | |
| The disposal pond berms were free from excessive growth or vegetation. | N/A | | | |
| There was no evidence of a bypass or failure from the storage ponds observed during the inspection. | Yes | | | |
| No unauthorized discharge to waters of the state was observed during the inspection. | Yes | | | |
| Are the sprinklers functioning as intended for the absorption field(s) or sprayfield(s)? | N/A | | | |
| The facility is meeting the minimum setback distances. | Yes | | | |
| Does the facility maintain a supply of spare parts for the absorption field(s) or sprayfield(s)? | N/A | | | |
| The effluent disposal and/or storage area was free from sinkholes. | Yes | | | |
| Are the sprayfields free from grazing dairy cattle? | N/A | | | |
| The sprayfield was free from ponding. | N/A | | | |
| The sprayfield was free from excessive vegetation. | N/A | | | |
| Edible food crops were being properly irrigated with reclaimed water. | N/A | | | |
| What cover crop and/or vegetation is planted on the reclaimed water area(s)? | - N/A | | | |
| *The disposal system was being operated as designed with a low potential for water quality or health impacts. | Yes | | | |
| *There was no unauthorized operation or modification of the disposal system. | Yes | | | |
| Fencing around the effluent disposal site for access control was complete and in good repair. | Yes | | | |
| There were no dead animals observed in the discharge stream. | Yes | | | |
| Is the facility free from any Effluent Disposal violation not listed above that needs to be addressed? | Yes | | | |

- Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”
- Questions with “No” responses indicate deficiencies
- Questions with “N/A” responses do not apply to the facility

Observations:

The facility discharges flow to R-001, located on-site, that consists of four-cell rapid-infiltration basins (RIBs). The berms were in good condition. During the inspection, the facility had temporarily ceased flows to R-001 while the depression in one of the RIBs was being remediated. Additional flows are directed to R-002, a Part III Public Access Reuse System. There is one ground storage tanks (GST) located at the facility.

Biosolids

| | | | | |
|---|----------------------------------|-----|-----------------------|----|
| Compliance Rating | In Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| Does the facility's method of biosolids use or disposal match what is allowed in the facility permit (i.e., landfill, land application, distribution and marketing, transfer to another facility, biofuel/bioenergy)? | Yes | | | |
| Does the permittee keep records of biosolids quantities for five years, as applicable (quantities generated, received from source facilities, treated, distributed and marketed, land applied, used as a biofuel or for bioenergy, transferred to another facility, or landfilled)? | Yes | | | |
| Are biosolids quantities reported on the facility RMP-Q DMR? | Yes | | | |
| Are the biosolids quantities reported on the RMP - Q DMRs correct and accurate? | Yes | | | |
| The facility's treatment, management, transportation, use, land application, or disposal of biosolids does not result in objectionable odors, i.e., does not result in a violation of the odor prohibition in subsection 62-296.320(2) | Yes | | | |
| If there is an objectionable odor, please describe the odors characteristics, frequency, duration, and migration, etc. | - | | | |
| Is the storage of biosolids or other solids at this facility in accordance with the Facility Biosolids Storage Plan? | N/A | | | |
| Does the treatment facility ensure no biosolids are spilled from or tracked off the treatment facility property by the hauling vehicle? | N/A | | | |
| The biosolids for this facility are classified as _____: (AA, A, and/or B) | - | | | |
| Does the class of biosolids produced for beneficial use match the authorized class in the facility permit (Class AA, A, or B)? | N/A | | | |
| Does the facility use the biosolids pathogen reduction alternative option identified in the permit? | N/A | | | |
| Are all the operational and process parameters monitored to demonstrate compliance for pathogen reduction? | N/A | | | |
| Do the biosolids meet the treatment requirements for pathogen reduction option used? | N/A | | | |
| Does the facility use the biosolids vector attraction reduction option identified in the permit? | N/A | | | |
| Are all the operational and process parameters monitored to demonstrate compliance for vector attraction reduction? | N/A | | | |
| Do the biosolids satisfactorily meet the treatment requirements for vector attraction reduction? | N/A | | | |
| If the Specific Oxygen Uptake Rate (SOUR) test is used for vector attraction reduction, is it conducted within 15 minutes of sample collection by a certified laboratory or under the direction of an operator certified in accordance with Chapter 62-602, F.A.C? | N/A | | | |

