



# Planning and Zoning

1769 E. Moody Blvd Bldg 2  
Bunnell, FL 32110  
Phone: 386-313-4009



## FLAGLER COUNTY TECHNICAL REVIEW COMMITTEE

GOVERNMENT SERVICES BUILDING  
First Floor Conference Room B108

1769 EAST MOODY BOULEVARD BUILDING 2, BUNNELL FL 32110

### A G E N D A

DATE – JANUARY 18, 2017

TIME – 9:00 A.M.

1. Application #3063 – **APPLICATION FOR SITE DEVELOPMENT PLAN UNDER 5 ACRES** – request for Site Development Plan Approval in the AC (Agriculture) District for Construction of a 5,825 sq ft building at 141 Carmelite Drive; Parcel Number: 04-13-31-0650-000B0-0050; Owner/Applicant: Disalced Carmelite Fathers of Florida, Inc / Agent: Dennis R. Leap, P.E., with Metaworld Civil Consulting, LLC.  
*Project #2016120012* (TRC, PDB)
2. Application #3064 – **VARIANCE IN THE PUD (PLANNED UNIT DEVELOPMENT) DISTRICT** – request for a 2 foot front yard setback variance at 6 Spinaker Circle (Harbor Village Marina subdivision); Parcel Number: 04-11-31-3019-000000-0780; Owner: Dawn L. Smith / Applicant: Stajo Construction, Inc.  
*Project #2016120014* (TRC, PDB)
3. Application #3065 - **FUTURE LAND USE MAP AMENDMENT LESS THAN TEN ACRES** - request for a Future Land Use Map Amendment for less than ten acres from Agriculture & Timberlands to Commercial: High Intensity at 2261 S. Old Dixie Hwy.; Parcel Number 34-12-31-0650-000D0-0101; Parcel size: 4.14 acres; Owner: Holiday Travel Park Co-Op, Inc. / Applicant: Robert W. Marshall  
*Project #2016120022* (TRC, PDB, BOCC)
4. Application #3066 **REVISION TO SITE DEVELOPMENT PLAN IN THE I (INDUSTRIAL) DISTRICT** for an Auto Sales Lot ; on 7.04+/- acres (Development Area 2.267+/- acres) located at 4159 U.S. Highway 1 South, Bunnell, FL; Parcel #31-12-31-0000-01020-0000; Owner/Applicant: James Kolomiyets.  
*Project #2016120026* (TRC)

Charles Ericksen, Jr.  
District 1

Vacant  
District 2

David Sullivan  
District 3

Nate McLaughlin  
District 4

Donald O'Brien Jr.  
District 5

PLEASE TAKE NOTICE THAT INDIVIDUAL COMMISSIONERS OF THE BOARD OF COUNTY COMMISSIONERS MAY ATTEND THIS EVENT. THE COMMISSIONERS WHO ATTEND WILL NOT TAKE ANY ACTION OR TAKE ANY VOTE AT THIS MEETING. THIS IS NOT AN OFFICIAL MEETING OF THE BOARD OF COUNTY COMMISSIONERS OF FLAGLER COUNTY. THIS NOTICE IS BEING PROVIDED TO MEET THE SPIRIT OF THE SUNSHINE LAW TO INFORM THE PUBLIC THAT COMMISSIONERS MAY BE PRESENT AT THESE DISCUSSIONS.

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, PERSONS NEEDING ASSISTANCE TO PARTICIPATE IN THIS MEETING SHOULD CONTACT THE PLANNING & ZONING DEPARTMENT AT (386) 313-4009 AT LEAST 48 HOURS PRIOR TO THE MEETING.

**FLAGLER COUNTY**

**TECHNICAL REVIEW COMMITTEE COMMENTS**

**MEETING DATE: 1/18/2017**

**APP #3063- SDP IN SPU-ST JOSEPH CARMELITE MONESTARY**

**OWNER/APPLICANT :DISCALCED CARMELITE FATHERS OF FLORIDA, INC.**

Distribution date: Friday, January 13, 2017

Project #: 2016120012

Application #: 3063

Attached are departmental comments regarding your submittal to Flagler County for the above referenced project. **Any questions regarding any of the comments should be addressed to the department providing the comment.**

Flagler County Building Department	386-313-4002
Flagler County Planning Department	386-313-4009
Flagler County Development Engineering	386-313-4082
Flagler County General Services (Utilities)	386-313-4184
County Attorney	386-313-4005
Flagler County Fire Services	386-313-4258
E-911 GIS Specialist	386-313-4274
Environmental Health Department	386-437-7358
Flagler County School Board	386-586-2386

**REVIEWING DEPARTMENT: BUILDING DEPARTMENT**

No comments at this time.

**REVIEWING DEPARTMENT: PLANNING DEPARTMENT**

1. Please give a detailed discription of the proposed use of the new building.
2. Plan indicates that buildings will be removed what is the proposed time line for their removal.
3. An existing catch basin/skimmer structure is noted on the plan as not functioning, as part of the existing storm water system this would have to be repaired or replaced.

**REVIEWING DEPARTMENT: DEVELOPMENT ENGINEERING**

1. Provide the location of the construction access.
2. Provide any details for any soil tracking devices proposed to be used.
3. Retention and drainage calculations meeting the County requiements are required.
4. No further comments at this time.

**REVIEWING DEPARTMENT: FIRE INSPECTOR**

Please specify the type of construction and use of building.

18.2.3.2 Access to Building.

18.2.3.2.1-A fire department access road shall extend to within 50 ft (15 m) of at least one exterior door that can be opened from the outside and that provides access to the interior of the building.

18.2.3.2.1.1-Where a one- or two-family dwelling, or townhouse, is protected with an approved automatic sprinkler system that is installed in accordance with NFPA 13D or NFPA 13R, as applicable, the distance in 18.2.3.2.1 shall be permitted to be increased to 150 ft (46 m).

18.2.3.2.2.-Fire department access roads shall be provided such that any portion of the facility or any portion of an exterior wall of the first story of the building is located not more than 150 ft (46 m) from fire department access roads as measured by an approved route around the

exterior of the building or facility.

18.2.3.2.2.1-When buildings are protected throughout with an approved automatic sprinkler system that is installed in accordance with NFPA 13, NFPA 13D, or NFPA 13R, the distance in 18.2.3.2.2 shall be permitted to be increased to 450 ft (137 m).

18.2.3.4.1 Dimensions.

18.2.3.1.1.1-Fire department access roads shall have an unobstructed width of not less than 20 ft (6.1 m).

18.2.3.4.1.2.-Fire department access roads shall have an unobstructed vertical clearance of not less than 13 ft 6 in. (4.1 m).

18.3 Water Supplies.

18.3.1\*-An approved water supply capable of supplying the required fire flow for fire protection shall be provided to all premises upon which facilities, buildings, or portions of buildings are hereafter constructed or moved into the jurisdiction. The approved water supply shall be in accordance with Section 18.4.

18.3.1.1\*-Where no adequate or reliable water distribution system exists, approved reservoirs, pressure tanks, elevated tanks, fire department tanker shuttles, or other approved systems capable of providing the required fire flow shall be permitted.

MINIMUM FIRE FLOW FOR BUILDING IN EXCESS OF 5,000 Sq.ft requires 1500 GPM for a minimum of 2 hours.

**REVIEWING DEPARTMENT: ENVIRONMENTAL HEALTH DEPT**

1. An Onsite Sewage Treatment and Disposal System Construction Permit is required to be obtained from the Florida Department of Health in Flagler County prior to system construction.
2. System sizing to be determined by number of attendees - 4gpd/per person for toilets only, and 10gpd/per person if showers provided.
3. If required drainfield size exceeds 1000 sqft, this system shall be designed by an Engineer licensed in Florida, and low pressure dosing will be required.
4. The existing D.E.P. approved water system may require modification and D.E.P. approval is required.

**REVIEWING DEPARTMENT: COUNTY ATTORNEY**

No comments at this time.

RECEIVED



APPLICATION FOR SITE DEVELOPMENT PLAN  
LESS THAN 5 ACRES

FLAGLER COUNTY, FLORIDA  
1769 E. Moody Blvd, Suite 105  
Bunnell, FL 32110

Telephone: (386) 313-4009 Fax: (386) 313-4109

Application/Project #: 3063/2016/12 0012

<b>PROPERTY OWNER(S)</b>	Name(s): DISCALCED CARMELITE FATHERS OF FLORIDA INC	
	Mailing Address: 141 CARMELITE DR	
	City: BUNNELL	State: FLORIDA Zip: 32110
	Telephone Number (386) 437-2910 Ext 223	Fax Number

<b>APPLICANT - AGENT</b>	Name(s): BROTHER PATRICK GEMMATO	
	Mailing Address: 141 CARMELITE DR	
	City: BUNNELL	State: FLORIDA Zip: 32111
	Telephone Number (386) 437-2910 Ext 223	Fax Number
	Email Address	

<b>SUBJECT PROPERTY</b>	SITE LOCATION (street address):	141 CARMELITE DR	
	LEGAL DESCRIPTION: (briefly describe, do not use "see attached")	34.935 AC BUNNELL DEV CO ALL OF TRACTS 5 & 6 BLOCK B, PT TRS 7 & 8 & W1/2 OF N1/2 TR 9	
	Parcel # (tax ID #):	04-13-31-0650-000B0-0050	
	Parcel Size:	35.12	
	Current Zoning Classification:	AC	
	Current Future Land Use Designation	AGRICULTURE & TIMBERLANDS	
	Subject to A1A Scenic Corridor IDO?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

PROJECT DATA: CONSTRUCTION OF 5,825 SF BUILDING WITH WELL AND SEPTIC

x Patrick Gemmato  
Signature of Owner(s) or Applicant/Agent  
if Owner Authorization form attached

Dec 9, 2016  
Date

Inst No:94001392 Date:01/28/1994  
Doc Stamp-Deed : 0.70  
SYD CROSBY, FLAGLER County  
By: [Signature] D.C. Time:10:26:

QUIT-CLAIM DEED

Prepared by:  
M. Dean Nelson  
Attorney at Law  
232 Third Avenue  
Daytona Beach, Fl. 32114

RT: Return to: DISCALCED CARMELITE FATHERS OF FLORIDA, INC.  
Star Route - Box 70 - Korona, Bunnell, Fl. 32110

Parcel Numbers:  
Parcel 1: 04-13-31-0650-00080-0050  
Parcel 2: 04-13-31-0650-00030-0051  
Parcel 3: 04-13-31-0650-00030-0052  
Parcel 4: 05-13-31-3400-00010-0080  
Parcel 5: 05-13-31-0650-000A0-0010

Grantee Tax Exempt Number:  
28-01003027-55C-4

REC 0504 PAGE 1747

THIS QUIT-CLAIM DEED made this 20TH day of JANUARY 1994 by DISCALCED CARMELITE FATHERS OF INDIANA, INC., an Indiana corporation hereinafter called the grantor, to DISCALCED CARMELITE FATHERS OF FLORIDA, INC., a Florida corporation, whose mailing address is Star Route Box 70, Korona, Florida 32110, hereinafter called the grantee:

"Grantor" or "Grantee" are used for singular or plural.

WITNESSETH: That the grantor, for and in consideration of the sum of \$10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee all that certain land situate in Flagler County, State of Florida, to-wit:

PARCEL I:

A parcel of land in the Northwest 1/4 of Section 4, T.13 S., R 31 E. Flagler County, Florida and being a part of that tract in Book 190, Page 79, Official Records of said Flagler County, being more particularly described as follows: Commence at a point where the Westerly line of said Section 4 intersects with the centerline of Old Dixie Highway and run Then N 2 degrees 46'00" W along the centerline of County Road 335 and said Westerly line of 651.30 feet: Thence N 87 degrees 21'43" E 15.00 feet to the POINT OF BEGINNING: Thence N 2 degrees 46'00" W 208.99 feet to the Southwesterly corner of that parcel described in Book 182, Page 624, Official Records of Flagler County: Thence N 87 degrees 32'00" E 200.00 feet to the Southeasterly corner of said parcel: Thence N 2 degrees 46'00" W 217.80 feet to the Northeasterly corner of said parcel: Thence N 87 degrees 32'00" E 447.62 feet to the Easterly line of Tract 6, Block "B" of Bunnell Development Company's Allotment, Plat Book 1, Page 1 of Public Records of said Flagler County: Thence S 2 degrees 42'30" E along said Easterly line 424.85 feet: Thence S 87 degrees 21'43" W 647.18 feet along the Southerly line of said Tract 6 to the POINT OF BEGINNING, containing 5.329 acres more or less.

ALSO DESCRIBED AS:

A parcel of land in the Northwest 1/4 of Section 4, T. 13 S., R 31 E. Flagler County, Florida, and being a part of Tract 6, Block B, BUNNELL DEVELOPMENT COMPANY'S ALLOTMENT as per map recorded in Plat Book 1, Page 1, Public Records of

Flagler County, Florida, being more particularly described as follows: Commence at a point where the Westerly line of said Section 4 intersects with the centerline of Old Dixie Highway and run then N 2 degrees 46'00" W along the centerline of County Road 335 and said Westerly line 651.30 feet; thence N 87 degrees 21'43" E 15.00 feet to the POINT OF BEGINNING; thence N 2 degrees 46'00" W 208.99 feet to the Southwesterly corner of that parcel described in Book 182, Page 624, Official Records of said Flagler County; thence N 87 degrees 32'00" E 200.00 feet to the Southeasterly corner of said parcel; thence N 2 degrees 46'00" W 217.80 feet to the Northeasterly corner of said parcel; thence N 87 degrees 32'00" E 447.62 feet to the Easterly line of Tract 6, Block "B", of Bunnell Development Company's Allotment, Plat Book 1, Page 1 of the Public Records of said Flagler County; thence S 2 degrees 42'30" E along said Easterly line 424.85 feet; thence S 87 degrees 21'43" W 647.18 feet along the Southerly line of said Tract 6 to the POINT OF BEGINNING.

PARCEL 2:

A parcel of land in the NW 1/4 of Section 4, T 13 S, R 31 E, Flagler County, Florida, being part of a parcel as described in Book 31, Page 81, Official Records of said Flagler County, and more particularly described as follows: Commence at a point where the Westerly line of said Section 4 intersects with the centerline of Old Dixie Highway (66' wide) and thence N 2 degrees 46'00" W along the said Westerly line a distance of 1078.13 feet; thence N 87 degrees 32'00" E a distance of 15.00 feet to the POINT OF BEGINNING of this description; thence continue N 87 degrees 32'00" E a distance of 200.00 feet; thence S 2 degrees 46'00" E a distance of 217.80 feet; thence S 87 degrees 32'00" W a distance of 200.00 feet thence N 2 degrees 46'00" W a distance of 217.80 feet to the POINT OF BEGINNING, containing 1 acre more or less.

ALSO DESCRIBED AS

A parcel of land in the NW 1/4 of Section 4, T 13 S, R 31 E, Flagler County, Florida, being part of parcel 6 Block "B", BUNNELL DEVELOPMENT COMPANY'S ALLOTMENT as per map recorded in Plat Book 1, Page 1, Public Records of Flagler County, Florida and more particularly described as follows: Commence at a point where the Westerly line of said Section 4 intersects with the centerline of Old Dixie Highway (66' wide) and thence 2 degrees 46'00" W along the said Westerly line a distance of 1078.13 feet; thence N 87 degrees 32'00" E a distance of 15.00 feet to the POINT OF BEGINNING of this description; thence continue N 87 degrees 32'00" E a distance of 200.00 feet; thence S 2 degrees 46'00" E a distance of 217.80 feet; thence S 87 degrees 32'00" W a distance of 200.00 feet; thence N 2 degrees 46'00" W a distance of 217.80 feet to the POINT OF BEGINNING.

PARCEL 3:

A parcel of land in the Northwest 1/4 of Section 4, T 13 S, R 31 E, Flagler County, Florida, and being a part of a parcel as shown in Book 190, Page 79, Official Record of said Flagler County, being more particularly described as follows: commence at the Northwest corner of said Section 4 and run thence N 87 degrees 20'17" E along the North line of said Section 663.53 feet; thence S 2 degrees 42'30" E 15.00 feet to the POINT OF BEGINNING; thence continue S 2 degrees 42'30" E along the Easterly line of that parcel described in O.R. Book 190, Page 79 a distance of 883.77 feet; thence S 87 degrees 32'00" W 647.62 feet to the Northwest corner of that parcel described in O.R. Book 182, Page 624; thence N 2 degrees 46'00" W along the East right-of-way line of County Road 335 (30 ft. wide) 881.57 feet; thence N 87 degrees 20'17" E along a line 15 feet South and parallel to the North line of said Section 4 a distance of 648.51 feet to the POINT OF BEGINNING, containing 13.132 acres more or less. Note: Bearing based on parcel described in O.R. Book 182, Page 624.

OFF REC 0504 PAGE 1749

PARCEL 4:

A portion of Lot 8, KORCYL'S SUBDIVISION, as recorded in Plat Book 3, page 23, of the Public Records of Flagler County, Florida, being more particularly described as follows: As a point of beginning begin at a point where the North line of said Lot 8 intersects with the Easterly right-of-way of 50 foot County Road; thence North 87 degrees 35' 14" East along the North line of said Lot 8, a distance of 345.42 feet to a point; thence South 2 degrees 32' 22" East, a distance of 100 feet to a point; thence South 87 degrees 35' 14" West, a distance of 345.93 feet to a point on the East line of 50 foot County Road; thence North 2 degrees 15' West along East line of 50 foot County Road, a distance of 100 feet to the point of beginning, containing 0.79 acres more or less.

PARCEL 5:

The Southerly 100 feet of the Westerly 435.6 feet of Lot 7, in KORCYL'S SUBDIVISION, a Subdivision in the West half of Tract 4, and Tracts 5 and 6, of Block A, and Tract 2, Block B, of Section 5, Township 13 South, Range 31 East, as per plat on file in Plat Book 3, at page 23, Public Records of Flagler County, Florida.

SUBJECT TO taxes for 1994 and subsequent years and to easements, restrictions and reservations of record, if any.

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title interest, lien, equity and claim whatsoever of the said Grantor, either in law or equity, to the only proper use and benefit of the said Grantee forever.

IN WITNESS WHEREOF, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in the presence of:

(CORPORATE SEAL)	DISCALCED CARMELITE FATHERS OF INDIANA, INC.
<u>Rev CASIMIR BORCZ</u>	By <u>Rev Thomas J. Balys</u> President
Printed name: <u>Rev. CASIMIR BORCZ</u>	1628 Ridge Road Munster, Indiana 46321
<u>STANISLAW KROL</u>	Attest: <u>Rev. Lucjan Lech</u>
Printed name <u>STANISLAW KROL</u>	

STATE OF INDIANA  
COUNTY OF LAKE

On this 20TH day of JANUARY 1994, the foregoing instrument was acknowledged before me by, REV. THOMAS BALYS and REV. LUCJAN LECH as President and Secretary respectively of DISCALCED CARMELITE FATHERS OF INDIANA, INC. an Indiana Corporation, () personally known to me, or () has produced \_\_\_\_\_ as identification and who () did () did not take an oath.

NOTARY SEAL

Shannon E Lewis  
Notary Public - State of Indiana  
My Commission Expires MARCH 8, 96  
RESIDENT OF LAKE COUNTY  
Commission No. 294420  
Printed signature:  
SHANNON E LEWIS

RT: CHERYL DUKES  
FINANCE DEPT

Inst No: 98003330 Date: 02/23/1998  
Doc Stamp-Deed : 0.70  
SYD CROSBY, FLAGLER County  
By: M. Stevens D.C. Time: 11:11:6

PREPARED BY AND RETURN TO:

Noah C. McKinnon, Jr., Esquire  
Korey, Sweet, McKinnon, Simpson & Vukelja  
595 West Granada Boulevard, Suite A  
Ormond Beach, Florida 32174-9448

OFF REC 0606 PAGE 0458

Property Appraiser's No.: 28-01003027-55C-4

Tax No.

STATUTORY DEED

THIS DEED, made this 6 day of February, A.D. 1998, by FLAGLER COUNTY, a political subdivision of the State of Florida, whose mailing address is 1200 East Moody Boulevard, #1, Bunnell, Florida 32110, party of the first part, and DISCALCED CARMELITE FATHERS OF FLORIDA, INC., a Florida corporation, party of the second part,

WITNESSETH that the said party of the first part, for and in consideration of a conveyance of land recorded in Flagler County, Florida Official Record 6060, Page 456 ~~458~~ by the party of the second part, receipt whereof is hereby acknowledged, has granted, bargained and sold to the party of the second part, his heirs and assigns forever, the following described land lying and being in Flagler County, Florida:

Being a part of Tracts 7 and 8 of Block B of Section 4; Township 13 South, Range 31 East, according to the plat of Bunnell Development Company Subdivision, recorded in Plat Book 1 at Page 1 of the Public Records of Flagler County, Florida, and more particularly described as follows: Beginning at the Northwest corner of the said Section 4, as a point of reference and running thence South 2 degrees 46'00" East, along the West line of the said Section 4, a distance of 1322.50 feet; thence North 87 degrees 32'00" East, a distance of 215.0 feet to the point of beginning of this description; thence continuing North 87 degrees 32'00" East, a distance of 50.0 feet; thence South 2 degrees 46'00" East, a distance of 715.31 feet to the Northerly boundary of the 66 foot right-of-way of the Old Dixie Highway; thence Northwesterly, along the said right-of-way boundary; on a 1 degree 58'38" curve to the left; having a delta of 8 degrees 43'30", a

distance of 53.82 feet; thence North 2 degrees 46'00" West; a distance of 695.65 feet to the point of beginning of this description. Bearings are referred to the Magnetic Meridian with no variation offset and parcel containing 0.81 acres.

IN WITNESS WHEREOF the said party of the first part has caused these presents to be executed in its name by its Board of County Commissioners acting by the Chairman of said Board, the day and year aforesaid.

BOARD OF COUNTY COMMISSIONERS  
FOR FLAGLER COUNTY, FLORIDA

BY: <sup>2-6-98</sup> *James A. Darby*  
JAMES A. DARBY, CHAIRMAN



ATTEST:

*Syd Crosby*

SYD CROSBY, CLERK OF THE  
COURTS FOR FLAGLER COUNTY,  
FLORIDA AND EX OFFICIO TO  
THE BOARD

(OFFICIAL SEAL)

APPROVED BY THE  
FLAGLER COUNTY BOARD  
OF COUNTY COMMISSIONERS  
ON February 2, 1998

MetaWorld Civil Consulting, LLC  
444 Seabreeze Blvd., Suite 715  
Daytona Beach, FL 32118

Phone (386) 944-9737  
[www.metaworldcivil.com](http://www.metaworldcivil.com)

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December 13, 2016

Gina Lemon  
Flagler County  
1769 E. Moody Blvd.  
Bunnell, FL 32110

RE: St. Joseph Carmelite Monastery

Dear Ms. Lemon:

Please find enclosed the following information for our Site Plan submission:

- Site Plans – 10 copies
- Application for Site Development Plan Less Than 5 Acres – 1 copy
- Site Plan Application Fee - \$2,275
- Warranty Deed – 1 copy
- Site Plan (11" x 17") – 1 copy
- Electronic Submission in PDF Format – 1 CD

If you have any questions or comments, please feel free to contact me directly at (386) 986-9685 or [dleap@metaworldcivil.com](mailto:dleap@metaworldcivil.com).

Sincerely,



Dennis R. Leap, PE  
Senior Engineer and Project Manager  
MetaWorld Civil Consulting, LLC

CONSTRUCTION AND PERMITTING PLANS

FOR

# ST. JOSEPH CARMELITE MONASTERY

141 CARMELITE DRIVE  
FLAGLER COUNTY, FL



MetaWorld Civil Consulting  
The New Era of Engineering  
444 Seabreeze Blvd., Suite 715  
Daytona Beach, FL 32118  
(386) 944-9737

**ENGINEERING PLANS SHEET INDEX:**

COVER	1
GENERAL NOTES AND DETAILS	2
DEMOLITION PLAN	3
SITE PLAN	4
PAVING, GRADING AND DRAINAGE PLAN	5
UTILITY PLAN	6

**OWNER:** ST. JOSEPH CARMELITE MONASTERY  
141 CARMELITE DRIVE  
BUNNELL, FL 32765  
CONTACT: BROTHER PATRICK GEMMATO  
(386) 437-2910 EXT 223

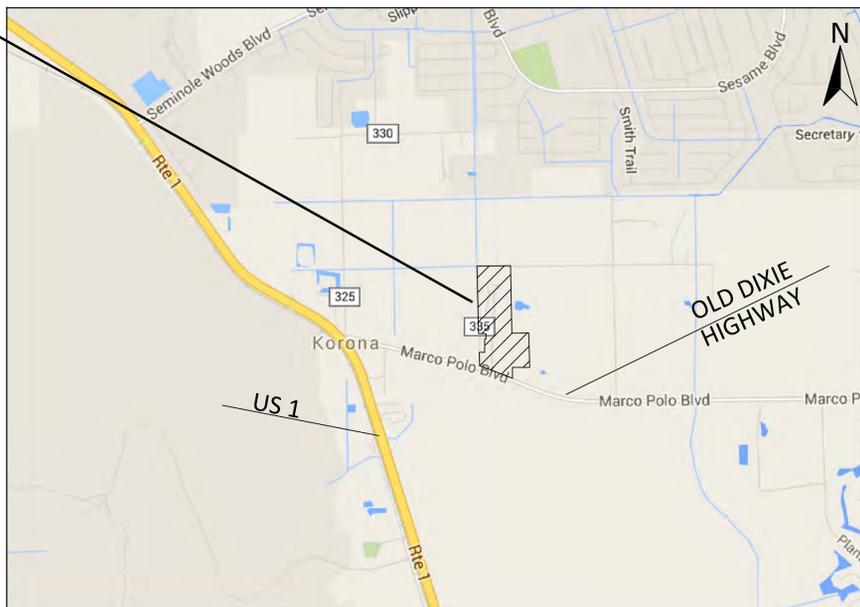
**PROJECT MANAGER / ENGINEER:** METAWORLD CIVIL CONSULTING, LLC  
444 SEABREEZE BLVD., SUITE 715  
DAYTONA BEACH, FL 32118  
CONTACT: DENNIS R. LEAP, PE  
(386) 944-9737

**SURVEYOR:** KUJAR SURVEYING AND MAPPING, LLC  
1501 RIDGEWOOD AVENUE  
DAYTONA BEACH, FLORIDA 32117  
CONTACT: KENNETH J. KUJAR, PLS  
(386) 672-0002

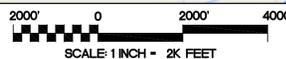
**ENVIRONMENTAL SCIENTIST:** S&ME, INC.  
111 KELSEY LANE, SUITE E  
TAMPA, FL 33619  
CONTACT: MARIA A. SUMMERLIN, PG  
(813) 623-6646

**GEOTECHNICAL ENGINEER:** S&ME, INC.  
111 KELSEY LANE, SUITE E  
TAMPA, FL 33619  
CONTACT: MARIA A. SUMMERLIN, PG  
(813) 623-6646

**PROJECT LOCATION**



VICINITY MAP



**STATEMENT OF INTENT:**

THE PROPOSED PROJECT IS SEEKING APPROVAL FOR THE CONSTRUCTION OF ONE BUILDING WITH WELL AND SEPTIC AND THE DEMUCKING/ MAINTENANCE OF THE EXISTING POND. THE PROJECT WILL ALSO BE FOR THE DEMOLITION OF ONE EXISTING BUILDING, ONE CONCRETE PAD AND ONE EXISTING BUILDING BEHIND THE POND. THE OWNER OF THE PROPERTY IS CONCURRENTLY APPLYING FOR A MODIFICATION TO THE EXISTING ST. JOHN'S RIVER WATER MANAGEMENT DISTRICT PERMIT.

**LEGAL DESCRIPTION:**

34.935 AC BUNNELL DEV CO ALL OF TRACTS 5 & 6 BLOCK B, PT TRS 7 & 8 & W1/2 OF N1/2 TR 9 AND PT DESC AS: BGN NW SEC 4 S 2E 1322.50', E 215 TO POB; CONTINUE E 117', S 715.31 TO N/W OLD DIXIE, W 212.89 ALONG OLD DIXIE, DEPARTING R/W N 251.31' E 100, N 262.50', E30', N 112.50' TO POB, BOUND ON N BY BLK B TR 6, E BY W LINE BLY B TR 7 AND N OF OLD DIXIE HWY RPHR047304 AND RPHR047305 DB 21/224 35/136 41/99 81/520 120/41 179/343 182/624 190/79 194/577201/291 214/468 237/274 251/357 349/553 391/250 408/13 491/1534 504/1747 509/1585 510/524 545/1402 606/458 652/307 674/1123 CORDS.

**GENERAL NOTES:**

1. THE SCALE OF THIS PLAN SET MAY HAVE BEEN ALTERED DUE TO REPRODUCTION. PLAN SHEETS ARE SCALABLE WHEN PLOTTED ON FULL SIZED 24" X 36" CONSTRUCTION PLAN SHEETS.
2. THIS SITE IS PARTIALLY WITHIN THE FEMA 100-YR FLOODPLAIN WITH BASE FLOOD ELEVATION (BFE) BETWEEN 26.5' TO 27.0'. THE PROPOSED CONSTRUCTION IS LOCATED OUTSIDE OF THE FLOOD PLAIN AREA.
3. ALL SURVEY AND TOPOGRAPHIC INFORMATION BASED ON SURVEY INFORMATION PROVIDED BY THE SURVEYOR OF RECORD. CONTRACTOR TO COORDINATE WITH SURVEYOR FOR BENCHMARK INFORMATION.
4. THE LOCATION OF EXISTING UTILITIES HAS BEEN OBTAINED FROM THE MOST RELIABLE INFORMATION AVAILABLE TO THE ENGINEER. THIS INFORMATION IS NOT GUARANTEED AND SHALL BE EACH CONTRACTORS RESPONSIBILITY TO DETERMINE THE EXACT NATURE OF ALL UTILITIES PRIOR TO COMMENCEMENT OF CONSTRUCTION. NOTIFY THE ENGINEER OF RECORD AS TO DISCREPANCIES, IF ANY EXIST. THE OWNER IS NOT RESPONSIBLE FOR LOCATES.



