Florida Department of Environmental Protection

Twin Towers Office Bldg, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

Residuals Annual Summary

Part I - Facility Information

FACILITY NAME: GOLFER HAVEN WWTP

FACILITY ID: FLA 014272

MAILING ADDRESS: 1682 INDIAN HILLS DR, MOORE HAVEN FL 33471

MONITORING PERIOD -- From: JAN 1, 2011 To: DEC 31, 2011

Total Quantity of Residuals Applied During Reporting Period: 0 dry tons

Total Number of Residuals Land Application Sites Used During Reporting Period: 0 (Parts II and III should address all residuals land application sites used)

Update of Residuals Characteristics (arithmetic average of all samples taken pursuant to Rule 62-640.650(1), F.A.C., during the reporting period):

Parameter	Units*	Ceiling Limits for Class A and B	Concentration	Parameter (continued)	Units*	Ceiling Limits for Class A and B	Concentration
Total Nitrogen	%	N/A		Copper	mg/kg	4300	
Total Phosphorus	%	N/A		Lead	mg/kg	840	
Total Potassium	%	N/A		Mercury	mg/kg	57	
Total Solids	%	N/A		Molybdenum	mg/kg	75	
pH	std. units	N/A		Nickel	mg/kg	420	
Arsenic	mg/kg	75		Selenium	mg/kg	100	
Cadmium	mg/kg	85		Zinc	mg/kg	7500	

*All units are in a dry weight basis except for total solids and pH. All sampling and analysis shall be conducted pursuant to Title 40 Code of Federal Regulations, Section 503.8, and the POTW Sludge Sampling and Analysis Guidance Document.
N/A = not applicable

Pathogen Reduction Class (Rule 62-640.600(1), F.A.C.): ☐ A ☐ B

EPA Vector Attraction Reduction Option (Rule 62-640.600(2), F.A.C.):

☐1 ☐2 ☐3 ☐4 ☐5
☐6 ☐7 ☐8 ☐9 ☐10

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	TELEPHONE NO.
DAVID KIRSCHNER / OPERATOR	352 302 3543
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE (YY/MM/DD) 12-01-16