DOCKET 950495-WS
EXHIBIT NO. 67
CASE NO. 96-04227



ORIGINAL
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BEFORE THE

FLORIDA PUBLIC SERVICE COMMISSION

DOCKET NO. 950495 - WS

APPLICATION FOR A GENERAL RATE INCREASE

VOLUME XI
BOOK 13 OF 17

ADDITIONAL ENGINEERING INFORMATION

Containing

1993 AND 1994
WASTEWATER MONTHLY OPERATING REPORTS (PLANTS M-Z)
25-30.440 (4)

OPC XI

FLORIDA PUBLIC SERVICE COMMISSION
DOCKET NO. 950495-WS EXHIBIT NO 67
COMPANY/ WITNESS: SSU / Rudsen
DATE: 5/10/96

DOCUMENT NUMBER-DATE
06064 JUN 28 96
FPSC-RECORDS/REPORTING

SOUTHERN STATES UTILITIES, INC.
DOCKET NO. 950495-WS
VOLUME XI, BOOK 13 OF 17
ADDITIONAL ENGINEERING INFORMATION

1993 AND 1994 WASTEWATER MONTHLY OPERATING REPORTS (PLANTS M - Z)

25-30.440 (4) F.A.C.: All water and wastewater plant operating reports for the test year and the year preceding the test year.

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DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE October 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	2434
Evening Shift Operator Class	C	Cert. No.	8002
Night Shift Operator Class	C	Cert. No.	8177
Lead Operator			B-002434
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	2.034
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily fl	mgd	-	1.751
(19) Percent of permitted capacit	%	-	50%
(20) CBODs Effluent	mg/L	80082	3.8
(21) CBODs Effluent	lbs/day	-	64.2
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	21.3
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	2.334	3.1		144		1.6	7.7	7.2					1		
2	2.083	3.1		228		0.5	7.8	7.2					ND		
3	2.015	3.1		152		1.0	7.8	7.2					ND	*	
4	1.785	2.9		184		0.5	7.4	7.1					ND	*	
5	1.983	2.6		188		0.6	7.8	7.1					ND		
6	1.986	2.4	196	184	3.9	1.0	7.7	7.1					ND		
7	1.881	2.9		156		1.1	8.2	7.2					ND		
8	2.029	2.6		152		1.8	8.0	7.4					ND		
9	1.954	3.0		228		0.7	7.5	7.1					ND	*	
10	1.926	2.6		156		1.1	7.8	6.8					ND	*	
11	2.006	2.7		112		0.7	7.5	6.9					ND		
12	1.998	2.8		182		0.8	7.7	6.9					ND		
13	2.030	3.0	236	192	2.8	1.0	7.3	7.0					ND		
14	2.075	3.3		188		0.8	7.9	7.0					ND		
15	2.051	3.2		188		0.8	7.7	6.9					ND		
16	1.975	2.9		200		1.0	7.5	7.1					ND	*	
17	1.995	2.7		172		1.2	7.5	7.0					ND	*	
18	1.984	2.8		172		1.3	7.6	7.0					ND		
19	2.107	2.8		136		1.5	7.7	6.9					ND		
20	2.041	2.5	204	164	4.0	1.4	7.8	6.9					ND		
21	2.003	2.7		172		1.2	7.5	7.0					ND		
22	1.946	2.7		152		3.0	7.6	6.8					ND		
23	2.044	2.6		184		1.9	7.8	6.9					ND	*	
24	2.128	1.8		204		1.7	7.8	7.0					ND		
25	2.116	2.2		132		2.4	7.5	6.9					ND	*	
26	1.936	3.5		220		2.2	7.7	6.9					ND		
27	2.160	2.9	196	220	4.5	1.0	7.7	7.0					ND		
28	1.987	3.0		232		1.2	7.8	6.9					ND		
29	2.208	3.0		188		2.3	7.7	6.9					ND		
30	2.072	2.5		128		0.9	7.6	6.9					ND	*	
31	2.224	1.8		218		1.1	8.0	7.0					ND	*	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

* No effluent delivered to public access on these days

Signed: Gerald Boyce Date: 2-2-94

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-5595

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No	2434
Evening Shift Operator Class	C	Cert. No	8002
Night Shift Operator Class	C	Cert. No	8177
Lead Operator	Original signed by Gerald Boyce		B-002434
	Signature		Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	2.321
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily fl	mgd	-	1.997
(19) Percent of permitted capacit	%	-	57%
(20) CBODs Effluent	mg/L	80082	7.2
(21) CBODs Effluent	lbs/day	-	139.2
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	28.0
(24) Minimum pH			6.7
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.7
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34

Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	2.068	2.9		180		1.5	7.4	6.8					ND	*	
2	2.157	3.3		212		2.5	7.5	6.9					ND		
3	2.229	3.2	245	188	5.0	0.9	7.3	6.8					ND		
4	2.327	2.7		196		2.5	7.9	6.8					ND		
5	2.245	3.4		184		2.2	7.9	6.8					ND	*	
6	2.264	2.9		176		0.9	7.5	6.8					ND		
7	2.271	2.2		132		1.4	7.9	7.0					ND		
8	2.145	2.7		152		2.5	7.9	6.7					ND		
9	2.109	2.9		164		1.0	7.6	6.9					ND		
10	2.297	3.4	275	152	5.5	1.1	7.7	6.7					ND		
11	2.442	3.5		112		1.3	7.8	6.9					ND		
12	2.289	3.4		126		1.6	7.8	6.9					ND		
13	2.256	3.4		172		0.6	7.3	7.0					ND	*	
14	2.251	2.8		164		1.2	8.2	6.8					ND	*	
15	2.508	2.1		186		1.4	7.6	6.8					ND		
16	2.247	3.1		152		1.4	7.9	7.0					ND	*	
17	2.371	2.9		200		1.7	7.3	7.1					ND		
18	2.337	2.5	258	192	7.7	1.6	7.4	6.9					ND		
19	1.937	1.7		250		1.4	7.5	6.9					ND	*	
20	2.435	3.1		206		1.5	7.6	6.9					ND		
21	2.643	3.1		328		1.0	7.6	6.8					ND		
22	2.536	2.3		188		1.2	7.6	7.2					ND		
23	2.603	2.9		220		1.5	7.5	6.9					ND		
24	2.521	2.9	266	220	10.6	1.8	7.6	7.0					ND		
25	2.436	2.6		224		1.7	7.5	6.9					ND		
26	2.302	3.2		134		1.1	7.5	6.9					ND		
27	2.103	2.6		272		0.6	7.4	6.9					ND		
28	2.648	2.5		180		1.5	7.8	6.9					ND		
29															
30															
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date 03-14-94

Name (Please Type Gerald Boyce Telephone No (Please Type) 813-394-5595

Company Name Southern States Utilities

DER FORM NO	17.601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 5211P-00304

(3) Plant Name: Marco Island

(4) Plant Address: 100 Windward Drive

(5) City: Marco Island

(6) County: Collier

(7) Phone Number: 813-394-5595

(8) Permit Number: DO11-221557

(9) Plant Type: II B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	2434
Evening Shift Operator Class	C	Cert. No.	8002
Night Shift Operator Class	C	Cert. No.	8177
Lead Operator	Signature		B-002434 Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	2.438
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flo	mgd	-	2.264
(19) Percent of permitted capacity	%	-	65%
(20) CBODs Effluent	mg/L	80082	7.6
(21) CBODs Effluent	lbs/day	-	154.0
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	25.8
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.1
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island
(34)

Month March Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	2.301	2.3		200		1.0	7.6	6.9					ND		
2	2.389	3.3		216		1.4	7.7	7.0					ND		
3	1.609	2.4	271	152	7.3	0.9	7.8	6.9					ND	*	
4	2.870	2.7		188		0.8	7.7	6.9					ND	*	
5	2.289	2.7		152		1.4	7.7	7.0					ND	*	
6	2.435	3.0		212		1.3	7.8	6.9					ND		
7	2.005	2.4		212		0.8	8.2	7.1					ND		
8	2.718	3.0		196		1.1	7.7	7.0					ND		
9	2.860	3.9		156		1.1	7.5	6.9					ND		
10	2.274	2.9	323	304	5.3	2.3	7.6	6.9					ND		
11	2.440	3.4		212		1.6	7.4	6.9					ND		
12	2.079	2.3		152		1.6	7.4	6.8					ND	*	
13	2.426	3.0		252		1.7	7.1	7.0					ND		
14	2.531	3.4		196		1.1	7.8	6.9					ND		
15	2.557	2.5		152		1.8	7.5	6.9					ND		
16	2.535	2.1		208		0.5	7.7	6.9					ND		
17	2.707	3.0	248	224	5.0	1.3	7.9	7.1					ND		
18	2.415	3.4		204		0.8	7.9	7.0					ND		
19	2.501	3.1		224		1.5	7.8	7.0					ND		
20	2.363	2.7		220		0.9	7.7	7.0					ND		
21	2.410	2.5		264		1.3	7.7	7.0					ND		
22	2.385	2.8		100		1.3	7.4	7.2					ND		
23	2.362	3.2		200		1.4	7.5	7.1					ND		
24	2.478	3.2	205	136	10.4	1.6	7.8	6.9					ND		
25	2.589	2.8		208		1.8	7.6	7.0					ND		
26	2.486	2.9		192		1.9	7.8	7.0					ND		
27	2.455	2.5		232		1.0	7.4	6.9					ND		
28	2.468	2.8		172		1.1	7.9	7.0					ND		
29	2.709	3.3		144		1.1	7.6	7.0					ND		
30	2.447	3.0		180		1.0	7.8	7.0					ND		
31	2.505	3.3	212	156	6.9	1.7	7.6	6.9					ND	*	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

* No effluent delivered to public access on these days

Signed: [signature]

Name (Please Type): Gerald Boyce

Company Name: Southern States Utilities

Date: 04-13-94

Telephone No. (Please Type)

813-394-5595

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 5211P-00304

(3) Plant Name: Marco Island

(4) Plant Address: 100 Windward Drive

(5) City: Marco Island

(6) County: Collier

(7) Phone Number: 813-394-5595

(8) Permit Number: DO11-221557

(9) Plant Type: II B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Pon Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	2434
Evening Shift Operator Class	C	Cert. No.	8002
Night Shift Operator Class	C	Cert. No.	8177
Lead Operator	Signature		B-2434 Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	2.028
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flo	mgd	-	2.262
(19) Percent of permitted capacity	%	-	65%
(20) CBODs Effluent	mg/L	80082	5.7
(21) CBODs Effluent	lbs/day	-	96.2
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	23.2
(24) Minimum pH			6.4
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

Page 2 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	2.475	2.8		204		1.4	7.7	7.0					ND		
2	2.671	2.8		178		1.3	7.8	7.0					ND		
3	2.337	2.9		212		1.1	7.9	7.0					ND	*	
4	2.337	2.9		244		0.9	8.2	7.3					ND	*	
5	2.349	3.0		124		0.8	7.3	7.3					ND		
6	2.336	2.9		184		1.0	7.8	7.2					ND		
7	2.358	2.8	230	178	8.0	2.0	7.6	7.1					ND		
8	2.465	2.9		188		1.3	7.5	7.1					ND		
9	2.291	3.4		296		0.9	7.5	7.1					ND		
10	1.982	3.0		176		1.3	7.8	6.9					ND		
11	2.052	2.0		200		1.5	7.8	7.0					ND		
12	1.902	1.4		72		1.7	7.2	7.1					ND		
13	1.861	1.7		184		1.1	8.1	6.8					ND		
14	1.770	1.3	178	96	4.4	1.0	7.4	6.9					ND		
15	1.956	1.8		132		1.1	7.5	6.6					ND		
16	1.804	3.0		134		1.8	7.6	6.5					ND		
17	2.021	2.9		156		1.3	7.7	6.6					ND		
18	1.829	2.5		186		1.1	7.7	6.6					ND	*	
19	1.871	2.0		158		2.4	7.9	6.6					ND	*	
20	1.840	1.8		120		1.8	7.8	6.7					ND	*	
21	1.845	2.0	213	144	6.1	1.9	7.1	6.7					ND	*	
22	2.072	2.3		176		1.9	7.7	6.8					ND	*	
23	1.997	2.8		184		1.4	7.5	6.7					ND	*	
24	1.890	1.8		192		1.4	7.4	6.4					ND	*	
25	1.759	1.8		148		0.8	7.7	6.5					ND	*	
26	1.866	1.7		86		1.9	7.5	6.6					ND		
27	1.741	1.9		108		1.0	7.5	6.5					ND		
28	1.666	2.4	185	172	4.2	1.5	7.4	6.5					ND		
29	1.706	2.5		116		0.9	7.5	6.6					ND		
30	1.739	1.8		152		1.4	7.8	6.7					ND		
31														*	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information i true, complete and accurate.

* No effluent delivered to public access on these days

Signed: Gerald Boyce Date: 5-5-94

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-6565

Page 3 of 3

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE October 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 5211P-00304

(3) Plant Name: Marco Island

(4) Plant Address: 100 Windward Drive

(5) City: Marco Island

(6) County: Collier

(7) Phone Number: 813-394-5595

(8) Permit Number: DO11-221557

(9) Plant Type: II B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation, Injection Well, Evap./Perc. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator _____ B-002434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.450
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flo	mgd	-	1.972
(19) Percent of permitted capacity	%	-	56%
(20) CBODs Effluent	mg/L	80082	3.7
(21) CBODs Effuent	lbs/day	-	44.2
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	16.1
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Fecal Coliform	N/100ml	031616	ND

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island
(34)

Month May Year 1994

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L) Composit	TSS Influent (mg/L) Composit	CBOD5 Effluent (mg/L) Composit	TSS Effluent (mg/L) Grab	TSS Effluent (mg/L) Composit	pH Effluent (mg/L) Grab	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (N/100) Grab	Flow (MGD) to Public Access	Time Of Grab Samples
1	1.775	1.8		180		0.9		6.5					ND	0.865	9:30 am
2	1.606	1.9		96		0.8		6.6					ND	0.935	9:50 am
3	1.621	1.7		88		1.0		6.5					ND	1.361	6:45 am
4	1.529	2.0		132		0.9		6.8					ND	0.952	10:05 a
5	1.665	2.4	225	268	4.9	2.2	1.5	6.7					ND	1.162	8:40 am
6	1.524	1.6		132		2.1		6.9					ND	0.406	8:00 am
7	1.526	1.6		128		1.3		6.5					ND	0.000	8:50 am
8	1.551	1.6		148		1.5		6.7					ND	0.000	10:00 a
9	1.431	1.8		160		1.5		6.9					ND	0.773	8:00 am
10	1.321	2.5		100		1.1		6.8					ND	1.321	8:00 am
11	1.370	2.2		124		1.4		6.8					ND	1.370	5:00 am
12	1.191	2.5	189	108	5.0	2.2	1.4	6.7					ND	0.979	8:00 am
13	1.488	2.9		172		1.1		6.8					ND	1.488	9:00 am
14	1.296	1.4		144		1.8		6.9					ND	0.646	8:45 am
15	1.492	1.4		172		0.8		6.5					ND	0.947	10:45 a
16	1.372	1.7		108		0.9		6.8					ND	0.409	7:30 am
17	1.296	1.7		72		1.5		6.7					ND	0.000	8:50 am
18	1.346	1.7		160		1.4		6.6					ND	0.634	10:00 a
19	1.363	1.5	142	112	2.3	1.5	2.0	7.0					ND	1.363	8:00 am
20	1.461	1.9		132		1.0		6.8					ND	0.513	8:45 am
21	1.324	3.7		144		1.3		6.6					ND	0.949	8:15 am
22	1.556	1.3		152		1.5		6.9					ND	1.066	11:20 a
23	1.414	1.6		164		1.0		6.6					ND	0.926	1:05 pm
24	1.346	1.5		76		1.7		6.7					ND	0.872	6:45 am
25	1.298	2.5		112		1.0		6.8					ND	1.135	12:00 p
26	1.330	2.8	105	112	2.4	1.1	1.4	6.7					ND	1.330	6:35 am
27	1.379	1.9		88		1.1		6.7					ND	1.379	7:15 am
28	1.501	1.8		152		1.4		6.5					ND	1.011	8:10 am
29	1.668	3.8		164		1.9		6.7					ND	1.175	9:20 am
30	1.552	4.0		136		1.6		6.9					ND	1.019	10:30 a
31	1.370	1.8		84		0.7		6.5					ND	1.370	8:00 am

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed 

Name (Please Type) Gerald Boyce

Company Name Southern States Utilities

Date 06-10-94

Telephone No (Please Type) 813-394-5595

DER FORM NO	17-301.500(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part 0 - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Numb 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SPRAY IRRIGATION / INJECTION WELL / EVAP. PERC. P