| | |
|---|-----|
| Does treatment of biosolids or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements take place at the permitted facility (e.g., not in the tank of a hauling vehicle)? | N/A |
| Are the biosolids monitored at the frequency required by the permit? | N/A |
| Are the biosolids monitoring results reported on the facility DMR (RMP-AA, RMP-A, or RMP-B)? | N/A |
| Are the biosolids monitored for all the required parameters for the class of biosolids? | N/A |
| Do the Class AA, A, or B biosolids comply with the ceiling pollutant limits? | N/A |
| Are the correct analysis methods used for biosolids? | N/A |
| Is a certified laboratory used for the analysis of the biosolids? | N/A |
| Are all biosolids samples representative and taken after final treatment of the biosolids but before land application or distribution and marketing, unless otherwise approved? | N/A |
| Are all biosolids samples taken at the location specified in the facility permit? | N/A |
| Are the correct sample types properly taken for the type of biosolids (POTW Sludge Sampling Manual)? | N/A |
| Are the Class AA biosolids monitored monthly? | N/A |
| Do the Class AA biosolids meet the Class AA parameter limits? | N/A |
| Are Class AA biosolids that are stored for more than 45 days re-sampled for fecal coliform or Salmonella sp. at the frequency specified in the permit, if required? | N/A |
| For distribution and marketing, does the facility have a fertilizer license, sell or given-away to someone with a fertilizer license, or is enrolled in the US Composting Council's Seal to Testing Assurance program (USCC STA program does not apply in the Lake Okeechobee, St. Lucie River, and Caloosahatchee River watersheds)? | N/A |
| If the facility discovered that distributed and marketed biosolids did not meet Class AA standards, did the facility notify, within 24 hours, the Department and all persons to whom they delivered or distributed and marketed the Class AA biosolids? | N/A |
| Does the facility make available to users by product labels or other means the following information - fertilizer label or equivalent information; name and address of the facility; statement that the biosolids meet subsection 62-640.700(5), F.A.C.; recommend application rates; and, recommendations for storage (including the more than one dry ton/seven-day provision)? | N/A |
| Are all the sites where biosolids are land applied listed on the Treatment Facility Biosolids Plan form (DEP Form 62-640.219(2)(a))? | N/A |
| If a permitted site not listed in the Treatment Facility Biosolids Plan was used, did the permittee notify DEP at least 24 hours prior to land application at the site and submit a revised form within 30 days after using the site? | N/A |
| Did the facility only used permitted sites - i.e., no unpermitted sites were used for land application (i.e., the site did not have a valid DEP permit)? | N/A |
| Does the permittee maintain hauling records for shipments to land application sites and do they contain the required information? | N/A |
| Does the permittee provide a copy of the hauling records to the biosolids site manager, were records free of any discrepancies regarding the quantities delivered, and any discrepancies were reported to DEP within 24 hours of discovery? | N/A |
| Did all biosolids sent to sites meet pathogen reduction, vector attraction reduction, and pollutant limits? | N/A |
| If biosolids not meeting standards were sent to a site, did the permittee notify DEP, the site manager, the site permittee within 24 hours of discovery? | N/A |
| Does the permittee maintain copies for each site used of the Biosolids Application Site Annual Summary forms received from the site permittees indefinitely? | N/A |
| Has the permittee submitted Treatment Facility Biosolids Annual Summary reports to DEP by February 19 each year? | N/A |

| | |
|---|-----|
| Was the information in the Treatment Facility Biosolids Annual Summary accurate? | N/A |
| Is any incineration or use of biosolids as a biofuel or for bioenergy in accordance with DEP's air regulations and RCRA? | N/A |
| Does the permittee keep the required hauling records to track transport of biosolids between facilities? | N/A |
| If the facility receives biosolids from a source facility, did the permittee report any discrepancies in the quantities of biosolids to DEP within 24 hours of discovery? | N/A |
| If the facility is a source facility and sends biosolids to another facility, does the permittee provide a copy of their hauling records for each shipment to the receiving facility? | N/A |
| If the facility receives biosolids from a source facility, does the receiving facility permit allow receipt of biosolids from other facilities? | N/A |
| Does the facility have copies of the required written agreement(s) between the receiving and source facility? | Yes |
| Did the permittee (source or receiving facility) submit all new written agreements to DEP within 30 days before transporting biosolids (unless approval given otherwise)? | Yes |
| Is operator staffing requirements met? | N/A |
| Are the biosolids receiving and handling operations satisfactory? | N/A |
| Are grit and screenings, etc., from the headworks properly disposed of in a landfill? | N/A |
| Is the facility free from any Biosolids violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a "*"</i> • <i>Questions with "No" responses indicate deficiencies</i> • <i>Questions with "N/A" responses do not apply to the facility</i> | |
| Observations: | |
| The facility disposes biosolids from the centrifuge at a Class I solid waste landfill. | |