ZONING MAP



12 - Placid, Basinger, and St. Johns soils, depressional  
19 - Valkaria fine sand, 0 to 2 percent slopes  
21 - Smyrna fine sand, 0 to 2 percent slopes

NRCS SOILS MAP

**ENGINEER CERTIFICATION:**

I HEREBY CERTIFY THAT I AM A REGISTERED PROFESSIONAL ENGINEER IN THE STATE OF FLORIDA, PRACTICING WITH METAWORLD CIVIL CONSULTING, LLC; A CORPORATION AUTHORIZED TO OPERATE AS AN ENGINEERING BUSINESS, CERTIFICATE OF AUTHORIZATION #30269, BY THE FLORIDA BOARD OF PROFESSIONAL ENGINEERS; AND THAT I, OR OTHERS UNDER MY DIRECT SUPERVISION, HAVE PREPARED OR APPROVED THE EVALUATIONS, FINDINGS, OPINIONS, CALCULATIONS, CONCLUSIONS OR TECHNICAL ADVICE HEREBY REPRESENTED BY THIS PLAN SET.

DECEMBER 13, 2016  
DENNIS R. LEAP, PE  
FLORIDA LICENSE NO. 59906  
FBPE FIRM CERTIFICATE OF AUTHORIZATION NO. 30269



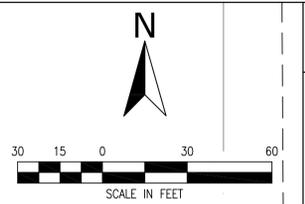
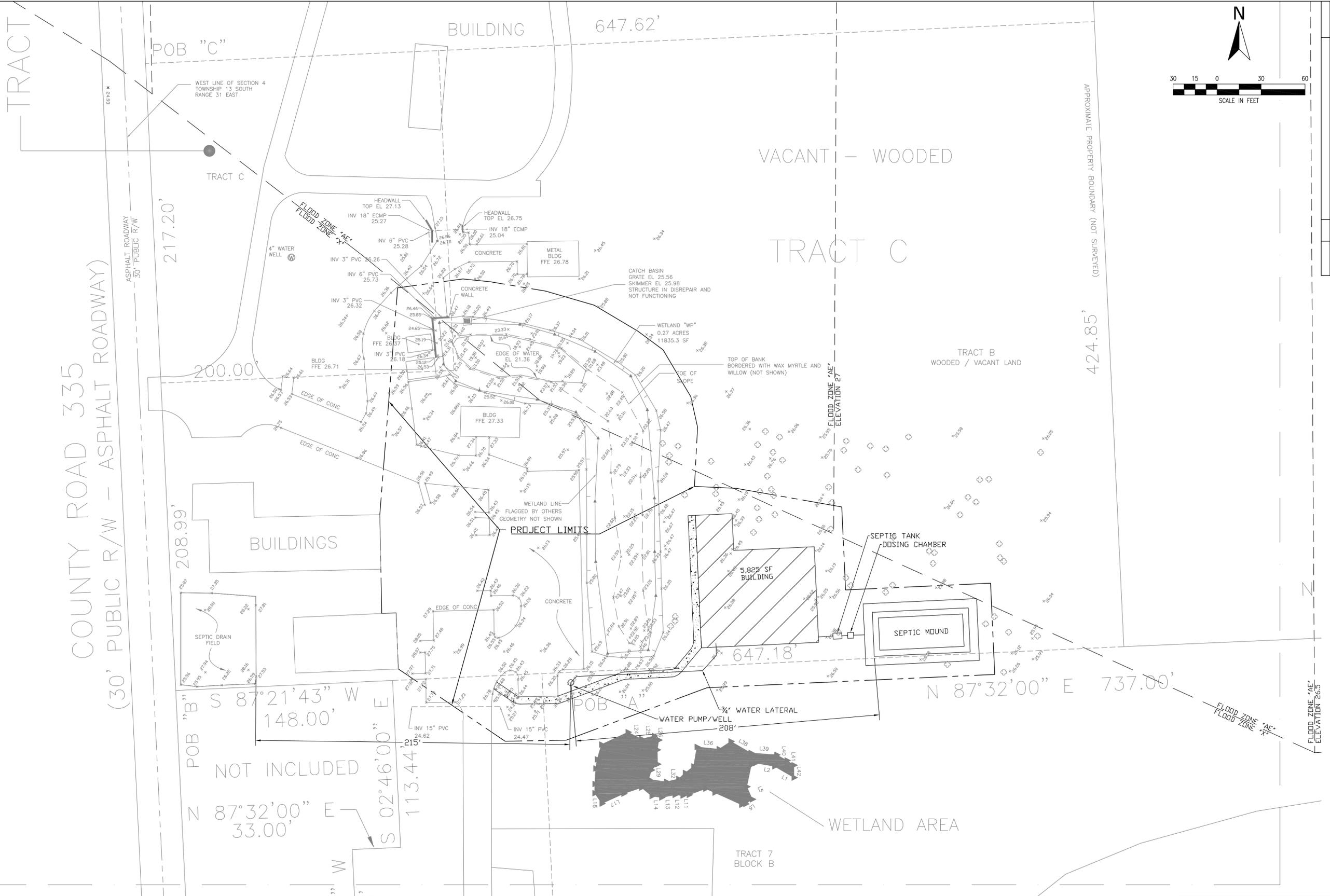








C:\USERS\ADMIN\WORKSPACE\NEWORLD\DRAW\148 - ST. JOSEPH CARMELITE MONASTERY\PLAN-UTIL-01.DWG - 6 - PLOTTED 12/9/2016 8:25 PM BY DENNIS



MetaWorld Civil Consulting  
The New Era of Engineering  
444 Seabreeze Blvd., Suite 715  
Daytona Beach, FL 32118

DECEMBER 13, 2016  
FOR PERMITS  
FLORIDA DE 059306

UTILITY PLAN

ST. JOSEPH CARMELITE MONASTERY  
CARMELITE DRIVE  
FLAGLER COUNTY, FLORIDA  
ST. JOSEPH CARMELITE MONASTERY

PLOTTING SCALE: 1:1  
PLOT DATE: 20161213  
FILE: ---  
DRAWN BY: DRL  
DESIGNED BY: DRL  
REVIEWED BY: AMM  
PROJECT NO: 148-001

SHEET NO. 6 OF 6

- NOTES:
- 1. PROPOSED BUILDING TO BE SERVICED BY NEW WELL AND SEPTIC.
  - 2. EXISTING BUILDING TO BE DEMOLISHED TO HAVE EXISTING UTILITIES CAPPED OR PLUGGED.

# FLAGLER COUNTY

## TECHNICAL REVIEW COMMITTEE COMMENTS

MEETING DATE: 1/18/2017

#3064- SMITH FRONT SETBACK VARIANCE IN A PUD

APPLICANT: STAJO CONSTRUCTION, INC/ Owner: DAWN L SMITH

Distribution date: Friday, January 13, 2017

Project #: 2016120014

Application #: 3064

Attached are departmental comments regarding your submittal to Flagler County for the above referenced project. **Any questions regarding any of the comments should be addressed to the department providing the comment.**

Flagler County Building Department	386-313-4002
Flagler County Planning Department	386-313-4009
Flagler County Development Engineering	386-313-4082
Flagler County General Services (Utilities)	386-313-4184
County Attorney	386-313-4005
Flagler County Fire Services	386-313-4258
E-911 GIS Specialist	386-313-4274
Environmental Health Department	386-437-7358
Flagler County School Board	386-586-2386

**REVIEWING DEPARTMENT: BUILDING DEPARTMENT**

No comments at this time.

**REVIEWING DEPARTMENT: PLANNING DEPARTMENT**

1. Please provide information on articulated elements at the sides of the proposed garage.
2. Is the proposed screen lanai under roof?

**REVIEWING DEPARTMENT: DEVELOPMENT ENGINEERING**

No comments at this time.

**REVIEWING DEPARTMENT: FIRE INSPECTOR**

No comments at this time.

**REVIEWING DEPARTMENT: ENVIRONMENTAL HEALTH DEPT**

No comment or objection.



# APPLICATION FOR VARIANCE

FLAGLER COUNTY, FLORIDA  
 1769 E. Moody Blvd, Suite 105  
 Bunnell, FL 32110

Telephone: (386) 313-4009 Fax: (386) 313-4109

3064/2016/20014

Application/Project #: Permit # 2016110062

<b>PROPERTY OWNER(S)</b>	Name(s): Dawn L. Smith		
	Mailing Address: P.O. Box 352437		
	City: Palm Coast	State: FL	Zip: 32135
	Telephone Number 386-986-1956	Fax Number	

<b>APPLICANT/AGENT</b>	Name(s): Stajo Construction, Inc		
	Mailing Address: 2 Armand Beach Dr, Ste 2A		
	City: Palm Coast	State: FL	Zip: 32137
	Telephone Number 386-446-9248	Fax Number 386-446-0523	
	E-Mail Address: stjofla@bellsouth.net		

<b>SUBJECT PROPERTY</b>	SITE LOCATION (street address):	6 Spinaker Circle	
	LEGAL DESCRIPTION: <i>(briefly describe, do not use "see attached")</i>	Harbor Village Marina Lot 78	
	Parcel # (tax ID #):	04-11-31-3019-00000-0780	
	Parcel Size:	50.46' X 150'	
	Current Zoning Classification:	Unincorporated Zoning / PUD	
	Current Future Land Use Designation	Residential	
	Subject to A1A Scenic Corridor IDO?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

**RECEIVED**  
 DEC 21 2016  
 FLAGLER COUNTY  
 PLANNING & ZONING DEPT

**Relief Requested:** To include the 2' of the grassed area in front of the property line to the 18' from the property line to the garage door totaling 20' to meet the requirements.

  
 \_\_\_\_\_  
 Signature of Owner(s) or Applicant/Agent  
 if Owner Authorization form attached

December 20, 2016  
 \_\_\_\_\_  
 Date

**\*\*OFFICIAL USE ONLY\*\***

PLANNING BOARD RECOMMENDATION/ACTION:

APPROVED [ ]  
 \*APPROVED WITH CONDITIONS [ ]  
 DENIED [ ]

Signature of Chairman: \_\_\_\_\_

Date: \_\_\_\_\_ \*approved with conditions, see attached.

NOTE: The applicant or a representative, must be present at the Public Hearing since the Board, at its discretion, may defer action, table, or take decisive action on any application. Rev. 09/16



# APPLICATION FOR VARIANCE

FLAGLER COUNTY, FLORIDA

1769 E. Moody Blvd, Suite 105

Bunnell, FL 32110

Telephone: (386) 313-4009 Fax: (386) 313-4109

Subject Property: 6 Spinaker Circle, Palm Coast, FL 32137

E. *Variance guidelines.* A variance may be granted, upon application, from the terms and provisions of this article as will not be contrary to the public health, safety, welfare and morals where, owing to special conditions, a literal enforcement of the provisions of this article will, in an individual case, result in unnecessary hardship. Such variances may be granted by the planning board in such individual case of unnecessary hardship upon a written finding that:

1. There are extraordinary and exceptional conditions pertaining to particular piece of property in question because of its size, shape, topography, or other unique features that, when considered in whole or part, creates an unnecessary hardship; and

The lot has an unusual location and unusual entrance off of both Spinaker Circle and Yacht Harbor Drive. If we place the garage any place other than the proposed location, it will become dangerous to back out and turn onto the road as well as driving into the garage.

2. Such conditions were not created by the affirmative actions of the applicant and the applicant has acted at all times in good faith; and

I am acting in good faith and want to create the best use of the lot that is consistent with the community and neighboring lots. The neighboring lots on Yacht Harbor Drive and the intracoastal all have front facing garage doors. This lot is on the intracoastal.

3. The variance, if granted, would not cause substantial detriment to the public health, welfare, safety, and morals of the community or impair the purpose and intent of this article; and

this variance would not be detrimental to the community or surrounding home sites.

4. No variance may be granted for a use of land or building that is not permitted by this article.

A variance, if granted, shall be the minimum variance necessary to alleviate the hardship. For purposes of this section, an unnecessary hardship shall mean that without the granting of the variance the owner will be deprived of all reasonable use of the property as allowed in the zoning district.

NOTE: The applicant or a representative, must be present at the Public Hearing since the Board, at its discretion, may defer action, table, or take decisive action on any application. Rev. 09/16

RECEIVED  
DEC 21 2016  
FLAGLER COUNTY  
PLANNING & ZONING DEPT

Prepared by/Return to:  
Pioneer Title Services, L.L.C.  
Attn: Kelly DeVore  
145 City Place, Ste 301-A  
Palm Coast, FL 32164

File Number: 10.14.340

[Space Above This Line For Recording Data]

## Warranty Deed

This Warranty Deed made this 19<sup>th</sup> day of December, 2014, between

**John M. Gantt, Jr.**  
whose post office address is **32 Pine Cedar Drive, Palm Coast, FL 32164**,  
Grantor, and

**Dawn L. Smith**  
whose post office address is **15 San Gabriel, Palm Coast, FL 32137**,  
Grantee:

(Whenever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

**Witnesseth**, that said grantor, for and in consideration of the sum of One Hundred Ninety-Five Thousand and 00/100 Dollars (\$195,000.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Flagler County, Florida** to-wit:

**Lot 78, Harbor Village Marina, according to the map or plat thereof as recorded in Plat Book 33, Pages 39 through 44, Public Records of Flagler County, Florida.**

**Parcel Identification Number: 041131-3019-00000-0780**

Grantor warrants that at the time of this conveyance, the subject property is not the Grantor's homestead within the meaning set forth in the constitution of the state of Florida, nor is it contiguous to or a part of homestead property.

**Subject to** taxes for the year 2015 and subsequent years; Assessments of any Homeowner or Community Association, Covenants, Conditions, Restrictions, Easements, Reservations and Limitations of Record, if any.

**Together** with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

**To Have and to Hold**, the same in fee simple forever.

**And** the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2014.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:

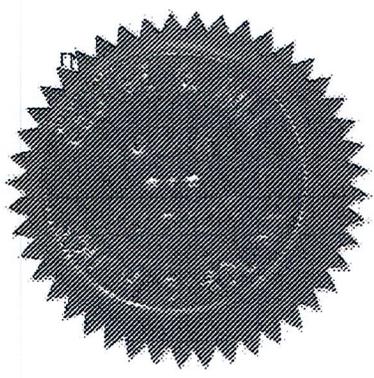
Mackall James  
Witness Name: Mackall James

Gene Foxworth III  
Witness Name: Gene Foxworth III

[Signature] (Seal)  
John M. Gantt, Jr.

State of Florida South Carolina  
County of Flagler Charleston

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of December, 2014 by John M. Gantt, Jr., who  is personally known or  has produced a driver's license as identification.



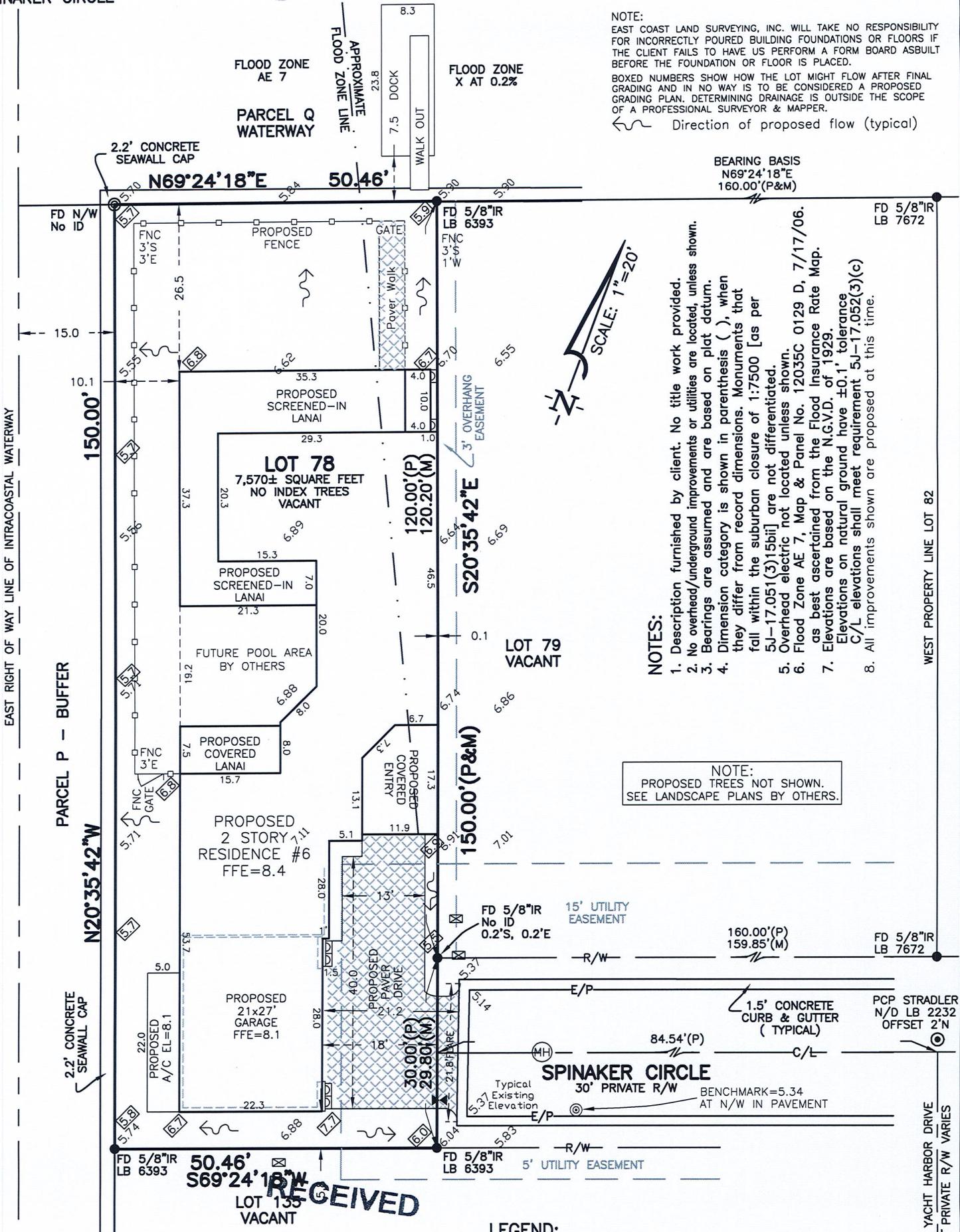
FCC RD

George G. Hill  
Notary Public

Printed Name: George G. Hill

My Commission Expires: 7/24/18

NOTE:  
EAST COAST LAND SURVEYING, INC. WILL TAKE NO RESPONSIBILITY FOR INCORRECTLY POURED BUILDING FOUNDATIONS OR FLOORS IF THE CLIENT FAILS TO HAVE US PERFORM A FORM BOARD ASBUILT BEFORE THE FOUNDATION OR FLOOR IS PLACED.  
BOXED NUMBERS SHOW HOW THE LOT MIGHT FLOW AFTER FINAL GRADING AND IN NO WAY IS TO BE CONSIDERED A PROPOSED GRADING PLAN. DETERMINING DRAINAGE IS OUTSIDE THE SCOPE OF A PROFESSIONAL SURVEYOR & MAPPER.  
Direction of proposed flow (typical)



- NOTES:**
1. Description furnished by client. No title work provided.
  2. No overhead/underground improvements or utilities are located, unless shown.
  3. Bearings are assumed and are based on plat datum.
  4. Dimension category is shown in parenthesis ( ), when they differ from record dimensions. Monuments that fall within the suburban closure of 1:7500 [as per 5J-17.051(3)15bii] are not differentiated.
  5. Overhead electric not located unless shown.
  6. Flood Zone AE 7, Map & Panel No. 12035C 0129 D, 7/17/06, as best ascertained from the Flood Insurance Rate Map.
  7. Elevations are based on the N.C.V.D. of 1929. Elevations on natural ground have ±0.1' tolerance C/L elevations shall meet requirement 5J-17.052(3)(c)
  8. All improvements shown are proposed at this time.

NOTE:  
PROPOSED TREES NOT SHOWN.  
SEE LANDSCAPE PLANS BY OTHERS.

**LEGEND:**

- |       |                             |          |                                  |
|-------|-----------------------------|----------|----------------------------------|
| C/L   | Center Line                 | P.I.     | Point of Intersection            |
| FD    | Found                       | LB.      | Licensed Business                |
| ⊙ N/D | Nail and Disk               | L.S.     | Licensed Surveyor                |
| ⊙ N/W | Nail and Washer             | FNC      | Fence or Fence Corner            |
| ● IR  | Iron Rod                    | PSM      | Professional Surveyor & Mapper   |
| (P)   | Plat Bearing & Distance     | BSL      | Building Setback Line            |
| (M)   | Measured Bearing & Distance | P.C.P.   | Permanent Control Point          |
| C/S   | Concrete Slab               | N.G.V.D. | National Geodetic Vertical Datum |
| R/W   | Right of Way                | F.F.E.   | Finish Floor Elevation           |
| E/P   | Edge of Pavement            | ⊗ W/M    | Water Meter                      |
| A/C   | Air Conditioner             | ⊙ P/P    | Power Pole                       |
|       |                             | ⊗        | Water Valve                      |
|       |                             | (MH)     | Man Hole                         |

Revision: Pool Site Plan 09/28/16 1609089 JJD

**DESCRIPTION:**

LOT 78, HARBOR VILLAGE MARINA SUBDIVISION, AS RECORDED IN MAP BOOK 33, PAGE 41, OF THE PUBLIC RECORDS OF FLAGLER COUNTY, FLORIDA

PREPARED FOR:  
-- STAJO CONSTRUCTION

REVISION 12/20/16 Changes per Bldr JJD  
REVISION 12/15/16 reduce garage ACS  
REVISION 10/16/16 enlarged drive 1610032 ACS

TYPE SURVEY:	DATE OF FIELD—OFFICE WORK ORDER#
Boundary	08/02/16 08/16/16 1608038 JMM
Site Plan	09/14/16 1608038 JMM
Foundation	
Final	

**A1A EAST COAST LAND SURVEYING, LLC**

1366 US Highway 1 Suite 602, Ormond Beach FL 32174  
PHONE (386) 672-3633 or (386) 437-0123 FAX (386) 672-3635

THE FOREGOING PLAT MEETS THE MINIMUM TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL LAND SURVEYORS AS PER CHAPTER 5J-17, FLORIDA ADMINISTRATIVE CODE, AS PURSUANT TO SECTION 472.027, FLORIDA STATUTES.

ANTHONY SANZONE, PSM# 6309

08/16/16

Not valid without the signature and the original raised seal of a Florida Licensed surveyor and mapper. LB #8107

**FLAGLER COUNTY**  
**TECHNICAL REVIEW COMMITTEE COMMENTS**

**MEETING DATE: 1/18/2017**

**#3065 HOLIDAY TRAVEL PARK FLUM AMENDMENT**

**OWNER: HOLIDAY TRAVEL PARK CO-OP, INC.**

**APPLICANT: ROBERT W. MARSHALL**

Distribution date: Friday, January 13, 2017

Project #: 2016120022

Application #: 3065

Attached are departmental comments regarding your submittal to Flagler County for the above referenced project. **Any questions regarding any of the comments should be addressed to the department providing the comment.**

Flagler County Building Department	386-313-4002
Flagler County Planning Department	386-313-4009
Flagler County Development Engineering	386-313-4082
Flagler County General Services (Utilities)	386-313-4184
County Attorney	386-313-4005
Flagler County Fire Services	386-313-4258
E-911 GIS Specialist	386-313-4274
Environmental Health Department	386-437-7358
Flagler County School Board	386-586-2386

**REVIEWING DEPARTMENT: PLANNING DEPARTMENT**

Receipt of the Future Land Use amendment application has satisfied the requirement for submittal - by December 31, 2016 - of the Application for Future Land Use Map Amendment, Less Than Ten Acres as provided in the Compliance Agreement approved by the Flagler County Board of County Commissioners on August 1, 2016.

However, the application is lacking several attachments that would enable the application to advance to Planning and Development Board public hearing. Please provide the outstanding attachments to complete the application.

**REVIEWING DEPARTMENT: DEVELOPMENT ENGINEERING**

Does the applicant propose a second means of access.

How is stormwater management going to be addressed.

Further comments may be provided upon additional submittals.



# APPLICATION FOR FUTURE LAND USE MAP AMENDMENT LESS THAN TEN ACRES

FLAGLER COUNTY, FLORIDA

1769 E. Moody Blvd, Suite 105

Bunnell, FL 32110

Telephone: (386) 313-4009 Fax: (386) 313-4109

Application/Project #: \_\_\_\_\_

<b>PROPERTY OWNER(S)</b>	Name(s):	Holiday Travel Park Co-Op. Inc.		
	Mailing Address:	2261 S. Old Dixie Hwy		
	City: Bunnell	State: FL	Zip: 32110	
	Telephone Number	386-437-4454	Fax Number	386-437-8432

<b>APPLICANT/AGENT</b>	Name(s):	Robert W. Marshall		
	Mailing Address:	672 Lawson Street		
	City: Sebastian	State: FL	Zip: 32958	
	Telephone Number	772-561-8727	Fax Number	
	E-Mail Address:	urialumnus@att.net		

<b>SUBJECT PROPERTY</b>	SITE LOCATION ( <i>street address</i> ):	2261 S. Old Dixie Hwy, Bunnell FL 32110
	LEGAL DESCRIPTION:	4.14 AC BUNNELL DEV CO SUB BLKD PT OF TR 10 LYING WEST OF I-95 OR 810 PG 586
	Parcel # ( <i>tax ID #</i> ):	34-12-31-0650-000D0-0101
	Parcel Size:	4.14 acres

<b>FUTURE LAND USE DESIGNATION</b>	<b>Present Future Land Use Designation(s) <u>Provide acreage of each classification.</u></b>	4.14 acres (approximate) Agricultural & Timberlands
	<b>Proposed Future Land Use Designation (s) <u>Provide acreage of each classification.</u></b>	4.14 acres (approximate) Commercial: High Intensity

<b>POPULATION ASSUMPTIONS</b>	Maximum population of site under current land use:	Zero
	Maximum population of site under proposed land use: (2.4 PPH x (gross acres x maximum density))	Zero

<b>TRANSPORTATION</b>	<p>A Traffic Impact Study (TIS) is required to be prepared by a transportation engineer to evaluate the impact of the proposed amendment on segments and intersections of the affected regional transportation network. The horizon year for the analysis shall be 2010. The study area will include all arterial and collector roadway segments and intersections within a two-mile radius of the external boundary of the FLUM parcel. Existing traffic counts shall be for the preceding calendar year and based upon FDOT, Flagler County or City of Palm Coast published data. If the traffic engineer conducts counts, they must be for a minimum of 72 consecutive hours during M-F and be adjusted to AADT using FDOT seasonal adjustment factors. Intersection turning counts shall be made during weekday peak hour. Trip generation of existing and proposed uses shall be based upon the applicable ITE land use code. Residential density is measured in maximum number of units per acre times the gross acreage. Non-residential FAR's are .3 comm. low, .4 comm. high and .5 industrial. The adopted LOS of the applicable comprehensive plan, County or City, shall be used and capacity determined by reference to FDOT Level of Service Manual for road segments and the Highway Capacity Manual for intersections.</p>	
	<p>Trip distribution to determine the directional flow of traffic associated with the proposed FLUM shall be based upon FSUTMS using the Flagler County model set. The annual growth rate for traffic shall be calculated by calculating the previous 10 year's traffic counts or by using the following: U.S. 1 - 4.7%, I-95 - 4.6%, S.R. 100 - 10%, all other segments - 5%. Committed improvements must be underway, subject of a binding development agreement or funding in a State, County or municipal capital budget. The TIS concludes with an analysis of 2010 conditions in the study area with and without the proposed FLUM and any recommendations to mitigate the impact of increased traffic on the operational efficiency of the regional transportation network.</p>	
	<p>Traffic Impact Study Prepared by: Robert W. Marshall, P.E.</p>	
	<p>Name: Robert W. Marshall</p>	
	<p>Address: 672 Lawson Street</p>	
<p>City/State/Zip Sebastian, FL 32958</p>		

<b>RECREATION AND OPEN SPACE</b>	Facilities immediately serving site:	None	
	Is this site within a targeted Park Land?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

<b>WATER</b>	Method (check one)	Private wells <input checked="" type="checkbox"/>	Central <input type="checkbox"/>	Private treatment plant <input checked="" type="checkbox"/>
	Attach completed SJRWMD Consumptive Use Worksheet and supporting information concerning growth projection or committee capacity.			
	If Central Water, provide name and address of facility:			
	Name:			
	Address:			
City/State/Zip				

<b>SEWER</b>	Method (check one)	Onsite Sewage Treatment and Disposal System <input type="checkbox"/>	Central <input type="checkbox"/>	Private treatment plant <input checked="" type="checkbox"/>
	Attach completed FDEP operating information for previous 12 months.			
	If Central Sewer, provide name and address of facility:			
	Name:			
	Address:			
City/State/Zip				

<b>SOLID WASTE</b>	If proposed land use amendment is for other than residential land use	Type	Square Footage
	Commercial		
	Industrial		

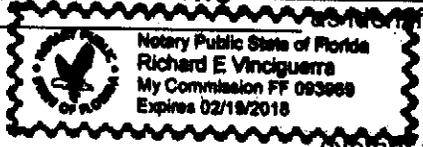
<b>DRAINAGE</b>	Detention/Retention facilities immediately serving the site	Strickland Canal	
	Available downstream facilities:	None	
	Is site situated within a known floodplain area? Identify FIRM panel.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

Hank Schepers 12/16/2016  
 Signature of All Property Owners Date

Keith R. Blair 12/16/2016  
 Signature of All Property Owners Date

The foregoing was acknowledge before me this 16th day of DECEMBER, 2016 by HANK SCHEPERS and KEITH R. BLAIR who is/are personally known to me or who has produced \_\_\_\_\_ as identification, and who (did) / (did not) take an oath.

Richard E. Vinciguerra  
 Signature of Notary Public



(Notary Stamp)

**\*\*OFFICIAL USE ONLY\*\***

PLANNING BOARD RECOMMENDATION/ACTION:

APPROVED [ ]  
 \*APPROVED WITH CONDITIONS [ ]  
 DENIED [ ]

Signature of Chairman: \_\_\_\_\_

Date: \_\_\_\_\_ \*approved with conditions, see attached.