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Clas C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator [signature] B-002434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.492
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily	mgd	-	1.657
(19) Percent of permitted capac	%	-	47%
(20) CBODs Effluent	mg/L	80082	3.4
(21) CBODs Effluent	lbs/day	-	42.1
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	15.4
(24) Minimum pH			6.4
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residua	mg/L	-	1.2
(32) Maximum Chlorine Residu	mg/L	-	
(33) Other Effluent Parameters			
FECAL COLIFORM (MAX)	N/100		ND
TSS GRAB (MAX)	mg/L		4.0

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L) Composit	TSS Influent (mg/L) Composit	CBODS Effluent (mg/L) Composit	TSS Effluent (mg/L) Grab	TSS Effluent (mg/L) Composit	pH Effluent (mg/L) Grab	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (N/100) Grab	Flow (MGD) to Public Access	Time Of Grab Samples
1	1.386	1.3		156		2.1		6.9					ND	1.386	1:00 pm
2	1.275	2.2	131	80	3.4	1.6	1.7	6.5					ND	1.275	8:00 am
3	1.281	2.3		128		1.5		6.6					ND	1.073	6:50 am
4	1.332	1.5		76		1.3		6.5					ND		9:30 am
5	1.405	2.1		146		1.3		6.4					ND		10:30 a
6	1.383	1.8		184		0.8		6.8					ND	0.035	2:20 pm
7	1.281	1.7		120		0.7		7.2					ND		6:40 am
8	1.300	1.2		150		0.9		6.9					ND	1.015	6:55 am
9	1.224	2.2	115	132	4.3	4.0	2.7	6.4					ND	1.135	7:25 am
10	1.365	1.5		140		1.0		6.7					ND	1.365	8:35 am
11	1.330	2.1		186		1.3		6.6					ND	1.330	8:30 am
12	1.413	1.2		148		0.9		6.6					ND	1.413	9:45 am
13	1.415	1.5		128		1.1		6.6					ND	1.415	2:20 pm
14	1.456	3.7		200		1.9		6.6					ND	0.937	8:10 am
15	1.630	3.4		152		1.2		6.7					ND		2:20 pm
16	1.638	2.0	111	86	3.2	1.1	1.4	6.7					ND		8:30 am
17	1.735	2.1		108		1.0		6.7					ND		8:55 am
18	1.691	3.9		128		1.1		6.6					ND		8:45 am
19	1.537	3.5		112		0.9		6.6					ND		9:00 am
20	1.496	1.3		128		0.9		6.6					ND	0.747	1:15 pm
21	1.383	1.4		64		1.6		6.6					ND	1.189	8:10 am
22	1.600	2.5		108		1.1		6.7					ND	1.600	2:20 pm
23	1.435	1.5	135	104	3.1	1.0	1.6	6.5					ND	1.435	9:55 am
24	1.383	2.0		104		1.1		6.6					ND	0.379	8:00 am
25	1.470	1.8		112		1.1		6.6					ND		8:00 am
26	1.599	1.9		108		0.9		6.7					ND	0.958	9:30 am
27	1.919	2.1		136		0.9		6.7					ND	0.059	1:45 pm
28	2.188	2.4		100		1.1		6.6					ND		9:35 am
29	1.464	1.3	101	128	2.9	0.6	1.0	6.7					ND	0.006	8:00 am
30	1.760	1.5		124		1.2		6.8					ND		8:30 am
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed _____ Date 07-06-94

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Numb 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation, Injection Well, Evap./Perc. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Clas C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator [signature] B-002434

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.767
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily fl	mgd	-	1.570
(19) Percent of permitted capacity	%	-	45%
(20) CBODs Effluent	mg/L	80082	3.8
(21) CBODs Effluent	lbs/day	-	56.4
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	16.1
(24) Minimum pH			6.4
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Fecal Coliform (max)	N/100ml		ND
TSS Effluent Grab (max)	mg/L		2.4

[illegible]	
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
[illegible]	

Domestic Wastewater Treatment Plant .
Monthly Operating Report

Marco Island (34)

Month July Year 1994

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L) Composit	TSS Influent (mg/L) Composit	CBOD5 Effluent (mg/L) Composit	TSS Effluent (mg/L) Grab	TSS Effluent (mg/L) Composit	pH Effluent (mg/L) Grab	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (N/100) Grab	Flow (MGD) to Public Access	Time Of Grab Samples
1	2.328	2.5		108		1.1		6.6					ND		8:00 am
2	2.039	3.3		112		1.3		6.7					ND		9:30 am
3	2.202	3.4		140		0.9		6.8					ND		9:30 am
4	2.154	3.5		136		1.0		7.1					ND		8:50 am
5	1.846	3.4		76		1.1		7.0					ND		9:25 am
6	1.809	1.5		120		0.9		6.4					ND		9:00 am
7	1.847	1.7	117	104	2.9	0.6	1.1	6.9					ND		8:10 am
8	1.819	2.3		120		1.2		6.6					ND		11:00 a
9	1.695	4.5		124		1.1		6.8					ND		9:55 am
10	1.778	3.3		120		1.0		7.0					ND		11:15 a
11	1.550	1.6		92		0.9		6.7					ND	0.702	12:30 p
12	1.432	2.0		96		1.1		6.8					ND		8:00 am
13	1.603	2.0		98		1.0		6.8					ND		12:00 p
14	1.509	2.2	133	88	4.6	1.4	1.7	6.9					ND	0.947	8:35 am
15	1.625	2.3		100		1.0		6.9					ND	1.129	8:10 am
16	1.423	1.5		164		1.3		6.7					ND	1.423	10:00 a
17	1.689	1.6		132		1.5		6.9					ND	1.656	9:15 am
18	1.537	2.2		116		1.3		6.8					ND		1:30 pm
19	1.351	2.1		144		1.1		6.9					ND		8:40 am
20	1.529	1.7		120		1.1		6.6					ND		9:30 am
21	1.753	2.0	133	112	4.0	0.8	1.8	6.8					ND		8:40 am
22	1.685	2.4		88		1.1		6.8					ND		8:40 am
23	1.668	1.7		128		1.5		6.6					ND		10:15 a
24	2.213	2.1		124		1.1		6.7					ND		9:00 am
25	2.198	3.2		98		2.4		6.9					ND		9:45 am
26	1.632	2.1		116		1.7		6.9					ND		8:05 am
27	1.814	1.8		92		0.5		6.9					ND		8:55 am
28	1.694	1.9	107	76	3.8	0.6	0.9	6.9					ND		9:35 am
29	1.839	1.6		112		0.7		6.9					ND		8:10 am
30	1.796	2.3		156		0.8		6.9					ND		10:30 a
31	1.717	2.6		124		0.7		6.8					ND		9:00 am

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gerald Boyce

Name (Please Type): Gerald Boyce

Company Name: Southern States Utilities

Date: 8-19-94

Telephone No. (Please Type): 813-394-5595

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Numb 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation, Injection Well, Evap./Perc. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Clas C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator [signature] B-002434

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.627
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily	mgd	-	1.629
(19) Percent of permitted capac	%	-	47%
(20) CBODs Effluent	mg/L	80082	3.4
(21) CBODs Effluent	lbs/day	-	45.5
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	14.4
(24) Minimum pH			6.7
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	6.80
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residua	mg/L	-	1.5
(32) Maximum Chlorine Residu	mg/L	-	
(33) Other Effluent Parameters			
Fecal Coliform (max)	N/100ml		1
TSS Effluent Grab (max)	mg/L		1.7

[illegible]	[illegible]
FORM TITLE	[illegible]
EFFECTIVE DATE	July 1, 1991
DEP APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island

(34)

Month August Year 1994

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L) Composit	TSS Influent (mg/L) Composit	CBOD5 Effluent (mg/L) Composit	TSS Effluent (mg/L) Grab	TSS Effluent (mg/L) Composit	pH Effluent (mg/L) Grab	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (N/100) Grab	Flow (MGD) to Public Access	Time Of Grab Samples
1	1.608	1.9		120		0.7		6.9					ND		8::20 am
2	1.796	3.1		84		1.7		7.1					ND		9::05 am
3	1.652	2.0		116		1.0		7.0					ND		9::10 am
4	1.400	2.5	114	108	3.3	0.6	1.2	6.9					ND		8::40 am
5	1.654	1.9		96		0.7		7.0					ND		8::10 am
6	1.476	2.1		124		1.3		6.9					ND		8::30 am
7	1.522	2.2		140		1.3		6.7					ND		10::45 a
8	1.512	1.8		112		0.8		6.8					ND	1.134	8::15 am
9	1.543	2.1		60		1.4		6.9					ND	1.506	8::00 am
10	1.474	1.6		104		1.0		6.8					ND	0.585	8::40 am
11	1.502	1.8	112	88	3.8	1.2	1.4	7.0					ND	0.687	9::00 am
12	1.417	1.6		88		1.3		7.1					ND	0.883	8::10 am
13	1.989	4.1		108		0.9		6.9					ND		9::00 am
14	2.574	2.5		116		0.9		7.2					ND		12::50 p
15	1.743	4.0		100		1.1		7.4					1		10::20 a
16	1.797	3.5		52		0.8		7.4					ND		8::00 am
17	1.784	2.9		104		0.8		7.2					ND		12::30 p
18	1.635	1.5	97	68	3.6	1.4	1.1	7.2					ND	0.947	9::30 am
19	2.078	4.0		84		1.7		7.0					ND		9::00 am
20	2.178	3.5		112		1.5		6.9					ND		8::45 am
21	1.665	3.1		72		0.8		7.4					ND		9::45 am
22	1.689	4.0		88		0.9		7.2					ND		4::30 pm
23	1.538	2.9		100		0.7		7.4					ND		9::45 am
24	1.419	2.8		128		1.7		7.2					ND		8::30 am
25	1.487	1.5	145	96	2.7	0.8	1.1	7.2					ND		8::40 am
26	1.419	2.8		84		0.8		7.2					ND		8::50 am
27	1.525	3.5		144		1.5		7.0					ND		8::15 am
28	1.386	1.5		112		0.7		7.0					ND		2::00 pm
29	1.581	3.2		104		0.8		7.3					ND		10::45 a
30	1.206	1.5		92		1.0		7.1					ND		8::35 am
31	1.216	1.6		108		1.1		7.2					ND		9::00 am

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] Date: 9-23-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: Septemb Year: 1994

(2) Plant DER Identification Numb 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation, Injection Well, Evap./Perc. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Clas C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator [signature] B-002434

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.428
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily fl	mgd	-	1.607
(19) Percent of permitted capacity	%	-	46%
(20) CBODs Effluent	mg/L	80082	4.5
(21) CBODs Effluent	lbs/day	-	53.3
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	13.4
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Fecal Coliform (max)	N/100ml		ND
TSS Effluent Grab (max)	mg/L		2.2

DER FORM NO	17-231 (03/93)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1993
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34)

Month: September Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L) Composit	TSS Influent (mg/L) Composit	CBOD5 Effluent (mg/L) Composit	TSS Effluent (mg/L) Grab	TSS Effluent (mg/L) Composit	pH Effluent (mg/L) Grab	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (N/100) Grab	Flow (MGD) to Public Access	Time Of Grab Samples
1	1.191	1.8	127	144	3.1	0.4	0.9	7.1					ND	0.263	8:55 am
2	1.426	2.0		104		1.7		7.2					ND	0.432	9:00 am
3	1.634	4.9		128		1.7		7.1					ND		9:00 am
4	1.562	3.3		120		1.5		7.2					ND		10:50 a
5	1.590	3.6		92		1.5		7.2					ND		9:30 am
6	1.460	2.9		100		1.0		7.3					ND		9:30 am
7	1.219	1.8		68		0.6		7.3					ND		8:50 am
8	1.111	1.6	107	92	7.7	1.0	0.4	7.1					ND		8:50 am
9	1.388	1.9		108		0.7		7.1					ND	0.779	8:30 am
10	1.418	2.4		124		1.4		7.0					ND	1.320	9:15 am
11	1.240	2.9		128		0.9		6.8					ND	0.614	9:30 am
12	1.480	2.0		160		1.0		7.1					ND	0.001	8:00 am
13	1.477	1.7		88		1.7		7.3					ND		8:05 am
14	1.568	1.7		72		1.2		7.0					ND		9:35 am
15	1.498	1.8	176	96	3.5	0.6	1.4	7.1					ND		9:35 am
16	1.645	1.4		128		0.7		7.1					ND		8:45 am
17	1.515	2.2		136		0.8		6.9					ND		9:10 am
18	1.515	2.0		144		0.7		6.9					ND		10:50 a
19	1.284	2.3		116		0.8		6.9					ND		8:50 am
20	1.339	2.5		80		1.0		6.9					ND		8:10 am
21	1.245	2.6		76		1.0		6.9					ND		9:10 am
22	1.257	2.6	133	100	4.1	1.1	1.1	6.9					ND	0.890	8:30 am
23	1.275	2.8		76		1.0		6.9					ND	0.728	8:15 am
24	1.304	1.5		92		1.1		7.0					ND		9:00 am
25	1.527	3.6		108		1.1		7.0					ND		9:30 am
26	1.675	3.0		108		2.2		7.2					ND	0.610	8:30 am
27	1.576	2.2		112		1.1		7.0					ND		8:30 am
28	1.472	1.9		116		1.8		7.0					ND		10:45 a
29	1.372	1.7	137	108	4.0	1.2	1.5	6.8					ND		8:30 am
30	1.586	2.8		128		1.3		6.8					ND		8:15 am
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate

Signed: _____ Date: 10-04-94

Name (Please Type): Gerald Boyce Telephone No. (Please Type): 813-394-5595

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Numb 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation, Injection Well, Evap./Perc. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Clas C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator [signature] B-002434

Signature Cert No

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.470
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily fl	mgd	-	1.508
(19) Percent of permitted capacity	%	-	43%
(20) CBODs Effluent	mg/L	80082	4.5
(21) CBODs Effuent	lbs/day	-	54.8
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	18.6
(24) Minimum pH			6.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000625	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Fecal Coliform (max)	N/100ml		ND
TSS Effluent Grab (max)	mg/L		2.7

[illegible]	[illegible]
FORM TITLE	[illegible]
EFFECTIVE DATE	[illegible]
[illegible]	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34)

Month: October Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L) Composit	TSS Influent (mg/L) Composit	CBOD5 Effluent (mg/L) Composit	TSS Effluent (mg/L) Grab	TSS Effluent (mg/L) Composit	pH Effluent (mg/L) Grab	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (N/100) Grab	Flow (MGD) to Public Access	Time Of Grab Samples
1	1.327	3.5		144		1.4		6.5					ND		8:15 am
2	1.567	3.0		112		1.5		6.9					ND		8:30 am
3	1.376	1.7		84		0.8		7.0					ND		8:30 am
4	1.538	1.9		84		2.4		6.8					ND		8:05 am
5	1.368	1.8		96		1.2		6.8					ND		8:35 am
6	1.372	1.8	115	80	2.9	0.6	0.7	7.1					ND	0.447	9:05 am
7	1.462	2.7		108		0.8		6.9					ND	0.339	8:05 am
8	1.560	2.0		108		1.8		6.7					ND		8:00 am
9	1.578	4.2		88		1.6		7.2					ND		9:20 am
10	1.552	3.4		128		1.4		7.3					ND	0.805	10:30 a
11	1.419	3.2		108		0.9		7.4					ND	0.585	10:00 a
12	1.412	2.4		120		2.0		7.2					ND		10:00 a
13	1.472	1.7	162	148	3.9	1.0	1.0	7.0					ND	0.696	10:50 a
14	1.396	1.9		128		1.6		7.0					ND		9:15 am
15	1.548	2.6		144		1.1		6.7					ND	0.578	9:10 am
16	1.333	2.0		150		1.2		7.0					ND	0.208	8:55 am
17	1.376	1.9		108		2.0		7.1					ND	0.984	9:40 am
18	1.362	1.9		188		2.3		7.0					ND	0.908	8:55 am
19	1.485	2.3		184		2.2		6.8					ND	1.062	8:50 am
20	1.360	2.0	184	92	8.8	2.7	2.7	6.9					ND	0.712	9:00 am
21	1.503	2.5		124		0.9		7.0					ND	1.148	8:30 am
22	1.532	3.6		116		2.6		6.8					ND	0.199	8:35 am
23	1.271	2.7		116		1.5		6.6					ND	0.330	1:00 pm
24	1.459	1.7		108		1.5		6.3					ND	0.846	10:10 a
25	1.384	2.2		124		1.6		6.7					ND	0.684	11:00 a
26	1.341	1.7		136		1.9		6.5					ND	0.787	8:10 am
27	1.880	1.1	149	108	2.3	1.6	1.9	6.9					ND		9:20 am
28	1.488	2.0		152		1.2		6.3					ND	0.619	9:45 am
29	1.746	2.6		188		1.1		6.4					ND	1.097	9:00 am
30	1.678	1.8		160		1.3		6.4					ND		11:30 a
31	1.410	2.2		132		1.4		6.6					ND		2:00 pm

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate

Signed: [signature] Date: 11-11-94

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-8695

DER FORM NO	17-301.500(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Novembe Year: 1994