Groundwater

| | | | | |
|--|-------------------------------------|-----|-----------------------|----|
| Compliance Rating | Out of Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| DMRs review period | 10/01/2023-10/31/2024 Yes | | | |
| Are the groundwater monitoring results sent to the Department on Discharge Monitoring Report, Form 62-620.910(10), F.A.C. and submitted by the DMR due date? | Yes | | | |
| After a review of the Discharge Monitoring Reports, are the compliance well parameters meeting the groundwater standards in the time period reviewed (12 months or greater)? | Yes | | | |
| A review of the Discharge Monitoring Reports revealed the following effluent exceedance(s). | 10/01/2023-10/31/2024 No | | | |
| Do the facilities purging logs on DEP Form FD 9000-24 indicate that purging was done properly; including sufficient volume, purge rate, depth to water, and stability criteria (pH, Temperature, Conductivity, Dissolved Oxygen, Turbidity)? | Yes | | | |

| | |
|---|--|
| Is the groundwater monitoring report complete and accurate, including analysis method, laboratory method detection limits, static water level, purging logs, sample collection procedures and treatment? | Yes |
| Do the groundwater monitoring wells meet DEP requirements including; tamper-proof locks, unique well label(s), concrete well pad with protective bumpers not containing numerous cracks, and is free of clutter for sampling purposes? | Yes |
| If or when new well construction was completed did the facility plug and properly abandoned the existing well and submit Monitoring well completion Report, Form 62-520.900(3) to DEP within 60 days? | N/A |
| If a monitoring well became damaged or inoperable was maintenance conducted and notification sent to DEP within 2 days of discovery? | N/A |
| Is the well(s) that the facility is sampling at part of the approved groundwater monitoring plan? | Yes |
| Are the monitoring wells operable to the extent that sampling is possible? | Yes |
| Are groundwater samples being collected and analyzed as required by the permit or enforcement action; including location, well type, sample type (grab/composite), time, and frequency? | Yes |
| If sampling was observed were the sample collection activities being performed in accordance with DEP SOP FS 2200? | N/A |
| If sampling was observed was equipment in satisfactory condition? | N/A |
| If sampling was not observed is the description of sample collection activities being performed in accordance with DEP SOP FS 2200? | N/A |
| Is the facility free from any Groundwater violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”</i> • <i>Questions with “No” responses indicate deficiencies</i> • <i>Questions with “N/A” responses do not apply to the facility</i> | |
| Deficiencies & Corrective Actions: | |
| A review of the Discharge Monitoring Reports revealed the following effluent exceedance(s). | Deficiency: (Narrative) The DMR review period revealed a number of exceedances. Exceedances are listed in the attachment at the end of this report. |
| | Corrective Action(s): (Narrative) Within 7 days of the date of this letter, provide adequate comments explaining the exceedances. |
| | During the review period adequate comments were noted. No further action is required. |
| Observations: | |
| All monitoring wells were secured with a concrete apron. No deficiencies observed. | |