**\*\*OFFICIAL USE ONLY\*\***

BOARD OF COUNTY COMMISSIONERS ACTION:

APPROVED [ ]  
 \*APPROVED WITH CONDITIONS [ ]  
 DENIED [ ]

Signature of Chairman: \_\_\_\_\_

Date: \_\_\_\_\_ \*approved with conditions, see attached.



# Owner's Authorization for Applicant/Agent

FLAGLER COUNTY, FLORIDA

1769 E. Moody Boulevard, Suite 105

Bunnell, FL 32110

Telephone: (386) 313-4009 Fax: (386) 313-4109

Application/Project # \_\_\_\_\_

Robert W. Marshall \_\_\_\_\_, is hereby authorized TO ACT ON BEHALF OF Holiday Travel Park Co-Op. Inc. \_\_\_\_\_, the owner(s) of those lands described within the attached application, and as described in the attached deed or other such proof of ownership as may be required, in applying to Flagler County, Florida for an application for Holiday Travel Park Co-Op. Inc. \_\_\_\_\_.

(ALL PERSONS, WHO'S NAMES APPEAR ON THE DEED MUST SIGN)

By:

Hank Scheepers  
Signature of Owner

Hank Scheepers President  
Printed Name of Owner / Title (if owner is corporation or partnership)

Keith R. Blair  
Signature of Owner

Keith R. Blair Committee Chairman  
Printed Name of Owner

Address of Owner:

Telephone Number (incl. area code)

2261 South Old Dixie Hwy

386-437-4454

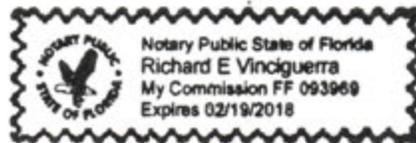
Mailing Address

Bunnell FL 32110

City State Zip

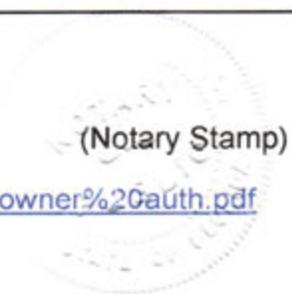
STATE OF FLORIDA

COUNTY OF FLAGLER



The foregoing was acknowledged before me this 16th day of DECEMBER, 2016 by HANK SCHEEPERS and KEITH R. BLAIR who are personally known to me or who has produced \_\_\_\_\_ as identification, and who (did) / (did not) take an oath.

Richard E Vinciguerra  
Signature of Notary Public



(Notary Stamp)

<http://www.flaglercounty.org/doc/dpt/centprmt/landdev/owner%20auth.pdf>

**Required Attachments:**

Will need 33\* sets of the following:

1. Location Map – Attachment “A”;
2. Legal Description – Attachment “B”;
3. Sealed Land survey showing the natural features of the land, the Mean High or Ordinary High water line. Survey **cannot be more than 2 years old** - Attachment “C”
4. Zoning Map Showing Current Zoning – Attachment “D”;
5. Present Future Land Use Designation Map – Attachment “E”;
6. Proposed Future Land Use Designation Map – Attachment “F”;
7. Population Analysis – Attachment “G”;
8. Transportation Study – Attachment “H”
9. Recreation and Open Space Analysis – Attachment “I”;
10. Water and Sewer Analysis – Attachment “J”;
11. Solid Waste Analysis – Attachment “K”;
12. Drainage Study – Attachment “L”.
13. FLUCCS code information including delineation of endangered and threatened species and species of special concern habitat and observations – Attach. “M”.
14. Soil survey - Attachment “O”.
15. Topographic map - Attachment “P”.
16. Aerials (false color) - Attachment “Q”.

\*10 sets of plans for the Technical Review Committee due upon submittal of application, 13 sets of plans for Planning Board, and 10 sets of plans for the BCC.

**NOTE: All applicants are requested to provide at least one set of documents/plans in a size no larger than 11” x 17” plus one electronic submittal in PDF format is preferred.**

Application fee of \$870.00 plus cost of newspaper ad(s), postage at prevailing rate and \$50 for each notification of public hearing (posting of sign). Make check payable to BOCC.

Fee amount per Resolution 2008-31.

**NOTE: OWNER/APPLICANT IS RESPONSIBLE FOR REQUIRED RESPONSE TO OBJECTIONS, RECOMMENDATIONS AND COMMENTS FROM STATE REVIEWING AGENCY.**

NOTE: Pursuant to Section 286.0105 of Florida Statutes, Flagler County hereby notifies all interested persons that if a person decides to appeal any decision made by the Planning Board or Board of County Commissioners with respect to any matter considered at such meetings or hearings, he or she will need a record of the proceedings, and for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made which record includes the testimony and evidence upon which the appeal is to be based.

Rev 7/09

**ATTACHMENT "A"**

**LOCATION MAP**

Google Maps

SITE



**ATTACHMENT "B"**

**LEGAL DESCRIPTION**

## **LEGAL DESCRIPTION**

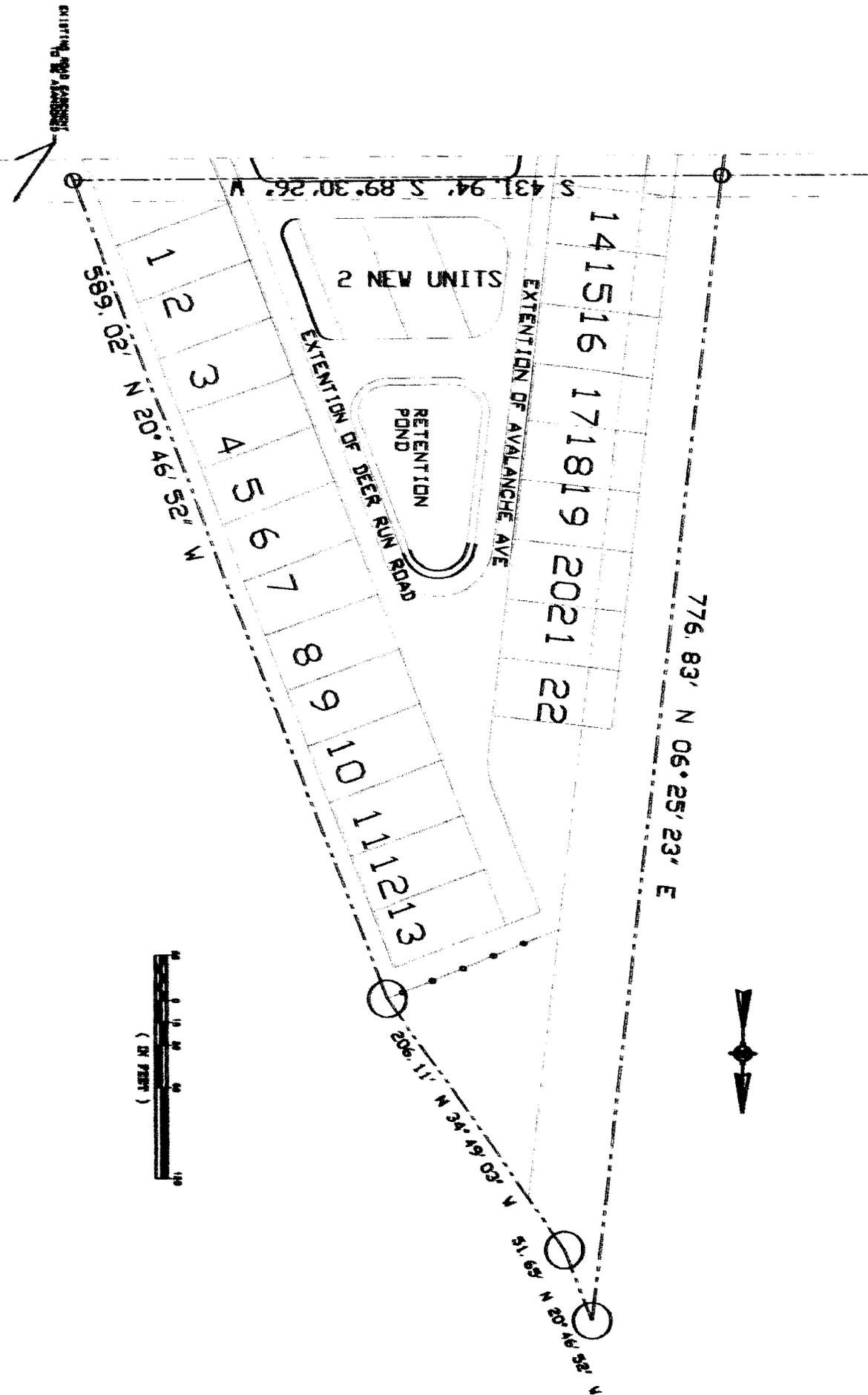
**A PARCEL OF LAND LYING IN THE SOUTHEAST QUARTER (1/4) OF SECTION 34, TOWNSHIP 12 SOUTH, RANGE 31 EAST, FLAGLER COUNTY, FLORIDA, ALSO BEING PART OF BLOCK "D", SECTION 34, TOWNSHIP 12 SOUTH, RANGE 31 EAST, BUNNELL DEVELOPMENT COMPANY'S SUBDIVISION, A SUBDIVISION AS RECORDED IN PLAT BOOK 1, PAGE 1, OF THE PUBLIC RECORDS OF FLAGLER COUNTY, FLORIDA, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**FROM A CONCRETE MONUMENT MARKING THE SOUTHEAST CORNER OF SECTION 34, BEAR SOUTH 89 30'26" W ALONG SOUTH LINE OF SECTION 34, A DISTANCE OF 934.36 FEET TO THE WEST RIGHT OF WAY LINE OF INTERSTATE 95 AND TO THE POINT OF BEGINNING OF THIS DESCRIPTION;**

**THENCE CONTINUE S 89 30'26" W, A DISTANCE OF 431.94 FEET TO THE EAST LINE OF STRICKLAND CANAL AS RECORDED IN OFFICIAL RECORD BOOK 56, PAGE 220; THENCE N 06 25'23" E, ALONG THE EAST LINE OF OFFICIAL RECORDS BOOK 56, PAGE 220, A DISTANCE OF 776.83 FEET TO THE WEST RIGHT OF WAY LINE OF INTERSTATE 95, THENCE S 20 46'52" E, ALONG SAID RIGHT OF WAY LINE A DISTANCE OF 51.65 FEET, THENCE S 34 49'03" W, ALONG THE WEST RIGHT OF WAY LINE A DISTANCE OF 206.16 FEET; THENCE S 20 46'52" E, ALONG THE WEST RIGHT OF WAY LINE A DISTANCE OF 589.02 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION.**

**ATTACHMENT "C"**

**SEALED LAND SURVEY**



SHEET 1	DATE 10-11-11	SITE: HOLIDAY TRAVEL PARK 2261 OLD DOG HWY BUNNELL, FLORIDA	ROBERT W. MARSHALL PROFESSIONAL ENGINEER 802 P.A. 3000 802 LAMSON STREET BUNNELL, FLORIDA 32008 (386) 286-8207	APPROVAL BY  
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**ATTACHMENT “D”**

**ZONING MAP SHOWING CURRENT**  
**ZONING**

# FLAGLER COUNTY OFFICIAL ZONING MAP



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OFFICIAL ZONING MAP  
OF FLAGLER COUNTY, FLORIDA

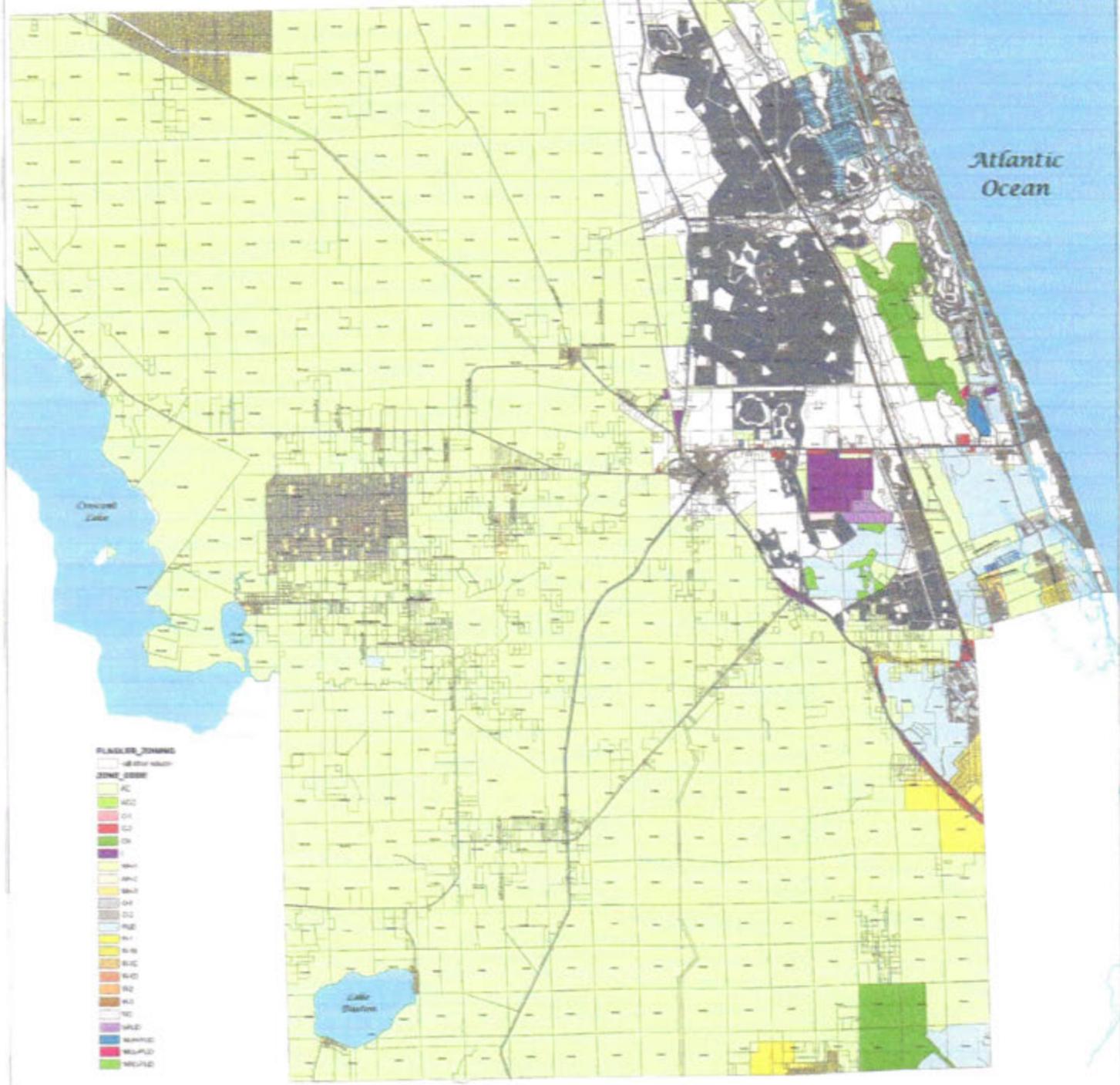


ADOPTED BY THE BOARD OF COUNTY COMMISSIONERS  
ON 11/11/10

FOR THE PURPOSES OF THE ZONING MAP ACT, CHAPTER 163, F.S.

THE BOARD OF COUNTY COMMISSIONERS HAS REVIEWED AND APPROVED THIS ZONING MAP FOR THE PURPOSES OF THE ZONING MAP ACT, CHAPTER 163, F.S.

DATE: 11/11/10



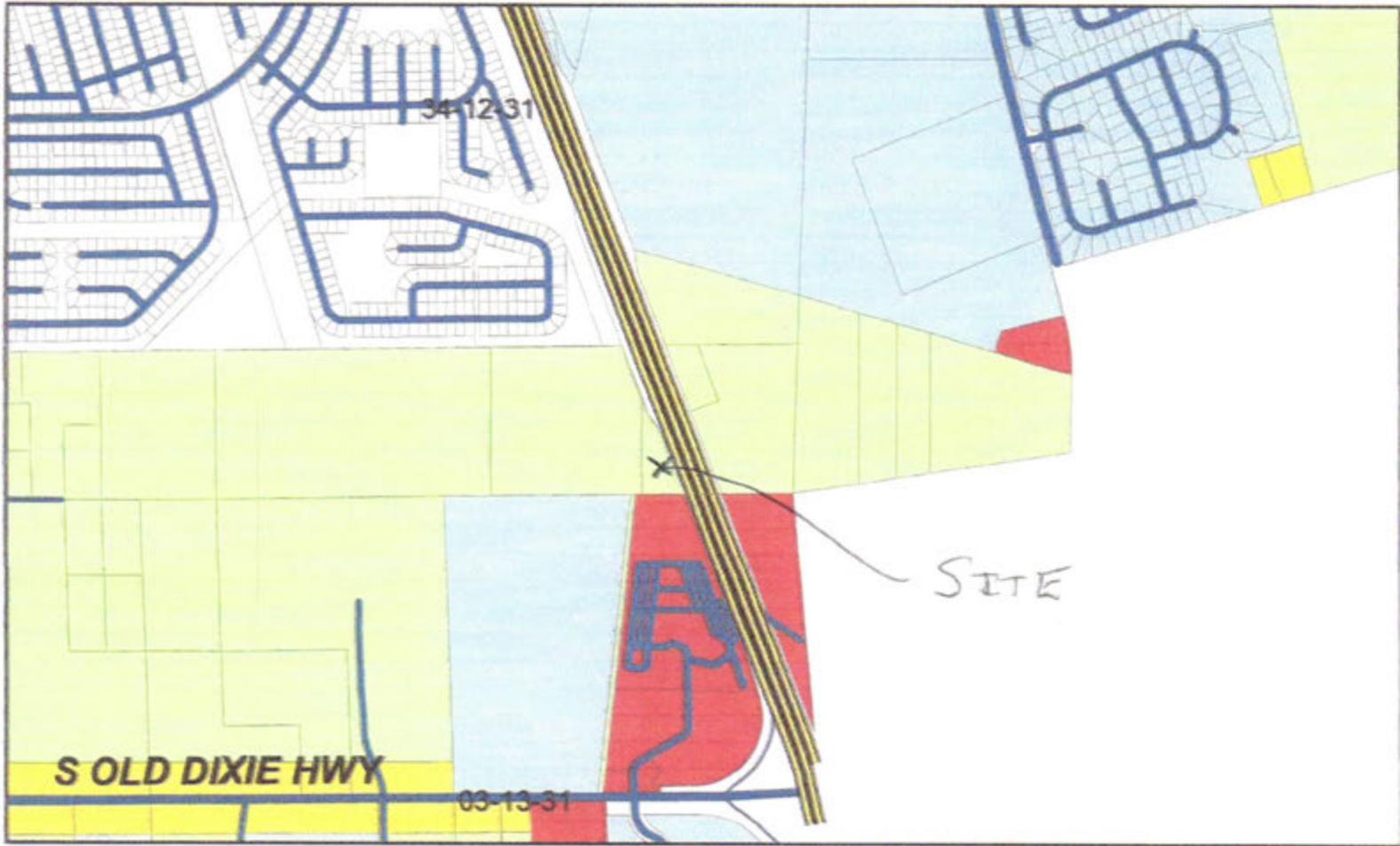
*Atlantic  
Ocean*

**FLAGLER\_ZONING**

AG Other water

**ZONE\_CODE**

AC
ACC
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C2
C3
C4
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IR1
IR2
IR3
IR4
IR5
IR6
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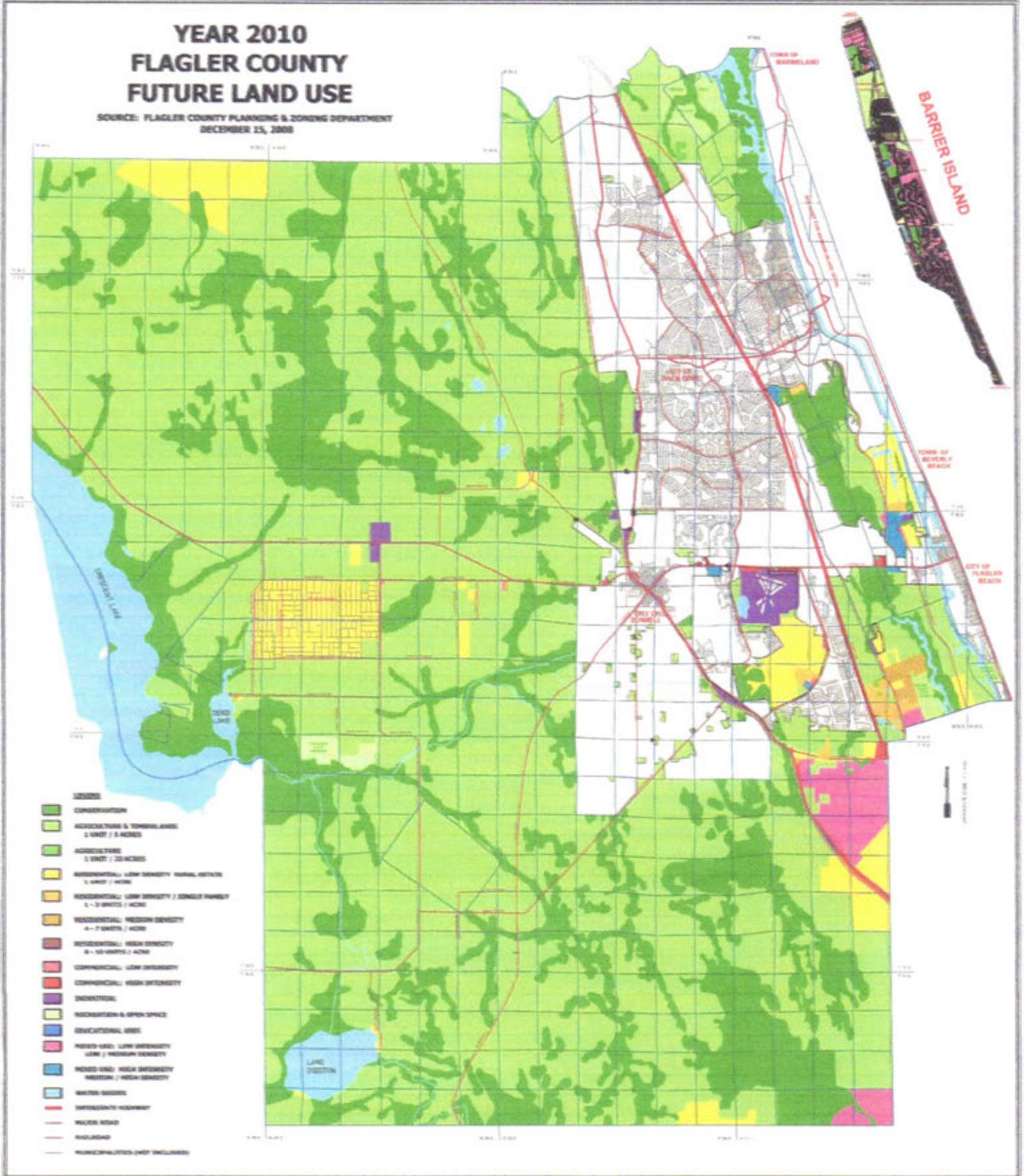


**ATTACHMENT “E”**

**FUTURE LAND USE DESIGNATION**  
**MAP**

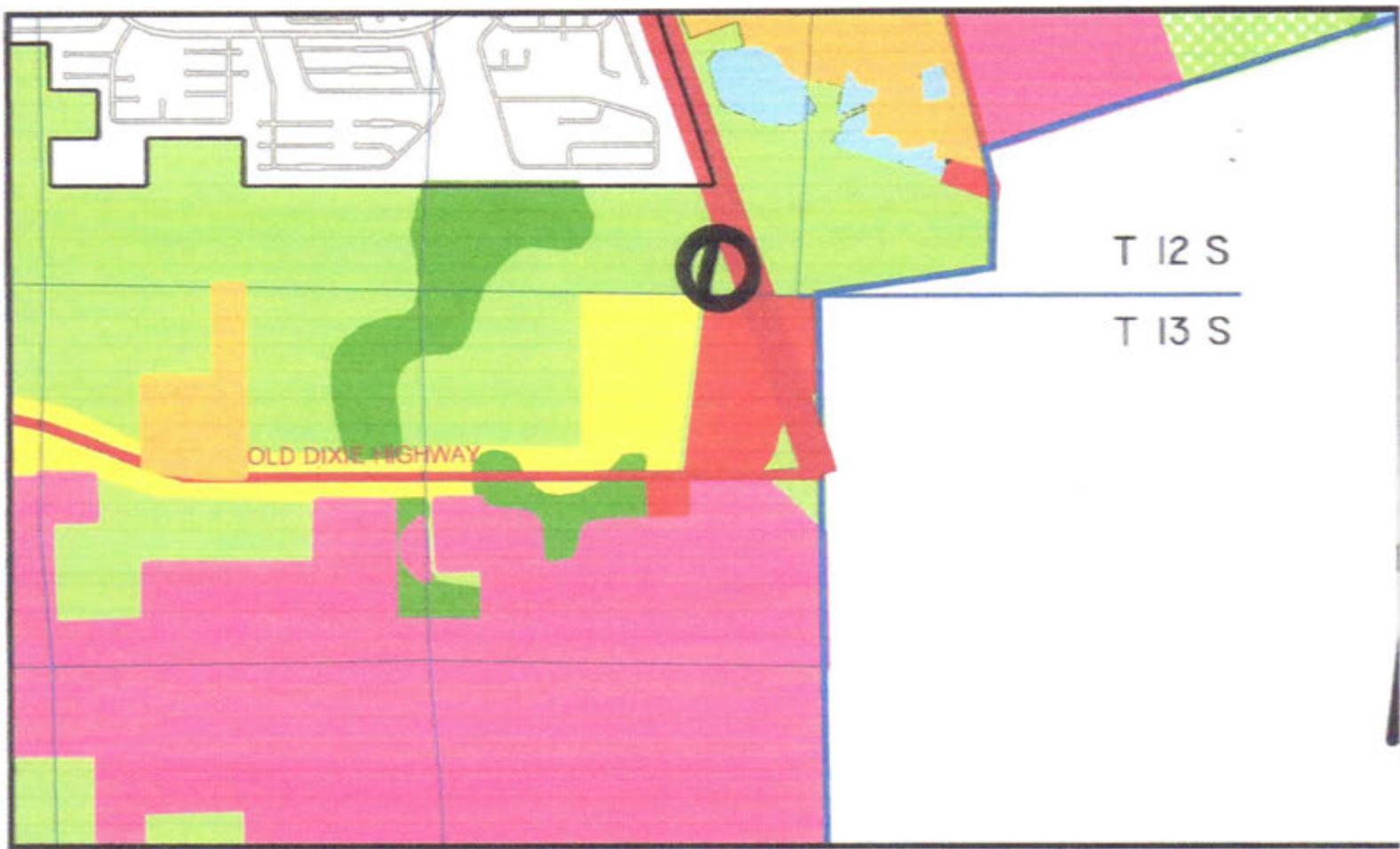
# YEAR 2010 FLAGLER COUNTY FUTURE LAND USE

SOURCE: FLAGLER COUNTY PLANNING & ZONING DEPARTMENT  
DECEMBER 15, 2008



**LEGEND**

- CONSERVATION
- AGRICULTURE & TIMBERLANDS  
1 UNIT / 8 ACRES
- AGRICULTURE  
1 UNIT / 20 ACRES
- RESIDENTIAL: LOW DENSITY PARALLEL/ESTATE  
1 UNIT / 1/2 ACRE
- RESIDENTIAL: LOW DENSITY / SINGLE FAMILY  
1 - 3 UNITS / ACRE
- RESIDENTIAL: MEDIUM DENSITY  
4 - 7 UNITS / ACRE
- RESIDENTIAL: HIGH DENSITY  
8 - 10 UNITS / ACRE
- COMMERCIAL: LOW INTENSITY
- COMMERCIAL: HIGH INTENSITY
- INDUSTRIAL
- RECREATION & OPEN SPACE
- EDUCATIONAL USES
- MEDIUM-USE: LOW INTENSITY  
LOW / MEDIUM DENSITY
- MEDIUM-USE: HIGH INTENSITY  
MEDIUM / HIGH DENSITY
- WATER BODIES
- IMPROVED HIGHWAY
- MAJOR ROAD
- HIGHWAY
- MUNICIPALITIES (NOT INCLUDED)