(2) Plant DER Identification Numb 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation, Injection Well, Evap./Perc. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Clas C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator Harold Wagner B-002434

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.745
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily fl	mgd	-	1.548
(19) Percent of permitted capacity	%	-	44%
(20) CBODs Effluent	mg/L	80082	3.4
(21) CBODs Effluent	lbs/day	-	49.1
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	18.6
(24) Minimum pH			6.5
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	
(33) *Other Effluent Parameters*			
Fecal Coliform (max)	N/100ml		ND
TSS Effluent Grab (max)	mg/L		3.0

DER FORM NO.	17-[illegible]
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34)

Month November Year 1994

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L) Composit	TSS Influent (mg/L) Composit	CBOD5 Effluent (mg/L) Composit	TSS Effluent (mg/L) Grab	TSS Effluent (mg/L) Composit	pH Effluent (mg/L) Grab	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (N/100) Grab	Flow (MGD) to Public Access	Time Of Grab Samples
1	1.507	2.2		136		2.0		6.5					ND	0.633	8:00 am
2	1.573	1.7		160		1.3		6.5					ND	1.573	4:00 pm
3	1.631	2.2	168	132	3.5	0.8	1.3	6.7					ND	1.631	9:00 am
4	1.530	1.9		140		1.3		6.8					ND	0.636	3:25 pm
5	1.729	2.1		200		1.0		6.9					ND	0.749	8:35 am
6	1.631	3.1		168		1.8		7.1					ND		11:00 a
7	1.412	1.6		120		1.2		7.0					ND		8:30 am
8	1.659	1.7		104		1.3		6.9					ND	1.271	8:15 am
9	1.601	2.6		120		1.2		6.8					ND	1.330	9:00 am
10	1.647	2.5	163	124	3.1	1.2	1.7	6.6					ND	1.090	2:45 am
11	1.594	2.0		164		0.7		6.8					ND	0.795	10:45 a
12	1.800	5.0		124		0.7		6.6					ND	0.685	9:30 am
13	1.704	3.8		184		1.0		7.0					ND	0.755	11:30 a
14	1.720	3.7		136		1.1		7.1					ND	0.575	5:00 pm
15	2.095	3.6		128		1.2		6.9					ND		1:30 pm
16	2.629	3.2		108		1.9		6.8					ND		12:15 p
17	2.030	1.7	164	100	3.7	1.0	2.1	7.0					ND		2:00 pm
18	1.831	2.0		176		1.1		7.0					ND		10:25 a
19	1.805	2.5		116		2.7		7.0					ND	-	9:45 am
20	1.961	1.6		128		0.6		6.9					ND		11:30 a
21	1.881	1.8		128		1.3		6.9					ND	0.272	3:50 pm
22	1.752	2.1		84		0.6		6.7					ND		10:45 a
23	1.683	2.2		140		1.2		6.8					ND		8:30 am
24	1.771	2.1	193	128	3.2	0.8	1.7	6.8					ND		8:30 am
25	1.652	3.3		136		1.0		6.8					ND	0.493	9:00 am
26	1.943	2.8		164		3.0		6.8					ND	0.184	9:30 am
27	1.724	2.5		156		1.3		6.5					ND	0.084	12:40 p
28	1.732	2.1		132		1.7		6.6					ND	0.203	3:15 pm
29	1.540	2.3		208		1.5		6.7					ND	1.130	12:50 p
30	1.574	2.9		160		0.9		6.5					ND	0.275	9:05 am
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed [signature] Date: 12-06-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: Decembe Year: 1994

(2) Plant DER Identification Numb 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation, Injection Well, Evap./Perc. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Clas C Cert. No. 6002

Night Shift Operator Class C Cert. No. 6177

Lead Operator Signature B-002434 Cert No

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.743
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily fl	mgd	-	1.639
(19) Percent of permitted capacity	%	-	46.8%
(20) CBODs Effluent	mg/L	80082	4.9
(21) CBODs Effluent	lbs/day	-	70.9
(22) TSS Effluent	mg/L	900201	2.1
(23) TSS Effluent	lbs/day	-	31.2
(24) Minimum pH			6.5
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	-
(27) TKN	mg/L	000626	-
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071650	-
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Fecal Coliform (max)	N/100ml		ND
TSS Effluent Grab (max)	mg/L		13

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month December Year 1994

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L) Composit	TSS Influent (mg/L) Composit	CBOD5 Effluent (mg/L) Composit	TSS Effluent (mg/L) Grab	TSS Effluent (mg/L) Composit	pH Effluent (mg/L) Grab	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (N/100) Grab	Flow (MGD) to Public Access	Time Of Grab Samples
1	1.626	1.3	221	152	4.7	0.8	1.0	6.9					ND	0.796	1:30 pm
2	1.638	3.2		172		1.1		6.6					ND	0.901	8:30 am
3	1.748	2.5		148		1.4		6.6					ND	0.542	9:15 am
4	1.733	2.7		184		1.0		6.6					ND	1.192	11:30 a
5	1.858	2.0		260		0.3		6.8					ND	0	9:45 am
6	1.670	2.5		168		0.7		6.8					ND	0.982	1:00 pm
7	1.432	3.0		124		1.2		6.6					ND	0	2:55 pm
8	1.669	2.2	173	180	2.2	0.6	1.4	6.5					ND	0.639	8:30 am
9	1.571	3.2		168		0.7		6.8					ND	0	9:40 am
10	1.577	2.5		116		0.8		6.5					ND	0.868	9:30 am
11	1.587	2.7		188		0.7		6.6					ND	0.522	9:20 am
12	1.525	3.1		192		1.0		6.5					ND	0.539	4:00 pm
13	1.433	2.1		144		0.6		6.6					ND	0.842	8:30 am
14	1.443	2.7		128		0.6		6.7					ND	0.287	9:00 am
15	1.329	3.8	181	120	1.1	1.0	1.3	6.7					ND	0.439	9:30 am
16	1.449	3.1		140		0.8		6.7					ND	0.819	8:00 am
17	1.424	2.9		168		1.0		6.8					ND	0.738	8:45 am
18	1.758	2.5		180		0.9		6.8					ND	0.518	10:30 a
19	1.350	2.6		140		0.9		6.6					ND	0	8:00 am
20	1.520	2.6		148		1.2		6.7					ND	0	8:30 am
21	1.639	3.0		148		0.4		6.7					ND	0	9:00 am
22	1.617	3.2	174	188	2.1	0.8	1.3	6.7					ND	0.517	8:30 am
23	1.655	3.1		184		1.0		6.6					ND	0	9:30 am
24	1.797	3.5		168		1.2		6.7					ND	0	9:30 am
25	1.963	1.5		188		3.0		6.9					ND	0	10:20 a
26	1.899	2.9		140		2.8		6.9					ND	0	8:30 am
27	2.281	2.3		128		6.7		7.1					ND	0	8:30 am
28	2.237	3.2		152		8.0		7.1					ND	0	9:20 am
29	2.259	3.0	258	148	14.3	3.4	3.5	7.1					ND	0	8:48 am
30	2.350	2.4		216		13.0		7.1					ND	0	8:00 am
31	2.383	2.5		148		9.0		7.0					ND	0	8:45 am

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gerald Boyce Date: 01-06-95

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	2434
Evening Shift Operator Class	C	Cert. No.	8002
Night Shift Operator Class	C	Cert. No.	8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	2.159
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	1.972
(19) Percent of permitted capacity	%	-	56.3%
(20) CBODs Effluent	mg/L	80082	3.0
(21) CBODs Effluent	lbs/day	-	49.3
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	24.7
(24) Minimum pH			6.5
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.1
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

IDEP FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
IDEP APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34)

Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	2.531	4.6		168		1.5	7.6	7.1			ND				
2	2.429	3.8		207		2.7	7.5	6.9			ND				
3	2.139	4.3		152		1.3	7.6	6.9			ND				
4	2.212	5.0		192		1.7	7.6	6.6			ND				
5	2.017	4.9	161	160	2.3	1.2	7.6	6.8			ND				
6	2.200	4.6		132		1.7	7.6	6.7			ND				
7	1.765	4.2		168		1.4	7.6	6.7			ND				
8	2.028	4.3		124		0.9	7.6	6.8			ND				
9	2.391	4.0		168		1.1	7.6	6.8			ND				
10	2.234	4.9		156		1.1	7.6	6.6			ND				
11	2.161	3.5		160		1.0	7.7	6.6			ND				
12	2.079	3.1	129	148	2.0	2.1	7.8	6.5			ND				
13	2.001	5.0		80		1.4	7.6	6.8			ND				
14	2.063	3.9		108		1.3	7.5	6.6			ND				
15	1.928	4.7		88		1.5	7.6	6.5			ND				
16	2.418	4.3		112		1.4	7.5	6.6			ND				
17	2.261	4.3		140		1.5	7.6	6.5			ND				
18	2.345	4.0		116		1.3	7.6	6.6			ND				
19	2.105	3.9	180	64	2.9	1.3	7.6	6.5			ND				
20	2.159	4.4		112		0.7	7.8	6.8			ND				
21	2.015	4.4		118		1.2	7.6	6.7			ND				
22	2.173	4.1		176		1.9	7.5	6.6			ND				
23	2.169	3.3		160		1.4	7.6	6.6			ND				
24	1.967	3.9		164		1.4	7.5	6.6			ND				
25	2.210	4.3		112		1.0	7.8	6.8			ND				
26	1.997	4.0	161	120	4.9	1.5	7.7	6.8			ND				
27	2.144	4.0		180		2.1	7.4	6.8			ND				
28	2.347	3.7		172		1.8	7.6	6.6			ND				
29	2.143	4.1		186		1.8	7.8	6.7			ND				
30	2.149	3.6		148		1.4	7.5	6.6			ND				
31	2.124	4.1		180		1.4	7.8	6.6			ND				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed: Original signed by Gerald Boyce Date:

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-5595

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	2434
Evening Shift Operator Class	C	Cert. No.	8002
Night Shift Operator Class	C	Cert. No.	8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	2.397
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	2.135
(19) Percent of permitted capacity	%	-	61%
(20) CBODs Effluent	mg/L	80082	3.7
(21) CBODs Effluent	lbs/day	-	74.0
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	30.0
(24) Minimum pH			6.5
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-625.(3)(b)(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	2.125	5.0		104		1.8		6.6					ND		
2	2.266	4.4	189	104	3.4	1.5		6.7					ND		
3	2.112	4.2		140		1.7		6.5					ND		
4	2.099	4.8		176		1.7		6.5					ND		
5	2.247	4.9		136		1.8		6.6					ND		
6	2.319	4.9		148		2.8		6.7					ND		
7	2.226	4.8		120		0.9		6.6					ND		
8	2.322	5.0		128		1.1		6.6					ND		
9	2.410	5.0	178	120	2.5	1.1		6.9					ND		
10	2.418	5.0		146		1.4		7.1					ND		
11	2.320	5.0		196		1.3		6.8					ND		
12	2.405	4.4		96		1.8		6.8					ND		
13	2.416	3.6		184		1.4		6.8					ND		
14	2.444	4.0		176		1.4		6.8					ND		
15	2.507	4.2		140		1.1		6.7					ND		
16	2.595	4.6	195	184	4.0	1.4		6.6					ND		
17	2.395	5.0		152		1.3		6.6					ND		
18	2.504	5.0		164		1.0		6.8					ND		
19	2.452	4.8		172		1.8		6.7					ND		
20	2.449	4.9		190		1.6		6.8					ND		
21	2.403	5.0		232		1.4		6.8					ND		
22	2.488	4.9		132		1.2		6.7					ND		
23	2.612	3.0	190	124	5.0	1.1		6.6					ND		
24	2.39[illegible]	4.3		156		2.1		6.7					ND		
25	2.424	5.0		172		1.9		6.7					ND		
26	2.689	4.3		144		2.0		6.8					ND		
27	2.530	3.5		188		2.0		6.8					ND		
28	2.464	4.8		144		1.6		6.7					ND		
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date 3/1/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE October 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	2.36
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	2.310
(19) Percent of permitted capacity	%	-	67.4%
(20) CBODs Effluent	mg/L	80082	4.1
(21) CBODs Effluent	lbs/day	-	80.7
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	27.6
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.6
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

Page 2 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34)

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	2.466	4.6		164		1.6		6.8					ND		
2	2.289	4.7	153	124	3.8	1.9		6.8					ND		
3	2.234	3.6		124		1.3		6.8					ND		
4	2.364	4.5		120		1.0		6.8					ND		
5	2.326	3.6		208		1.9		6.7					ND		
6	2.445	3.7		212		1.5		7.2					ND		
7	2.314	5.0		144		1.1		6.7					ND		
8	2.287	5.0		176		1.6		6.8					ND		
9	2.351	4.2		140		1.7		6.6					ND		
10	2.282	4.3		148		1.8		6.7					ND		
11	2.327	5.0	169	144	4.8	2.4		6.8					ND		
12	2.251	4.2		176		1.2		6.9					ND		
13	2.674	4.1		212		1.7		7.0					ND		
14	2.295	5.0		216		1.2		6.6					ND		
15	2.420	4.2		128		1.3		6.9					ND		
16	2.361	4.6		140		1.5		6.8					ND		
17	2.541	4.3		144		1.3		6.8					ND		
18	2.356	4.0	176	124	4.6	1.4		6.6					ND		
19	2.300	4.2		146		1.2		6.7					ND		
20	2.360	3.6		180		1.8		6.8					ND		
21	2.513	4.3		160		0.9		6.7					ND		
22	2.396	3.9		157		1.1		6.5					ND		
23	2.562	4.3		180		1.1		6.6					ND		
24	2.434	4.1		175		1.2		6.5					ND		
25	2.332	4.4	175	176	3.2	1.0		6.6					ND		
26	2.240	4.1		164		1.4		6.8					ND		
27	2.349	3.9		226		0.8		6.7					ND		
28	2.335	3.9		168		1.2		6.7					ND		
29	2.323	4.3		168		0.9		6.6					ND		
30	2.281	3.8		132		1.7		6.6					ND		
31	2.211	3.4		156		1.0		6.6					ND		

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date 4/12/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type) 813-394-5595

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.969
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	2.242
(19) Percent of permitted capacity	%	-	56.3%
(20) CBODs Effluent	mg/L	80082	4.3
(21) CBODs Effluent	lbs/day	-	70.6
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	32.8
(24) Minimum pH			6.3
(25) Maximum pH			6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.3
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-301.500(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	2.085	3.9	184	168	4.2	0.9		6.6					ND		
2	2.045	4.0		180		2.0		6.5					ND		
3	2.033	4.4		168		2.1		6.7					ND		
4	2.200	3.7		156		1.5		6.5					ND		
5	2.273	4.5		124		1.1		6.6					ND		
6	2.102	4.5		104		1.3		6.4					ND		
7	2.242	4.0	141	104	4.0	1.4		6.4					ND		
8	1.999	3.9		140		2.0		6.4					ND		
9	2.317	3.9		112		2.2		6.6					ND		
10	2.263	3.5		188		2.5		6.6					ND		
11	2.620	3.3		160		2.7		6.5					ND		
12	2.133	3.8		116		1.7		6.4					ND		
13	1.988	4.0		108		2.1		6.5					ND		
14	2.186	4.7		124		2.1		6.5					ND		
15	2.211	4.4	141	132	6.4	2.5		6.6					ND		
16	1.901	3.8		108		2.6		6.3					ND		
17	2.336	3.8		156		1.3		6.7					ND		
18	1.855	4.1		112		1.5		6.8					ND		
19	1.804	3.7		106		2.3		6.5					ND		
20	1.752	4.6		96		2.1		6.4					ND		
21	1.782	3.7		104		2.4		6.3					ND		
22	1.735	4.3	135	96	3.2	2.7		6.4					ND		
23	1.706	3.5		126		2.9		6.4					ND		
24	1.598	4.4		172		2.9		6.5					ND		
25	1.835	3.9		132		1.3		6.3					ND		
26	1.689	4.1		96		1.4		6.3					ND		
27	1.825	3.9		96		2.2		6.3					ND		
28	1.641	3.9		160		2.9		6.3					ND		
29	1.450	3.9	154	104	3.5	2.0		6.3					ND		
30	1.470	3.9		100		1.7		6.4					ND		
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