SSO Survey

| | | | | |
|---|----------------------------------|-----|-----------------------|----|
| Compliance Rating | Out of Compliance | | | |
| Does this section apply to the facility? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Questions | | | | |
| Does the facility have an Operation and Maintenance Manual for their collection system? | Yes | | | |
| How often is the Operation and Maintenance Manual updated? | As needed Yes | | | |
| Does the O&M manual reflect the current collection system configuration? | Yes | | | |

| | |
|---|--|
| Are procedures available for minimizing spills in either the Operation and Maintenance Manual or in a separate document? | Yes |
| Does the facility have a Sewer Overflow Response Plan/procedures for minimizing spills? | Yes |
| Did the facility collect and/or analyze bacteriological samples as outlined in their SORP? | N/A |
| Does the facility have a map of its collection system? | Yes |
| Are the SORP and collection system maps immediately available to SSO response staff, including during power failures? | Yes |
| Did the facility collect and/or analyze bacteriological samples for sewage spills that reached surface waters? | N/A |
| Does the facility perform routine preventative maintenance to keep the collection/transmission system in good working order? | Yes |
| Does the facility maintain a ready-to-use supply of equipment, tools and materials for responding to SSOs? | Yes |
| How many lift stations have permanent emergency back-up power generators? | Unknown Yes |
| In the last 12 months, was the facility free from sewage spills or abnormal event from any part of a collection/transmission system or treatment plant that discharged to the ground or did not make it to surface waters, i.e., stormwater collection system, drainage ditch, stream, pond, or lake? | No |
| Does the facility report the spill(s) to the Department within 24 hours of discovery? | Yes |
| Does the facility follow up on spills? | Yes |
| Does the facility keep routine documentation and reporting records of spills, and/or operation and maintenance activities on the collection/transmission system(s)? | Yes |
| In the last 12 months, was the facility free from sewage spills or abnormal events from any components of a collection/transmission system or from a treatment plant that reached surface waters including stormwater conveyance system or drainage ditch? | Yes |
| Is the facility free from any SSO violation not listed above that needs to be addressed? | Yes |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”</i> • <i>Questions with “No” responses indicate deficiencies</i> • <i>Questions with “N/A” responses do not apply to the facility</i> | |
| Deficiencies & Corrective Actions: | |
| A sewage spill from any part of a collection/transmission system or treatment plant that did not make it to surface waters, i.e., stormwater collection system, drainage ditch, stream, pond, or lake. [62-604.130(1) F.A.C., SSO6] | Deficiency: (Narrative) A review of the last 12 months indicates the facility had 10 Sanitary sewer overflows. |
| | Corrective Action(s): (Narrative) Within 7 days of the date of this letter provide documentation to the Department describing each spill and what actions have been taken to correct and prevent these spills from reoccurring. The facility submitted reports within 24 hours of each spill and a final 5-day report as required including proper cleanup and corrective actions. These reports were reviewed by the Department using an SSO Evaluation Guidance and were addressed by this process. No further action is required. |
| Observations: | |
| Facility submits all abnormal events as required. | |

Other

| | | | | |
|---|-----------------------|------------|----------------------------------|-----------|
| Compliance Rating | Not Applicable | | | |
| Does this section apply to the facility? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Questions | | | | |
| *Is the facility free from any violation not listed above, or pattern of noncompliance, resulting in a high potential for water quality or health impacts <i>(Any violations considered significant by the Secretary, Deputy Secretary, Director of District Management, or the Division Director meet SNC criteria)</i> | N/A | | | |
| Please describe any potential Non-wastewater violations (i.e. hazardous waste, stormwater, SLERP, Air and Storage Tanks) that were referred. | - N/A | | | |
| <ul style="list-style-type: none"> • <i>Significant Non-Compliance Criteria per Program Guidance Memo OWM-00-01 Should be Reviewed when Checklist Items Deficiencies are Noted and Marked by a “*”</i> • <i>Questions with “No” responses indicate deficiencies</i> • <i>Questions with “N/A” responses do not apply to the facility</i> | | | | |
| Observations: | | | | |
| - | | | | |

Deficiencies Summary

| Evaluation Area: Effluent Quality | |
|---|--|
| A review of the Discharge Monitoring Reports revealed the following effluent exceedance(s). | Deficiency: (Narrative) The DMR review period revealed a number of exceedances. Exceedances are listed in the attachment at the end of this report. |
| | Corrective Action(s): (Narrative) Within 7 days of the date of this letter, provide adequate comments explaining the exceedances. During the review period adequate comments were noted. No further action is required. |
| Evaluation Area: Groundwater | |
| A review of the Discharge Monitoring Reports revealed the following effluent exceedance(s). | Deficiency: (Narrative) The DMR review period revealed a number of exceedances. Exceedances are listed in the attachment at the end of this report. |
| | Corrective Action(s): (Narrative) Within 7 days of the date of this letter, provide adequate comments explaining the exceedances. During the review period adequate comments were noted. No further action is required. |
| Evaluation Area: SSO Survey | |
| A sewage spill from any part of a collection/transmission system or treatment | Deficiency: (Narrative) A review of the last 12 months indicates the facility had 10 Sanitary sewer overflows. |
| | Corrective Action(s): (Narrative) |