T 12 S

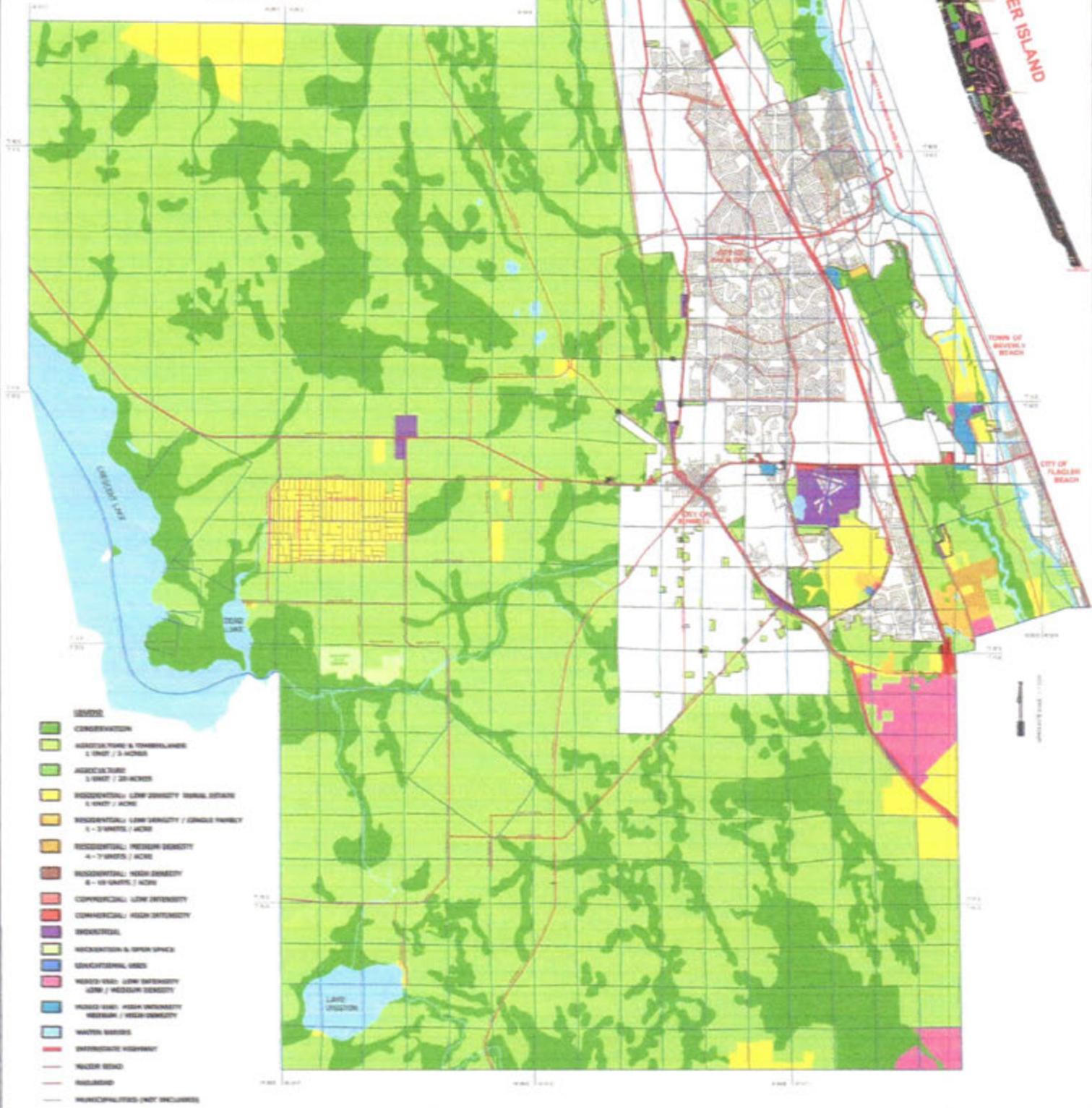
T 13 S

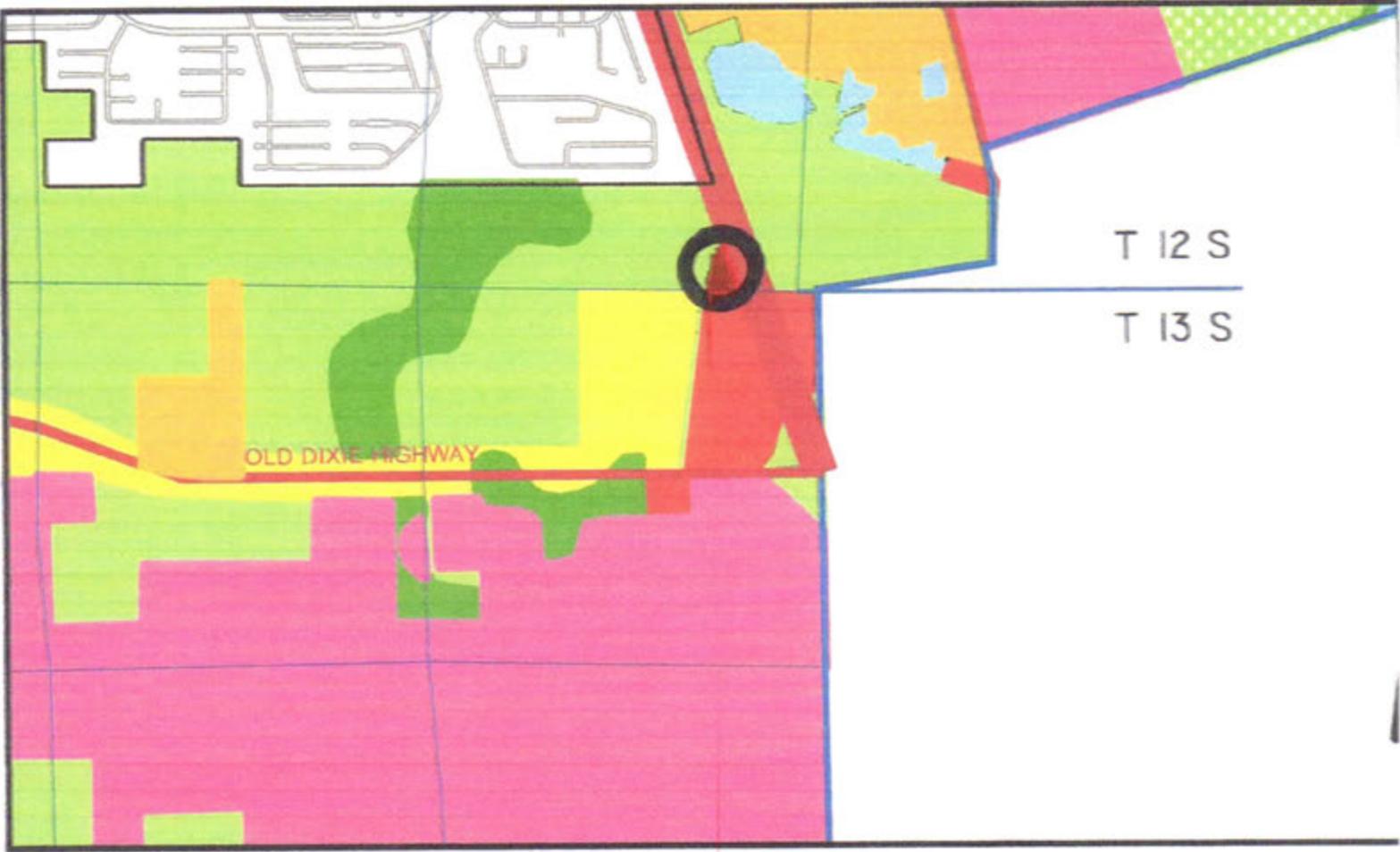
**ATTACHMENT “F”**

**PROPOSED FUTURE LAND USE**  
**DESIGNATION MAP**

# YEAR 2010 FLAGLER COUNTY FUTURE LAND USE

SOURCE: FLAGLER COUNTY PLANNING & ZONING DEPARTMENT  
DECEMBER 15, 2008





T 12 S

T 13 S

OLD DIXIE HIGHWAY

**ATTACHMENT "G"**

**POPULATION ANALYSIS**

# **POPULATION ANALYSIS**

**HOLIDAY TRAVEL PARK  
2261 OLD DIXIE HWY  
BUNNELL, FLORIDA  
PARCEL: 34-12-31-0650-000D0-0101  
AREA = 4.14 ACRES**

**PRESENT FUTURE LAND USE: AGRICULTURE AND  
TIMBERLAND.**

**ALLOWED: 1 UNIT PER 5 ACRES**

**PROPOSED FUTURE LAND USE: COMMERCIAL HIGH  
DENSITY**

**ALLOWED: 7 UNITS PER ACRE**

	<b>PRESENT</b>	<b>PROPOSED</b>
<b>UNITS</b>	<b>1</b>	<b>28</b>
<b>PERSONS/ UNIT</b>	<b>2</b>	<b>2</b>
<b># OF PEOPLE</b>	<b>2</b>	<b>56</b>

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**TOTAL INCREASE DUE TO  
PROPOSED FUTURE LAND  
USE CHANGE**

**54 PEOPLE**

**ATTACHMENT “H”**

**TRANSPORTATION STUDY**

# **TRANSPORTATION STUDY**

**HOLIDAY TRAVEL PARK**

**2261 OLD DIXIE HWY**

**BUNNELL, FLORIDA**

**PARCEL: 34-12-31-0650-000D0-0101**

**AREA = 4.14 ACRES**

## **PRE PROPOSED FUTURE LAND USE CHANGE**

**UNITS ALLOWED : 1**

**EXISTING ROADS = 0**

## **POST PROPOSED FUTURE LAND USE CHANGE**

**UNITS ALLOWED : 28**

**A LOOP ROAD WILL BE CONSTRUCTED FROM AVALANCHE ROAD TO DEER RUN ROAD TO SERVE THE PERMITTED UNITS. TRAFFIC WILL PROCEED FROM THE CONNECTION POINTS ON EXISTING ROADS TO OLD DIXIE HIGHWAY.**

**THE ROADS WILL BE 25' WIDE AND THE TURN WILL HAVE A 50' INTERNAL RADIUS.**

**ATTACHMENT "I"**

**RECREATION AND OPEN SPACE**  
**ANALYSIS**

# **RECREATION & OPEN SPACE**

## **ANALYSIS**

HOLIDAY TRAVEL PARK

2261 OLD DIXIE HWY

BUNNELL, FLORIDA

PARCEL: 34-12-31-0650-000D0-0101

AREA = 4.14 ACRES

### **PRE PROPOSED FUTURE LAND USE CHANGE**

OPEN SPACE = 4.14 ACRES (180,340 SQ.FT.)(100%)

### **POST PROPOSED FUTURE LAND USE CHANGE**

OPEN SPACE = 1.44 ACRES (62,560 SQ.FT.) (35%)

SPACE AVAILABLE FOR RECREATION = .91 ACRES (22%)

**ATTACHMENT “J”**

**WATER AND SEWER ANALYSIS**

# **WATER AND SEWER ANALYSIS**

**HOLIDAY TRAVEL PARK  
2261 OLD DIXIE HWY  
BUNNELL, FLORIDA  
PARCEL: 34-12-31-0650-000D0-0101  
AREA = 4.14 ACRES**

## **PRE PROPOSED FUTURE LAND USE CHANGE**

**UNITS ALLOWED : 1**

**WATER CONSUMPTION : 225 GPD**

**SEWER FLOW :                    225 GPD**

## **POST PROPOSED FUTURE LAND USE CHANGE**

**UNITS ALLOWED : 28**

**WATER CONSUMPTION PER UNIT = 225 GPD**

**TOTAL WATER CONSUMPTION = 28 x 225 = 6,300 GPD**

**SEWER FLOW PER UNIT = 225 GPD**

**TOTAL SEWER FLOW = 28 x 225 = 6300 GPD**

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	<u>PRE</u>	<u>POST</u>	<u>NET INCREASE</u>
<b>WATER</b>	<b>225 GPD</b>	<b>6300 GPD</b>	<b>6075 GPD</b>
<b>SEWER</b>	<b>225 GPD</b>	<b>6300 GPD</b>	<b>6075 GPD</b>

**The units will be connected to the existing on site water plant and sewer treatment plant.**

**The water piping will be connected to the existing piping near Marco Polo Road.**

**The septic will be gravity flowed through underground piping to the two existing manholes at the corners of Marco Polo Road at Avalanche Avenue and Marco Polo Road at Deer Run drive.**

**The piping will be extended through the manholes and terminated with an inside drop.**

**ATTACHMENT "K"**

**SOLID WASTE ANALYSIS**

# **SOLID WASTE ANALYSIS**

**HOLIDAY TRAVEL PARK  
2261 OLD DIXIE HWY  
BUNNELL, FLORIDA  
PARCEL: 34-12-31-0650-000D0-0101  
AREA = 4.14 ACRES**

**PRESENT FUTURE LAND USE: AGRICULTURE AND  
TIMBERLAND.**

**ALLOWED: 1 UNIT PER 5 ACRES**

**PROPOSED FUTURE LAND USE: COMMERCIAL HIGH  
DENSITY**

**ALLOWED: 7 UNITS PER ACRE**

	<b>PRESENT</b>	<b>PROPOSED</b>
<b>UNITS</b>	<b>1</b>	<b>28</b>
<b>AVERAGE WASTE GENERATED / UNIT PER YEAR</b>	<b>3.2 TONS</b>	
<b>TOTAL AVERAGE WASTE GENERATED / UNIT PER YEAR</b>	<b>3.2 TONS</b>	<b>89.6 TONS</b>
<hr/> <hr/>		
<b>TOTAL SOLID WASTE INCREASE DUE TO PROPOSED FUTURE LAND USE CHANGE</b>		<b>86.4 TONS</b>

**ATTACHMENT "L"**

**DRAINAGE STUDY**

# **DRAINAGE STUDY**

HOLIDAY TRAVEL PARK  
2261 OLD DIXIE HWY  
BUNNELL, FLORIDA  
PARCEL: 34-12-31-0650-000D0-0101  
AREA = 4.14 ACRES

## **PRE FUTURE LAND USE CHANGE**

THE SITE CURRENTLY CONTAINS NO IMPERVIOUS SURFACES.  
THERE HAVE BEEN NO INCIDENTS OF FLOODING OR STORM  
WATER RETENTION IN EXCESS OF 72 HOURS.

## **POST FUTURE LAND USE CHANGE**

PROPOSED IMPERVIOUS SURFACES = 1.31 ACRES (57,130 SQ.FT.)  
(32%)

TOTAL STORM WATER TO BE TREATED ON SITE IS 1.5" PER  
IMPERVIOUS SQ.FT. = 7,140 CU.FT.

PROPOSED POND AREA = 5860 SQ.FT.

DEPTH REQUIRED TO RETAIN 1.5" OF STORM  
WATER = 1.25 FT (

THE WATER WILL GRAVITY FLOW TO THE POND UTILIZING  
INVERTED CROWN ROADWAYS, CATCH BASINS AND  
UNDERGROUND PIPING.

A FLOOD CONTROL STRUCTURE WILL BE INSTALLED IN THE  
POND AND PIPED TO THE STRICKLAND CANAL.

**ATTACHMENT “M”**

**FLUCCS CODE INFORMATION**

## Flagler County Comprehensive Plan 2010-2030

Waterway and adjacent to I-95. The General Soils Map reflects that there are coastal wetlands (Group 10: Turnbull-Pellicer) along the north side of the Princess Place Preserve. This area is also adjacent to the Pellicer Creek Aquatic Preserve. Lastly, there is a pocket of soils reflective of coastal dunes and sand ridges (Group 12: Orsino-Astatula-Tavares) located east of I-95, south of Pellicer Creek and east of the Princess Preserve.

The abundance of natural areas that have been preserved reflects the diversity of ecological communities located within Coastal Area 1. The coastal strand ecological community occurs along Flagler County's Atlantic coastline. The flora found here is tolerant to salt spray from the ocean. The trees that do exist in this environment are cabbage palm, live oak, and sand live oak. Animals that may be found in this community are bobcats, raccoons, mice, terns, gulls and the American kestrel among others. The coastal strand is highly endangered. A major concern is the pressure imparted by development. Coastal Area 1 is also home to salt water marshes, which are located along the east and west sides of the Intracoastal Waterway and into Pellicer Creek. Salt marshes are very important because they are in essence the transition zone between terrestrial and oceanic life on low energy coastlines and estuaries. Furthermore, during storm tides they can aid in the stabilization and protection of the shoreline. Lastly, there are scattered "Cypress Swamps" throughout the area. These usually occur along rivers, lakes and strands and are interspersed among other ecological communities, such as swamp hammocks. The following table summarizes the plant and animal species that may inhabit these communities. This list is general in nature and is provided for general planning purposes only. Actual analysis of the plant and animal species will need to be part of the development review process to ensure accuracy as to those protected and endangered species residing on a specific parcel of land.

<b>FLUE TABLE 2: Special Protection Status of Species Sighted and Presumed to Exist in Flagler County</b>					
Common Name	Presumed/ Sighted	Designated Status			Ecological Community Typically Found In
		FWCC <sup>1</sup>	FDAACS <sup>1,2</sup>	USFWS <sup>1</sup>	
Atlantic ridley turtle/Kemp's ridley <i>Lepidochelys kempi</i>	P	endangered		endangered	coastal strand
Leatherback turtle <i>Demochelys coriacea</i>	P	endangered		endangered	coastal strand
Atlantic loggerhead turtle <i>Caretta caretta</i>	S	threatened		threatened	coastal strand
Atlantic saltmarsh water snake <i>Nerodia clarkii taeniata</i>	P	threatened		threatened	
Eastern indigo snake <i>Drymarchon corais couperi</i>	S	threatened		threatened	pine flatwood, hardwood hammock, swamp hardwood
American alligator <i>Alligator mississippiensis</i>	S	species of special concern		threatened due to similarity of appearance	cypress swamp, salt marsh, swamp hardwood, freshwater marsh
Gopher tortoise <i>Gopherus polyphemus</i>	S	species of special concern		not currently listed	coastal strand
Arctic peregrine falcon <i>Falco peregrinus</i>	S	endangered		endangered	coastal strand, salt marsh, freshwater marsh
Wood stork <i>Mycteria americana</i>	S	endangered		endangered	cypress swamp, salt marsh, swamp hardwood, freshwater marsh
Bald eagle <i>Haliaeetus leucocephalus</i>	S	threatened		threatened	coastal strand, pine flatwood, hardwood hammock, cypress swamp, salt marsh, swamp hardwood, freshwater marsh

## Flagler County Comprehensive Plan 2010-2030

**FLUE TABLE 2: Special Protection Status of Species Sighted and Presumed to Exist in Flagler County**

Florida scrub jay <i>Aphelocoma coerulescens</i>	S	threatened		threatened	coastal strand
Least tern <i>Sterna antillarum</i>	S	threatened		not currently listed	coastal strand, salt marsh
Roseate tern <i>Sterna dougallii</i>	P	threatened		threatened	coastal strand, salt marsh
Southeastern kestrel <i>Falco sparverius paulus</i>	S	threatened		not currently listed	coastal strand, pine flatwood, hardwood hammock, cypress swamp, salt marsh
American oystercatcher <i>Haematopus palliatus</i>	S	species of special concern		not currently listed	coastal strand, salt marsh
Eastern Brown Pelican <i>Pelecanus occidentalis</i>	S	species of special concern		not currently listed	north florida coastal strand
Little blue heron <i>Egretta caerulea</i>	S	species of special concern		not currently listed	cypress swamp, salt marsh, swamp hardwood, freshwater marsh
Limpkin <i>Aramus guarauna</i>	S	species of special concern		not currently listed	swamp hardwood, freshwater marsh
Louisiana (Tricolor) Heron <i>Egretta tricolor</i>	S	species of special concern		not currently listed	cypress swamp, salt marsh, swamp hardwood, freshwater marsh
Osprey <i>Pandion haliaetus</i>	S	species of special concern		not currently listed	pine flatwood, cypress swamp, salt and freshwater marsh, swamp hardwood
Snowy egret <i>Egretta thula</i>	S	species of special concern		not currently listed	cypress swamp, salt marsh, swamp hardwood, freshwater marsh
Florida panther <i>Felis concolor coryi</i>	P	endangered		endangered	coastal strand, pine flatwood, hardwood hammock, cypress swamp, freshwater marsh
West indian manatee <i>Trichechus manatus</i>	S	endangered		endangered	salt marsh
Florida black bear <i>Ursus americanus floridanus</i>	P	threatened		candidate for listing	pine flatwood, cypress swamp, swamp hardwood
Florida mouse <i>Podomys floridanus</i>	S	species of special concern		not currently listed	north florida coastal strand
Coastal Vervain <i>Verbena maritima</i>	S		endangered		north florida coastal strand
Plume Polypody <i>Pecluma plumula</i>	P		endangered		hammocks
Tampa vervain <i>Verbena tampensis</i>	P		endangered		flatwoods, hammocks
Cardinal Flower <i>Lobelia cardinalis</i>	P		threatened		riverbanks, coastal hammocks
Crested Fringed Orchid/Orange Crest Orchid <i>Platanthera cristata</i>	P		threatened		bogs, meadows, pine savannas, flatwoods, wet prairies, swamps
Rose Pogonia/Ettercap/Rose Crested Orchid <i>Pogonia ophioglossoides</i>	P		threatened		bogs, meadows, swamps, pine savannas and flatwoods, prairies
Shell Mound/Common Prickly-Pear <i>Opuntia stricta</i>	S		threatened		north florida coastal strand
Snowy Orchid/Bog-Torch/Frog-Spear <i>Platanthera nivea</i>	P		threatened		bogs, wet pine savannas and flatwoods, wet prairies
Yellow-Fringed Orchid/Orange Plume <i>Platanthera ciliaris</i>	P		threatened		swamps, marshes, pine savannas, flatwoods
Cinnamon Fern <i>Osmunda cinnamomea</i>	P		commercially exploited		swamps, wetlands
Florida Butterfly Orchid <i>Encyclia tampensis</i>	P		commercially exploited		mangroves, cypress and hardwood swamps and hammocks
Green-Fly Orchid <i>Epidendrum conopseum</i>	P		commercially exploited		cypress and hardwood swamps, moist hammocks
Needle Palm/Blue-Palmetto <i>Rhapidophyllum hystrix</i>	P		commercially exploited		river bluffs, hammocks
Royal Fern/Flowering Fern/Snake Fern <i>Osmunda regalis</i>	S		commercially exploited		swamps, wetlands, pine flatwoods, hardwood hammock

**ATTACHMENT "O"**

**SOIL SURVEY**

# **SOIL SURVEY**

**HOLIDAY TRAVEL PARK**

**2261 OLD DIXIE HWY**

**BUNNELL, FLORIDA**

**PARCEL: 34-12-31-0650-000D0-0101**

**AREA = 4.14 ACRES**

**THE SOIL ON THIS SITE HAS BEEN DEFINED AS MYAKKA,  
FINE SAND IN THE US DEPARTMENT OF AGRICULTURE  
SOIL SURVEY OF FLAGLER COUNTY FLORIDA.**

**A DESCRIPTION OF MYAKKA FINE SAND IS ATTACHED.**

**11—Myakka fine sand.** This very deep, nearly level, poorly drained soil is in broad flatwood areas. Individual areas are irregular in shape. They range from 5 to 600 acres in size. Slopes are smooth to convex and range from 0 to 2 percent.

In 90 percent of the areas mapped as Myakka fine sand, Myakka and similar soils make up 78 to 99 percent of the map unit. Dissimilar soils make up 1 to 22 percent.

Typically, the surface layer is black fine sand about 6 inches thick. The subsurface layer is gray fine sand to a depth of about 19 inches. The subsoil, to a depth of about 31 inches, is black fine sand in the upper part and dark reddish brown fine sand in the lower part. The next layer extends to a depth of about 40 inches and is dark yellowish brown fine sand. The underlying material, to a depth of 80 inches or more, is fine sand. It is brown in the upper part and light gray in the lower part. Some areas contain soils that are similar to the Myakka soil but in which the depth to the organic-stained layer is less than 20 inches or is more than 40 inches.

The dissimilar soils in this map unit include small areas of Cassia, EauGallie, Myakka, Pineda, and Valkaria soils. Cassia soils are in the higher areas and are better drained than the Myakka soil. EauGallie, Pineda, and Valkaria soils are in landscape positions similar to those of the Myakka soil. EauGallie and Pineda soil have a loamy subsoil layer. Valkaria soils do not have an organic-stained subsoil layer. Myakka soils are in depressions.

A seasonal high water table is at a depth of 6 to 18 inches for 1 to 4 months during the wet season in most years. It is at a depth of 10 to 40 inches for more than 6 months. Permeability is moderately slow to moderately rapid. Available water capacity is very low or low.

The natural vegetation consists of slash pine and longleaf pine. The understory vegetation consists of saw palmetto, pineland threeawn, bluestem, and panicum. Most areas are used for the commercial production of pine trees and as improved pasture for cattle. A large acreage is being developed for residential and commercial uses.

This soil is well suited to pasture. The main limitations are the wetness and the poor soil quality. Excessive water on the surface can be removed by using shallow surface ditches. The wetness limits the choice of plants and the period of grazing. The main suitable pasture plants are bermudagrass and bahiagrass. Proper stocking rates, a system of pasture rotation, and restricted grazing during wet periods help keep the pasture in good condition. Periodic mowing and clipping help to maintain uniform growth, discourage selective grazing, and reduce clumpy

growth. Applications of fertilizer and lime are needed for the optimum growth of grasses and legumes.

This soil is moderately suited to the commercial production of pine trees. Based on a 50-year site curve, the mean site index for slash pine is 70. The potential for commercial production for pulpwood is 35 cords per acre harvested from a fully stocked stand of trees 25 years old. The main management concerns for producing and harvesting timber are the equipment limitation, the seedling mortality rate, the windthrow hazard, and plant competition. The sandy texture of the surface layer and the wetness limit the use of equipment. Using special equipment, such as large rubber tires or crawler machinery, and harvesting during dry periods can reduce the equipment limitation. Harvesting during dry periods reduces soil compaction and minimizes root damage during thinning operations. Site preparation, such as chopping, burning, applying herbicide, and bedding, reduces debris, reduces immediate plant competition, and facilitates hand and mechanical planting. Planting on beds helps to overcome the limitations caused by the excessive wetness. The soil often has a very low content of organic matter, and a harvest system that removes all of the tree biomass reduces the fertility of the soil in these areas. A logging system that leaves residual logging biomass distributed over the site is preferred.

This soil is well suited to range and grazeable woodland. It has a moderate to high potential for the production of native forage. The dominant plants suitable for grazing include chalky bluestem, creeping bluestem, indiagrass, and panicum. This soil is in the North Florida Flatwoods range site.

This soil has severe limitations for dwellings without basements, local roads and streets, and small commercial buildings because of the wetness caused by the seasonal high water table. If suitable outlets are available, shallow surface drainage can help to remove the excess water. Suitable fill material can be used to elevate building sites and increase the effective depth to the water table. The limitations are severe for shallow excavations because cutbanks are unstable and excavations fill with water when the water table is high. Shoring sidewalls of excavations can help to prevent caving. Installing dewatering wells can lower the water table and help to overcome the wetness. The wetness and the poor filtering of effluent are severe limitations for septic tank absorption fields. Using suitable fill to mound the absorption field can help to overcome these limitations. The seepage and the wetness are severe limitations for sewage lagoons and trench-type sanitary landfills. Lining the lagoons and trenches with impervious soil material can reduce the excess seepage. Water-control measures should be used to

## Flagler County, Florida

remove the excess surface and ground water.

The wetness and the sandy surface are severe limitations for recreational development. Installing water-control measures can reduce the wetness caused by the seasonal high water table. The trafficability of the sandy surface layer is poor in areas of high use as a result of the loose, unstable sand. Planting a vegetative cover, adding mulch or suitable topsoil, or constructing paved areas can help to overcome the limitations caused by the sandy surface layer.

The potential of this soil as habitat for openland wildlife is fair and for woodland and wetland wildlife is poor. Areas of this soil provide nesting sites, den sites, and food and cover for a diverse and numerous wildlife population. Many larger animals are found in areas where this soil joins other ecological communities. Areas of this soil are well suited to deer, quail, bobcat, skunk, opossum, and raccoon. Other species typically include cottontail rabbit, fox squirrel, gray fox, and a variety of birds, reptiles, and amphibians.

This Myakka soil is in capability subclass IVw. The woodland ordination symbol is 8w. The ecological community is North Florida Flatwoods.