* No effluent delivered to public access on these days

Signed: Original signed by Gerald Boyce Date: 5/13/93

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-5595

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.452
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	1.927
(19) Percent of permitted capacity	%	-	55.1%
(20) CBODs Effluent	mg/L	80082	5.1
(21) CBODs Effluent	lbs/day	-	61.8
(22) TSS Effluent	mg/L	900201	1.7
(23) TSS Effluent	lbs/day	-	20.6
(24) Minimum pH			6.2
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-301-[illegible]
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	1.654	3.7		164		1.3		6.3					ND		
2	1.774	4.1		112		1.1		6.4					ND		
3	1.559	3.6		88		1.4		6.3					ND		
4	1.597	3.7		102		1.9		6.5					ND		
5	1.397	3.8		120		3.0		6.4					ND		
6	1.354	3.6	185	148	2.4	2.3		6.3					ND		
7	1.526	3.6		98		1.9		6.3					ND		
8	1.471	3.7		118		1.4		6.5					ND		
9	1.612	3.0		122		1.6		6.4					ND		
10	1.453	1.7		112		2.0		6.2					ND		
11	1.391	3.2		92		2.1		6.5					ND		
12	1.391	2.3		98		1.4		6.4					ND		
13	1.392	3.2	136	50	2.7	1.7		6.3					ND		
14	1.573	4.0		120		2.1		6.5					ND		
15	1.444	3.2		160		2.9		6.5					ND		
16	1.347	4.0		116		1.7		6.6					ND		
17	1.429	3.9		108		1.6		6.5					ND		
18	1.270	4.0		76		1.4		6.4					ND		
19	1.324	3.2		94		1.4		6.5					ND		
20	1.287	2.5	100	154	7.5	1.5		6.7					ND		
21	1.370	2.7		128		2.1		6.4					ND		
22	1.367	1.8		108		1.8		6.4					ND		
23	1.450	3.0		122		1.7		6.4					ND		
24	1.318	1.7		100		1.9		6.4					ND		
25	1.268	1.5		92		1.1		6.7					ND		
26	1.304	1.9		84		0.9		6.5					ND		
27	1.329	2.0	122	126	7.7	2.1		6.7					ND		
28	1.392	1.9		116		1.2		6.4					ND		
29	1.461	1.2		86		1.7		6.5					ND		
30	1.783	3.5		116		1.6		6.9					ND		
31	1.681	3.6		144		1.6		6.9					ND		

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date 6/7/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No 8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.327
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	1.583
(19) Percent of permitted capacity	%	-	45.22%
(20) CBODs EFfluent	mg/L	80082	4.7
(21) CBODs Effuent	lbs/day	-	52.0
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	15.5
(24) Minimum pH			6.5
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

Page 2 of 3

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	1.426	1.7		108		1.4	7.6	6.8			ND				
2	1.299	2.1		84		1.4	7.5	6.8			ND				
3	1.226	3.0	114	76	4.5	1.6	7.5	6.8			ND				
4	1.357	2.4		94		1.1	7.4	6.6			ND				
5	1.364	4.8		168		0.9	7.4	6.8			ND				
6	1.290	1.5		112		1.5	7.5	7.1			ND				
7	1.455	2.4		102		1.2	7.5	6.8			ND				
8	1.273	2.1		86		1.7	7.5	6.6			ND				
9	1.144	1.9		138		0.9	7.5	6.6			ND				
10	1.056	2.0	104	116	5.5	1.7	7.5	6.7			ND				
11	1.289	2.2		92		1.4	7.5	6.6			ND				
12	1.410	2.8		80		2.4	7.5	6.6			ND				
13	1.505	3.0		104		1.7	7.5	6.8			ND				
14	1.139	2.4		84		1.4	7.5	6.6			ND				
15	1.354	2.3		94		1.8	7.4	6.6			ND				
16	1.263	2.7		96		1.5	7.5	6.6			ND				
17	1.317	2.0	97	116	6.8	1.3	7.3	6.7			ND				
18	1.404	2.7		106		1.2	7.5	6.5			ND				
19	1.406	3.6		112		2.2	7.4	6.9			3				
20	1.271	1.5		110		1.9	7.6	6.8			ND				
21	1.359	2.4		112		1.9	7.5	6.8			ND				
22	1.244	2.8		106		1.3	7.4	6.8			ND				
23	1.374	2.9		100		1.3	7.5	6.8			ND				
24	1.411	2.5	111	80	2.0	1.3	7.5	6.8			ND				
25	1.430	2.4		86		1.1	7.5	6.9			ND				
26	1.372	2.4		104		1.0	7.4	6.8			ND				
27	1.463	1.7		110		0.5	7.4	6.6			ND				
28	1.443	2.0		102		0.8	7.4	6.6			ND				
29	1.277	2.6		90		1.1	7.4	6.8			ND				
30	1.188	2.8		92		1.2	7.5	6.7			ND				
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE October 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.509
(17) Permitted capacity	mgd	-	3.500
(18) Three month average daily flow	mgd	-	1.429
(19) Percent of permitted capacity	%	-	40.84%
(20) CBODs Effluent	mg/L	80082	3.5
(21) CBODs Effluent	lbs/day	-	44.1
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	13.8
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	1.403	3.2	102	120	4.1	0.9	7.4	7.1			ND				
2	1.869	2.5		86		1.3	7.4	6.9			ND				
3	1.586	2.2		82		0.7	7.5	7.1			ND				
4	1.694	1.6		106		1.4	7.4	6.9			ND				
5	1.479	1.3		100		1.2	7.5	6.7			ND				
6	1.280	2.0		108		0.9	7.5	6.7			ND				
7	1.516	3.8		84		0.8	7.5	6.8			ND				
8	1.525	1.8	112	106	5.3	0.9	7.5	6.8			ND				
9	1.392	2.2		106		1.3	7.6	6.8			ND				
10	1.418	2.3		80		1.0	7.3	6.7			ND				
11	1.490	2.4		108		1.0	7.6	6.8			ND				
12	1.634	1.7		106		1.4	7.5	6.7			ND				
13	1.433	2.3		82		0.7	7.5	6.9			ND				
14	1.652	1.7		94		0.9	7.4	6.8			ND				
15	1.455	2.3	126	138	3.2	1.0	7.4	6.7			1				
16	1.568	2.1		126		0.9	7.6	6.8			ND				
17	1.332	2.0		108		1.2	7.4	6.9			ND				
18	1.572	2.1		88		0.6	7.5	6.8			ND				
19	1.482	2.0		90		1.4	7.5	6.8			ND				
20	1.220	2.2		82		1.0	7.4	6.8			ND				
21	1.322	2.1		116		0.7	7.5	6.8			ND				
22	1.357	2.1	135	122	2.5	0.9	7.4	6.9			ND				
23	1.349	2.5		152		0.5	7.5	7.0			ND				
24	1.744	1.7		146		1.0	7.4	6.8			ND				
25	1.694	2.0		92		1.2	7.4	6.7			ND				
26	1.780	1.6		112		1.8	7.3	6.8			ND				
27	1.615	2.4		112		0.8	7.3	6.8			ND				
28	1.584	2.1		146		1.2	7.4	7.0			ND				
29	1.442	2.1	200	154	2.5	0.9	7.4	6.8			ND				
30	1.480	1.9		144		1.5	7.3	6.8			ND				
31	1.605	1.5		172		2.2	7.4	6.8			ND				

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date: 8/12/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No.

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.557
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	1.464
(19) Percent of permitted capacity	%	-	41.83%
(20) CBODs Effluent	mg/L	80082	3.4
(21) CBODs Effluent	lbs/day	-	44.2
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	14.3
(24) Minimum pH			6.6
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	1.762	1.8		160		2.9	7.4	6.8			ND				
2	1.842	2.2		176		2.6	7.8	6.9			ND				
3	1.569	2.2		143		1.9	7.6	6.6			ND				
4	1.621	1.8		172		0.9	7.6	6.8			ND				
5	1.363	1.5	144	174	3.1	1.2	7.5	6.8			ND				
6	1.553	2.3		134		1.0	7.6	6.7			ND				
7	1.550	2.4		152		1.4	7.5	6.8			ND				
8	1.627	2.0		142		1.1	7.7	6.9			ND				
9	1.582	2.1		158		0.7	7.6	6.8			ND				
10	1.607	2.1		293		1.1	7.6	6.7			1				
11	1.648	1.7		216		1.0	7.6	6.6			ND				
12	1.526	3.6	185	180	2.3	0.7	7.5	7.0			ND				
13	1.457	3.5		188		1.2	7.6	6.9			ND				
14	1.562	3.4		164		1.2	7.6	6.8			ND				
15	1.501	3.7		170		0.5	7.6	6.9			ND				
16	1.577	3.5		172		1.1	7.5	7.0			ND				
17	1.440	2.3		144		0.4	7.5	6.8			ND				
18	1.407	2.8		138		0.9	7.3	6.8			ND				
19	1.450	2.5	171	208	3.3	0.7	7.6	6.9			ND				
20	1.532	2.1		184		1.0	7.6	6.9			ND				
21	1.535	3.6		160		0.9	7.6	6.9			ND				
22	1.491	3.2		178		0.9	7.5	6.9			ND				
23	1.417	2.7		140		0.9	7.6	6.9			ND				
24	1.301	2.6		142		0.8	7.5	6.9			ND				
25	1.385	1.5		132		0.4	7.5	6.8			ND				
26	1.301	2.9	161	196	4.9	1.3	7.5	6.9			ND				
27	1.276	3.6		146		1.6	7.4	7.1			ND				
28	1.276	3.4		98		1.4	7.6	7.0			ND				
29	1.495	3.3		173		1.0	7.6	7.0			ND				
30	1.953	3.7		148		1.2	7.3	7.1			ND				
31	2.662	3.8		120		1.4	7.2	7.1			ND				

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date: 9/3/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.418
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	1.495
(19) Percent of permitted capacity	%	-	42.70%
(20) CBODs Effluent	mg/L	80082	2.3
(21) CBODs Effluent	lbs/day	-	27.2
(22) TSS Effluent	mg/L	900201	0.9
(23) TSS Effluent	lbs/day	-	10.6
(24) Minimum pH			6.3
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.210(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34)

Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	1.909	1.2		112		1.9	7.4	7.1			ND				
2	1.702	1.8	114	92	2.0	1.1	7.4	6.9			ND				
3	1.607	1.5		98		0.6	7.4	7.2			ND				
4	1.663	2.2		128		1.0	7.3	6.8			ND				
5	1.829	3.8		106		1.1	7.5	7.1			ND				
6	1.834	3.5		118		1.3	7.5	7.1			ND				
7	1.502	2.5		108		1.2	7.4	7.1			ND				
8	1.450	2.5		160		0.7	7.5	6.9			ND				
9	1.370	2.6	120	116	1.9	0.7	7.5	6.8			ND				
10	1.312	2.3		90		1.0	7.5	6.8			ND				
11	1.337	2.5		168		1.6	7.3	6.6			ND				
12	1.358	2.2		104		0.9	7.5	6.6			ND				
13	1.255	1.9		130		0.5	7.3	6.5			ND				
14	1.209	3.0		72		0.9	7.2	6.3			ND				
15	1.177	1.7		124		1.4	7.1	6.7			ND				
16	1.153	1.7	135	118	3.3	0.6	7.1	6.4			ND				
17	1.418	2.2		110		1.0	7.2	6.3			ND				
18	1.376	2.6		72		1.9	7.4	6.5			ND				
19	1.407	1.8		138		0.4	7.7	6.6			ND				
20	1.481	1.3		146		1.1	7.3	6.4			ND				
21	1.454	2.4		98		0.6	7.2	6.5			ND				
22	1.336	2.5		88		0.8	7.1	6.5			ND				
23	1.256	2.9	124	106	2.4	0.4	7.2	6.6			ND				
24	1.201	3.3		106		0.9	7.2	6.7			ND				
25	1.342	2.1		100		1.4	7.3	6.7			ND				
26	1.304	2.1		160		0.7	7.3	6.8			ND				
27	1.299	2.5		102		0.4	7.1	6.6			ND				
28	1.262	2.7		114		0.5	7.5	6.6			ND				
29	1.378	2.3		74		0.7	7.2	6.5			ND				
30	1.345	1.8	175	96	2.0	0.6	7.4	6.8			ND				
31															

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date 10/6/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17.601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	2434
Evening Shift Operator Class	C	Cert. No.	8002
Night Shift Operator Class	C	Cert. No.	8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.590
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	1.522
(19) Percent of permitted capacity	%	-	43.48%
(20) CBODs Effluent	mg/L	80082	4.0
(21) CBODs Effluent	lbs/day	-	53.0
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	13.3
(24) Minimum pH			6.5
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-301.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1	1.255	2.7		106		0.7	7.5	6.8			ND				
2	1.261	2.5		100		0.9	7.4	6.6			ND				
3	1.383	2.3		148		0.6	7.4	6.7			ND				
4	1.531	2.3		122		0.8	7.3	6.7			ND				
5	1.303	2.1		106		1.4	7.3	6.6			ND				
6	1.406	1.8		126		0.4	7.2	6.6			ND				
7	1.438	1.9	167	104	3.5	0.7	7.2	6.6			ND				
8	1.476	3.3		166		1.3	7.2	6.5			ND				
9	1.560	3.6		140		1.0	7.6	7.0			ND				
10	1.841	3.6		120		0.7	7.6	7.2			ND				
11	1.601	3.0		96		1.3	7.2	7.0			ND				
12	1.407	3.7		126		1.0	7.2	6.8			ND				
13	1.387	3.2		142		0.5	7.1	7.0			ND				
14	1.216	2.7	160	96	2.7	1.1	7.2	6.9			ND				
15	1.617	3.4		176		1.9	7.4	7.0			ND				
16	2.052	2.6		116		2.0	7.3	7.1			ND				
17	2.090	2.7		124		1.5	7.4	7.0			1				
18	1.896	2.7		92		1.0	7.0	7.2			ND				
19	1.653	3.5		98		0.6	7.2	7.1			ND				
20	1.526	2.9	183	118	5.9	0.7	7.6	6.9			ND				
21	1.629	3.5		96		0.6	7.3	7.2			ND				
22	2.226	3.1		132		1.3	7.3	7.0			ND				
23	1.790	3.3		140		1.7	7.4	7.1			ND				
24	1.794	3.3		124		0.9	7.2	7.3			ND				
25	1.853	3.0		116		0.8	7.2	7.1			ND				
26	1.622	3.0		114		0.4	7.2	7.1			ND				
27	1.523	3.0		96		0.5	7.5	7.2			ND				
28	1.411	2.1	251	110	4.0	0.8	7.4	7.2			ND				
29	1.395	1.8		110		1.3	7.2	7.1			ND				
30	1.526	2.4		136		0.5	7.5	7.2			ND				
31	1.666	3.0		104		0.6	7.3	7.3			ND				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date: 11/23/93

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 8177

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.584
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily flow	mgd	-	1.495
(19) Percent of permitted capacity	%	-	42.70%
(20) CBODs Effluent	mg/L	80082	6.5
(21) CBODs Effluent	lbs/day	-	85.9
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	14.5
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	
1		3.7		134		0.5	7.3	7.1			ND				
2	0.537	3.8		102		0.4	7.5	7.0			ND				
3	1.545	3.2		108		0.6	7.6	7.1			ND				
4	1.596	3.2	205	126	4.5	1.0	7.7	7.1			ND				
5	1.656	3.4		120		1.3	7.4	7.2			ND				
6	1.815	3.3		148		1.3	7.5	7.0			ND				
7	1.631	3.3		124		1.0	7.7	7.3			ND				
8	1.704	3.6		136		1.2	7.2	7.3			ND				
9	1.573	3.3		140		1.3	7.3	7.2			ND				
10	1.670	2.6		116		1.0	7.5	7.0			ND				
11	1.526	2.6	218	142	8.5	0.8	7.3	7.1			ND				
12	1.551	3.0		122		1.7	7.4	7.1			ND				
13	1.717	2.7		192		2.0	7.4	7.0			ND				
14	1.665	3.1		132		0.9	7.3	7.3			ND				
15	1.593	3.5		100		0.9	7.4	7.2			ND				
16	1.707	3.5		122		1.3	7.5	7.0			ND				
17	1.671	3.5		132		0.2	7.4	7.1			ND				
18	1.569	3.0	246	126	7.0	0.9	7.2	6.9			ND				
19	1.557	2.7		108		1.2	7.3	6.8			ND				
20	1.547	3.4		106		1.8	7.5	7.1			ND				
21	1.603	3.1		116		0.6	7.7	7.1			ND				
22	1.008	3.3		152		1.6	7.6	7.0			ND				
23	1.656	3.3		140		0.8	7.5	7.1			ND				
24	1.569	3.4		130		1.1	7.3	6.9			ND				
25	1.722	2.6	242	160	6.2	1.2	6.9	6.9			ND				
26	1.650	3.0		166		0.9	7.4	7.1			ND				
27	1.722	2.0		178		1.0	7.2	6.9			ND				
28	1.680	3.2		164		1.3	7.5	7.0			ND				
29	0.860	3.4		136		1.2	7.5	7.0			ND				
30		3.3		130		1.7	7.3	6.8			ND				
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Original signed by Gerald Boyce Date 12/06/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17-[illegible]
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

CORRECTED COPY
SENT 5-16-94

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number 5211P-00304

(3) Plant Name Marco Island

(4) Plant Address 100 Windward Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-221557

