

8. **OLD BUSINESS**

a. Water Quality Issues

2. Staff Reports

- i. Status of beach closings due to Enterococcus Bacteria and subsequent steps
  3. November 2006 Sanibel Bayous DEP Inspection Report

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**WASTEWATER COMPLIANCE INSPECTION REPORT**

@ = Optional

**FACILITY AND INSPECTION INFORMATION**

Name and Physical Location of Facility Sanibel Bayous Utilities Inc Sanibel-Captiva Road Sanibel, FL 33957		WAFR ID: FLA014576	County Lee	Entry Date/Time 11/14/2006 3:09:00 PM
Name(s) of Field Representatives(s)		Title	Phone	@ Exit Date/Time 11/14/2006 3:10:00 PM
Name and Address of Permittee or Designated Representative Gary Winrow 13591 McGregor Blvd Ste 21 Fort Myers, FL 33919 - 6050		Title Owner	Phone (305) 864-2283	@ Operator Certification #
Inspection Type	C	E	I	Samples Taken(Y/N): Y
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): N		@ Sample ID#: _____
		Log book Volume :		@ Page
<b>FACILITY COMPLIANCE AREAS EVALUATED</b>				
IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE: Not Evaluated				
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"				
	PERMITS/ORDERS		SELF MONITORING PROGRAM	
SC	1. ♦Permit	NA	3. Laboratory	NC
NA	2. ♦Compliance Schedules	NE	4. Sampling	NE
		NC	5. ♦Records & Reports	IC
NE	13. Other:			NE
Facility and/or Order Compliance Status:		<input type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: See attached Field Notes				
Name(s) and Signature(s) of Inspector(s) Maura Makuta			District Office/Phone Number SD/(239)332-6975	Date
@ Signature of Reviewer			District Office/Phone Number	Date

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number										YR/MO/DA	Insp. Type	Inspector	Fac. Type					
N	F	L	A	0	1	4	5	7	6	0	6	1	1	1	4	1	2	S	3

**ADDITIONAL NPDES COMMENTS**

Inspection Type (Field 1): A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, V:ASI, =:ANI  
 Inspection Code (Field 2): S:State, J:Joint EPA/State-EPA Lead, T:Joint State/EPA-State Lead, L:Local Program  
 Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal  
 Every other field is self explanatory

## INSPECTION FINDINGS

**Facility Name:** Sanibel Bayous Utilities Inc

**Facility ID:** FLA014576

**Inspection Type:** CEI

**Date:** 11/14/2006 3:10:00 PM

**FACILITY BACKGROUND:**

**Address:** Sanibel-Captiva Road, Sanibel, FL 33957, Lee County

**Permit Information:** Wastewater Permit issued: 9/4/1997, and expires: 9/4/2002

**Treatment Summary:** Contact Stabilization With Effluent To Single Percolation Pond.

**Permitted Capacity:** 0.08 MGD

**1. Permit: SIGNIFICANT OUT-OF-COMPLIANCE**

1.1 Observation: The facility was operating without a valid wastewater permit.

1.2 Observation: Please see specific comment

Additional Comments: the facility was denied a permit.

**2. Compliance Schedules: NOT APPLICABLE**

2.1 Observation: Not Applicable.

**3. Laboratory: NOT APPLICABLE**

3.1 Observation: Not Applicable.

**4. Sampling: NOT EVALUATED**

4.1 Observation: Not Evaluated.

**5. Records and Reports: OUT OF COMPLIANCE**

5.1 Observation: A review of the Discharge Monitoring Reports revealed the following.

Additional Comments: the may 2006 dmr did not report a nitrate value.

5.2 Observation: A review of the Discharge Monitoring Reports revealed the following.

Additional Comments: flow exceeded 50 percent for january, february, and march dmr's.

**6. Facility Site Review: OUT OF COMPLIANCE**

6.1 Observation: *Aeration Basins/Act. Sludge* - Please see specific comment

Additional Comments: the mixed liquor appeared dark and old.

6.2 Observation: *Clarifiers* - The skimmer was not functioning properly.

6.3 Observation: *Clarifiers* - Gasification is occurring in the clarifier causing solids to rise to the surface.

Additional Comments: pin floc

6.4 Observation: *Digestors* - Please see specific comment

Additional Comments: alot of foaming

6.5 Observation: *Disinfection* - There was an accumulation of solids in the chlorine contact chamber.

6.6 Observation: *Headworks* - Leachate from the screenings was discharging onto the facility grounds.

Additional Comments: didn't properly dispose of screenings

6.7 Observation: *Disinfection* - Please see specific comment

Additional Comments: the effluent appeared cloudy

**7. Flow Measurement: NOT EVALUATED**

7.1 Observation: Not Evaluated.

**8. Operation and Maintenance: IN COMPLIANCE**

8.1 Observation: No problems or deficiencies were observed.

**9. Effluent Quality: OUT OF COMPLIANCE**

9.1 Observation: The final effluent was excessively turbid.

9.2 Observation: Excessive (suspended solids, foam, grease, scum, color ) were present in the discharge stream.

9.3 Observation: Please see specific comment

Additional Comments: samples were taken.

**10. Effluent Disposal: OUT OF COMPLIANCE**

10.1 Observation: The disposal ponds were overgrown with vegetation.

10.2 Observation: Advisory signs were not posted around the disposal site indicating the nature of the project area.

**11. Residuals/Sludge: NOT EVALUATED**

11.1 Observation: Not Evaluated.

**12. Groundwater Quality: NOT EVALUATED**

12.1 Observation: Not Evaluated.

**13. Other: NOT EVALUATED**

13.1 Observation: No observations were recorded.

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