**ATTACHMENT "P"**

**TOPOGRAPHIC MAP**

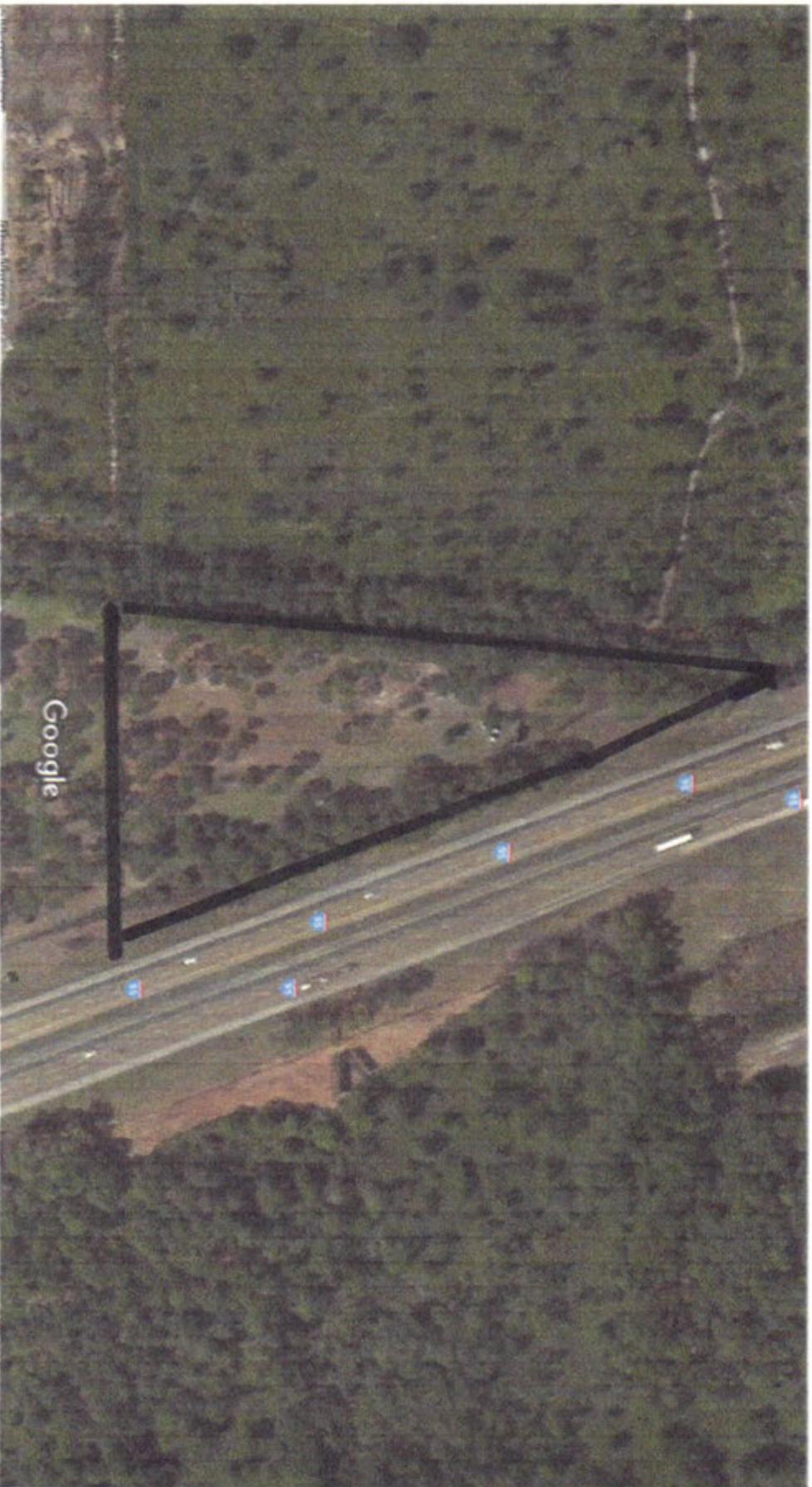
**ATTACHMENT "Q"**

**AERIAL**

Google Maps

2261 S Old Dixie Hwy

34-12-31-0650-00000-0101



Imagery ©2016 DigitalGlobe, U.S. Geological Survey, Map data ©2016 Google 100 ft

**SJRWMD**  
**Consumptive**  
**Use**  
**Reports**



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

**III. Daily Data for the Month Year of: November 2016**

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	No. Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable:										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations			UV Dose					
							Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24	11,100		1.10									1.20	
2	X	24	11,300		1.80									1.30	
3	X	24	10,600		1.50									0.90	
4	X	24	13,200		1.70									1.20	
5	X	24	11,200		1.80									1.10	
6		24													
7	X	24	16,100		1.60									1.20	
8	X	24	13,400		1.80									1.30	
9	X	24	17,100		1.80									1.20	
10	X	24	12,300		1.60									1.00	
11	X	24	11,200		1.40									0.80	
12	X	24	10,400		1.70									1.20	
13		24													
14	X	24	25,500		1.90									1.40	
15	X	24	11,400		2.10									1.10	
16	X	24	12,200		1.80									1.30	
17	X	24	16,700		1.60									0.90	
18	X	24	13,300		1.60									1.00	
19	X	24	10,200		1.80									1.10	
20		24													
21	X	24	22,300		1.70									1.20	
22	X	24	17,700		1.80									1.20	
23	X	24	11,100		1.70									1.50	
24	X	24	11,500		1.90									1.50	
25	X	24	8,000		1.80									1.30	
26	X	24	2,200		2.00									1.40	
27		24													
28	X	24	28,000		1.80									1.30	
29	X	24	0,200		1.60									1.20	
30	X	24	5,900		1.10									0.70	
31		24													
Total			214,100												
Average			12,100												
Maximum			28,000												

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

<b>I. General Information for the Month Year of:</b> October 2016				
<b>A. Public Water System (PWS) Information</b>				
PWS Name: Holiday Travel Park			PWS Identification Number: 2181288	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 157			Total Population Served at End of Month: 82	
PWS Owner: Holiday Travel Park				
Contact Person: Glen Wetherell			Contact Person's Title: Operator	
Contact Person's Mailing Address: 600 Hull Road			City: Ormond Beach	State: FL Zip Code: 32174
Contact Person's Telephone Number: 386-673-4161			Contact Person's Fax Number: 386-673-7237	
Contact Person's E-Mail Address: Wtssules@aol.com				
<b>B. Water Treatment Plan Information</b>				
Plant Name: Holiday Travel Park			Plant Telephone Number: 386-673-7907	
Plant Address: 2261 South Dixie Highway			City: Flagler	State: FL Zip Code: 32110
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 122,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s)/Shift(s) Worked</b>
Lead/Chief Operator:	Glenn Wetherell	C	2679	5 days per week
Other Operators:				

**C. Certification by Lead Chief Operator:**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date
 

 11/09/2016  
 Printed or Typed Name
 

 CO 2679  
 License Number

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

III. Daily Data for the Month Year of: **October 2016**

Means of Achieving Four-Log Virus Inactivation/Removal:  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>		
1		24											
2	X	24	14,000		1.20								
3	X	24	12,000		1.00							0.90	
4	X	24	10,300		0.80							0.50	
5	X	24	11,200		1.20							0.40	
6	X	24	9,300		1.10							0.80	
7		24										0.70	
8	X	24	16,100		1.00								Hurricane Matthew
9		24										0.70	
10	X	24	18,400		1.80								
11	X	24	11,100		1.60							1.50	
12	X	24	16,700		1.80							1.20	
13	X	24	16,700		1.60							1.30	
14	X	24	19,100		1.70							1.10	
15	X	24	10,200		1.90							1.20	
16		24										1.40	
17	X	24	21,400		1.70								
18	X	24	11,200		1.50							1.30	
19	X	24	12,100		1.70							1.20	
20	X	24	14,200		1.90							1.30	
21	X	24	14,200		1.60							1.40	
22	X	24	10,900		1.70							1.30	
23		24										1.30	
24	X	24	36,200		1.80								
25	X	24	20,200		1.60							1.20	
26	X	24	17,100		1.70							1.30	
27	X	24	10,300		1.70							1.30	
28	X	24	11,100		1.60							1.20	
29	X	24	11,600		1.80							1.30	
30		24										1.40	
31	X	24	15,900		1.70								
<b>Total</b>			<b>315,000</b>									1.00	
<b>Average</b>			<b>12,000</b>										
<b>Maximum</b>			<b>36,200</b>										

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

**I. General Information for the Month Year of:** September 2016

**A. Public Water System (PWS) Information**

PWS Name: <u>Holiday Travel Park</u>		PWS Identification Number: <u>2181288</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>157</u>		Total Population Served at End of Month: <u>82</u>	
PWS Owner: <u>Holiday Travel Park</u>			
Contact Person: <u>Glenn Wetherell</u>		Contact Person's Title: <u>Operator</u>	
Contact Person's Mailing Address: <u>600 Hull Road</u>		City: <u>Ormond Beach</u>	State: <u>FL</u> Zip Code: <u>32174</u>
Contact Person's Telephone Number: <u>386-673-4161</u>		Contact Person's Fax Number: <u>386-673-7237</u>	
Contact Person's E-Mail Address: <u>Wtssales@aol.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Holiday Travel Park</u>		Plant Telephone Number: <u>386-673-7907</u>		
Plant Address: <u>2261 South Dixie Highway</u>		City: <u>Flagler</u>	State: <u>FL</u> Zip Code: <u>32110</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>122,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Glenn Wetherell</u>	<u>C</u>	<u>2679</u>	<u>5 days per week</u>
Other Operators				

**II. Certification I, Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

<u>Glenn Wetherell</u> Signature and Date	<u>10/14/2016</u> Printed or Typed Name	<u>CO 2679</u> License Number
--	--	----------------------------------

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

## III. Daily Data for the Month-Year of: September 2016

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Maint. Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	No. Quantity of Finished Water Produced, gal	CT Calculations, or L.V. Data, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation				
				CT Calculations					RT/Doze									
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest RT Provided Before or at First Customer During Peak Flow, min	Temp. of Water, °C	pH of Water, Applicable	Minimum CT Required, min-mg/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L					
1	X	24	12,100		1.60													
2	X	24	8,800		1.70													
3	X	24	10,300		1.80													
4		24																
5	X	24	18,800		2.00													
6	X	24	11,200		1.60													
7	X	24	11,100		1.80													
8	X	24	12,200		2.10													
9	X	24	5,100		1.80													
10	X	24	10,200		1.80													
11		24																
12	X	24	31,400		1.70													
13	X	24	10,600		1.50													
14	X	24	10,300		1.40													
15	X	24	10,200		1.70													
16	X	24	11,400		1.70													
17	X	24	9,100		1.50													
18		24																
19	X	24	28,400		1.60													
20	X	24	11,300		1.80													
21	X	24	9,100		1.60													
22	X	24	11,100		1.90													
23	X	24	8,500		1.40													
24		24																
25	X	24	9,900		1.80													
26	X	24	9,900		1.90													
27	X	24	9,300		1.80													
28	X	24	0,900		2.00													
29	X	24	1,300		2.00													
30	X	24	4,800		2.00													
31		24																
Total			317,300															
Average			11,800															
Maximum			31,400															

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

III Date of the Month/Year: August 2016

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Days Plant Staffed	Net Quantity	Disinfectant Residual (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24	57,200		1.90								1.30
X	24	22,200		1.50								1.00
X	24	11,500		1.30								0.80
X	24	22,200		1.10								0.60
X	24	12,500		1.30								0.80
X	24	11,200		1.00								0.70
X	24	18,300		1.50								1.10
X	24	7,600		1.60								1.20
X	24	8,200		1.40								0.80
X	24	9,200		1.50								0.90
X	24	12,600		1.70								1.10
X	24	8,200		1.80								1.30
X	24	26,100		1.70								1.10
X	24	10,200		1.50								0.90
X	24	14,100		1.30								0.80
X	24	16,800		1.50								1.10
X	24	12,200		1.60								1.10
X	24	10,300		1.70								1.00
X	24	26,200		1.80								1.20
X	24	13,100		1.80								1.30
X	24	10,900		1.50								1.20
X	24	13,200		1.70								1.10
X	24	16,300		1.60								1.20
X	24	11,600		1.50								1.00
X	24	23,100		1.60								1.10
X	24	14,100		1.30								0.80
X	24	11,100		1.50								1.10
		4130,200										
		13,900										
		57,200										

\* Refer to the instructions for this report to determine which plants must provide this information.







# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

**I. General Information for the Month Year of:** June 2016

**A. Public Water System (PWS) Information**

PWS Name: Holiday Travel Park		PWS Identification Number: 2181288	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 157		Total Population Served at End of Month: 82	
PWS Owner: Holiday Travel Park			
Contact Person: Glen Wetherell		Contact Person's Title: Operator	
Contact Person's Mailing Address: 600 Hull Road		City: Ormond Beach	
Contact Person's Telephone Number: 386-673-4161		State: FL	Zip Code: 32174
Contact Person's E-Mail Address: Wtssales@aol.com		Contact Person's Fax Number: 386-673-7237	

**B. Water Treatment Plant Information**

Plant Name: Holiday Travel Park		Plant Telephone Number: 386-673-7907	
Plant Address: 2261 South Dixie Highway		City: Flagler	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		State: FL	Zip Code: 32110
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 122,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			

Licensed Operators		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator: Glenn Wetherell	C	2679	5 days per week
Other Operators:			

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Glenn Wetherell      Glenn Wetherell      Glenn Wetherell  
 Signature and Date      Printed or Typed Name      License Number: CO 2679

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

III Daily Data for the Month Year of **June 2016**

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Total Gallons of Water Produced	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration in the Distribution System (mg/L)			
				Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)	Flow (mgd)				
	X	24	12,200														1.40
	X	24	9,400														1.30
	X	24	11,200														1.30
	X	24	10,100														1.30
	X	24	19,340														1.20
	X	24	6,200														1.40
	X	24	5,600														0.80
	X	24	11,300														1.10
	X	24	10,200														1.30
	X	24	11,300														1.50
	X	24	16,400														2.10
	X	24	11,100														1.80
	X	24	9,700														1.60
	X	24	8,100														1.60
	X	24	6,000														1.80
	X	24	7,200														2.00
	X	24	12,200														1.60
	X	24	5,500														1.40
	X	24	6,300														1.70
	X	24	16,100														1.90
	X	24	11,100														1.80
	X	24	8,300														1.50
	X	24	12,200														1.80
	X	24	6,200														1.50
	X	24	6,700														1.30
	X	24	8,300														1.50
		24															1.00
			258,240														
			8,600														
			19,340														

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

**I. General Information for the Month/Year of:** April 2016

**A. Public Water System (PWS) Information**

PWS Name: Holiday Travel Park

PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community PWS Identification Number: 2181288

Number of Service Connections at End of Month: 157  Consecutive

PWS Owner: Holiday Travel Park Total Population Served at End of Month: 82

Contact Person: Glen Wetherell

Contact Person's Mailing Address: 600 Hull Road Contact Person's Title: Operator

Contact Person's Telephone Number: 386-673-4161 City: Ormond Beach

Contact Person's E-Mail Address: Wtssales@aol.com State: FL

Zip Code: 32174

Contact Person's Fax Number: 386-673-7237

**B. Water Treatment Plant Information**

Plant Name: Holiday Travel Park

Plant Address: 2261 South Dixie Highway City: Flagler

Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water Plant Telephone Number: 386-673-7907

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 122,000 State: FL

Plant Category (per subsection 62-699.310(4), F.A.C.): IV Zip Code: 32110

Licensed Operators		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator: Glen Wetherell	C	2679	3 days per week
Other Operators:			

**C. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 50 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

*Glen Wetherell* 05/06/2016

Signature and Date Glen Wetherell

CO 2679

License Number

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

III. Daily Data for the Month/Year of: **April 2016**

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	No. Quantity of Finished Water Produced, gal	Peak Flow Rate, gpm	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components out of Operation	
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24	14,200		2.20								1.80	
2	X	24	9,400		2.10								1.80	
3		24												
4	X	24	24,600		2.20								1.80	
5	X	24	11,200		2.10								1.70	
6	X	24	12,200		2.10								1.60	
7	X	24	12,600		2.90								1.70	
8	X	24	11,400		1.80								1.40	
9	X	24	8,320		2.20								1.70	
10		24												
11	X	24	12,400		2.20								1.80	
12	X	24	11,200		2.20								1.70	
13	X	24	11,300		1.90								1.50	
14	X	24	13,100		1.00								0.80	
15	X	24	10,500		0.80								0.50	
16	X	24	10,200		1.90								1.50	
17		24												
18	X	24	49,300		1.70								1.30	
19	X	24	7,400		1.80								1.20	
20	X	24	10,100		1.50								1.10	
21	X	24	8,300		1.80								1.30	
22	X	24	10,100		1.80								1.40	
23	X	24	9,300		1.90								1.50	
24		24												
25	X	24	21,800		1.70								1.30	
26	X	24	9,600		1.90								1.50	
27	X	24	12,300		1.80								1.40	
28	X	24	13,200		1.80								1.20	
29	X	24	11,100		1.80								1.30	
30	X	24	10,400		1.90								1.40	
31		24												
<b>Total</b>			<b>355,520</b>											
<b>Average</b>			<b>11,900</b>											
<b>Maximum</b>			<b>49,300</b>											

\* Refer to the instructions for this report to determine which plants must provide this information.



**MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER**

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

**III. Daily Data for the Month/Year of: March 2016**

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °F	pH of Water, if Applicable	UV Dose			
										Minimum Required CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1	X	24	5,000		1.70							1.40	
2	X	24	8,700		2.00							1.60	
3	X	24	9,600		2.00							1.60	
4	X	24	11,700		2.20							1.70	
5	X	24	12,300		2.20							1.80	
6		24											
7	X	24	16,500		2.20							1.80	
8	X	24	17,800		2.00							1.70	
9	X	24	17,100		2.00							1.60	
10	X	24	14,600		2.10							1.70	
11	X	24	13,500		1.80							1.50	
12		24											
13	X	24	13,500		1.60							1.20	
14	X	24	15,500		2.10							1.60	
15	X	24	21,000		2.20							1.80	
16	X	24	24,000		2.20							1.80	
17	X	24	19,200		2.10							1.80	
18	X	24	16,200		2.20							1.80	
19		24											
20	X	24	16,500		2.20							1.70	
21	X	24	13,000		2.00							1.60	
22	X	24	11,900		2.10							1.60	
23	X	24	14,800		2.20							1.80	
24	X	24	18,300		2.20							1.80	
25	X	24	13,700		2.10							1.80	
26	X	24	13,200		2.20							1.80	
27		24											
28	X	24	28,000		2.00							1.60	
29	X	24	21,600		1.90							1.60	
30	X	24	16,900		2.10							1.60	
31	X	24	11,100		2.00							1.60	
<b>Total</b>			<b>615,200</b>										
<b>Average</b>			<b>19,800</b>										
<b>Maximum</b>			<b>28,000</b>										

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> February, 2016	
<b>A. Public Water System (PWS) Information</b>	
PWS Name: Holiday Travel Park <span style="float: right;">PWS Identification Number: 2181288</span>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 157	Total Population Served at End of Month: 82
PWS Owner: Holiday Travel Park	
Contact Person: Glen Wetherell	Contact Person's Title: Operator
Contact Person's Mailing Address: 600 Hull Road	City: Ormond Beach State: FL Zip Code: 32174
Contact Person's Telephone Number: 386-673-4161	Contact Person's Fax Number: 386-673-7237
Contact Person's E-Mail Address: Wtssales@aol.com	

<b>B. Water Treatment Plant Information</b>	
Plant Name: Holiday Travel Park <span style="float: right;">Plant Telephone Number: 386-673-7907</span>	
Plant Address: 2261 South Dixie Highway <span style="float: right;">City: Flagler State: FL Zip Code: 32110</span>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 122,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV <span style="float: right;">Plant Class (per subsection 62-699.310(4), F.A.C.): C</span>	
<b>Licensed Operators</b>	
<b>Lead/Chief Operator:</b>	Name: Glenn Wetherell License Class: C License Number: 2679 Day(s)/Shift(s) Worked: 5 days per week
<b>Other Operators:</b>	

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

*Glenn Wetherell*
02/16/16
Glenn Wetherell
CO 2679

Signature and Date
Printed or Typed Name
License Number

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

III. Daily Data for the Month Year of: **February 2016**

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Plants in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °F	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose				
											Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24	25,700		2.00									1.50	
2	X	24	11,500		2.10									1.60	
3	X	24	12,600		2.20									1.60	
4	X	24	11,500		2.20									1.50	
5	X	24	9,300		2.00									1.50	
6	X	24	10,100		1.80									1.40	
7		24													
8	X	24	17,200		2.10									1.50	
9	X	24	10,800		2.20									1.50	
10	X	24	16,500		2.20									1.50	
11	X	24	11,200		1.90									1.50	
12	X	24	13,000		1.80									1.40	
13	X	24	12,200		1.80									1.50	
14		24													
15	X	24	20,200		1.90									1.50	
16	X	24	14,200		1.70									1.30	
17	X	24	10,200		1.80									1.30	
18	X	24	13,400		2.10									1.50	
19	X	24	12,200		2.20									1.50	
20	X	24	11,100		1.90									1.50	
21		24													
22	X	24	24,500		2.00									1.40	
23	X	24	10,600		1.80									1.30	
24	X	24	12,000		1.70									1.30	
25	X	24	10,200		2.20									1.50	
26	X	24	13,200		2.00									1.50	
27	X	24	12,100		2.10									1.50	
28		24													
29	X	24	28,900		2.20									1.50	
30	X	24	15,000		1.70									1.40	
31		24													
			268,800												
			12,400												
			28,900												

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

## III. Daily Data for the Month Year of: January 2016

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)

Ultra/violet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "C")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24													
2	X	24	1,100		1.80									1.30	
3	X	24	7,600		1.60									1.30	
4	X	24	10,700		1.60									1.20	
5	X	24	16,200		1.70									1.30	
6	X	24	12,500		1.90									1.40	
7	X	24	11,200		1.70									1.20	
8	X	24	11,300		1.40									1.00	
9	X	24	12,300		1.50									1.00	
10		24													
11	X	24	21,400		1.70									1.20	
12	X	24	12,000		2.00									1.40	
13	X	24	11,700		1.80									1.20	
14	X	24	10,000		2.00									1.50	
15	X	24	5,500		1.80									1.40	
16	X	24	7,200		1.80									1.20	
17		24													
18	X	24	14,300		1.70									1.30	
19	X	24	12,200		1.80									1.40	
20	X	24	11,200		1.90									1.40	
21	X	24	22,100		2.20									1.70	
22	X	24	22,700		1.40									1.10	
23	X	24	11,200		1.70									1.30	
24		24													
25	X	24	31,200		2.00									1.50	
26	X	24	12,600		1.90									1.60	
27	X	24	10,200		1.30									1.00	
28	X	24	15,100		1.30									1.10	
29	X	24	14,200		1.70									1.20	
30	X	24	12,100		1.90									1.40	
31		24													
<b>Total</b>			361,900												
<b>Average</b>			11,350												
<b>Maximum</b>			31,200												

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

**I. General Information for the Month/Year of:** December 2015

**A. Public Water System (PWS) Information**

PWS Name: Holiday Travel Park		PWS Identification Number: 2181288	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 157		Total Population Served at End of Month: 82	
PWS Owner: Holiday Travel Park			
Contact Person: Glenn Wetherell		Contact Person's Title: Operator	
Contact Person's Mailing Address: 600 Hull Road		City: Ormond Beach	State: FL Zip Code: 32174
Contact Person's Telephone Number: 386-673-4161		Contact Person's Fax Number: 386-673-7237	
Contact Person's E-Mail Address: Wissales@aol.com			

**B. Water Treatment Plant Information**

Plant Name: Holiday Travel Park		Plant Telephone Number: 386-673-7907		
Plant Address: 2261 South Dixie Highway		City: Flagler	State: FL Zip Code: 32110	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 122,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Glenn Wetherell	C	2679	5 days per week
Other Operators:				

**II. Certification by Lead/Chief Operator**

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

	01/04/2016 Glenn Wetherell Printed or Typed Name	CO 2679 License Number
Signature and Date	Printed or Typed Name	License Number

# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

### III. Daily Data for the Month/Year of: December 2015

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or JV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24	8,200		1.90										1.40	
2	X	24	25,200		2.00										1.60	
3	X	24	9,400		1.80										1.40	
4	X	24	6,200		1.70										1.50	
5	X	24	7,100		1.80										1.50	
6		24														
7	X	24	18,700		1.70										1.40	
8	X	24	7,400		1.50										1.20	
9	X	24	8,300		1.60										1.30	
10	X	24	9,900		1.30										1.00	
11	X	24	8,800		1.50										1.10	
12	X	24	8,200		1.70										1.20	
13		24														
14	X	24	18,300		1.60										1.10	
15	X	24	8,200		1.40										0.90	
16	X	24	8,900		1.70										1.20	
17	X	24	8,400		1.90										1.40	
18	X	24	8,500		1.70										1.30	
19	X	24	7,700		2.00										1.50	
20		24														
21	X	24	33,400		2.10										1.40	
22	X	24	10,200		1.80										1.20	
23	X	24	8,100		1.60										1.10	
24	X	24	10,200		1.70										1.40	
25		24														
26	X	24	11,100		1.80										1.40	
27	X	24	25,700		1.60										1.30	
28	X	24	11,600		1.50										1.10	
29	X	24	9,000		1.60										1.20	
30	X	24	12,400		1.70										1.20	
31	X	24	12,200		1.70										1.40	
<b>Total</b>			<b>321,300</b>												<b>1.40</b>	
<b>Average</b>			<b>10,400</b>													
<b>Maximum</b>			<b>33,400</b>													

\* Refer to the instructions for this report to determine which plants must provide this information.



# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2181288

Plant Name: Holiday Travel Park

## III. Daily Data for the Month Year of: November 2015

Means of Achieving Four-Log Virus Inactivation/Removal: \*  Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Ultraviolet Radiation  Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or JV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1		24											
2	X	24	23,500		1.70							1.10	
3	X	24	10,500		1.90							1.40	
4	X	24	10,100		1.80							1.40	
5	X	24	11,800		1.60							1.30	
6	X	24	13,800		1.90							1.50	
7	X	24	12,100		1.70							1.30	
8		24											
9	X	24	17,300		1.80							1.40	
10	X	24	8,400		1.60							1.30	
11	X	24	8,400		1.50							1.20	
12	X	24	11,200		1.70							1.30	
13	X	24	7,500		1.80							1.40	
14	X	24	9,300		2.00							1.50	
15		24											
16	X	24	19,600		2.10							1.60	
17	X	24	8,100		2.20							1.70	
18	X	24	9,200		2.20							1.70	
19	X	24	7,100		2.20							1.60	
20	X	24	7,500		2.00							1.50	
21	X	24	7,200		2.10							1.60	
22		24											
23	X	24	20,800		2.20							1.60	
24	X	24	7,500		2.00							1.50	
25	X	24	11,900		1.70							1.20	
26	X	24	9,200		1.50							1.00	
27	X	24	7,700		1.40							1.20	
28	X	24	8,200		1.60							1.10	
29		24											
30	X	24	18,100		1.80							1.40	
31		24											
Total			231,000										
Average			7,500										
Minimum			23,500										

\* Refer to the instructions for this report to determine which plants must provide this information.

**FDEP**

**Operating  
Information**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32110

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32110

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD: From: 10/01/2010 To: 10/31/2010

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		1,009	MGD			0	5 Days/Week	Elapsed Time Measurement on Pump
*ARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement	0.060 (An. Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
Flow		0.11	MGD			0	5 Days/Week	Elapsed Time Measurement on Pump
*ARM Code 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			5	percent	0	Monthly	Calculated
*ARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement			Report (Mo. Avg.)	percent		Monthly	Calculated
3OD, Carbonaceous 5 day, 20C	Sample Measurement			9.3	mg/L	0	Bi-weekly; every 2 weeks	Grab
*ARM Code 800E2 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
3OD, Carbonaceous 5 day, 20C	Sample Measurement			4.4	mg/L	0	Bi-weekly; every 2 weeks	Grab
*ARM Code 800E2 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
				MNR (Wk. Avg.)	30.0 (Mo. Avg.)			

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	10/21/2010

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): October 6 & 7, 2010 no readings due to Hurricane Matthew.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011603

NUMBER:

MONITORING PERIOD

From: 10/01/2016

To: 10/31/2016

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			10.0	MNR	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0* (Wk.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement			7.2		s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.6		mL	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement					mg/L		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement					mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					mg/L		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite D200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: 10/01/2010 To: 10/31/2010

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	10/31/2010

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

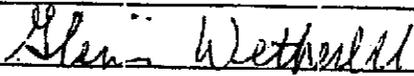
COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: 10/01/2016 To: 10/31/2016

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator		(386) 673-4161	10/21/2016

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32110

PERMIT NUMBER:

FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: CLASS SIZE: MONITORING GROUP NUMBER:  
 MONITORING GROUP DESCRIPTION: RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: To:

Final N/A R-001  
 rapid infiltration basin, including Inflow

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

09/01/2016 To: 09/30/2016

Flow	Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Sample Measurement	Permit Requirement		Sample Measurement	Permit Requirement				
*ARM Code 50050 Y Mon. Site No. INF-1	Sample Measurement	1009	0.060 (An.Avg.)	MGD				0	5 Days/Week	Elapsed Time Measurement on Pump
	Permit Requirement								5 Days/Week	Elapsed Time Measurement on Pump
*ARM Code 50050 A Mon. Site No. INF-1	Sample Measurement	009	1007 Report (Qt.Avg.)	MGD				0	5 Days/Week	Elapsed Time Measurement on Pump
	Permit Requirement		Report (Mo.Avg.)	MGD					5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADP/Permitted Capacity) x .00 *ARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement					12	percent	0	Monthly	Calculated
	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C *ARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				9.6		mg/L	0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement				20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C *ARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement			4.2	MNR	3.3	mg/L	0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement			60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	10/24/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): \*The Annual Average for Fecal Coliform is above permit parameters due to sample result of 10/24/2016. Refer to the DMR for October 2016 for more information.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011603

From: 09/10/2010 To: 09/30/2010

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				11.3	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code: 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			10.5	MNR	7.8	0	Bi-weekly; every 2 weeks	Grab
PARM Code: 00530 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0* (Wk. Avg.)	30.0 (Mo. Avg.)		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				347.4	#/100ml	1	Bi-weekly; every 2 weeks	Grab
PARM Code: 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)	#/100ml		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.7	3.0	0	Bi-weekly; every 2 weeks	Grab
PARM Code: 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement			7.2		7.3	0	5 Days/Week	Grab
PARM Code: 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.6			0	5 Days/Week	Grab
PARM Code: 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)				5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.9	0	Monthly	Grab
PARM Code: 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					24.2	0	Monthly	Grab
PARM Code: 80082 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement					290.0	0	Monthly	Grab
PARM Code: 00530 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLAD11603  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: 09/04/2016 To: 09/30/2016

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	10/24/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period

FLA011603

 From: 09/01/2016 To: 09/30/2016

 Facility: Holiday Travel Mobile Home Park WWTF

Code	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	50050 INF-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1	.006				7.3	1.2			
2	.007				7.3	1.0			
3									
4									
5									
6	.038				7.2	0.8			
7	.010				7.2	0.8			
8	.007	2.4	5.0	1.0	7.2	1.0	1.9	<60.0	98.0
9	.012				7.2	1.4			
10									
11									
12	.036				7.3	1.0			
13	.008				7.3	1.2			
14	.018				7.3	0.6			
15	.013				7.3	0.9			
16	.015				7.2	0.8			
17									
18									
19	.029				7.2	1.0			
20	.010				7.2	1.0			
21	.009				7.3	1.2			
22	.007	4.2	10.5	3.0	7.3	1.2	<0.025	94.2	290.0
23	.012				7.3	1.0			
24									
25									
26	.026				7.3	1.2			
27	.007				7.3	1.1			
28	.008				7.3	1.0			
29	.010				7.3	0.9			
30									
31									
Total	.288	6.6	15.5	4.0	145.4	20.3	1.9	124.2	388.0
Mo. Avg.	.009	3.3	7.8	2.0	7.3	1.0	1.0	124.1	194.0

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>1360</u>	Name: <u>Scott Kelley</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-1577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32110

PERMIT NUMBER: FLA011603

FACILITY LOCATION: Holiday Travel Mobile Home Park WWTF  
 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including influent

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM S.T.E.:   
 MONITORING PERIOD From:

08/31/2016 To: 08/31/2016

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.0	MGD				0	3 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement		0.060 (An. Avg.)	MGD					3 Days/Week	Elapsed Time Measurement on Pump
Flow	Sample Measurement	0.007	0.007	MGD				0	3 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	Report (Qr. Avg.)	MGD					3 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					12	percent	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.6	mg/L	0	Bi-weekly, every 2 weeks	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)	mg/L		Bi-weekly, every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8	MNR	3.9	0	Bi-weekly, every 2 weeks	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0* (Wk. Avg.)	30.0 (Mo. Avg.)		Bi-weekly, every 2 weeks	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 day period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	09/20/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): ~~\*\*~~ the Annual Average for Fecal Coliform is above Permit parameters due to sample result of 1021/2015. Refer to the DMR for October 2015 for more information

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD: From: 08/10/2010 To: 08/16/2010

PERMIT NUMBER: FLA011603

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			11.4	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		10.0	MNR	7.5	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			847.3	#/100mL	1	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An.Avg.)	#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			1.2	3.0	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement		7.2		7.3	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement		6.0 (Min.)		8.5 (Max.)		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement		0.9			0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		0.5 (Min.)				5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.20	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement				52.1	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement				Report (Max.)		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement				52.0	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement				Report (Max.)		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-2  
 MONITORING GROUP: Biosolids Quantity  
 DESCRIPTION:

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 08/01/2016 To: 08/31/2016

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	09/20/2016

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

# DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period

FLA011603

 From: 08/01/2010

 To: 08/31/2010

 Facility: Holiday Travel Mobile Home Park WWTF

Code Mon. Site	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
50050 INF-1		80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1	.016				7.2	1.2			
2	.005				7.2	1.1			
3	.007				7.2	1.0			
4	.005				7.2	1.2			
5	.006				7.2	1.2			
6									
7									
8	.016				7.2	1.2			
9	.004				7.2	1.4			
10	.007				7.2	1.0			
11	.004	3.0	5.0	<1.0	7.2	1.2	0.33	52.1	38.0
12	.007				7.2	1.0			
13									
14									
15	.017				7.2	1.1			
16	.004				7.2	1.4			
17	.007				7.2	1.0			
18	.009				7.2	0.9			
19	.008				7.2	1.1			
20									
21									
22	.017				7.3	1.0			
23	.004				7.2	1.4			
24	.009				7.2	1.2			
25	.006	4.8	10.0	3.0	7.2	1.5	1.20	<60.0	52.0
26	.009				7.3	1.2			
27									
28									
29	.027				7.2	1.0			
30	.008				7.2	1.1			
31	.009				7.3	0.9			
Total	.211	7.8	15.0	3.50	115.9	25.5	1.53	82.1	40.0
Mo. Avg.	.007	3.9	7.5	1.8	7.2	1.1	0.8	41.1	45.0

PLANT STAFFING:

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: C Certificate No: 7365 Name: Scott Kelley

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Ho iday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Burnell, Florida 32110

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-301  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 07/10/2016 To: 07/12/2016

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Ho iday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Burnell, Florida 32010

COUNTY: Flagler  
 OFFICE: Northeast District

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow			MGD			0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement	0.010 (An. Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
Flow			MGD			0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			12	percent	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement			Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.3	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.6	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.) 45.0* (Wk. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
				3.4	mg/L	0	Bi-weekly; every 2 weeks	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 OF AUTHORIZED AGENCY	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENCY	TELEPHONE NO	DATE (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	08/23/2016

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

*The Annual Average for Fecal Coliform is above Permit parameters due to sample result of 10/21/2015. Refer to the DMR for October 2015 for more information.*

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP NUMBER:  
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011603

From: 07/10/2016 To: 07/13/2016

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Solids, Total Suspended			11.0	mg/L	0	Bi-weekly; every 2 weeks	Grab	
PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement		20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab	
Solids, Total Suspended			14.0 MNR	mg/L	0	Bi-weekly; every 2 weeks	Grab	
PARM Code 00530 A Mon. Site No. EFA-1	Sample Measurement		60.0 (Max.)	45.0* (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Bi-weekly; every 2 weeks	Grab
Coliform, Fecal			847.2	#/100mL	1	Bi-weekly; every 2 weeks	Grab	
PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement		200 (An. Avg.)	#/100mL		Bi-weekly; every 2 weeks	Grab	
Coliform, Fecal			0.71	#/100mL	0	Bi-weekly; every 2 weeks	Grab	
PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement		200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL	Bi-weekly; every 2 weeks	Grab	
pH			7.1	s.u.	0	5 Days/Week	Grab	
PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement		6.0 (Min.)	8.5 (Max.)	s.u.	5 Days/Week	Grab	
Chlorine, Total Residual (For Disinfection)			0.8	m/L	0	5 Days/Week	Grab	
PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement		0.5 (Min.)	mg/L		5 Days/Week	Grab	
Nitrogen, Nitrate, Total (as N)				mg/L	0	Monthly	Grab	
PARM Code 00620 A Mon. Site No. EFA-1	Sample Measurement			12.0 (Max.)	mg/L	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C (Influent)				mg/L	0	Monthly	Grab	
PARM Code 80082 Q Mon. Site No. INF-1	Sample Measurement			134.0	mg/L	Monthly	Grab	
Solids, Total Suspended (Influent)				mg/L	0	Monthly	Grab	
PARM Code 00530 Q Mon. Site No. INF-1	Sample Measurement			210.0	mg/L	Monthly	Grab	
	Permit Requirement			Report (Max.)	mg/L	Monthly	Grab	

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-2  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From:

07/10/2016 To: 07/13/2016

COUNTY: Flagler  
 OFFICE: Northeast District

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

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 (mm/d/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	08/23/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period:

FLA011603

 From: 07/10/2016 To: 07/31/2016

 Facility: Holiday Travel Mobile Home Park WWTF

Code Mon. Site	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
50050 INF-1		80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1	.007				7.1	1.0			
2									
3									
4									
5	.026				7.1	1.3			
6	.008				7.2	1.0			
7	.004	4.6	14.0	<2.0	7.1	1.4	6.0	134.0	90.0
8	.006				7.2	1.4			
9									
10									
11	.017				7.2	1.2			
12	.003				7.1	1.1			
13	.004				7.1	1.0			
14	.002				7.1	1.0			
15	.006				7.1	0.8			
16		2.1	6.5	<1.0			0.64	7.8	210.0
17									
18	.014				7.2	1.1			
19	.005				7.2	1.0			
20	.003				7.1	1.2			
21	.004				7.1	1.0			
22	.006				7.2	0.8			
23									
24									
25	.011				7.2	1.2			
26	.003				7.1	1.4			
27	.003				7.1	1.5			
28	.005				7.1	1.1			
29	.006				7.2	1.0			
30									
31									
<b>Total</b>	<b>.145</b>	<b>6.7</b>	<b>20.5</b>	<b>1.5</b>	<b>7.28</b>	<b>22.4</b>	<b>6.64</b>	<b>141.8</b>	<b>300.0</b>
<b>Mo. Avg</b>	<b>.005</b>	<b>3.4</b>	<b>10.3</b>	<b>0.75</b>	<b>7.1</b>	<b>1.1</b>	<b>3.32</b>	<b>70.9</b>	<b>150.0</b>

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7365</u>	Name: <u>Scott Kelley</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc. PERMIT NUMBER: FLA011603  
 MAILING ADDRESS: 2251 South Old Dixie Highway Burnell, Florida 32110  
 FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2251 South Old Dixie Highway Burnell, Florida 32110  
 COUNTY: Flagler  
 OFFICE: Northeast District  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 06/10/2016 To: 06/30/2016  
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.0	M/GD					0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement		0.060 (An.Avg.)	M/GD						5 Days/Week	Elapsed Time Measurement on Pump
Flow	Sample Measurement	0.008	0.008	M/GD					0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	M/GD						5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					13	percent		0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	percent			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					9.4	mg/L		0	Bi-weekly, every 2 weeks	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)	mg/L			Bi-weekly, every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.8	MNR	6.7	mg/L	0	Bi-weekly, every 2 weeks	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly, every 2 weeks	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4111	07/28/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): **\*\*The Annual average for Fecal Coliform is above permit parameters due to sample result of 10/31/2015. Refer to the DMR for October 2015 for more information.**

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP

R-001

PERMIT NUMBER: FLA011603

NUMBER:

MONITORING PERIOD

From:

06/01/2016

To:

06/30/2016

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				10.5	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			11.0	MNR	10.8	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0* (Wk. Avg.)	30.0 (Mo. Avg.)		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				854.9	#/100mL	1	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)	#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.71	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement			7.0		s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.8		m/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement					mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP: Biosolids Quantity  
 DESCRIPTION:

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From:

01/01/2010 To: 01/30/2010

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	01/29/2010

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

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA011603

From: 06/01/2016 To: 06/30/2016

Facility: Holiday Travel Mobile Home Park WWTP

	Flow MGD	BOD <sub>5</sub> Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L	Coliform, Fecal #/100mL	pH s.u.	Chlorine, Total Residual (For Disinfection) mg/L	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	50050	80082	00530	74055	00400	50050	00620	80082	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	.007				7.0	1.2			
2	.005	6.8	11.0		7.0	1.4	<0.025	127.0	681.0
3	.007				7.1	1.2			
4									
5									
6	.024				7.1	0.9			
7	.007				7.1	1.1			
8	.009				7.1	1.0			
9	.010				7.1	0.9			
10	.015				7.2	1.0			
11									
12									
13	.0516				7.2	0.9			
14	.011			<1.0	7.1	0.8			
15	.008*				7.1	1.0			
16	.010				7.1	0.8			
17	.008				7.0	1.0			
18									
19									
20	.023				7.1	1.2			
21	.010				7.2	0.9			
22	.009				7.2	1.0			
23	.005	6.6	10.5	<2.0	7.2	1.2	<0.025	97.8	158.0
24	.009				7.2	1.0			
25									
26									
27	.021				7.1	1.2			
28	.004				7.1	1.4			
29	.003				7.1	1.5			
30	.003				7.1	1.2			
31									
Total	.234	13.4	21.5	1.5	156.5	23.8	0.025	224.8	839.0
Mo. Avg.	.008	6.5	10.8	0.5	7.1	1.1	<0.025	112.4	419.5

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: C Certificate No: 7365 Name: Scott Kelley

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Buell, Florida 32110

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including Influent

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY LOCATION: Holiday Travel Mobile Home Park WWTF  
 2261 South Old Dixie Highway  
 Buell, Florida 32010

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD: From: 05/10/2016 To: 05/31/2016

COUNTY OFFICE: Flagler  
 Northeast District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1010	MGD			0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement	0.060 (An. Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
Flow	Sample Measurement	1007	MGD			0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	MGD	Report (Cl. Avg.)			5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			18	percent	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement			Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.2	mg/L	0	Bi-weekly, every 2 weeks	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly, every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.8	mg/L	0	Bi-weekly, every 2 weeks	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
				MNR	45.0* (Wk. Avg.)			
				5.7	30.0 (Mo. Avg.)			

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

I certify under penalty of law that this document and all attachments were prepared under my direct on 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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	06/01/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): \*\* The Annual average for Fecal Coliform was above permit parameters due to sample result of 10/21/2015. Refer to the DMR for October 2015 for more information.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP NUMBER:  
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011603

From: 05/01/2016 To: 05/31/2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			9.8	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		10.5	MNR	6.5	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			854.8	#/100mL	1	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An.Avg.)	#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			0.11	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			200 (Mo.Geo.Min.)	800 (Max.)		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement		7.0		s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement		6.0 (Min.)		s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement		0.5		m/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement				mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement				Report (Max.)		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement				mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement				Report (Max.)		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
MAILING ADDRESS: 2261 South Old Dixie Highway  
Bunnell, Florida 32010

PERMIT NUMBER: FLA 011603

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: RMF-Q  
MONITORING GROUP: Biosolids Quantity

REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

FACILITY LOCATION: Holiday Travel Mobile Home Park WWTF  
2261 South Old Dixie Highway  
Bunnell, Florida 32010

DESCRIPTION:  
RE-SUBMITTED DMR:   
NO DISCHARGE FROM SITE:   
MONITORING PERIOD From: 05/10/2016 To: 05/17/2016

COUNTY OFFICE: Flagler  
Northeast District

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	05/17/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period

 FLA011602  
 From: 05/01/2016 To: 05/31/2016

 Facility: Holiday Travel Mobile Home Park WWTF

Code	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	50050 INF-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1									
2	1.019				7.1	1.2			
3	1.005				7.1	0.9			
4	1.007				7.1	0.8			
5	1.010	7.8	10.5	<2.0	7.0	1.0	<0.025	99.3	48.0
6	1.006				7.0	1.4			
7									
8									
9	1.017				7.0	1.2			
10	1.006				7.1	0.9			
11	1.008				7.2	0.8			
12	1.006				7.1	1.1			
13	1.008				7.2	1.0			
14									
15									
16	1.012				7.3	0.8			
17	1.010				7.2	0.5			
18	1.009				7.2	0.7			
19	1.009				7.1	1.0			
20	1.011				7.1	0.8			
21									
22									
23	1.037				7.1	1.0			
24	1.007				7.1	1.2			
25	1.006	3.40	<5.0	<1.0	7.1	1.4	0.056	126.0	30.0
26	1.008				7.1	1.1			
27	1.008				7.1	1.2			
28									
29									
30									
31	1.029				7.0				
<b>Total</b>	<b>1228</b>	<b>11.4</b>	<b>13.0</b>	<b>1.5</b>	<b>149.2</b>	<b>20.0</b>	<b>0.0085</b>	<b>225.3</b>	<b>48.0</b>
<b>Mo. Avg.</b>	<b>1.007</b>	<b>5.7</b>	<b>6.5</b>	<b>0.75</b>	<b>7.1</b>	<b>1.0</b>	<b>0.034</b>	<b>112.7</b>	<b>39.0</b>

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7365</u>	Name: <u>Scott Kelley</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2241 South Old Dixie Highway  
 Bunnell, Florida 32110

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including influent

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2241 South Old Dixie Highway  
 Bunnell, Florida 32010

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From:

04/10/2016 To: 04/30/2016

COUNTY: Flagler  
 OFFICE: Northeast District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.010	MGD			0	5 Days/Week	Elapsed Time
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement	0.060 (An. Avg.)	MGD				5 Days/Week	Measurement on Pump
Flow	Sample Measurement	1.010	MGD			0	5 Days/Week	Elapsed Time
PARM Code 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	MGD	Report (Mo. Avg.)			5 Days/Week	Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			23	percent	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement			Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.1	ng/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	ng/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		7.7	MNR	6.7	0	Bi-weekly; every 2 weeks	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)	45.0* (Wk. Avg.)	30.0 (Mo. Avg.)		Bi-weekly; every 2 weeks	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	05/20/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): \*\* The Annual average for Fecal Coliform was above permit parameters due to sample result of 10410/1015. Refer to the DMR for October 2015 for more information.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP: R-001

PERMIT NUMBER: FLA011603

NUMBER:

MONITORING PERIOD

From: 04/01/2011

To: 04/30/2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					9.5		mg/L	0	Bi-weekly, every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Bi-weekly, every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement				10.0	MAJOR	9.8	mg/L	0	Bi-weekly, every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly, every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					850.7		#/100mL	1	Bi-weekly, every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100mL		Bi-weekly, every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					10.7	115.0	#/100mL	0	Bi-weekly, every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly, every 2 weeks	Grab
pH	Sample Measurement				7.0		7.1	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.9			m/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.083	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						108.0	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement						90.0	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement						Report (Max.)	mg/L		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT:  
 CLASS SIZE: Final  
 MONITORING GROUP NUMBER: N/A  
 MONITORING GROUP: RMI-Q  
 DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: 04/01/2016 To: 04/30/2016

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	05/20/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period:

PL A011402

 From: 04/10/2010 To: 04/30/2010

 Facility: Holiday Travel Mobile Home Park W/WTF

Code Mon. Site	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
50050 INF-1		80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1	.014				7.1	1.0			
2									
3									
4	.038				7.0	1.2			
5	.013				7.0	1.4			
6	.011				7.1	1.1			
7	.006				7.1	1.5			
8	.005				7.0	1.6			
9									
10									
11	.033				7.0	1.0			
12	.010				7.0	1.1			
13	.013				7.0	0.9			
14	.013	5.6	10.0	115.0	7.0	1.0	<0.025	97.4	90.0
15	.013				7.1	1.2			
16									
17									
18	.037				7.1	1.4			
19	.007				7.1	1.5			
20	.008				7.1	1.6			
21	.008				7.1	1.8			
22	.009				7.1	1.5			
23									
24									
25	.032				7.0	1.2			
26	.008				7.0	1.4			
27	.010				7.0	1.0			
28	.006	7.7	9.5	52.0	7.0	1.4	0.083	108.0	88.0
29	.010				7.0	1.1			
30									
31									
<b>Total</b>	<b>.288</b>	<b>13.3</b>	<b>19.5</b>	<b>116.0</b>	<b>7.0</b>	<b>1.3</b>	<b>0.096</b>	<b>205.4</b>	<b>178.0</b>
<b>Mo. Avg</b>	<b>.010</b>	<b>6.7</b>	<b>9.8</b>	<b>58.0</b>	<b>7.0</b>	<b>1.3</b>	<b>0.048</b>	<b>102.7</b>	<b>89.0</b>

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7365</u>	Name: <u>Scott Kelley</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Buannell, Florida 32110

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 03/31/2016 To: 03/31/2016

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Buannell, Florida 3210

COUNTY: Flagler  
 OFFICE: Northeast District

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010	MGD			0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Cc de 50050 Y Mon. Site No. INF-1	Permit Requirement	0.060 (An. Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
Flow	Sample Measurement	0.15	MGD			0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Cc de 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			23	Percent	0	Monthly	Calculated
PARM Cc de 00180 P Mon. Site No. CAL-1	Permit Requirement			Report (Mo. Avg.)	Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.0	mg/L	0	Bi-weekly, every 2 weeks	Grab
PARM Cc de 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly, every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			20.2	mg/L	0	Bi-weekly, every 2 weeks	Grab
PARM Cc de 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
				43.0 (Wk. Avg.)	mg/L			
				30.0 (Mo. Avg.)	mg/L			

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

I certify under penalty of law that this document and all attachments were prepared under my direct on 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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	04/15/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP -  
NUMBER:  
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011603

From: 03/01/2010 To: 03/31/2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			9.46	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		27.5	MNR	24.0	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)	45.0* (Wk. Avg.)	30.0 (Mo. Avg.)		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			861.6	#/100ml.	1	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)	#/100ml.		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			43.5	135.0	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)	#/100ml.	Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement		7.0		7.2	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement		6.0 (Min.)		8.5 (Max.)		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement		0.8			0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		0.5 (Min.)				5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.72	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement				364.0	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement				Report (Max.)		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement				278.0	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement				Report (Max.)		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMI-Q  
 MONITORING GROUP: Biosolids Quantity  
 DESCRIPTION:

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: 03/01/2016 To: 03/31/2016

COUNTY: Flagler  
 OFFICE: Northeast District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		dry ton/month				Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement	2.16072	dry ton/month	Report (Mo. Total)			Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0	dry ton/month			0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	0	dry ton/month	Report (Mo. Total)			Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direct on 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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	04/20/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period

FLA011603

 From: 03/01/2016

 To: 03/31/2016

 Facility: Holiday Travel Mobile Home Park WWTF

Code	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	50050 INF-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1	1012				7.2	1.0			
2	1012				7.2	0.8			
3	1010	20.2	27.5	14.0	7.1	1.0	0.025	314.0	278.0
4	1018				7.1	1.2			
5									
6									
7	1044				7.0	1.4			
8	1010				7.0	1.1			
9	1018				7.1	1.0			
10	1016				7.1	1.2			
11	1021				7.0	0.8			
12									
13									
14	1050				7.0	1.1			
15	1011				7.0	1.5			
16	1014				7.0	1.2			
17	1010	13.5	20.5	135.0	7.0	1.4	0.12	179.0	216.0
18	1017				7.1	1.0			
19									
20									
21	1045				7.1	1.2			
22	1011				7.1	1.5			
23	1011				7.1	1.4			
24	1012				7.1	1.2			
25	1015				7.1	1.0			
26									
27									
28	1050				7.0	0.8			
29	1014				7.0	1.1			
30	1016				7.1	1.0			
31	1011				7.1	1.2			
Total	1454	33.7	48.0	149.0	162.0	06.1	0.13	543.0	494.0
Mo. Avg.	015	10.9	24.0	74.5	7.1	1.1	0.37	271.5	247.0

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7365</u>	Name: <u>Scott Kelley</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co.-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32110

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD: From: 02/01/2016 To: 02/29/2016

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32110

COUNTY: Flagler  
 OFFICE: Northeast District

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.009	M3D				0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 Y Mon. Site No. INF-1	Permit Requirement		0.060 (An.Avg.)	M3D					5 Days/Week	Elapsed Time Measurement on Pump
Flow	Sample Measurement	0.016	0.012	M3D				0	5 Days/Week	Elapsed Time Measurement on Pump
PARM Code 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (QL.Avg.)	M3D					5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement					20	percent	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					8.7	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				28.8	MNR	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				60.0 (Max.)	45.0* (Wk.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
						14.9 (Mo.Avg.)	mg/L			

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	03/29/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): \*The Annual average for Fecal Coliform was above permit parameters due to the sample result of 10/21/2015. Refer to the DMR of 02/29/2016 for more information regarding the Fecal Coliform sample result.

FACILITY: Holiday Travel Park

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP: R-001  
 NUMBER:  
 MONITORING PERIOD

PERMIT NUMBER: FLA011603

From: *02/01/2010* To: *02/28/2010*

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				9.3		ng/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		ng/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			22.5	MNR	20.9	ng/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0* (Wk. Avg.)	30.0 (Mo. Avg.)	ng/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				856.6		#/100mL	1	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				5.2	54.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement			7.0		7.2	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.8		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					<0.025	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					264.0	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement					272.0	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 day period

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 02/01/2016 To: 02/29/2016

COUNTY: Flagler  
 OFFICE: Northeast District

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	10.5004 dry tons/mon			0	Monthly	Calculated
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total) dry tons/mon				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	0 dry tons/mon			0	Monthly	Calculated
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total) dry tons/mon				Monthly	Calculated

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	03/21/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period

 FLA011603  
 From: 02/01/2016 To: 02/29/2016

 Facility: Holiday Travel Mobile Home Park W 9 11

Code	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site		80082 EPA-I	00530 EPA-I	74055 EPA-I	00400 EPA-I	50060 EPA-I	00620 EPA-I	80082 INF-I	00530 INF-I
1	1.048				7.2	0.8			
2	1.012				7.2	1.2			
3	1.016				7.1	0.9			
4	1.011	28.8	19.3	<1.0	7.2	1.2	<0.025	264.0	273.0
5	1.030				7.2	0.6			
6									
7									
8	1.010				7.1	0.8			
9	1.019				7.2	1.0			
10	1.014				7.1	1.2			
11	1.019				7.1	1.1			
12	1.018				7.1	1.0			
13									
14									
15	1.041				7.0	1.2			
16	1.022				7.1	1.0			
17	1.016				7.1	1.2			
18	1.012	<2.0	22.5	54.0	7.1	1.5	<0.025	181.0	254.0
19	1.016				7.1	1.1			
20									
21									
22	1.044				7.2	0.9			
23	1.014				7.1	1.0			
24	1.013				7.2	1.0			
25	1.012				7.2	1.1			
26	1.013				7.2	1.2			
27									
28									
29	1.022				7.1	1.4			
30									
31									
<b>Total</b>	<b>1.472</b>	<b>29.8</b>	<b>41.8</b>	<b>54.5</b>	<b>7.19</b>	<b>22.4</b>	<b>0.025</b>	<b>745.0</b>	<b>526.0</b>
<b>Mo. Avg.</b>	<b>1.016</b>	<b>14.9</b>	<b>20.9</b>	<b>27.3</b>	<b>7.1</b>	<b>1.1</b>	<b>30.025</b>	<b>233.5</b>	<b>213.0</b>

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7365</u>	Name: <u>Scott Kelley</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32110

PERMIT NUMBER: FLA011603

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: rapid infiltration basin, including Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 01/01/2016 To: 01/31/2016

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

COUNTY: Flagler  
 OFFICE: Northeast District

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		1.009	MGD				0	5 Days/Week	Elapsed Time Measurement on Pump
PARAM Code 50050 Y Mon. Site No. INF-1	Permit Requirement		0.060 (An.Avg.)	MGD					5 Days/Week	Elapsed Time Measurement on Pump
Flow	Sample Measurement	1.011	1.010	MGD				0	5 Days/Week	Elapsed Time Measurement on Pump
PARAM Code 50050 A Mon. Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD					5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity. (TMADF/Permitted Capacity) x 100	Sample Measurement					17	percent	0	Monthly	Calculated
PARAM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.9	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARAM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			29.6	MNR	16.8	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARAM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	02/19/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): \*\* The annual average for Fecal Coliform was above permit parameters due to the sample result of 1.021/2015. Refer to the DMR for October 2015 for more information regarding the Fecal Coliform sample result.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP NUMBER:  
MONITORING PERIOD

R-001

From: 01/01/2010

PERMIT NUMBER: FLA011603

To: 01/31/2010

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			8.1		mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement		5.0	MNR	3.8	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			854.4		#/100ml.	1	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An.Avg.)		#/100ml.		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement		7.1		7.3	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement		6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement		0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.8	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement				193.0	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement				Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement				112.0	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement				Report (Max.)	mg/L		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP: Biosolids Quantity  
 DESCRIPTION:

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: 01/01/2016 To: 01/31/2016

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	02/19/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period

FLA011603

 From: 01/01/2016

 To: 01/31/2016

 Facility: Holiday Travel Mobile Home Park WWTF

Code	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	50050 INF-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1									
2									
3									
4	.1041				7.3	0.7			
5	.1010				7.3	0.7			
6	.1010				7.3	0.9			
7	.1009	3.9	5.0	<1.0	7.2	1.2	<0.035	193.0	98.0
8	.1011				7.3	0.9			
9									
10									
11	.1031				7.3	0.8			
12	.1009				7.2	0.9			
13	.1007				7.2	1.4			
14	.1009				7.2	1.2			
15	.1009				7.2	1.4			
16									
17									
18	.1029				7.1	1.6			
19	.1015				7.2	1.0			
20	.1010				7.2	1.8			
21	.1013	29.6	<5.0	<1.0	7.1	1.2	5.8	171.0	112.0
22	.1018				7.1	0.8			
23									
24									
25	.1051				7.2	1.0			
26	.1014				7.2	0.9			
27	.1019				7.2	0.8			
28	.1014				7.2	1.0			
29	.1019				7.2	0.7			
30									
31									
Total	.1348	33.5	7.5	1.0	144.2	209	5.8	364.0	210.0
Mo. Avg.	.011	16.8	3.8	<1.0	7.2	1.0	2.9	182.0	105.0

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7365</u>	Name: <u>Scott Kelley</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
MAILING ADDRESS: 2261 South Old Dixie Highway  
Bunnell, Florida 32110

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
LOCATION: 2261 South Old Dixie Highway  
Bunnell, Florida 32010

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESCRIPTION: rapid infiltration basin, including Influent

REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

COUNTY: Flagler  
OFFICE: Northeast District

RE-SUBMITTED DMR:   
NO DISCHARGE FROM SITE:   
MONITORING PERIOD From: 12/01/2015 To: 12/31/2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. INF-1	Sample Measurement		0.009	MGD					0	5 Days/Week	Elapsed Time Measurement on Pump
	Permit Requirement		0.060 (An. Avg.)	MGD						5 Days/Week	Elapsed Time Measurement on Pump
Flow PARM Code 50050 A Mon. Site No. INF-1	Sample Measurement	0.008	0.009	MGD					0	5 Days/Week	Elapsed Time Measurement on Pump
	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD						5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement					15	percent		0	Monthly	Calculated
	Permit Requirement					Report (Mo. Avg.)	percent			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement					6.7	mg/L		0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement					20.0 (An. Avg.)	mg/L			Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement				35.8	MNR	19.7	mg/l.	0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement				60.0 (Max.)	45.0* (Wk. Avg.)	30.0 (Mo. Avg.)	mg/l.		Bi-weekly; every 2 weeks	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	01/22/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): ~~\*\*\*~~ The annual average for Fecal Coliform was above permit parameters due to the sample result of 10/21/2015. Refer to DMR for October 2015 for more information regarding the fecal coliform sample result.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP NUMBER:  
MONITORING PERIOD

R-001

PERMIT NUMBER: FLA011603

From: 12/01/2015 To: 12/31/2015

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				9.4	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			27.2	MNR	14.9	mg/L	0	Bi-weekly; every 2 weeks
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks
Coliform, Fecal	Sample Measurement				856.9	#/100mL	1	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An.Avg.)	#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				1.4	2.0	#/100mL	0	Bi-weekly; every 2 weeks
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks
pH	Sample Measurement			7.1		7.3	s.u.	0	5 Days/Week
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.6			m/L	0	5 Days/Week
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week
Nitrogen, Nitrate, Total (as N)	Sample Measurement					<0.025	mg/L	0	Monthly
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Monthly
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					172.0	mg/L	0	Monthly
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly
Solids, Total Suspended (Influent)	Sample Measurement					134.0	mg/L	0	Monthly
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP: Biosolids Quantity  
 DESCRIPTION:

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: 12/01/2015 To: 12/31/2015

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	01/22/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period

FLA011603

 From: 12/01/2015 To: 12/31/2015

 Facility: Holiday Travel Mobile Home Park WWTF

Code	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	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Mon. Site	50050 INF-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 (INF-1)	00530 (INF-1)
1	.010				7.3	0.6			
2	.010				7.2	0.9			
3	.008				7.2	0.8			
4	.009				7.2	1.0			
5									
6									
7	.013				7.2	0.9			
8	.008				7.1	1.1			
9	.008	3.6	<5.0	2.0	7.2	0.9	<0.025	172.0	134.0
10	.008				7.2	0.8			
11	.008				7.1	0.7			
12									
13									
14	.026				7.1	0.9			
15	.008				7.1	1.2			
16	.007				7.1	1.4			
17	.007	35.8	27.2	<2.0	7.2	1.5	<0.025	160.0	128.0
18	.009				7.2	1.0			
19									
20									
21	.026				7.1	0.8			
22	.007				7.2	0.9			
23	.008				7.2	0.6			
24	.007				7.2	0.7			
25									
26									
27									
28	.031				7.2	0.6			
29	.007				7.2	0.7			
30	.009				7.2	0.6			
31	.006				7.3	0.8			
Total	.240	39.4	29.7	3.0	158.0	19.4	0.025	332.0	262.0
Mo. Avg.	.008	19.7	14.9	<3.0	7.2	0.9	<0.025	110.0	131.0

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>7365</u>	Name: <u>Scott Kelley</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
MAILING ADDRESS: 2261 South Old Dixie Highway  
Bunnell, Florida 32110

PERMIT NUMBER: FLA011603

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESCRIPTION: rapid infiltration basin, including Influent

REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

FACILITY: Holiday Travel Mobile Home Park WWTF  
LOCATION: 2261 South Old Dixie Highway  
Bunnell, Florida 32110