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class C Cert. No. 8002

Night Shift Operator Class C Cert. No. 6177

Lead Operator [signature] B-002434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.636
(17) Permitted capacity	mgd	-	3.5
(18) Three month average daily fl	mgd	-	1.537
(19) Percent of permitted capacit	%	-	43.9%
(20) CBODs Effluent	mg/L	80082	4.1
(21) CBODs Effluent	lbs/day	-	22.9
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	6.3
(24) Minimum pH			6.6
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	9.7
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Island (34) Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	No Effluent delivered to Public Access	TN
1	1.136	1.2		152		0.9	7.3	6.8					ND		
2	1.727	3.0	169	172	3.6	0.8	7.5	6.9					ND		9.7
3	1.460	3.3		110		1.4	7.4	6.9					ND		
4	1.595	2.9		138		0.8	7.4	7.0					ND		
5	1.591	2.9		140		0.5	7.2	7.0					ND	*	
6	1.554	3.1		180		0.7	7.5	7.0					ND		
7	1.526	3.3		158		0.8	7.3	6.8					ND		
8	1.648	3.4		174		0.8	7.4	6.9					ND		
9	1.479	1.7	245	118	3.1	1.4	7.4	6.9					ND		
10	1.524	3.5		164		1.2	7.4	7.0					ND		
11	1.470	2.6		144		1.1	7.5	6.8					ND		
12	1.520	3.7		144		1.5	7.4	6.9					ND	*	
13	1.295	3.0		150		0.6	7.1	6.8					ND		
14	1.418	2.9		164		0.7	7.4	6.8					ND		
15	1.376	2.9		152		0.9	7.4	6.8					ND		
16	1.306	3.2	238	156	5.3	1.1	7.0	6.6					ND	*	
17	1.355	3.5		176		1.3	7.4	6.9					ND		
18	1.441	3.2		152		2.6	7.5	7.0					ND		
19	1.474	2.7		144		1.0	7.2	7.0					ND		
20	1.631	3.4		204		0.9	7.3	6.9					ND		
21	1.693	3.0		156		0.9	7.1	6.8					ND		
22	1.533	3.0		250		0.5	7.3	6.9					ND		
23	1.685	2.8	211	192	3.9	1.1	7.4	6.9					ND		
24	1.675	2.9		154		1.2	7.3	6.9					ND	*	
25	1.806	3.3		168		1.8	7.4	6.9					ND	*	
26	1.870	3.2		172		1.3	7.6	7.2					ND		
27	2.080	2.8		176		1.5	7.4	7.0					ND		
28	2.158	2.6		160		1.2	7.7	7.1					ND		
29	2.280	2.2		200		1.3	7.6	7.1					ND		
30	2.217	2.8	282	236	4.7	1.5	7.2	7.0					ND		
31	2.166	3.3		144		1.7	7.3	7.0					ND		

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

* No effluent delivered to public access on these days

Signed Gerald Boyce Date: 01-04-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Signature B-002434 Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.052
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily fl	mgd	-	0.041
(19) Percent of permitted capacit	%	-	46%
(20) CBODs Effluent	mg/L	80082	7.1
(21) CBODs Effluent	lbs/day	-	3.1
(22) TSS Effluent	mg/L	900201	18.6
(23) TSS Effluent	lbs/day	-	8.1
(24) Minimum pH			6.4
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.053	3.5					7.0	6.8							
2	0.054	2.5					6.8	6.4							
3	0.049	3.5					6.9	6.8							
4	0.048	3.5					6.8	6.6							
5	0.046	3.5					6.8	6.8							
6	0.053	3.5					6.8	6.7							
7	0.049	3.5					6.9	6.7							
8	0.050	3.5					6.9	6.8							
9	0.039	3.5					6.8	6.8							
10	0.065	3.5					6.9	6.7							
11	0.051	3.5					7.2	6.9							
12	0.048	3.5	270	134	6.8	19.5	7.0	6.8					4		
13	0.051	3.5					7.1	6.8							
14	0.051	3.5					7.0	6.8							
15	0.051	3.5					7.0	6.7							
16	0.051	3.5					7.1	6.8							
17	0.056	3.5					7.0	6.9							
18	0.054	3.5					7.0	6.7							
19	0.051	3.5					6.9	6.7							
20	0.050	3.5					6.9	6.7							
21	0.048	3.5					7.0	6.8							
22	0.046	3.5					6.9	6.7							
23	0.046	3.5					7.0	6.7							
24	0.069	3.5					6.9	6.8							
25	0.051	3.5					6.8	6.6							
26	0.053	3.5	215	204	7.5	17.7	6.9	6.7					ND		
27	0.060	3.5					6.8	6.6							
28	0.058	3.5					6.9	6.6							
29	0.059	3.5					6.8	6.6							
30	0.043	3.5					7.1	6.8							
31	0.070	3.5					6.7	6.6							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Gerald Boyce Date: 2-2-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-304-5505

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 5211D00316

(3) Plant Name: Marco Shores

(4) Plant Address: Mainsail Drive

(5) City: Marco Island

(6) County: Collier

(7) Phone Number: 813-394-5595

(8) Permit Number: DO11-157556

(9) Plant Type: II C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	2434
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator			B-002434
	Signature		Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.063
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flo	mgd	-	0.051
(19) Percent of permitted capacity	%	-	56.2%
(20) CBODs Effluent	mg/L	80082	17.1
(21) CBODs Effluent	lbs/day	-	9.0
(22) TSS Effluent	mg/L	900201	19.0
(23) TSS Effluent	lbs/day	-	9.9
(24) Minimum pH			6.4
(25) Maximum pH			6.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.048	3.5					6.8	6.6							
2	0.057	3.5					6.7	6.5							
3	0.056	3.5					6.7	6.5							
4	0.055	3.0					6.6	6.4							
5	0.083	3.5					6.7	6.5							
6	0.064	3.5					6.9	6.7							
7	0.064	3.5					6.8	6.7							
8	0.060	3.5					6.8	6.6							
9	0.062	3.5	249	17.2	93.1	0.9	6.7	6.5					ND		
10	0.064	3.5					6.6	6.4							
11	0.065	3.5					6.7	6.5							
12	0.071	3.5					6.7	6.5							
13	0.066	3.5					6.8	6.6							
14	0.067	3.5					6.7	6.5							
15	0.058	3.5					6.7	6.5							
16	0.061	3.5					6.6	6.5							
17	0.055	3.5					6.5	6.5							
18	0.063	3.5					6.8	6.6							
19	0.069	3.5					6.7	6.5							
20	0.062	3.5					6.8	6.7							
21	0.062	3.5					6.9	6.7							
22	0.068	3.5					6.8	6.7							
23	0.067	3.5	288	17.0	94.1	1.2	6.8	6.6					ND		
24	0.068	3.5					6.7	6.5							
25	0.070	3.5					6.8	6.7							
26	0.072	3.5					6.7	6.6							
27	0.044	3.5					6.7	6.5							
28	0.056	3.5					6.9	6.6							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed _____ Date: 03-14-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

REVISED COPY
SENT 5-16-94

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number 5211P00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ B-02434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.062
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily fl	mgd	-	0.059
(19) Percent of permitted capacit	%	-	66%
(20) CBODs Effluent	mg/L	80082	13.4
(21) CBODs Effluent	lbs/day	-	6.9
(22) TSS Effluent	mg/L	900201	13.7
(23) TSS Effluent	lbs/day	-	7.1
(24) Minimum pH			6.5
(25) Maximum pH			6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month March Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.070	3.5					6.9	6.6							
2	0.069	3.5					6.7	6.6							
3	0.059	3.5					6.7	6.5							
4	0.059	3.5					6.8	6.6							
5	0.063	3.5					6.7	6.5							
6	0.065	3.5					6.6	6.6							
7	0.056	3.5					6.9	6.7							
8	0.066	3.5					6.8	6.6							
9	0.058	3.5	288	156.0	11.9	16.0	6.9	6.7					ND		
10	0.067	3.5					6.9	6.6							
11	0.057	3.5					6.8	6.6							
12	0.052	3.5					6.8	6.5							
13	0.066	3.5					6.8	6.6							
14	0.058	3.5					6.9	6.6							
15	0.065	3.5					6.8	6.5							
16	0.064	3.5					6.9	6.6							
17	0.056	3.5					6.8	6.5							
18	0.058	3.5					6.8	6.6							
19	0.061	3.5					6.8	6.6							
20	0.064	3.5					6.8	6.6							
21	0.056	3.0					6.8	6.5							
22	0.075	3.5					6.9	6.6							
23	0.060	3.5	254	148.0	14.8	11.3	6.8	6.6					ND		
24	0.064	3.5					6.9	6.7							
25	0.057	3.5					7.0	6.8							
26	0.066	3.5					6.9	6.7							
27	0.063	3.5					6.9	6.7							
28	0.065	3.5					7.0	6.6							
29	0.051	3.5					6.9	6.7							
30	0.061	3.5					6.9	6.6							
31	0.054	3.5					6.8	6.6							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed _____ Date: 04-13-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5585

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE October 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 3434

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Signature B-3434 Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.052
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily fl	mgd	-	0.059
(19) Percent of permitted capacit	%	-	65%
(20) CBODs Effluent	mg/L	80082	14.6
(21) CBODs Effluent	lbs/day	-	6.3
(22) TSS Effluent	mg/L	900201	12.1
(23) TSS Effluent	lbs/day	-	5.2
(24) Minimum pH			6.5
(25) Maximum pH			6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

Page 2 of 3

[illegible]	[illegible]
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1994
DEP APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Manso Shores (34) Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.060	3.5					6.8	6.8							
2	0.057	3.5					6.7	6.5							
3	0.067	3.5					6.8	6.8							
4	0.065	3.5					6.8	6.5							
5	0.065	3.5					6.7	6.5							
6	0.061	3.5	219	200	10.4	18.1	6.8	6.6					ND		
7	0.060	3.5					6.9	6.8							
8	0.057	3.5					6.8	6.8							
9	0.061	3.5					6.9	6.7							
10	0.051	3.5					6.8	6.8							
11	0.066	3.5					6.9	6.7							
12	0.044	3.5					6.8	6.8							
13	0.050	3.5					6.8	6.8							
14	0.055	3.5					6.9	ERR							
15	0.051	3.5					6.8	6.7							
16	0.048	3.5					6.9	6.7							
17	0.061	3.5					6.8	6.7							
18	0.048	3.5					6.9	6.8							
19	0.050	3.5					6.9	6.7							
20	0.049	3.5	203	104	18.8	6.0	6.9	6.7					ND		
21	0.050	3.5					6.8	6.6							
22	0.045	3.5					6.9	6.8							
23	0.051	3.5					6.9	6.7							
24	0.036	3.5					6.8	6.7							
25	0.035	3.5					6.9	6.7							
26	0.038	3.5					6.9	6.8							
27	0.048	3.5					6.8	6.7							
28	0.041	3.5					6.8	6.5							
29	0.052	3.5					6.9	6.8							
30	0.035	3.5					6.9	6.7							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gerald Boyce

Name (Please Type) Gerald Boyce

Company Name Southern States Utilities

Date: 5-5-94

Telephone No. (Please Type)

813-384-5585

Page 3 of 3

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Numb 5211P00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-02434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.037
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flo	mgd	-	0.050
(19) Percent of permitted capacity	%	-	56%
(20) CBODs Effluent	mg/L	80082	13.1
(21) CBODs Effluent	lbs/day	-	4.0
(22) TSS Effluent	mg/L	900201	8.2
(23) TSS Effluent	lbs/day	-	2.5
(24) Minimum pH			6.6
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Fecal Coliform	N/100ml	031616	ND

DER FORM NO	17-625.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores — Month May — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.037	3.5					6.9	6.6							
2	0.032	3.5					6.9	6.7							
3	0.035	3.5					6.8	6.6							
4	0.029	3.5	218	148	18.1	4.7	6.9	6.7					ND		
5	0.033	3.5					6.9	6.7							
6	0.051	3.5					6.9	6.8							
7	0.017	3.5					6.9	6.7							
8	0.031	3.5					6.8	6.6							
9	0.024	3.5					7.0	6.7							
10	0.033	3.5					6.9	6.7							
11	0.035	3.5					6.9	6.8							
12	0.033	3.5					7.1	6.9							
13	0.031	3.5					7.1	6.9							
14	0.029	3.5					7.0	6.8							
15	0.026	3.5					7.0	6.8							
16	0.029	3.5					7.0	6.7							
17	0.026	3.5					7.1	6.8							
18	0.025	3.5	144	112	8.1	11.5	7.0	6.8					ND		
19	0.034	3.5					7.0	6.7							
20	0.045	3.5					7.1	6.8							
21	0.037	3.5					7.0	6.7							
22	0.042	3.5					7.0	6.6							
23	0.045	3.5					7.1	6.7							
24	0.043	3.5					7.0	6.7							
25	0.041	3.5					7.0	6.8							
26	0.053	3.5					7.1	6.7							
27	0.044	3.5					7.0	6.7							
28	0.053	3.5					7.1	6.9							
29	0.050	3.5					7.1	6.9							
30	0.055	3.5					7.0	6.7							
31	0.043	3.5					7.0	6.8							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed _____ Date 06-15-94

Name (Please Type) Gerald Boyce — Telephone No. (Please Type) 813-394-5595

Company Name Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Numb 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-02434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.039
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flo	mgd	-	0.043
(19) Percent of permitted capacity	%	-	48%
(20) CBODs Effluent	mg/L	80082	10.4
(21) CBODs Effluent	lbs/day	-	3.4
(22) TSS Effluent	mg/L	900201	5.3
(23) TSS Effluent	lbs/day	-	1.7
(24) Minimum pH			6.2
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34)

Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Time Of Grab Samples	
1	0.045	3.5	144	128	10.4	10.0	7.1	6.5					ND	9:00 am	
2	0.055	3.5					7.0	6.2							
3	0.041	3.5					7.0	6.3							
4	0.051	3.5					7.1	6.4							
5	0.062	3.5					7.0	6.4							
6	0.066	3.5					7.1	6.3							
7	0.028	3.5					7.0	6.5							
8	0.038	3.5					7.1	6.3							
9	0.023	3.5					7.1	6.4							
10	0.033	3.5					7.1	6.5							
11	0.044	3.5					7.0	6.5							
12	0.028	3.5					7.1	6.4							
13	0.034	3.5					7.0	6.3							
14	0.034	3.5					7.0	6.4							
15	0.044	3.5	110	116	10.9	2.8	7.1	6.4					ND	3:00 pm	
16	0.046	3.5					7.1	6.7							
17	0.042	3.5					7.1	6.7							
18	0.037	3.5					7.1	6.8							
19	0.037	3.5					7.0	6.9							
20	0.029	3.5					7.1	6.7							
21	0.036	3.5					7.0	6.7							
22	0.032	3.5					7.1	6.8							
23	0.039	3.5					7.0	6.6							
24	0.034	3.5					7.0	6.5							
25	0.033	3.5					7.0	6.6							
26	0.029	3.5					7.0	6.5							
27	0.057	3.5					7.1	6.5							
28	0.035	3.5					7.1	6.6							
29	0.032	3.5	119	112	8.9	3.2	7.0	6.6					ND	3:30 pm	
30	0.037	3.5					6.7	6.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gerald Boyce