| | |
|--|--|
| <p>plant that did not make it to surface waters, i.e., stormwater collection system, drainage ditch, stream, pond, or lake. [62-604.130(1) F.A.C., SSO6]</p> | <p>Within 7 days of the date of this letter provide documentation to the Department describing each spill and what actions have been taken to correct and prevent these spills from reoccurring.</p> <p>The facility submitted reports within 24 hours of each spill and a final 5-day report as required including proper cleanup and corrective actions. These reports were reviewed by the Department using an SSO Evaluation Guidance and were addressed by this process. No further action is required.</p> |
|--|--|

| Facility ID | Facility Name | Office | Facility Type | County | Monitoring Group | Date | Monitoring Location | PCS Code | NODI | Parameter | Description | Result | Qualifier | Result Limit | Units | Statistical Base | Exceedance |
|-------------|---------------------------------|--------|---------------|---------|------------------|------------|---------------------|----------|------|--|-------------|--------|-----------|--------------|----------------------------|------------------|------------|
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-01 | 09/30/2024 | MWC-01 | P 00400 | | pH | | 5.4 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-11 | 09/30/2024 | MWC-11 | P 00400 | | pH | | 6.16 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-12 | 09/30/2024 | MWC-12 | P 00400 | | pH | | 6.02 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-13 | 09/30/2024 | MWC-13 | P 00400 | | pH | | 5.45 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | R-002 | 08/31/2024 | EFB-01 | P 00530 | B | Solids, Total Suspended | | 12 | | 5 mg/L | MB - Maximum | E | |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | R-002 | 06/30/2024 | EFA-01 | P 74055 | A | Coliform, Fecal | | 27.5 | | 25 #/100m | MB - Maximum | E | |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-12 | 06/30/2024 | MWC-12 | P 00620 | | Nitrogen, Nitrate, Total (as N) | | 13 | | 10 mg/L | MB - Maximum | E | |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-12 | 06/30/2024 | MWC-12 | P 00400 | | pH | | 5.95 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-13 | 06/30/2024 | MWC-13 | P 00400 | | pH | | 5.62 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | R-002 | 03/31/2024 | EFA-01 | P 51005 | A | Coliform, Fecal, % less than detection | | 58 | | 75 percent | TM - Minimum Total Monthly | E | |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-12 | 03/31/2024 | MWC-12 | P 00620 | | Nitrogen, Nitrate, Total (as N) | | 13 | | 10 mg/L | MB - Maximum | E | |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-12 | 03/31/2024 | MWC-12 | P 00400 | | pH | | 6 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-13 | 03/31/2024 | MWC-13 | P 00400 | | pH | | 5.8 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | R-002 | 02/29/2024 | EFB-01 | P 00530 | B | Solids, Total Suspended | | 9.2 | | 5 mg/L | MB - Maximum | E | |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | R-002 | 02/29/2024 | EFA-01 | P 51005 | A | Coliform, Fecal, % less than detection | | 50 | | 75 percent | TM - Minimum Total Monthly | E | |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-01 | 12/31/2023 | MWC-01 | P 00400 | | pH | | 6.32 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-12 | 12/31/2023 | MWC-12 | P 00620 | | Nitrogen, Nitrate, Total (as N) | | 14 | | 10 mg/L | MB - Maximum | E | |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-12 | 12/31/2023 | MWC-12 | P 00400 | | pH | | 6.04 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | MWC-13 | 12/31/2023 | MWC-13 | P 00400 | | pH | | 5.6 | | 6.5-8.5 | s.u. | RG - RANGE | E |
| FLA012069 | Glen Water Reclamation Facility | SWD | DW | HERNANI | R-002 | 11/30/2023 | EFA-01 | P 74055 | A | Coliform, Fecal | | 27 | | 25 #/100m | MB - Maximum | E | |