RE-SUBMITTED DMR:   
NO DISCHARGE FROM SITE:   
MONITORING PERIOD From: 11/01/2015 To: 11/30/2015

COUNTY: Flagler  
OFFICE: Northeast District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. INF-1	Sample Measurement		0.009	MGD					0	5 Days/Week	Elapsed Time Measurement on Pump
	Permit Requirement		0.060 (An.Avg.)	MGD						5 Days/Week	Elapsed Time Measurement on Pump
Flow PARM Code 50050 A Mon. Site No. INF-1	Sample Measurement	0.010	0.011	MGD					0	5 Days/Week	Elapsed Time Measurement on Pump
	Permit Requirement	Report (Mo.Avg.)	Report (Ql.Avg.)	MGD						5 Days/Week	Elapsed Time Measurement on Pump
Percent Capacity. (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement					18		percent	0	Monthly	Calculated
	Permit Requirement					Report (Mo.Avg.)		percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				5.6			mg/L	0	Biweekly; every 2 weeks	Grab
	Permit Requirement				20.0 (An.Avg.)			mg/L		Bi-weekly; every 2 weeks	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement				10.0	MNR	9.6	mg/L	0	Bi-weekly; every 2 weeks	Grab
	Permit Requirement				60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	12/18/2015

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): ~~\*\*\*~~ The annual average for Fecal Coliform was above permit parameters due to the sample result of 12/18/2015. Refer to DMR for October 2015 for more information regarding fecal coliform sample result.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Travel Park

MONITORING GROUP: R-001

PERMIT NUMBER: FLA011603

NUMBER:

MONITORING PERIOD

From: 11/01/2015

To: 11/30/2015

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				8.7		mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	Grab
Solids, Total Suspended	Sample Measurement			15.0	MNR	10.3	mg/L	0	Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0* (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				857.0		#/100mL	1	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100mL		Bi-weekly; every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.71	<2.0	#/100mL	0	Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement			7.2		7.3	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.7			m/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement	--				< 0.025	mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					119.0	mg/L	0	Monthly	Grab
PARM Code 80082 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement					66.0	mg/L	0	Monthly	Grab
PARM Code 00530 Q Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly	Grab

Note: (\*) The weekly average limit is applicable when more than one sample is taken within a 7 days period

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, 7825 Baymeadows Way, Suite B200, Jacksonville, FL 32256-7577

PERMITTEE NAME: Holiday Travel Park Co-Op, Inc.  
 MAILING ADDRESS: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

PERMIT NUMBER: FLA011603

FACILITY: Holiday Travel Mobile Home Park WWTF  
 LOCATION: 2261 South Old Dixie Highway  
 Bunnell, Florida 32010

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Flagler  
 OFFICE: Northeast District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: 11/01/2015 To: 11/30/2015

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

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 (mm/dd/yyyy)
Glenn Wetherell, Operator	<i>Glenn Wetherell</i>	(386) 673-4161	12/18/2015

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

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA011603

From: 11/01/2015 To: 11/30/2015

Facility: Holiday Travel Mobile Home Park WWTF

Code Mon. Site	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.	Nitrogen, Nitrate, Total (as N) mg/L	BOD, Carbonaceous 5 day, 20C (Influent) mg/l.	Solids, Total Suspended (Influent) mg/l.
1	5050 INF-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
2									
3	.038				7.2	1.0			
4	.011				7.2	0.8			
5	.011	10.0	15.0	<2.0	7.2	1.2	<0.025	54.3	66.0
6	.012				7.2	1.0			
7	.014				7.3	0.8			
8									
9	.030				7.3	1.2			
10	.008				7.2	1.2			
11	.009				7.2	1.0			
12	.007				7.2	1.2			
13	.009				7.2	0.9			
14									
15									
16	.027				7.2	0.8			
17	.008				7.3	1.0			
18	.008				7.2	0.9			
19	.007	9.2	5.5	<1.0	7.2	1.4	<0.025	119.0	60.0
20	.008				7.3	1.0			
21									
22									
23	.034				7.2	0.7			
24	.012				7.3	0.8			
25	.013				7.3	0.8			
26	.010				7.3	0.9			
27	.010				7.3	1.0			
28									
29									
30	.023				7.3	0.8			
31									
Total	1.304	19.2	20.5	1.5	152.1	20.4	0.025	173.3	126.0
Mo. Avg.	.010	9.6	10.3	0.15	7.2	1.0	<0.025	86.7	63.0

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

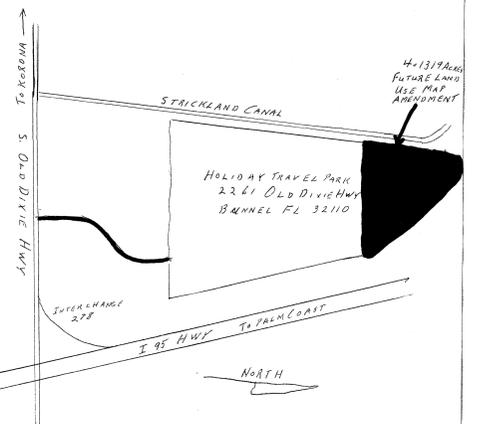
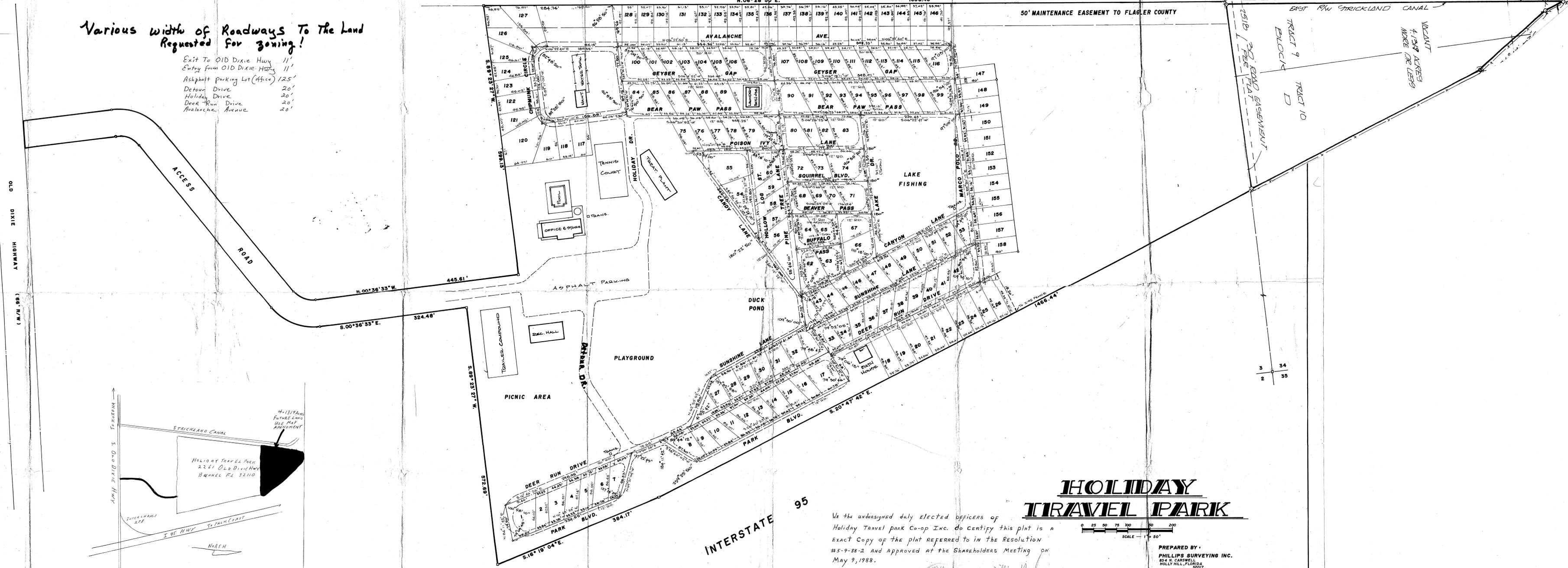
Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: C Certificate No: 7365 Name: Scott Kelley

Various widths of Roadways To The Land Requested for zoning!

- Exit To Old Dixie Hwy 11'
- Entry from Old Dixie Hwy 11'
- Asphalt Parking Lot (office) 125'
- Detour Drive 20'
- Holiday Drive 20'
- Deer Run Drive 20'
- Avalanche Avenue 20'

1" = 50'



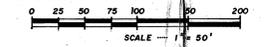
3	34
2	35

95

We the undersigned duly elected officers of Holiday Travel Park Co-op Inc. do certify this plat is a exact copy of the plat referred to in the Resolution #5-9-88-2 and approved at the Shareholders Meeting on May 9, 1988.

*Debra Weiss* Secretary  
*William ...* President

# HOLIDAY TRAVEL PARK



PREPARED BY:  
**PHILLIPS SURVEYING INC.**  
 834 N. CARSWELL  
 HOLLY HILL, FLORIDA 32017  
 PHONE: 255-1095

NOTE: ANGLES FIELD TURNED. BEARING STRUCTURE FROM BOUNDARY FOR LOT CALCULATIONS.

157 LOTS

# FLAGLER COUNTY

## TECHNICAL REVIEW COMMITTEE COMMENTS

MEETING DATE: JANUARY 18, 2017

APP #3066-REVISION TO APPROVED SDPU5 #3029-KOLOMIYETS

APPLICANT: KOLOMIYETS, JAMES  
OWNER: KOLOMIYETS, JAMES

Distribution date: Friday, January 13, 2017

Project #: 2016120026

Application #: 3066

Attached are departmental comments regarding your submittal to Flagler County for the above referenced project. **Any questions regarding any of the comments should be addressed to the department providing the comment.**

Flagler County Building Department	386-313-4002
Flagler County Planning Department	386-313-4009
Flagler County Development Engineering	386-313-4082
Flagler County General Services (Utilities)	386-313-4184
County Attorney	386-313-4005
Flagler County Fire Services	386-313-4258
E-911 GIS Specialist	386-313-4274
Environmental Health Department	386-437-7358
Flagler County School Board	386-586-2386

**REVIEWING DEPARTMENT: ENVIRONMENTAL HEALTH DEPT**

1. An Onsite Sewage Treat and Disposal System Construction Permit is required to be obtained from the Florida Department of Health in Flagler County prior to system construction. Please note that the proposed location of the drainfield mound on the site plan may not fit as proposed and its location may need to be moved to provide room for mound shoulders and slopes, and while providing for a 15ft setback to any roadside swales or ditches, and 100ft setback to the Limited Use Commercial Well that will be installed on the property. Please note that a permit has been issued for this property, if the location of the drainfield has changed, an amended application and site plan is required along with application amendment fees.
2. An approved potable water system will be required to provide water service. Application for a Limited Use Commercial Water System shall be made through the Florida Department of Health in Flagler County prior to construction. The system shall be set back a minimum of 100ft from any septic system.

**REVIEWING DEPARTMENT: DEVELOPMENT ENGINEERING**

Comments provided by Susan Graham - Development Engineer; 1/6/17

The Applicant is to provide technically complete Site Development Plans that comply with the Land Development Code. Existing elevations and proposed grading must be included within the plan.

Further comments may be provided upon the submittal of revised drawings.

Once all of the comments have been resolved, submit three (3) sets of complete signed and sealed Site Development/construction Plans for final review.

If additional approved plans are needed by the applicant they should be part of the final submission.

1. Provide a copy of the survey of the parcel.
2. Provide the plans to a scale where all information is legible.
3. Provide a narrative of the proposed sequence of construction.
4. Provide a dimensioning plan.
5. The invert of the MES entering the pond is one 1' + above the normal water level. This will cause erosion of the pond bank during rain events. Please revise.

6. Show the wetland buffer and remove any grading from the wetland buffer.
7. Provide grading along the HC ramp to ensure ADA compliance.
8. How was the revised normal water level determined within the pond?
9. Provide grading information to indicate that the slope of the pond from the NWL to the TOB must be no less than 4:1.
10. How was the length to width ratio determined?
11. The mean depth of the pond has not been calculated based on the SJRWMD wet detention criteria.
12. The treatment volume appears to be calculated using the full areas at both elevations, please revise.
13. Provide a calculation to demonstrate that the appropriate permanent pool volume has been provided.
14. Provide an orifice and weir sizing calculation.
15. Provide a detail of the outfall structure with all the pertinent dimensions and elevations.

**REVIEWING DEPARTMENT: FIRE INSPECTOR**

No comments.

**REVIEWING DEPARTMENT: PLANNING DEPARTMENT**

1. The revised site development plan shall include the date of approved site development plan with revision date consistent with date of plan submittal which was December 30, 2016.
2. Site development plan is not legible; staff is unable to read dimensions and labeling on the plan. Unable to verify setbacks for structures among other dimensions. Revise and resubmit.
3. Identify upland buffer on the easterly end of the development area, label and provide dimension.
4. Correct the reference to the Future Land Use designation for the subject property. The correct Future Land Use designation is Industrial.
5. Site Data - Uplands square footage has increased from the approved site

development plan to the revised site development plan by 4,947 square feet. Provide supporting documentation for the increased upland area.

6. Site Data Impervious/Pervious Surface Areas do not reflect the changes in the plan. These changes could be shown by strike through text or in tabulated columns.
7. Minimum pervious area required by the Industrial district is 30%. Site Data indicates a total pervious area of 46,332 sf or 15% of the subject property. This pervious area is less than the minimum required in the Industrial district. Verify calculation, revise and resubmit.
8. Site Data Table at Proposed Uses does not include Silviculture. Revise and resubmit.
9. Proposed silvicultural [sic] area activity note - this description is in conflict with silviculture activity. Re-growth of the forestry product is required; revise and resubmit.
10. Index trees have been removed from the development area on the site plan. Correct and resubmit.
11. Any activity within the wetlands on the subject site must comply with Flagler County Land Development Code, Section 6.02.00 Wetlands.

Resubmittals may generate additional comments.

**REVIEWING DEPARTMENT: ENVIRONMENTAL PLANNER**

The site plan submitted shows two wetland areas which "bookend" the proposed development area. Both wetland areas are proposed silviculture activity areas with a note indicating they are to be clear cut and all vegetation removed with rubber tire vehicles.

Staff analysis:

Wetlands are regulated by the Flagler County Land Development Code Section 6.02.00. Section 6.02.00 contains an exemption, 6.02.03(k) which states, "Silviculture activities which follow the best management practices outlined in the most current publications entitled, "Silviculture Best Management Practices Manual", Florida Department of Agriculture and Consumer Services, Division of Forestry and "Management Guidelines for Forested Wetlands in Florida," Florida Department of Agriculture and Consumer Services, may be used as a guide for silviculture activities in wetlands. Provided however, failure to follow said practices shall be a violation of this Code"

The 2015 Florida Department of Agriculture and Consumer Services Silviculture Best Management Practices manual may be reviewed at the following:

<http://freshfromflorida.s3.amazonaws.com/Media%2FFiles%2FFlorida-Forest-Service-Fi>

les%2Fsilvicultural\_bmp\_manual.pdf

The exemption from the Flagler County Land Development Code applies to silviculture activities. Silviculture is defined in the DACS Silviculture BMP as: A process, following accepted forest management principles, whereby the trees constituting forests are tended, harvested, and reproduced. "Reproduced" in this context means replanted, or at the least allowing for natural regeneration of a managed commercial timber stand.

Furthermore, in the introduction to the BMP manual, it states "In addition, these practices were developed specifically for silviculture and are intended to be applied on all such projects. However, they are not intended for use during tree removal or land clearing operations associated with development or other activities that have non-forestry objectives."

The DACS Silviculture BMP manual states trees may be harvested in wetlands less than 200 acres must meet the following criteria:

1) Retain all snags within the wetland area, to the extent that safety and harvesting operations allow; and,

2a) retain at least 3 to 5 leave trees per acre: if a wetland flow-way is present, leave trees should be left along it's center line; otherwise leave trees should be randomly distributed throughout the wetland; or

2b) retain at least 10% of the harvest area as selectively cut: the 10% area may be left anywhere on site. However, for wetlands with a well defined stream, an SMZ (as specified in the SMZ section) will be required for the stream, and may be used as part or all of the 10%; for flowing wetlands the 10% should be left along the center line of the wetland flow-way to the greatest extent possible.

Staff Review Comments:

1. The site plan submitted states "Forested wetland area will be clear cut and removed with rubber tire equipment and will not be dredged or filled for security purpose, so the forested area will not provide shelter for criminal activity in a highly desolated area with multi-million dollar inventory and better business visibility purpose." Clearing for security purposes is not silviculture and does not fulfill a forestry objective. The visibility benefit would be gone within two years as the pine and shrub community grew back.
2. The applicant shall provide a plan for harvest demonstrating compliance with the Florida Department of Agriculture and Consumer Services Silviculture Best Management Practices manual as well as further information identifying forestry objectives and future forestry management techniques. A timber management plan prepared by a professional forester would be sufficient demonstration of future forestry management techniques.
3. Without demonstrating compliance with DACS BMP's and identifying how this activity

is part of a silviculture plan, and not a development plan, the applicant does not qualify for an exemption from Section 6.02.00 of the Flagler County Land Development Code.



# APPLICATION FOR SITE DEVELOPMENT PLAN LESS THAN 5 ACRES

FLAGLER COUNTY, FLORIDA  
1769 E. Moody Blvd, Suite 105  
Bunnell, FL 32110  
Telephone: (386) 313-4009 Fax: (386) 313-4109

Application/Project #: \_\_\_\_\_

<b>PROPERTY OWNER(S)</b>	Name(s): <u>James Kolomiyets</u>		
	Mailing Address: <u>47 Post View Drive</u>		
	City: <u>Palm Coast</u>	State: <u>FL</u>	Zip: <u>32164</u>
	Telephone Number <u>Kjimmy014@gmail.com</u>		Fax Number

RECEIVED  
DEC 30 2016  
FLAGLER COUNTY  
PLANNING & ZONING DEPT

<b>APPLICANT - AGENT</b>	Name(s):		
	Mailing Address:		
	City:	State:	Zip:
	Telephone Number		Fax Number
	Email Address		

<b>SUBJECT PROPERTY</b>	SITE LOCATION (street address):		<u>4159 US HWY 1S</u>
	LEGAL DESCRIPTION: <small>(briefly describe, do not use "see attached")</small>		<u>Section 31 Township 12 South, Range 31 East</u>
	Parcel # (tax ID #):		<u>31-12-31-0000-01020-0000</u>
	Parcel Size:		.
	Current Zoning Classification:		<u>industrial</u>
	Current Future Land Use Designation		
	Subject to A1A Scenic Corridor IDO?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

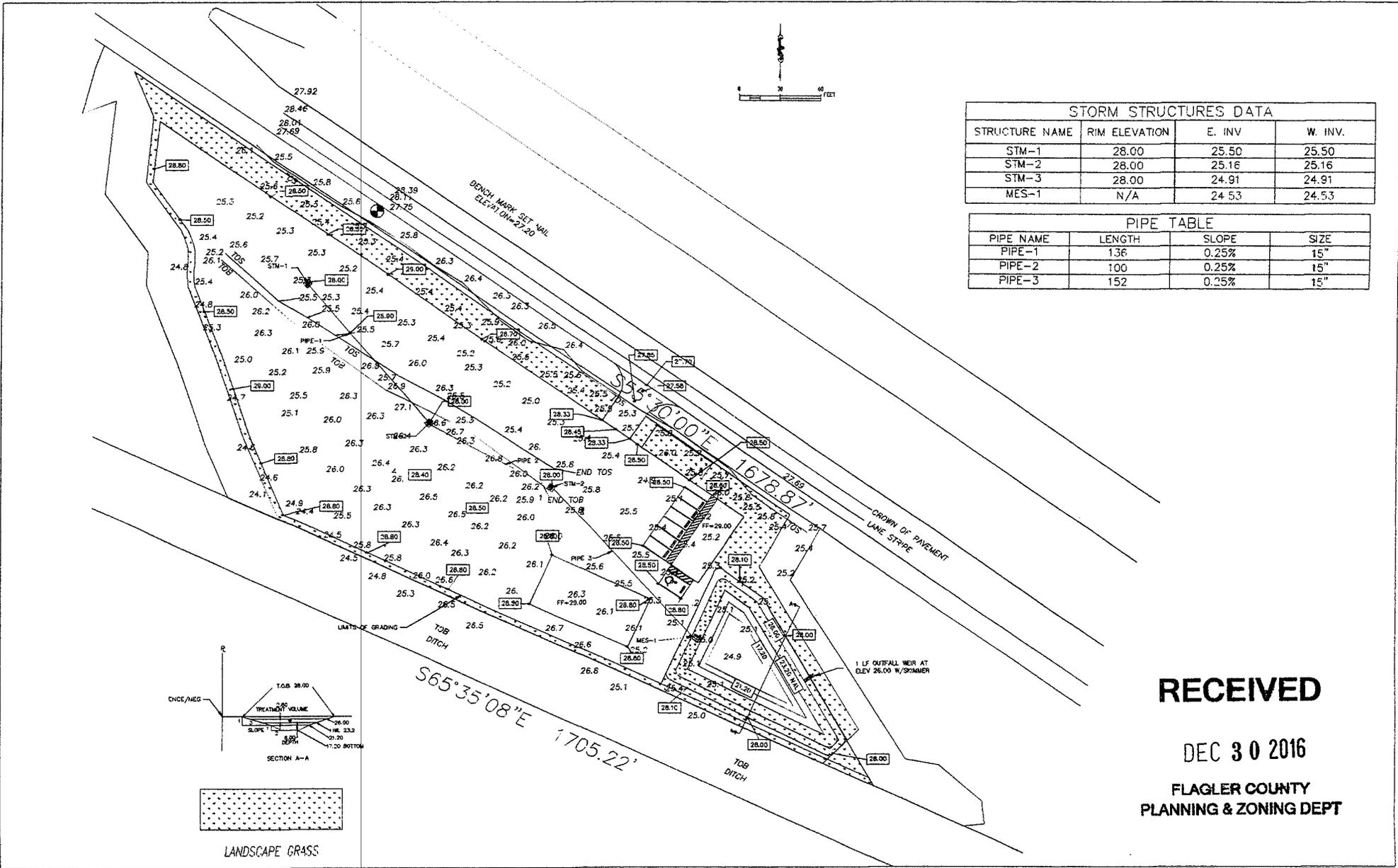
PROJECT DATA: \_\_\_\_\_

Date 12/30/2016

Signature of Owner(s) or Applicant/Agent if Owner Authorization form attached

Note: The applicant or a representative, must be present at the Public Hearing since the Board at its discretion, may defer action, table, or take decisive action on any application. Rev. 05/08





STORM STRUCTURES DATA			
STRUCTURE NAME	RIM ELEVATION	E. INV.	W. INV.
STM-1	28.00	25.50	25.50
STM-2	28.00	25.16	25.16
STM-3	28.00	24.91	24.91
MES-1	N/A	24.53	24.53

PIPE TABLE			
PIPE NAME	LENGTH	SLOPE	SIZE
PIPE-1	136	0.25%	15"
PIPE-2	100	0.25%	15"
PIPE-3	152	0.25%	15"

**RECEIVED**

DEC 30 2016

FLAGLER COUNTY  
PLANNING & ZONING DEPT

DATE:	JOB #1	BY: JAMES KOLOMIYETS	REVISIONS:	DATE:
DRAWN:	12/20/2016			
CHECKED:	J. K.			
	J. K.			

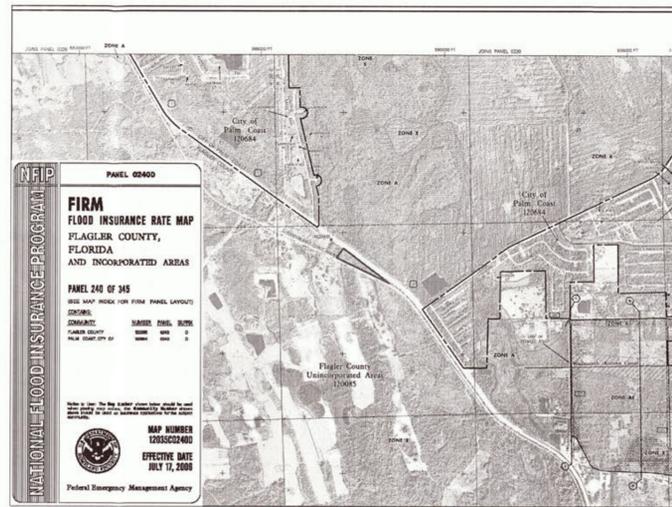
PROPERTY GRADING  
BY: JAMES KOLOMIYETS

4159 US HWY 15  
 A PORTION OF THE NORTHWEST QUARTER OF SECTION 31, TOWNSHIP 12 SOUTH, RANGE 31 EAST  
 FLAGLER COUNTY, FLORIDA  
 PARCEL NUMBER 31-12-31-0000-01020-0000

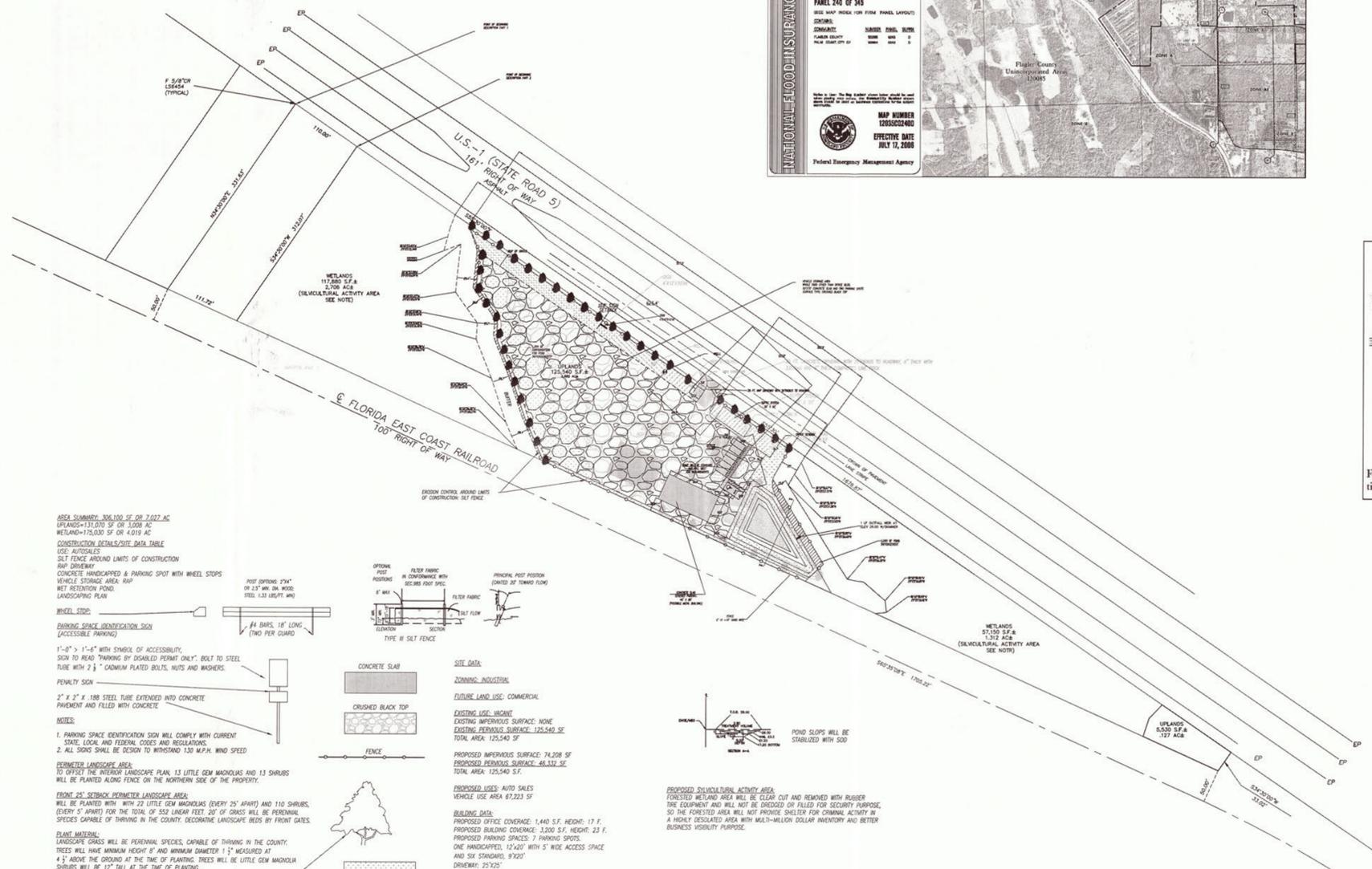
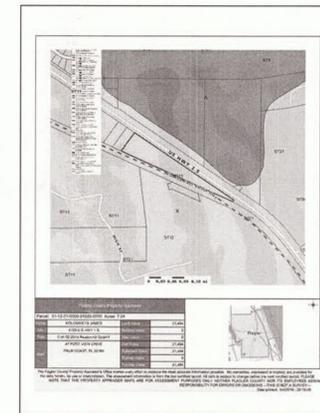
ARIEL VIEW



FEMA FLOOD ZONE MAP



PROPERTY APPRAISERS MAP



AREA SUMMARY: 306,100 SF OR 7,027 AC  
 UPLANDS: 131,030 SF OR 3,009 AC  
 WETLANDS: 175,070 SF OR 4,019 AC

CONSTRUCTION DETAILS/SITE DATA TABLE  
 USE: AUTO SALES  
 SILT FENCE AROUND LIMITS OF CONSTRUCTION  
 RAP DRIVEWAY  
 CONCRETE HANDICAPPED & PARKING SPOT WITH WHEEL STOPS  
 FENCE STORAGE AREA, RAP  
 WET RETENTION POND  
 LANDSCAPING PLAN

WHEEL STOP  
 PARKING SPACE IDENTIFICATION SIGN (ACCESSIBLE PARKING)

1'-0" x 1'-0" WITH SYMBOL OF ACCESSIBILITY  
 SIGN TO READ "PARKING BY SHARED PERMIT ONLY". BOLT TO STEEL  
 TUBE WITH 2 1/2" CADMIUM PLATED BOLTS, NUTS AND WASHERS.