Name (Please Type): Gerald Boyce

Company Name: Southern States Utilities

Date: 07-07-94

Telephone No. (Please Type): 813-394-5595

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Numb 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-02434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.043
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flo	mgd	-	0.040
(19) Percent of permitted capacity	%	-	44%
(20) CBOD Effluent	mg/L	80082	11.6
(21) CBOD Effluent	lbs/day	-	4.1
(22) TSS Effluent	mg/L	900201	4.4
(23) TSS Effluent	lbs/day	-	1.6
(24) Minimum pH			6.1
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Time Of Grab Samples	
1	0.043	3.5					6.6	6.2							
2	0.039	3.5					6.5	6.1							
3	0.037	3.5					6.6	6.3							
4	0.034	3.5					6.8	6.4							
5	0.035	3.5					6.9	6.4							
6	0.030	3.5					6.8	6.2							
7	0.037	3.5					6.7	6.3							
8	0.051	3.5					6.9	6.4							
9	0.033	3.0					6.7	6.4							
10	0.036	3.5					6.6	6.2							
11	0.035	3.5					6.7	6.3							
12	0.038	3.5					6.6	6.2							
13	0.037	3.5	145	56	16.4	2.2	6.7	6.4					ND	1:55PM	
14	0.036	3.5					6.6	6.4							
15	0.040	3.5					6.6	6.3							
16	0.053	3.5					6.6	6.4							
17	0.035	3.5					6.7	6.3							
18	0.052	3.5					6.8	6.4							
19	0.051	3.5					6.7	6.4							
20	0.036	3.5					6.7	6.4							
21	0.060	3.5					6.8	6.2							
22	0.048	3.5					6.8	6.2							
23	0.050	3.5					7.1	6.8							
24	0.064	3.5					7.0	6.4							
25	0.041	3.5					7.2	6.9							
26	0.054	3.5					7.0	6.7							
27	0.044	3.5	138	116	6.7	6.6	7.2	6.9					ND	10:00A	
28	0.044	3.5					7.1	6.8							
29	0.052	3.5					6.9	6.8							
30	0.048	3.5					7.0	6.8							
31	0.043	3.5					7.1	6.7							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Gerald Boyce Date: 8-18-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Numb 5211P-00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-02434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.041
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily	mgd	-	0.041
(19) Percent of permitted capac	%	-	46%
(20) CBOD Effluent	mg/L	80082	3.6
(21) CBOD Effluent	lbs/day	-	1.2
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	0.4
(24) Minimum pH			6.3
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	7.38
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residua	mg/L	-	3.5
(32) Maximum Chlorine Residu	mg/L	-	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month August Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Time Of Grab Samples	
1	0.045	3.5					7.0	6.9							
2	0.055	3.5					7.0	6.8							
3	0.040	3.5					7.1	6.4							
4	0.048	3.5					7.1	6.4							
5	0.026	3.5					7.0	6.3							
6	0.040	3.5					7.1	6.4							
7	0.051	3.5					7.1	6.6							
8	0.037	3.5					7.0	6.8							
9	0.033	3.5					6.8	6.4							
10	0.037	3.5	73	56	0.7	1.4	6.8	6.4					ND	9::00 a	
11	0.037	3.5					6.9	6.3							
12	0.043	3.5					7.1	6.6							
13	0.049	3.5					7.0	6.5							
14	0.047	3.5					7.0	6.4							
15	0.045	3.5					7.1	6.5							
16	0.044	3.5					7.0	6.5							
17	0.042	3.5					7.0	6.4							
18	0.037	3.5					7.1	6.5							
19	0.035	3.5					7.0	6.4							
20	0.049	3.5					7.1	6.5							
21	0.039	3.5					7.0	6.5							
22	0.048	3.5					7.1	6.3							
23	0.039	3.5					7.0	6.3							
24	0.036	3.5	86	80	6.4	0.8	7.0	6.4					ND	11::00 a	
25	0.035	3.5					7.1	6.3							
26	0.031	3.5					7.0	6.3							
27	0.041	3.5					7.1	6.5							
28	0.056	3.5					7.0	6.3							
29	0.043	3.5					7.1	6.4							
30	0.032	3.5					7.0	6.3							
31	0.025	3.5					7.0	6.4							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gerald Boyce Date: 9-23-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Septemb Year: 1994

(2) Plant DER Identification Numb 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-02434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.034
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily	mgd	-	0.039
(19) Percent of permitted capac	%	-	44%
(20) CBOD Effluent	mg/L	80082	5.4
(21) CBOD Effluent	lbs/day	-	1.5
(22) TSS Effluent	mg/L	900201	1.9
(23) TSS Effluent	lbs/day	-	0.5
(24) Minimum pH			6.1
(25) Maximum pH			6.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residua	mg/L	-	2.5
(32) Maximum Chlorine Residu	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-301 650(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Time Of Grab Samples	
1	0.038	3.5					7.0	6.4							
2	0.040	3.5					7.0	6.3							
3	0.038	3.5					7.1	6.4							
4	0.045	3.5					7.0	6.4							
5	0.031	3.5					7.2	6.5							
6	0.033	3.5					7.1	6.5							
7	0.031	2.5	102	128	4.6	0.8	7.1	6.5					ND		
8	0.028	3.0					7.1	6.5							
9	0.036	3.5					7.0	6.3							
10	0.051	3.5					7.0	6.4							
11	0.023	3.5					7.0	6.3							
12	0.036	3.5					6.9	6.1							
13	0.032	3.5					7.0	6.4							
14	0.034	3.5					7.1	6.5							
15	0.043	3.5					7.1	6.4							
16	0.035	3.5					7.0	6.3							
17	0.043	3.5					7.1	6.5							
18	0.029	3.0					7.1	6.5							
19	0.032	3.0					7.0	6.3							
20	0.032	3.5					7.3	6.1							
21	0.025	3.5	128	108	6.1	3.0	7.3	6.5					ND		
22	0.025	3.5					7.2	6.5							
23	0.029	3.5					7.1	6.2							
24	0.032	3.5					7.1	6.4							
25	0.039	3.5					7.1	6.3							
26	0.036	3.5					7.0	6.2							
27	0.028	3.0					7.3	6.8							
28	0.040	3.5					7.2	6.8							
29	0.033	3.5					7.2	6.5							
30	0.033	3.5					7.2	6.5							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____ Date: 10-05-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Numb 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator _____ B-02434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.040
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flo	mgd	-	0.041
(19) Percent of permitted capacity	%	-	46%
(20) CBOD Effluent	mg/L	80082	4.2
(21) CBOD Effluent	lbs/day	-	1.4
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	0.7
(24) Minimum pH			6.4
(25) Maximum pH			6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER Form No. 97-[illegible]
Form Title: Domestic Wastewater Treatment Plant
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores

Month: October Year: 1994

(94)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Time Of Grab Samples	
1	0.036	3.5					7.2	6.6							
2	0.033	3.5					7.1	6.5							
3	0.035	3.5					7.1	6.5							
4	0.041	3.5					7.2	6.6							
5	0.027	3.5	114	104	5.0	2.0	7.2	6.5					ND	10:05 a	
6	0.036	3.5					7.1	6.5							
7	0.039	3.5					7.3	6.6							
8	0.027	3.5					7.3	6.5							
9	0.050	3.5					7.1	6.4							
10	0.038	3.5					7.2	6.5							
11	0.030	3.5					7.2	6.5							
12	0.032	3.5					7.3	6.7							
13	0.034	3.5					7.2	6.7							
14	0.033	3.5					7.3	6.8							
15	0.036	3.5					7.2	6.6							
16	0.042	3.5					7.2	6.5							
17	0.037	3.5					7.2	6.5							
18	0.045	3.5					7.3	6.6							
19	0.044	3.5	160	196	3.4	2.0	7.2	6.6					ND	9:05 am	
20	0.043	3.5					7.2	6.6							
21	0.040	3.5					7.1	6.5							
22	0.046	3.5					7.2	6.7							
23	0.050	3.5					7.2	6.6							
24	0.041	3.5					7.2	6.7							
25	0.049	3.5					7.2	6.7							
26	0.046	3.5					7.3	6.7							
27	0.045	3.5					7.1	6.4							
28	0.049	3.5					7.2	6.5							
29	0.046	3.5					7.2	6.5							
30	0.053	3.5					7.2	6.6							
31	0.050	3.5					7.1	6.4							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gerald Boyce

Name (Please Type): Gerald Boyce

Company Name: Southern States Utilities

Date: 11-11-94

Telephone No. (Please Type)
813-394-5595

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: Novembe Year: 1994

(2) Plant DER Identification Numb 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-02434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.051
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flo	mgd	-	0.044
(19) Percent of permitted capacity	%	-	49%
(20) CBOD Effluent	mg/L	80082	6.1
(21) CBOD Effluent	lbs/day	-	2.6
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	0.8
(24) Minimum pH			6.4
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

[illegible]	[illegible]
[illegible]	Domestic Wastewater Treatment Plant
[illegible]	[illegible]
[illegible]	[illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Time Of Grab Samples	
1	0.050	3.5					7.2	6.6							
2	0.046	3.5	195	128	7.7	2.4	7.1	6.6					ND	10:15 a	
3	0.053	3.5					7.1	6.6							
4	0.046	3.5					7.1	6.7							
5	0.047	3.5					7.1	6.6							
6	0.058	3.5					7.2	6.7							
7	0.056	3.5					7.1	6.7							
8	0.054	3.0					7.2	6.7							
9	0.052	3.5					7.1	6.6							
10	0.051	3.5					7.1	6.7							
11	0.042	3.5					7.2	6.7							
12	0.061	3.5					7.1	6.7							
13	0.055	3.5					7.1	6.7							
14	0.046	3.5					7.1	6.4							
15	0.065	3.5					7.1	6.6							
16	0.063	3.5	158	152	3.5	2.0	7.3	6.6					ND	12:15 p	
17	0.046	3.5					7.2	6.8							
18	0.042	3.5					7.2	6.8							
19	0.057	3.5					7.2	6.9							
20	0.051	3.5					7.1	6.7							
21	0.050	3.5					7.2	6.9							
22	0.053	3.5					7.0	6.5							
23	0.050	3.5					7.1	6.6							
24	0.052	3.5					7.1	6.5							
25	0.053	3.5					7.2	6.8							
26	0.051	3.5					7.2	6.7							
27	0.047	3.5					7.1	6.6							
28	0.050	3.5					7.2	6.7							
29	0.050	3.5					7.2	6.8							
30	0.046	3.5	195	132	7.0	1.0	7.2	6.9					ND	9:45 am	
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gerald D. Boyce Date: 12-8-94

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Decembe Year: 1994

(2) Plant DER Identification Numb 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Gerald Hayes B-02434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.050
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flo	mgd	-	0.047
(19) Percent of permitted capacity	%	-	52.2%
(20) CBOD Effluent	mg/L	80082	7.4
(21) CBOD Effluent	lbs/day	-	3.1
(22) TSS Effluent	mg/L	900201	5.7
(23) TSS Effluent	lbs/day	-	2.4
(24) Minimum pH			6.7
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			
Fecal Coliform (max)	N/100		ND

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Time Of Grab Samples	
1	0.046	3.5					7.2	6.8							
2	0.048	3.5					7.2	6.9							
3	0.045	3.5					7.1	6.8							
4	0.050	3.5					7.2	6.8							
5	0.054	3.5					7.2	6.9							
6	0.044	3.5					7.1	6.7							
7	0.042	3.5					7.2	6.8							
8	0.044	3.5					7.1	6.8							
9	0.050	3.5					7.2	6.9							
10	0.037	3.5					7.0	6.7							
11	0.041	3.5					7.1	6.8							
12	0.043	3.5					7.0	6.9							
13	0.037	3.5					7.2	6.7							
14	0.040	3.5	130	128	7.4	3.7	7.2	6.8					ND	10:35 a	
15	0.042	3.5					7.2	6.9							
16	0.038	3.5					7.2	6.9							
17	0.048	3.5					7.1	6.9							
18	0.049	3.5					7.2	6.8							
19	0.042	3.5					7.2	6.8							
20	0.028	3.5					7.2	6.8							
21	0.062	3.5					7.1	6.7							
22	0.063	3.5					7.1	6.7							
23	0.056	3.5					7.2	6.8							
24	0.069	3.5					7.2	6.8							
25	0.060	3.5					7.3	6.7							
26	0.053	3.5					7.1	6.9							
27	0.050	3.5					7.1	6.8							
28	0.081	3.5	213	172	7.3	7.6	7.2	6.9					ND	10:00 a	
29	0.073	3.5					7.1	6.7							
30	0.043	3.5					7.1	6.8							
31	0.073	3.5					7.2	6.8							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gerald Boyce Date: 01-01-95

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 2434

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.050
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.041
(19) Percent of permitted capacity	%	-	45.6%
(20) CBODs Effluent	mg/L	80082	5.5
(21) CBODs Effluent	lbs/day	-	1.9
(22) TSS Effluent	mg/L	900201	6.2
(23) TSS Effluent	lbs/day	-	2.1
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.210(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34)

Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.056	3.5						7.0							
2	0.050	3.5						7.0							
3	0.052	3.5						7.0							
4	0.046	3.5						7.0							
5	0.049	3.5						7.1							
6	0.045	3.5						7.0							
7	0.044	3.5						7.1							
8	0.054	3.5						7.1							
9	0.046	3.5						7.0							
10	0.052	3.5						7.0							
11	0.042	3.5	116	84	4.3	6.5		7.0					ND		
12	0.042	3.5						7.1							
13	0.046	3.5						7.1							
14	0.045	3.5						7.1							
15	0.057	3.5						7.0							
16	0.047	3.5						7.0							
17	0.065	3.5						7.0							
18	0.047	3.5						7.0							
19	0.046	3.5						7.1							
20	0.045	3.5						7.1							
21	0.050	3.5						7.0							
22	0.049	3.5						7.0							
23	0.050	3.5						7.0							
24	0.045	3.5						6.9							
25	0.054	3.5	185	109	6.7	5.8		6.9							
26	0.053	3.5						6.9					ND		
27	0.049	3.5						6.9							
28	0.058	3.5						7.0							
29	0.040	3.5						7.0							
30	0.064	3.5						7.0							
31	0.050	3.5						6.9							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Gerald Boyce

Name (Please Type): Gerald Boyce

Company Name: Southern States Utilities

Date:

Telephone No. (Please Type): 813-394-5595

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.067
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.052
(19) Percent of permitted capacity	%	-	58%
(20) CBODs Effluent	mg/L	80082	7.4
(21) CBODs Effluent	lbs/day	-	4.1
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	2.0
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.055	3.5													
2	0.051	3.5													
3	0.065	3.5													
4	0.057	3.5													
5	0.056	3.5													
6	0.064	3.5													
7	0.078	3.5													
8	0.060	3.5													
9	0.068	3.5	272	186	9.4	4.0							ND		
10	0.070	3.5													
11	0.075	3.5													
12	0.063	3.5													
13	0.059	3.5													
14	0.081	3.5													
15	0.063	3.5													
16	0.062	3.5													
17	0.075	3.5													
18	0.071	3.5													
19	0.054	3.5													
20	0.079	3.5													
21	0.078	3.5													
22	0.060	3.5													
23	0.076	3.5	207	192	5.4	2.9							ND		
24	0.067	3.5													
25	0.075	3.5													
26	0.072	3.5													
27	0.071	3.5													
28	0.077	3.5													
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Gerald Boyce Date 3/4/93

Name (Please Type): Gerald Boyce Telephone No (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No.

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.055
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.057
(19) Percent of permitted capacity	%	-	61.1%
(20) CBODs Effluent	mg/L	80082	6.6
(21) CBODs Effluent	lbs/day	-	3.0
(22) TSS Effluent	mg/L	900201	18.7
(23) TSS Effluent	lbs/day	-	8.6
(24) Minimum pH			6.9
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	*	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

FDER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant
Effective Date: July 1, 1991
FDER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.056	3.5						6.9							
2	0.062	3.5						6.9							
3	0.063	3.5						6.9							
4	0.069	3.5						6.9							
5	0.060	3.5						7.0							
6	0.071	3.5						7.0							
7	0.066	3.5						6.9							
8	0.063	3.5						7.0							
9	0.058	3.5						6.9							
10	0.063	3.5	235	124	6.9	16.0		7.0					ND		
11	0.053	3.5						7.0							
12	0.053	3.5						7.0							
13	0.066	3.5						6.9							
14	0.079	3.5						6.9							
15	0.062	3.5						6.9							
16	0.056	3.5						6.9							
17	0.067	3.5						7.0							
18	0.053	3.5						7.0							
19	0.063	3.5						7.0							
20	0.080	3.5						7.0							
21	0.056	3.5						6.9							
22	0.067	3.5						7.0							
23	0.052	3.5						7.0							
24	0.067	3.5	231	164	6.3	21.3		6.9					ND		
25	0.064	3.5						7.0							
26	0.046	3.5						7.0							
27	0.041	3.5						7.0							
28	0.053	3.5						7.0							
29	0.060	3.5						7.0							
30	0.055	3.5						7.0							
31	0.053	3.5						7.0							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Gerald Boyce Date: 4/12/93

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.043
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.055
(19) Percent of permitted capacity	%	-	47.8%
(20) CBODs Effluent	mg/L	80082	6.4
(21) CBODs Effluent	lbs/day	-	2.3
(22) TSS Effluent	mg/L	900201	14.8
(23) TSS Effluent	lbs/day	-	5.3
(24) Minimum pH			6.7
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071650	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER Form No.	17-[illegible]
Form Title	Domestic Wastewater Treatment Plant
Effective Date	July 1, 1991
DER Application No.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores — Month: April — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.050	3.5						6.8							
2	0.046	3.5						6.9							
3	0.041	3.5						6.9							
4	0.058	3.5						6.9							
5	0.048	3.5						6.8							
6	0.045	3.5						6.9							
7	0.043	3.5	225	192	9.0	14.0		6.9					ND		
8	0.048	3.5						6.9							
9	0.041	3.5						6.9							
10	0.053	3.5						6.9							
11	0.052	3.5						6.8							
12	0.047	3.5						6.9							
13	0.050	3.0						7.0							
14	0.051	3.0						6.9							
15	0.048	3.5						6.9							
16	0.029	3.0						6.7							
17	0.053	3.0						6.9							
18	0.041	3.5						6.9							
19	0.044	3.5						6.8							
20	0.037	3.5						6.9							
21	0.041	3.0	198	96	3.7	15.6		6.9					ND		
22	0.036	3.5						6.9							
23	0.036	3.5						6.9							
24	0.038	3.5						6.9							
25	0.044	3.5						6.9							
26	0.040	3.5						7.0							
27	0.038	3.5						6.9							
28	0.035	3.0						6.9							
29	0.034	3.0						6.9							
30	0.036	3.0						6.9							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Gerald Boyce — Date: 5/13/93

Name (Please Type): Gerald Boyce — Telephone No. (Please Type): 813-394-5595

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.042
(19) Percent of permitted capacity	%	-	46.7%
(20) CBODs Effluent	mg/L	80082	6.6
(21) CBODs Effluent	lbs/day	-	1.7
(22) TSS Effluent	mg/L	900201	13.3
(23) TSS Effluent	lbs/day	-	3.3
(24) Minimum pH			6.6
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER Form No 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant
Effective Date July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34)

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.038	3.0						6.9							
2	0.034	3.5						6.9							
3	0.035	3.5						6.8							
4	0.033	3.5						6.8							
5	0.031	3.5	290	62	5.2	12.4		6.8					ND		
6	0.027	3.5						6.8							
7	0.023	3.5						6.9							
8	0.033	3.5						6.9							
9	0.033	3.5						6.8							
10	0.026	3.5						6.9							
11	0.028	3.5						6.9							
12	0.027	3.0						6.9							
13	0.035	3.5						6.9							
14	0.024	3.5						6.9							
15	0.034	3.5						6.9							
16	0.028	3.5						6.8							
17	0.030	3.5						6.9							
18	0.024	3.5						6.9							
19	0.029	3.5	240	256	8.0	14.1		6.9					ND		
20	0.028	3.5						6.9							
21	0.026	3.5						6.9							
22	0.030	3.5						7.0							
23	0.028	3.5						6.8							
24	0.023	3.5						6.9							
25	0.027	3.5						6.8							
26	0.025	3.5						6.8							
27	0.031	3.5						6.7							
28	0.034	3.5						6.7							
29	0.039	3.5						6.7							
30	0.034	3.5						6.8							
31	0.036	3.5						6.7							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Original signed by Gerald Boyce

Name (Please Type) Gerald Boyce

Company Name Southern States Utilities

Date: 6/7/93

Telephone No. (Please Type)

813-394-5595

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.035
(19) Percent of permitted capacity	%	-	38.9%
(20) CBODs Effluent	mg/L	80082	7.2
(21) CBODs Effluent	lbs/day	-	1.9
(22) TSS Effluent	mg/L	900201	8.3
(23) TSS Effluent	lbs/day	-	2.1
(24) Minimum pH			6.1
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	*	2.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-[illegible]
FORM TITLE [illegible]
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.030	3.5						6.7							
2	0.027	3.5						6.7							
3	0.026	3.5	129	116	7.4	2.3		6.5					ND		
4	0.026	3.5						6.5							
5	0.029	3.5						6.7							
6	0.030	3.5						6.5							
7	0.029	3.5						6.7							
8	0.035	3.0						6.5							
9	0.026	2.0						6.5							
10	0.029	2.4						6.6							
11	0.031	3.5						6.8							
12	0.029	3.5						6.9							
13	0.030	2.0						6.6							
14	0.029	3.5						6.9							
15	0.054	2.0						6.1							
16	0.037	3.5						6.3							
17	0.031	3.5	126	204	7.0	14.2		6.5					ND		
18	0.028	3.0						6.4							
19	0.036	2.5						6.4							
20	0.032	2.5						6.5							
21	0.030	2.0						6.9							
22	0.029	3.0						6.4							
23	0.029	3.0						6.4							
24	0.030	3.5						6.3							
25	0.031	3.5						6.1							
26	0.039	3.5						6.2							
27	0.032	3.0						6.4							
28	0.031	3.5						6.3							
29	0.030	2.0						6.1							
30	0.030	3.0						6.3							
31															

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Original signed by Gerald Boyce Date

Name (Please Type) Gerald Boyce Telephone No (Please Type)

Company Name Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert No 2434

Evening Shift Operator Class Cert No

Night Shift Operator Class Cert. No

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.031
(19) Percent of permitted capacity	%	-	34.07%
(20) CBODs Effluent	mg/L	80082	4.5
(21) CBODs Effluent	lbs/day	-	1.2
(22) TSS Effluent	mg/L	900201	4.7
(23) TSS Effluent	lbs/day	-	1.2
(24) Minimum pH			6.2
(25) Maximum pH			6.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-301.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34)

Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.030	3.5						6.3							
2	0.030	3.5						6.3							
3	0.034	3.5						6.5							
4	0.022	3.5						6.4							
5	0.037	3.5						6.3							
6	0.026	3.5						6.3							
7	0.027	3.5						6.2							
8	0.026	3.5						6.4							
9	0.033	2.6						6.4							
10	0.030	3.2						6.5							
11	0.034	3.5						6.5							
12	0.054	3.5						6.5							
13	0.026	3.0						6.3							
14	0.035	2.0	156	118	4.1	4.0		6.5					ND		
15	0.034	3.0						6.5							
16	0.033	3.3						6.6							
17	0.029	3.0						6.5							
18	0.025	3.0						6.5							
19	0.033	3.0						6.5							
20	0.030	3.5						6.3							
21	0.030	3.5						6.3							
22	0.029	3.5						6.3							
23	0.022	3.5						6.3							
24	0.030	3.0						6.3							
25	0.044	3.0						6.4							
26	0.026	3.0						6.3							
27	0.030	3.0						6.4							
28	0.028	3.0	162	152	4.9	5.4		6.3					ND		
29	0.025	3.0						6.3							
30	0.029	3.0						6.3							
31	0.030	3.0						6.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Gerald Boyce Date 8/12/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.029
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	33.70%
(20) CBODs Effluent	mg/L	80082	6.2
(21) CBODs Effluent	lbs/day	-	1.5
(22) TSS Effluent	mg/L	900201	5.3
(23) TSS Effluent	lbs/day	-	1.3
(24) Minimum pH			6.3
(25) Maximum pH			6.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	*	2.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.029	3.5					6.7	6.4							
2	0.025	3.5					6.8	6.5							
3	0.029	2.5					6.7	6.3							
4	0.024	3.0					6.6	6.3							
5	0.029	3.0					6.7	6.4							
6	0.026	3.5					6.8	6.5							
7	0.025	3.5					6.8	6.5							
8	0.026	3.5					6.7	6.3							
9	0.029	3.5					6.8	6.4							
10	0.026	3.5					6.7	6.4							
11	0.042	3.0	190	100	9.5	5.5	6.8	6.5					ND		
12	0.025	3.0					6.8	6.5							
13	0.027	3.5					6.7	6.5							
14	0.035	3.5					6.7	6.4							
15	0.025	2.0					6.9	6.6							
16	0.031	3.3					6.9	6.5							
17	0.025	3.0					6.7	6.6							
18	0.034	3.5					6.7	6.6							
19	0.024	3.5					6.7	6.5							
20	0.029	3.0					6.8	6.5							
21	0.037	3.5					6.9	6.6							
22	0.028	2.5					6.9	6.4							
23	0.024	2.0					6.7	6.3							
24	0.024	2.5					6.7	6.3							
25	0.029	2.5	146	98	3.0	5.1	6.7	6.3					ND		
26	0.026	3.5					6.5	6.3							
27	0.029	3.5					6.5	6.3							
28	0.022	3.5					6.6	6.4							
29	0.031	3.5					6.9	6.6							
30	0.057	3.5					6.7	6.3							
31	0.036	3.5					6.4	6.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Gerald Boyce Date: 9/8/93

Name (Please Type) Gerald Boyce Telephone No. (Please Type)

Company Name Southern States Utilities 813-394-5595

DER FORM NO	17.601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 2434

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.028
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	32.59%
(20) CBODs Effluent	mg/L	80082	7.1
(21) CBODs Effluent	lbs/day	-	1.7
(22) TSS Effluent	mg/L	900201	6.1
(23) TSS Effluent	lbs/day	-	1.4
(24) Minimum pH			6.3
(25) Maximum pH			6.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	*	1.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.030	3.5					6.7	6.5							
2	0.029	3.5					6.6	6.4							
3	0.030	3.5					6.6	6.3							
4	0.030	3.5					6.7	6.4							
5	0.027	3.5					6.8	6.6							
6	0.030	3.5					6.9	6.6							
7	0.033	3.5					6.8	6.5							
8	0.028	3.5	138	102	4.8	7.7	6.7	6.5					ND		
9	0.027	3.5					6.9	6.6							
10	0.023	3.5					6.9	6.6							
11	0.034	3.0					6.6	6.7							
12	0.045	3.5					6.7	6.5							
13	0.024	3.5					6.9	6.6							
14	0.028	2.1					6.7	6.5							
15	0.022	2.2					6.8	6.6							
16	0.031	1.8					6.7	6.5							
17	0.026	1.5					6.6	6.5							
18	0.035	2.5					6.7	6.5							
19	0.027	3.0					6.8	6.6							
20	0.028	3.3					6.9	6.5							
21	0.025	3.0					6.8	6.5							
22	0.025	3.5	154	216	9.4	4.5	6.6	6.4					ND		
23	0.025	3.5					6.6	6.4							
24	0.025	3.5					6.7	6.5							
25	0.026	3.0					6.7	6.4							
26	0.025	3.5					6.8	6.6							
27	0.023	3.5					6.7	6.5							
28	0.031	3.5					6.7	6.5							
29	0.025	3.5					6.7	6.4							
30	0.025	3.0					6.7	6.5							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Gerald Boyce Date: 10/6/93

Name (Please Type): Gerald Boyce Telephone No. (Please Type): 813-394-5595

Company Name: Southern States Utilities

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	32.59%
(20) CBODs EFfluent	mg/L	80082	7.0
(21) CBODs Effuent	lbs/day	-	1.8
(22) TSS Effluent	mg/L	900201	6.6
(23) TSS Effluent	lbs/day	-	1.7
(24) Minimum pH			6.2
(25) Maximum pH			6.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34) Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.033	3.5					6.8	6.5							
2	0.030	3.5					6.6	6.4							
3	0.029	3.5					6.9	6.6							
4	0.029	3.5					6.9	6.5							
5	0.029	2.0					6.8	6.6							
6	0.031	2.0	184	72	7.2	5.6	6.6	6.2					ND		
7	0.033	3.5					6.6	6.3							
8	0.025	2.5					6.8	6.6							
9	0.034	3.0					6.7	6.5							
10	0.031	3.0					6.9	6.7							
11	0.030	3.5					6.9	6.5							
12	0.029	3.5					6.6	6.5							
13	0.034	3.5					6.7	6.4							
14	0.029	3.5					6.7	6.3							
15	0.034	3.5					6.7	6.3							
16	0.037	3.0					6.6	6.3							
17	0.033	3.0					6.7	6.4							
18	0.026	3.3					6.7	6.3							
19	0.025	3.5					6.5	6.3							
20	0.032	3.5	167	102	6.7	7.5	6.6	6.5					ND		-
21	0.038	3.0					6.6	6.4							
22	0.029	3.0					6.7	6.5							
23	0.031	3.0					6.6	6.5							
24	0.033	3.5					6.5	6.5							
25	0.029	3.5					6.6	6.4							
26	0.036	3.5					6.5	6.4							
27	0.028	3.5					6.8	6.4							
28	0.026	3.5					6.6	6.4							
29	0.032	3.5					6.7	6.5							
30	0.040	3.5					6.6	6.5							
31	0.033	3.5					6.6	6.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Gerald Boyce Date: 11/3/93

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-5595

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-157556

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Gerald Boyce B-2434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.035
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily flow	mgd	-	0.031
(19) Percent of permitted capacity	%	-	34.07%
(20) CBODs Effluent	mg/L	80082	12.1
(21) CBODs Effluent	lbs/day	-	3.5
(22) TSS Effluent	mg/L	900201	8.7
(23) TSS Effluent	lbs/day	-	2.5
(24) Minimum pH			6.3
(25) Maximum pH			6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34)

Month: November Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.033	3.5					6.6	6.4							
2	0.030	3.5					6.6	6.4							
3	0.033	3.5	239	168	12.0	9.3	6.9	6.8					ND		
4	0.029	3.5					6.8	6.7							
5	0.034	3.5					6.9	6.7							
6	0.035	3.5					6.7	6.6							
7	0.039	3.0					6.9	6.7							
8	0.038	3.5					7.0	6.8							
9	0.036	3.5					6.9	6.7							
10	0.033	3.5					6.9	6.7							
11	0.034	3.5					6.9	6.6							
12	0.034	3.5					6.9	6.7							
13	0.040	3.5					6.7	6.5							
14	0.035	3.5					6.7	6.6							
15	0.034	3.5					6.8	6.6							
16	0.034	3.5					6.8	6.3							
17	0.033	3.5	212	102	12.2	8.0	6.8	6.5					ND		
18	0.037	3.5					6.8	6.7							
19	0.032	3.5					6.8	6.7							
20	0.036	3.5					6.7	6.4							
21	0.039	3.5					6.8	6.5							
22	0.031	3.5					6.7	6.6							
23	0.033	3.5					6.6	6.4							
24	0.035	3.5					6.6	6.4							
25	0.038	3.5					6.8	6.3							
26	0.035	3.5					6.8	6.3							
27	0.035	3.5					6.7	6.4							
28	0.036	3.5					6.6	6.3							
29	0.036	3.5					6.7	6.3							
30	0.031	3.5					6.8	6.6							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Gerald Boyce Date: 12/06/93

Name (Please Type): Gerald Boyce Telephone No. (Please Type)

Company Name: Southern States Utilities 813-394-5595

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	October 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number 5211D00316

(3) Plant Name Marco Shores

(4) Plant Address Mainsail Drive

(5) City Marco Island

(6) County Collier

(7) Phone Number 813-394-5595

(8) Permit Number DO11-239793

(9) Plant Type II C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2434

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-002434

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.037
(17) Permitted capacity	mgd	-	0.090
(18) Three month average daily fl	mgd	-	0.033
(19) Percent of permitted capacit	%	-	37.0%
(20) CBODs Effluent	mg/L	80082	12.4
(21) CBODs Effluent	lbs/day	-	3.8
(22) TSS Effluent	mg/L	900201	9.9
(23) TSS Effluent	lbs/day	-	3.1
(24) Minimum pH			6.3
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	
(33) Other Effluent Parameters			

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marco Shores (34)

Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.035	3.5	221	152	10.8	8.6	6.8	6.6					ND		
2	0.031	3.5					6.8	6.6							
3	0.032	3.0					6.7	6.5							
4	0.033	3.5					6.9	6.8							
5	0.031	3.5					7.0	6.9							
6	0.037	3.5					6.9	6.9							
7	0.029	3.5					7.1	6.9							
8	0.033	3.5					7.0	6.9							
9	0.035	3.5					7.1	6.8							
10	0.023	3.5					7.0	6.8							
11	0.037	3.5					7.1	6.8							
12	0.030	3.5					7.0	6.9							
13	0.031	3.5					7.1	6.9							
14	0.030	3.5					6.7	6.4							
15	0.030	3.5	161	156	11.9	11.6	6.8	6.5					1		
16	0.029	3.5					6.8	6.5							
17	0.029	3.5					6.7	6.4							
18	0.035	3.5					6.8	6.6							
19	0.037	3.5					6.9	6.5							
20	0.038	3.5					6.8	6.5							
21	0.052	3.5					7.0	6.7							
22	0.040	3.5					6.9	6.6							
23	0.040	3.5					6.9	6.7							
24	0.035	3.5					6.8	6.6							
25	0.043	3.5					6.7	6.5							
26	0.047	3.5					6.8	6.5							
27	0.046	2.5					6.9	6.7							
28	0.042	3.0					6.9	6.7							
29	0.053	3.5	248	152	14.5	9.3	6.6	6.3					4		
30	0.052	3.5					7.1	6.8							
31	0.053	3.5					7.0	6.8							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: [signature]

Name (Please Type): Gerald Boyce

Company Name: Southern States Utilities

Date: 01-04-94

Telephone No (Please Type)

813-394-5595

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3250 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8955

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Tony Davila C-8955

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.169
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.164
(19) Percent of permitted capacity	%	-	82%
(20) BOD5 Effluent	mg/L	80082	<1
(21) BOD5 Effluent	lbs/day	-	0.7
(22) TSS Effluent	mg/L	900201	7.0
(23) TSS Effluent	lbs/day	-	9.9
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	600600	
(27) TKN	mg/L	600628	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.05
(30) Total Phosphorus	mg/L	600686	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

DER FORM NO. 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

* 5" OF RAIN ON 1-31-94 PLUS EXCESS CLEANING OF PLANT ON SUNDAY 1-30-94 T.B.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.160														
2	0.160														
3	0.189	3.5							7.4						
4	0.184	3.5		330.0	100	<1	11		7.5			0.35			
5	0.159	3.5							7.4					TNTC	
6	0.155	1.2							7.4						
7	0.172	1.5							7.5						
8	0.161														
9	0.158														
10	0.169	2.5							7.3					1	
11	0.177	3.5							7.3						
12	0.169	3.5							7.3						
13	0.168	3.5							7.3						
14	0.168	2.7							7.3						
15	0.165														
16	0.170														
17	0.176	1.8							7.4						
18	0.181	3.0							7.3						
19	0.162	3.0		172.0	206	<1	3		7.2			1.05			
20	0.159	3.0							7.3						
21	0.161	2.8							7.5						
22	0.165														
23	0.171														
24	0.173	3.0							7.4						
25	0.175	3.0							7.4						
26	0.168	3.0							7.5						
27	0.163	2.8							7.5						
28	0.173	3.0							7.3						
29	0.162														
30	0.162														
* 31	0.208	3.0							7.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Tony Bouvier Date: 2-1-94