PENALTY SIGN  
 2' x 3' x 1/8" STEEL TUBE EXTENDED INTO CONCRETE  
 PAVEMENT AND FILLED WITH CONCRETE

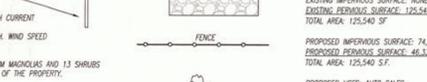
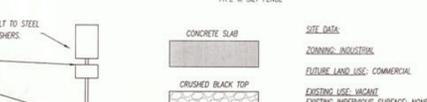
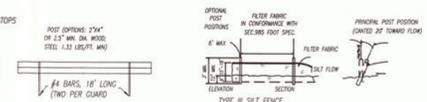
NOTES:  
 1. PARKING SPACE IDENTIFICATION SIGN WILL COMPLY WITH CURRENT  
 STATE, LOCAL AND FEDERAL CODES AND REGULATIONS.  
 2. ALL SIGNS SHALL BE DESIGNED TO WITHSTAND 130 M.P.H. WIND SPEED

PERIMETER LANDSCAPE AREA  
 TO OBTAIN THE INTERIOR LANDSCAPE PLAN, 13 LITTLE GEM MAGNOLIAS AND 13 SHRUBS  
 WILL BE PLANTED ALONG FENCE ON THE NORTHERN SIDE OF THE PROPERTY.

FRONT 25' STRIP PERIMETER LANDSCAPE AREA  
 WILL BE PLANTED WITH 22 LITTLE GEM MAGNOLIAS (EVERY 25' APART) AND 110 SHRUBS.  
 EVERY 5' APART FOR THE TOTAL OF 552 LINEAR FEET 25' OF GRASS WILL BE PERFORMING  
 SPECIES CAPABLE OF THRIVING IN THE COUNTY. DECORATIVE LANDSCAPE BELTS BY FRONT GATES.

PLANT MATERIALS  
 LANDSCAPE GRASSES WILL BE PERENNIAL SPECIES, CAPABLE OF THRIVING IN THE COUNTY.  
 TREES WILL HAVE MINIMUM HEIGHT 6' AND MINIMUM DIAMETER 1 1/2" MEASURED AT  
 4 1/2' ABOVE THE GROUND AT THE TIME OF PLANTING. TREES WILL BE LITTLE GEM MAGNOLIA  
 SHRUBS WILL BE 12" TALL AT THE TIME OF PLANTING.

IRRIGATION  
 IRRIGATION WILL BE PROVIDED FOR LANDSCAPE AREA BY HAND WATERING OR SPRINKLER SYSTEM.



SITE DATA:  
 ZONING: INDUSTRIAL  
 FUTURE LAND USE: COMMERCIAL

EXISTING USE: VACANT  
 EXISTING IMPERVIOUS SURFACE: NONE  
 EXISTING PERVIOUS SURFACE: 125,540 SF  
 TOTAL AREA: 125,540 SF

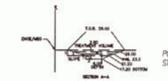
PROPOSED IMPERVIOUS SURFACE: 74,208 SF  
 PROPOSED PERVIOUS SURFACE: 46,332 SF  
 TOTAL AREA: 125,540 SF

PROPOSED USES: AUTO SALES  
 VEHICLE USE AREA 67,223 SF

BUILDING DATA:  
 PROPOSED OFFICE COVERAGE: 1,440 S.F. HEIGHT: 17 F.  
 PROPOSED BUILDING COVERAGE: 3,200 S.F. HEIGHT: 23 F.  
 PROPOSED PARKING SPACES: 7 PARKING SPOTS  
 ONE HANDICAPPED, 12'x20' WITH 5' WIDE ACCESS SPACE  
 AND SIX STANDARD, 9'x20'

DRIVEWAYS: 25'x25'  
 PROPOSED LIGHTING: SHIELDED AND AWAY DOWNWARD  
 CAN BE POLE MOUNTED AND WILL NOT EXCEED 35' HEIGHT

STATEMENT OF INTENT: TO DEVELOP VACANT LAND  
 THAT WILL BE USED AS AN AUTO SALES LOT



POND SLOPS WILL BE  
 STABILIZED WITH SOD

PROPOSED SILVICULTURAL ACTIVITY AREA  
 FORESTED WETLAND AREA WILL BE CLEAR CUT AND REMOVED WITH RUBBER  
 TIRE EQUIPMENT AND WILL NOT BE DREDGED OR FILLED FOR SECURITY PURPOSE,  
 SO THE FORESTED AREA WILL NOT PROVIDE SHELTER FOR CRIMINAL ACTIVITY IN  
 A HIGHLY DESOLATED AREA WITH MULTI-MILLION DOLLAR INVENTORY AND BETTER  
 BUSINESS VISIBILITY PURPOSE.

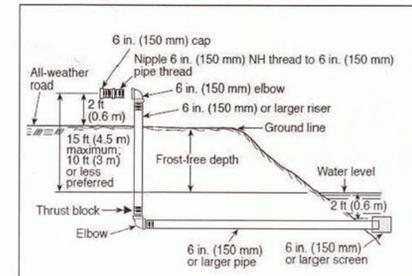
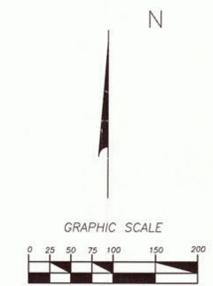


FIGURE A.8.3.2(b) Exploded View of Dry Hydrant Construction.

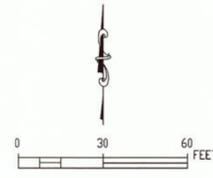


	JOB #1	BY: JAMES KOLOMIYETS	REVISIONS:	DATE:
DATE:	12/27/2016			
DRAWN:	J. K.			
CHECKED:	J. K.			

PROPERTY DETAILS  
 BY: JAMES KOLOMIYETS

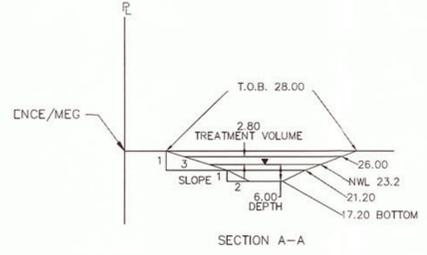
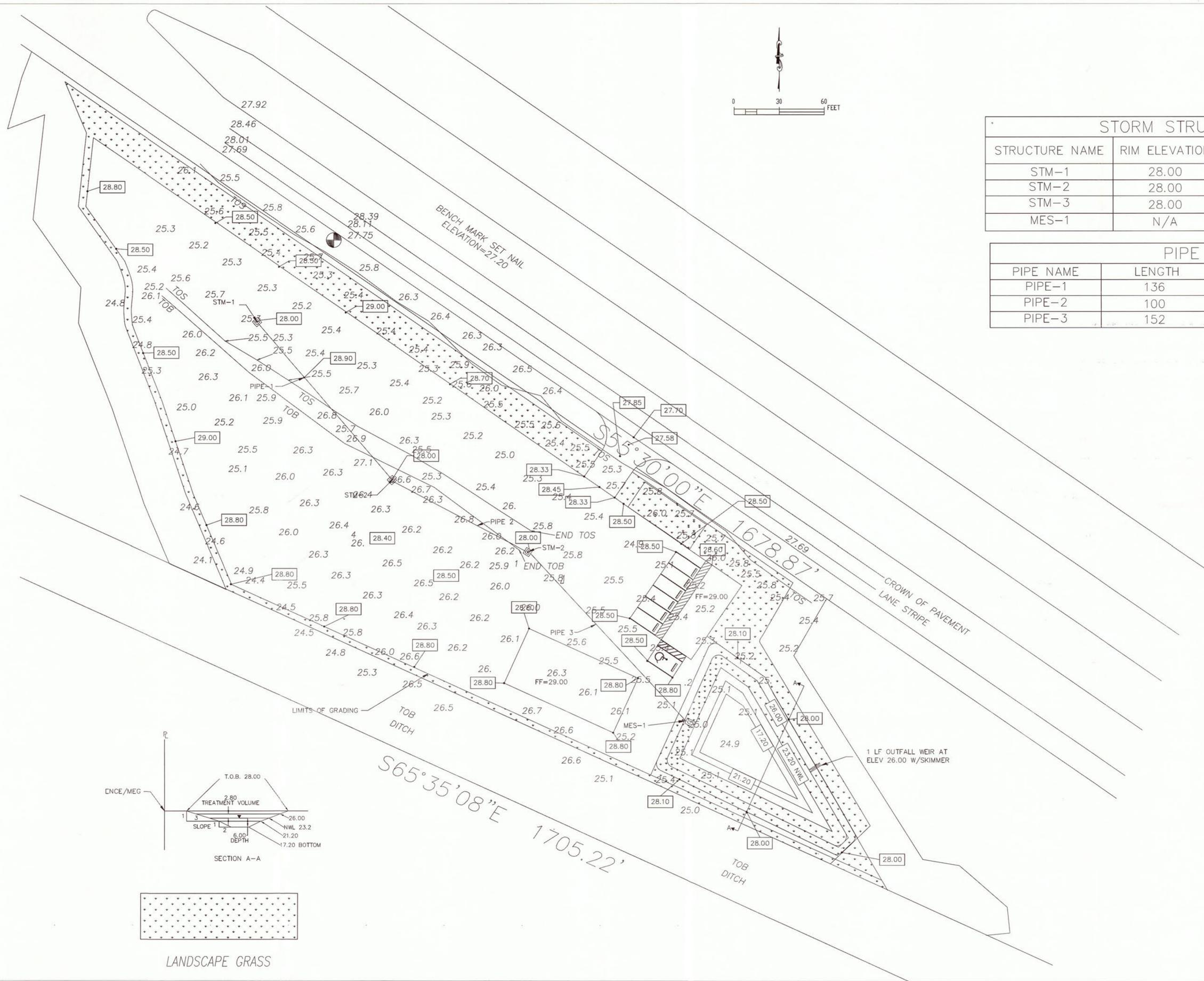
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STORM STRUCTURES DATA			
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PIPE TABLE			
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DATE:	JOB #1	BY: JAMES KOLOMIYETS	REVISIONS:	DATE:
DRAWN:	12/20/2016			
CHECKED:	J. K.			
	J. K.			

PROPERTY GRADING  
BY: JAMES KOLOMIYETS

**Prepared by and after recording  
return to:**

Michael S. Slick, P.A.  
641 S. Ridgewood Ave.  
Daytona Beach, FL 32114  
(386) 257-0606

**WARRANTY DEED**  
(Without Opinion of Title)

Parcel #: 31-12-31-0000-01020-0000

(Space above this line reserved for recording office use only.)

THIS WARRANTY DEED, made this 15<sup>th</sup> day of February, 2014, by James Kolomiyets, as managing member of Emergency Response Restoration, LLC, with a principal address of 2665 N. Atlantic Avenue, Ste. 314, Daytona Beach, Florida 32118, a Florida Limited Liability Company, (hereinafter "Grantor") and James Kolomiyets, a single man, of 47 Post View Drive, Palm Coast, Florida 32164 (hereinafter "Grantee"). The property conveyed herein is not the homestead of the Grantor.

Whenever used herein, the terms "Grantors" and "Grantees" shall include both singular and plural, heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.

WITNESSETH, that the Grantor, for and in consideration of the sum of \$10.00, and other good and valuable consideration, in hand paid by Grantee, the receipt of which is hereby acknowledged, does grant, bargain, sell, alien, remise, release, convey and confirm unto the Grantee and Grantee's heirs, executors, administrators, and assigns forever, all the right, title, interest, claim and demand of the Grantor in and to the following described land situated in the County of Flagler, State of Florida:

**A PART OF SECTION 31, TOWNSHIP 12 SOUTH, RANGE 31 EAST, FLAGLER COUNTY, FLORIDA, BEING MORE PARTICULARLY DESCRIBED IN ATTACHED EXHIBIT "A".**

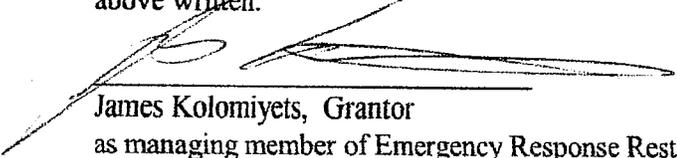
~~SUBJECT TO~~ covenants, conditions, restrictions, reservations, limitations, easements and agreements of record, if any; taxes and assessments for the year 2013 and subsequent years; and to all applicable zoning ordinances and/or restrictions and prohibitions imposed by governmental authorities, if any.

**TOGETHER** with all the tenements, hereditaments and appurtenances belonging or in anywise appertaining.

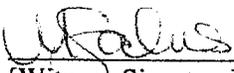
(Space above this line reserved for recording office use only.)

**GRANTOR** hereby covenants with Grantee that except as noted above, the Grantor is lawfully seized of said land in fee simple; that Grantor has good right and lawful authority to sell and convey said land; that the Grantor hereby fully warrants the title to said land and will defend the same against claims of all persons whomsoever.

IN WITNESS WHEREOF, the Grantor has signed and sealed these presents the day and year first above written.

  
James Kolomiyets, Grantor  
as managing member of Emergency Response Restoration, LLC

**WITNESSES:**

  
[Witness Signature]  
Name: Maria Salinas  
Address: 201 S Nova Road  
City, State, Zip: Orlando Beach FL 32174

  
[Witness Signature]  
Name: Thomas McDonald  
Address: 201 S Nova Rd  
City, State, Zip: Orlando FL 32174

STATE OF FLORIDA  
COUNTY OF VOLUSIA

**BEFORE ME**, the undersigned authority, personally appeared, JAMES KOLOMIYETS, grantor who provided FLDL# K453-440-70-263-0 as identification and who executed the foregoing instrument and she acknowledged before me that she executed the same.

WITNESS my hand and official seal in the county and state aforesaid this 13<sup>th</sup> day of February, 2014.

  
Notary Public

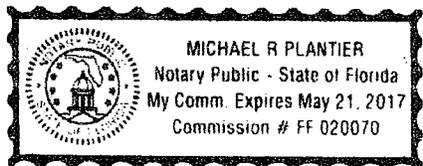


Exhibit A

Being a part of Section 31, Township 12 South, Range 31 East, Flagler County, Florida, and more particularly described as follows :

Beginning at a concrete monument marking the Northwest corner of the said Section 31, as a point of reference and running thence North 89°35' East, along the North line of the said Section 31, a distance of 724.57 feet, to an intersection with the Southwesterly right-of-way boundary of U. S. Highway No. 1; thence South 55°30' East, along the said Southwesterly right-of-way boundary, a distance of 1,062.02 feet, to the point of beginning of this description; thence continuing South 55°30' East, along the said Southwesterly right-of-way boundary, a distance of 110 feet; thence South 34°30' West, a distance of 312.47 feet, to an intersection with the Northeasterly right-of-way boundary of the Florida East Coast Railway; thence North 65°36' West, along the said Northeasterly right-of-way boundary, a distance of 111.73 feet; thence North 34°30' East, a distance of 332.07 feet, to the point of beginning of this description. Bearings are referred to the Magnetic Meridian with no variation offset.

And

Being a part of Section 31, Township 12 South, Range 31 East, and more particularly described as follows :

Beginning at a concrete monument marking the Northwest corner of the said Section 31, as a point of reference and running thence North 89°35' East, along the North line of the said Section 31, a distance of 724.57 feet, to an intersection with the Southwesterly right-of-way boundary of U. S. Highway No. 1; thence South 55°30' East, along the said Southwesterly right-of-way boundary, a distance of 1,172.02 feet, to the point of beginning of this description; thence continuing South 55°30' East, along the said Southwesterly right-of-way boundary, a distance of 1,568.87 feet; thence South 34°30' West, a distance of 33.02 feet, to an intersection with the Northeasterly right-of-way boundary of the Florida East Coast Railway; thence North 65°36' West, along said Northeasterly right-of-way boundary, a distance of 1,593.57 feet; thence North 34°30' East, a distance of 312.47 feet to the point of beginning of this description. Bearings are referred to the Magnetic Meridian with no variation offset.

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Parcel ID 31-12-31-0000-01020-0000  
a-k/a South US Hwy. 1, Bunnell, FL 32110

**WET DETENTION POND DESIGN &  
CALCULATIONS FOR  
4159 US HWY 1S  
FLAGLER COUNTY, FLORIDA.**

Wet Detention Pond Design and Performance Criteria per ST. Johns River  
WATER MANAGEMENT DISTRICT PERMIT INFORMATION MANUAL (PIM),  
October 1, 2013.

**RECEIVED**  
DEC 30 2016  
FLAGLER COUNTY  
PLANNING & ZONING DEPT

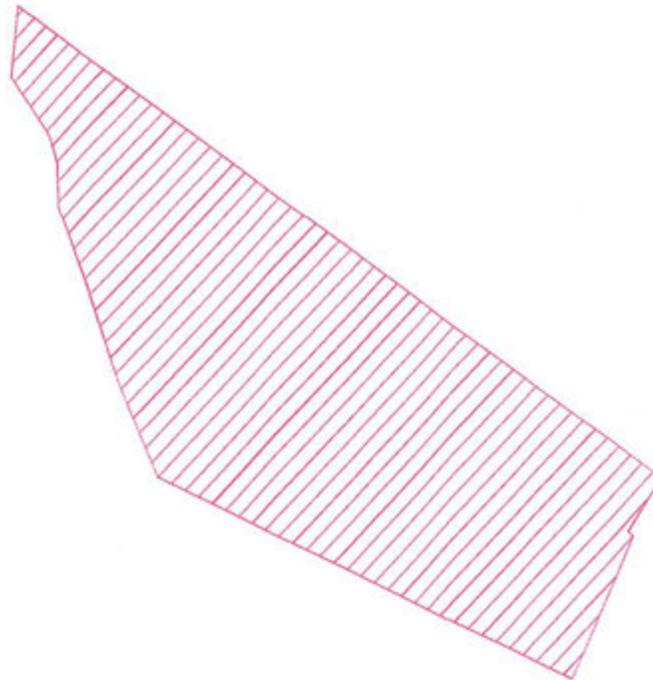
Wet Detention Pond Design and Performance Criteria based on design treatment volume 2.5 inches times the impervious area (excluding water bodies)

Per PARA 8.2 PIM:

## 8.2 Treatment Volume

For wet detention systems, the design treatment volume is the greater of the following:

- (a) one inch of runoff over the drainage area
- (b) 2.5 inches times the impervious area (excluding water bodies)



IMPERVIOUS SURFACE AREA  
(WET DETENTION POND EXCLUDED)  
74,208 FT<sup>2</sup>  
TREATMENT VOLUME = 74,208 x 2.5 / 12 = 15,460 FT<sup>3</sup>

FIG 1

Impervious Area calculated by AUTOCAD software and Treatment Volume of the pond calculated per PARA 8.2 of PIM, is 15,460 ft<sup>3</sup>.

Per STORMWATER MANAGEMENT EVALUATION report, ground water level was recorded at approximately 2.8 feet below grade. Estimated high ground water level will be approximately 1 foot below grade. Calculated average water table elevation (NWL) is  $(2.8+1)/2=1.9$  feet below grade level. Treatment volume level is 2.8 feet above normal water level (NWL).

Per PARA 8.12 PIM:

### **8.12 Pond Side Slopes**

The pond must be designed so that the average pond side slope measured between the control elevation and two feet below the control elevation is no steeper than 3:1 (horizontal:vertical).

Average pond side slope measured between control elevation and two feet below control elevation has slope ratio 3:1 (horizontal:vertical)

Per PARA 8.9 PIM:

### **8.9 Pond Configuration**

The average length to width ratio of the pond must be at least 2:1.

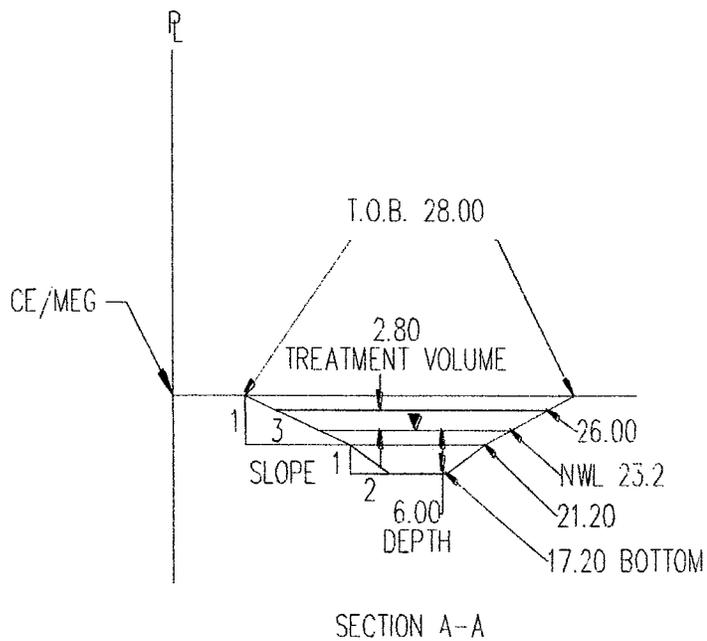
Width ratio of the pond is  $86.75':39.53'=2.19$ , (2:1 minimum ratio).

Per PARA 8.8 PIM:

### **8.8 Pond Depth**

Wet detention systems shall provide for a maximum pond depth of 12 feet and a mean depth (pond volume divided by the pond area at the control elevation) between 2 and 8 feet.

Average depth of the pond is 6 feet.

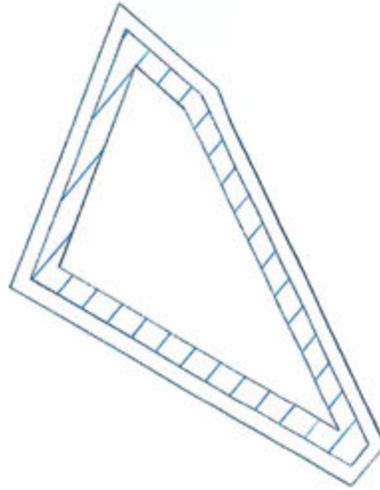


POND SLOPS WILL BE STABILIZED WITH SCD

FIG 2

**POND TREATMENT VOLUME CALCULATION.**

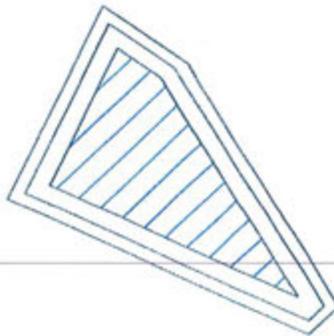
Per FIG 3, AUTOCAD calculated surface area of the pond above sloped sides is 2,567 FT<sup>2</sup>. Calculated Treatment Volume depth above sloped sides is 2.8 feet  
 Calculated Treatment Volume above sloped sides of the pond is:  
 $2,567 \times 2.8 / 2 = 3,593 \text{ FT}^3$ .



SLOPED AREA=2,567 F<sup>2</sup>  
SLOPED VOLUME=2,334X2.8/2=3,593 F<sup>3</sup>  
FROM TVL TO NWL

**FIG 3**

Per FIG 4, AUTOCAD calculated surface area of the pond is 4,260 FT<sup>2</sup>.  
Calculated Treatment Volume depth is 2.8 feet. Calculated Treatment Volume  
of that area of the pond is: 4,260x2.8=11,928 FT<sup>3</sup>.



UNSLOPED AREA=4,260 F<sup>2</sup>  
UNSLOPED VOLUME=4,260X2.8=11,928 F<sup>3</sup>  
FROM TVL TO NWL

**FIG 4**

Total calculated Treatment Volume of the pond per FIG 3 and FIG 4 is:  
 $3,593+11,928=15,521 \text{ FT}^3$ , which is larger than required  $15,460 \text{ FT}^3$  by total impervious area of the developed property.

#### POND RECOVERY TIME.

The OUTFALL STRUCTURE will be designed to be in compliance per  
PARA 8.3 and per FIG 5:

#### 8.3 Recovery Time

The outfall structure shall be designed to drawdown one-half the required treatment volume within 24 and 30 hours following a storm event, but no more than one-half of this volume will be discharged within the first 24 hours.

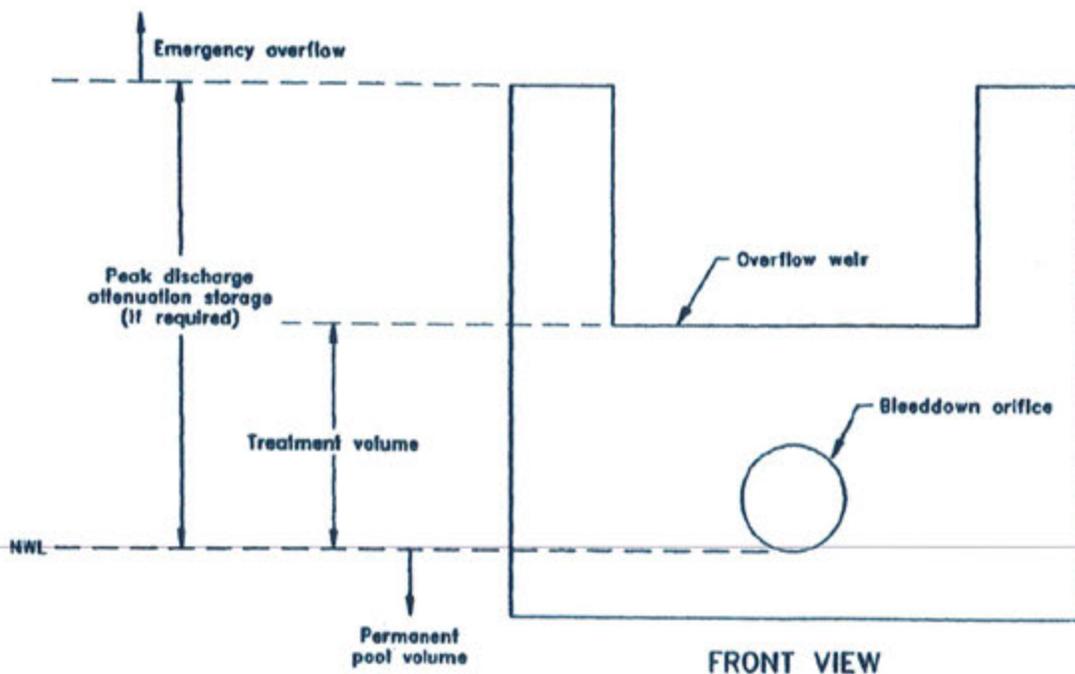


FIG 5



# UNIVERSAL ENGINEERING SCIENCES

Consultants in: Geotechnical Engineering • Environmental Sciences  
Geophysical Services • Construction Materials Testing • Threshold Inspection  
Building Inspection • Plan Review • Building Code Administration

April 19, 2016

Mr. Jimmy Kolomiyets  
47 Post View Drive  
Palm Coast, Florida 32164

Reference: **STORMWATER MANAGEMENT EVALUATION**  
**4159 US Highway 1 South**  
**Flagler County, Florida**  
**UES Project No. 0930.1600102.0000 and Report No. 1328193**

#### LOCATIONS

- Atlanta
- Daytona Beach
- Fort Myers
- Fort Pierce
- Gainesville
- Jacksonville
- Kissimmee
- Leesburg
- Miami
- Ocala
- Orlando (Headquarters)
- Palm Coast
- Panama City
- Pensacola
- Rockledge
- Sarasota
- Tampa
- West Palm Beach

Dear Mr. Kolomiyets:

Universal Engineering Sciences (UES) has completed the subsurface evaluation for the subject project located at 4159 US Highway 1 in Flagler County, Florida. We understand the subsurface conditions at the requested location need to be evaluated. This letter presents the results of our field exploration and associated engineering recommendations. Project information was provided by to us by you. We were provided with a site plan which shows the layout of the existing proposed construction.

### FIELD EXPLORATION

As requested, one (1) Auger Boring (designated as A-1) were performed at the approximate locations shown on the attached Boring Location Plan. The soil borings were advanced to a depth of approximately 15 feet below existing grade and performed in accordance with the procedures of ASTM D-1452. The soil samples recovered from the soil test borings were returned to our laboratory and a UES Engineer visually examined and reviewed the field descriptions. The samples were visually classified in accordance with the Unified Soil Classification System (USCS).

### FINDINGS

#### **SUBSURFACE CONDITIONS**

The results of the borings indicated the presence of surficial topsoil, then fine sand with silt (SP-SM) to the approximate depth of 3 feet underlain with fine sand (SP) to the approximate depth of 5 feet below the ground surface. Fine sand with clay (SP-SC) then was encountered to the approximate depth of 13 feet below the ground surface which in turn was underlain with clayey fine sand (SC) to the 15-foot termination depths.

The groundwater level was recorded, 24 (+) hours subsequent to the time of drilling, at Boring A-1 location at a depth of approximately 2.8 feet below grade, respectively. Based on available published literature, existing site features, and the results of the borings, we estimate the normal seasonal high groundwater level to be approximately 1 foot below the ground surface at the time of our evaluation. The measured groundwater level, at the boring locations, is presented on the attached Subsurface Profile Figure A-2.

### PERMEABILITY RESULTS

One (1) Laboratory Falling-head Saturated Vertical Permeability Test was performed on a relatively undisturbed soil sample. The samples were obtained using thin-walled tube sampling techniques (Sheby Tube). The results of the test, in feet per day, describe the coefficient of hydraulic conductivity (Permeability) of the soils. At one foot measured the permeability rate was 9.7 feet per day. The measured permeability rate should not be construed to represent the actual pond exfiltration rate.

Upon evaluation of regional and local geology, we have evaluated that the characteristics of the soils within the vicinity of this project are comprised of sedimentary soils which often exhibit thin, alternating layers. Generally, in relatively homogeneous natural deposits where stratification may result from particle orientation, the Permeability in the Horizontal direction can be somewhat greater than that in the Vertical direction. Based on our experience, the estimated coefficient of Horizontal Permeability typically is on the order of 1.25 times greater than the Vertical Permeability for SP soil type.

### CLOSURE

We appreciate the opportunity to have worked with you on this project and look forward to a continued association. Please do not hesitate to contact us if you should have any questions, or if we may further assist you as your plans proceed.

Respectfully submitted,

**MATT MCLEER**  
**UNIVERSAL ENGINEERING SCIENCES**  
LICENSE  
No. 65027  
Matt McLeer, P.E.  
Branch Manager  
P.E. Number 85027  
FLORIDA  
PROFESSIONAL ENGINEER  
Attachments

BCP/cme