Name (Please Type): Tony Bouvier Telephone No. (Please Type): 904-347-1265

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3250 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8355

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Tom Rundle C-8355

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.165
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.165
(19) Percent of permitted capacity	%	-	83%
(20) BOD5 Effluent	mg/L	80082	2.75
(21) BOD5 Effluent	lbs/day	-	3.8
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	8.3
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<0.10
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (94)

Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.176	3.0		232.0	240	2	11		7.4			<0.10			
2	0.147														
3	0.088	3.0							7.4						
4	0.167	1.0							7.4						
5	0.111	2.5							7.5						
6	0.178														
7	0.176	2.3							7.4						
8	0.178	3.0							7.4						
9	0.175	3.0							7.3						
10	0.183	2.0							7.4						
11	0.172	2.5							7.5						
12	0.186														
13	0.178														
14	0.178	1.0							7.4						
15	0.184	2.0							7.3						
16	0.179	3.0		90.0	220	3.5	1		7.3			<0.10			
17	0.180	3.0							7.3						
18	0.166	2.0							7.4						
19	0.157														
20	0.184														
21	0.174	2.0							7.5						
22	0.179	3.2							7.02						
23	0.111	1.5							7.4						
24	0.176	1.3							7.5						
25	0.173	2.5							7.4						
26	0.162	2.2							7.3						
27	0.174														
28	0.181	3.0							7.2						
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Tony Bouvier

Name (Please Type): Tony Bouvier

Company Name: Southern States Utilities

Date: 3-2-94

Telephone No. (Please Type): 904-347-1255

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8355

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Tony Bowden C-8355

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.170
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.188
(19) Percent of permitted capacity	%	-	94%
(20) BOD5 Effluent	mg/L	80082	2.95
(21) BOD5 Effluent	lbs/day	-	4.18
(22) TSS Effluent	mg/L	900201	2.25
(23) TSS Effluent	lbs/day	-	3.19
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.42
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month March Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.164	2.5							7.3						
2	0.181	1.8							7.3						
3	0.176	2.5							7.3						
4	0.157	3.0							7.3						
5	0.167														
6	0.168														
7	0.173	0.7		173.0	40	5.4	<1.0		7.2			4.42			
8	0.183	3.0							7.2						
9	0.164	3.0							7.3						
10	0.127	1.4							7.2						
11	0.176	3.0							7.2						
12	0.154														
13	0.177														
14	0.186	0.8							7.3						
15	0.181	2.0							7.2						
16	0.163	2.6		210.0	220	<1.0	4		7.3			5.42			
17	0.169	2.4							7.3						
18	0.161	3.0							7.2						
19	0.157														
20	0.163														
21	0.176	0.9							7.3						
22	0.180	0.9							7.3						
23	0.176	0.9							7.4						
24	0.181	1.0							7.4						
25	0.171	1.5							7.4						
26	0.162														
27	0.164														
28	0.178	1.1							7.5						
29	0.174	2.4							7.5						
30	0.157	2.6							7.4						
31	0.168	2.7							7.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Tony Bouvier Date: 4-7-94

Name (Please Type) Tony Bouvier Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1255

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 5897

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: [signature] 5-5-94

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.183
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.166
(19) Percent of permitted capacity	%	-	83%
(20) BOD5 Effluent	mg/L	80082	3.67
(21) BOD5 Effluent	lbs/day	-	4.99
(22) TSS Effluent	mg/L	900201	7.50
(23) TSS Effluent	lbs/day	-	10.20
(24) Minimum pH			6.4
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.13
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	2.3
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	165.0

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (94)

Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.162	1.8							7.3						
2	0.151														
3	0.196			158.0	233	1.3	<1.0					8.13			
4	0.171	1.5							7.2						
5	0.180	2.3							7.2						
6	0.185	1.8							7.2						
7	0.165	1.4							7.2						
8	0.186	1.4							7.1						
9	0.149														
10	0.178														
11	0.162	1.7							7.1						
12	0.189	1.8							7.2						
13	0.183	1.9							7.1						
14	0.164	1.5							7.1						
15	0.189	1.1							7.1						
16	0.134														
17	0.171														
18	0.162	1.1		315.0	333	4.2	10		7.3						
19	0.170	1.5							7.3						
20	0.163	1.5							7.3			8.14		330	
21	0.162	1.8							7.4						
22	0.174								6.4						
23	0.116	1.3							7.3						
24	0.157														
25	0.172	1.2							7.4						
26	0.165	2.2							7.3					<1	
27	0.157	2.2		165.0	207	5.5	12		7.3						
28	0.162	1.4							7.3						
29	0.180	2.3							7.3			2.78			
30	0.147														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Clayton Chapel Date: 5/11/94

Name (Please Type) Clayton Chapel Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1265

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8355

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Tony Bowlin C-8355

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.155
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.163
(19) Percent of permitted capacity	%	-	82%
(20) BOD5 Effluent	mg/L	80082	1.10
(21) BOD5 Effluent	lbs/day	-	1.42
(22) TSS Effluent	mg/L	900201	11.50
(23) TSS Effluent	lbs/day	-	14.87
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	600600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.38
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	4.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34) Month May Year 1994

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.163														
2	0.165	4.0							7.2						
3	0.159	1.5							7.4						
4	0.158	1.0							7.5						
5	0.159	1.7							7.4						
6	0.147	1.4							7.3						
7	0.138														
8	0.152														
9	0.162	1.1							7.4						
10	0.163	1.0							7.3						
11	0.146	2.7		210	213	1.7	14.0		7.3			7.03			
12	0.146	1.0							7.4						
13	0.146	1.0							7.4						
14	0.150														
15	0.167														
16	0.166	0.9							7.5						
17	0.164	1.6							7.4						
18	0.150	1.5							7.4						
19	0.163	2.0							7.4						
20	0.149	1.0							7.5						
21	0.157														
22	0.155														
23	0.164	1.0							7.3						
24	0.158	2.1							7.3						
25	0.142	2.8		165	240	<1.0	9.0		7.3			8.36			
26	0.142	0.9							7.4						
27	0.149	1.8							7.3						
28	0.144														
29	0.161														
30	0.155	4.0							7.3						
31	0.180	2.6							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this informat is true, complete and accurate

Signed Tony Bouvier Date: 6-10-94

Name (Please Type) Tony Bouvier Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1265

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8355

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Tony Bouvier C-8355

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.146
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.155
(19) Percent of permitted capacity	%	-	78%
(20) BOD5 Effluent	mg/L	80082	1.60
(21) BOD5 Effluent	lbs/day	-	1.94
(22) TSS Effluent	mg/L	900201	6.50
(23) TSS Effluent	lbs/day	-	7.90
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.05
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Manon Oaks (34)

Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.159	2.3							7.3						
2	0.145	2.0							7.4						
3	0.155	1.0							7.5						
4	0.149														
5	0.166														
6	0.106	1.5							7.5						
7	0.162	0.9		165	227	2.7	7.0		7.5			3.05			
8	0.151	1.8							7.4						
9	0.166	3.2							7.4						
10	0.150	3.4							7.5						
11	0.150														
12	0.166														
13	0.158	2.2							7.4						
14	0.143	1.7							7.4						
15	0.141	2.2							7.4						
16	0.136	2.8							7.4						
17	0.142	2.2							7.3						
18	0.143														
19	0.158														
20	0.153	2.0							7.4						
21	0.143	2.6							7.4						
22	0.139	1.8		180	173	<1.0	6.0		7.6			2.17			
23	0.135	3.4							7.4						
24	0.134	2.2							7.3						
25	0.138														
26	0.147														
27	0.144	2.2							7.4						
28	0.134	2.2							7.4						
29	0.135	3.8							7.3						
30	0.141	1.8							7.4						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this informa is true complete and accurate

Signed: Tony Bouvier

Name (Please Type): Tony Bouvier

Company Name: Southern States Utilities

Date: 7-12-94

Telephone No. (Please Type): 904-347-1265

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 5897

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-5897

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.164
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.155
(19) Percent of permitted capacity	%	-	78%
(20) CBOD Effluent	mg/L	80082	0.85
(21) CBOD Effluent	lbs/day	-	1.16
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	3.42
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.84
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.2 *
(32) Maximum Chlorine Residual	mg/L	-	4.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1.0

* SEE LETTER ATTACHED

DEP FORM NO. 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Plant
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.139	2.3							7.3						
2	0.139														
3	0.147														
4	0.149	1.3							7.2						
5	0.159	2.6							7.3						
6	0.154	2.2		192	173	<1.0	2.0		7.4			3.84		<1.0	
7	0.145	1.2							7.4						
8	0.149	0.8							7.4						
9	0.142														
10	0.135														
11	0.160	1.0							7.4						
12	0.158	1.4							7.4						
13	0.160	1.6							7.4						
14	0.177	2.7							7.3						
15	0.117	1.4							7.4						
16	0.146														
17	0.150														
18	0.571	1.2							7.3						
19	0.122	4.0							7.3						
20	0.141	1.1		198	193	1.2	3.0		7.5			3.22			
21	0.152	2.2							7.4						
22	0.152	2.0							7.3						
23	0.140														
24	0.160														
25	0.164	0.2							7.4						
26	0.153	1.4							7.3						
27	0.150	0.6							7.4						
28	0.164	1.8							7.3						
29	0.152	3.4							7.3						
30	0.151														
31	0.154														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this informati is true, complete and accurate.

Signed: [signature] Date: 8/10/94

Name (Please Type): Clayton Chapel Telephone No. (Please Type): 904-347-1265

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8355

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Tony Bowlin C8355

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.154
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.155
(19) Percent of permitted capacity	%	-	78%
(20) CBOD Effluent	mg/L	80082	1.8
(21) CBOD Effluent	lbs/day	-	2.31
(22) TSS Effluent	mg/L	900201	1.75
(23) TSS Effluent	lbs/day	-	2.25
(24) Minimum pH			7.3
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.60
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO. 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Manon Oaks (34)

Month August Year 1994

Day of the Mon	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.153	2.0							7.3						
2	0.141	2.0							7.4						
3	0.151	3.4		238	160	2.2	1.5		7.4			3.60			
4	0.144	2.3							7.3						
5	0.133	2.4							7.4						
6	0.146														
7	0.155														
8	0.160	2.4							7.4						
9	0.144	3.5							7.3						
10	0.144	2.4							7.4						
11	0.142	2.9							7.4						
12	0.148	2.8							7.3						
13	0.141														
14	0.162														
15	0.153	2.5							7.4						
16	0.152	3.5		227	170	1.4	2.0		7.3						
17	0.155	1.3							7.4			3.60			
18	0.160	1.4							7.4						
19	0.114	1.0							7.5						
20	0.195														
21	0.173														
22	0.171	1.0							7.3						
23	0.173	1.0							7.5						
24	0.168	1.8							7.4						
25	0.161	1.7							7.3						
26	0.159	2.1							7.4						
27	0.139														
28	0.165														
29	0.177	1.4							7.4						
30	0.143	2.0							7.4						
31	0.156	1.2							7.4			1.32			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this informat is true, complete and accurate.

Signed: Tony Boulier Date: 9-9-94

Name (Please Type): Tony Boulier Telephone No. (Please Type): 904-347-1265

Company Name: Southern States Utilities

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8355

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Tony Boulin C-8355

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.153
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.157
(19) Percent of permitted capacity	%	-	79%
(20) CBOD Effluent	mg/L	80082	1.15
(21) CBOD Effluent	lbs/day	-	1.47
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	3.83
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.70
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	3.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.650(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.151	2.5							7.4						
2	0.144	2.3							7.3						
3	0.143														
4	0.153														
5	0.149	2.4							7.4						
6	0.166	3.2		250	198	1.2	5.0		7.3						
7	0.160	1.9							7.4			10.70			
8	0.156	2.8							7.3						
9	0.153	2.2							7.3						
10	0.141														
11	0.153														
12	0.155	1.8							7.3						
13	0.170	1.8							7.3						
14	0.160	1.8							7.3						
15	0.157	2.5							7.3						
16	0.154	2.6							7.3						
17	0.159														
18	0.162														
19	0.172	2.5							7.4						
20	0.152	2.9		217	198	1.1	1.0		7.4			2.03			
21	0.145	3.2							7.3						
22	0.136	2.1							7.3						
23	0.143	2.6							7.3						
24	0.145														
25	0.146														
26	0.160	2.4							7.3						
27	0.158	3.1							7.3						
28	0.141	3.6							7.2						
29	0.141	3.8							7.2						
30	0.156	3.4							7.2						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this informa is true, complete and accurate.

Signed: Tony Bouvier Date: 10-6-94

Name (Please Type): Tony Bouvier Telephone No. (Please Type)

Company Name: Southern States Utilities 904-347-1285

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8355

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Tony Boulin C-8355

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.153
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.153
(19) Percent of permitted capacity	%	-	77%
(20) CBOD Effluent	mg/L	80082	1.25
(21) CBOD Effluent	lbs/day	-	1.60
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	4.47
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.74
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.6
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.133														
2	0.145														
3	0.165	2.6							7.3						
4	0.155	2.1		197	213	1.5	4.0		7.3						
5	0.148	2.4							7.3			3.24		<1	
6	0.153	2.2							7.2						
7	0.150	2.8							7.3						
8	0.157														
9	0.150														
10	0.166	1.3							7.4						
11	0.160	1.0							7.4						
12	0.150	2.3							7.3						
13	0.151	1.6							7.3						
14	0.150	2.6							7.3						
15	0.148														
16	0.153														
17	0.168	3.6							7.3						
18	0.150	2.4		199	203	1.0	3.0		7.3						
19	0.151	2.3							7.2			5.74			
20	0.149	2.2							7.2						
21	0.149	1.4							7.3						
22	0.139														
23	0.150														
24	0.158	2.1							7.3						
25	0.155	2.3							7.3						
26	0.142	1.4							7.3						
27	0.146	1.3							7.3						
28	0.151	2.4							7.2						
29	0.142														
30	0.171														
31	0.175	1.0							7.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this informa is true, complete and accurate.

Signed: Tony Bouvier Date: 11-7-94

Name (Please Type) Tony Bouvier Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1255

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C 7212

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.149
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.152
(19) Percent of permitted capacity	%	-	76%
(20) CBOD Effluent	mg/L	80082	1.2
(21) CBOD Effluent	lbs/day	-	1.49
(22) TSS Effluent	mg/L	900201	6.3
(23) TSS Effluent	lbs/day	-	7.83
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	12.23
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	4.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Manon Oaks — Month November — Year 1994

(34)

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.159	1.4		208.2	203.5	1.1	3.0		7.4						
2	0.150	1.1							7.3			4.77			
3	0.147	1.0							7.3						
4	0.148	1.3							7.2						
5	0.143														
6	0.163														
7	0.160	4.2							7.3						
8	0.156	2.6							7.3						
9	0.138	1.6							7.2						
10	0.149	1.8							7.1						
11	0.149	1.7							7.1						
12	0.147														
13	0.152														
14	0.172	1.6							7.1						
15	0.140	1.6		278.5	247.5	1.4	5.0		7.1			12.23			
16	0.149	1.6							7.2						
17	0.170	2.2							7.1						
18	0.147	2.0							7.1						
19	0.136														
20	0.145														
21	0.155	1.4							7.1						
22	0.151	2.2							7.1						
23	0.148	1.6							7.0						
24	0.135	3.0							6.8						
25	0.160	3.1							6.9						
26	0.136														
27	0.147														
28	0.162	1.4							7.2						
29	0.145	1.5		232.5	240.0	2.2	11.0		7.2						
30	0.106	3.2							7.2						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this informa is true, complete and accurate

Signed: Mark D March

Name (Please Type): Mark March

Company Name: Southern States Utilites

Date: 12-13-94

Telephone No. (Please Type): 904-347-1265

Page 3 of 3

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1255

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator M. L. M. C7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.133
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.145
(19) Percent of permitted capacity	%	-	72%
(20) CBOD Effluent	mg/L	80082	1.5
(21) CBOD Effluent	lbs/day	-	1.66
(22) TSS Effluent	mg/L	900201	5.3
(23) TSS Effluent	lbs/day	-	5.88
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.21
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	4.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.108	2.1							7.2			5.21			
2	0.116	1.6							7.2						
3	0.102														
4	0.121														
5	0.139	1.0							7.3						
6	0.116	1.5							7.3						
7	0.119	1.8							7.3						
8	0.118	2.1							7.2						
9	0.097	1.6							7.2						
10	0.130														
11	0.171														
12	0.125	2.1							7.2						
13	0.132	1.4		235.2	263.4	1.6	5.5		7.3						
14	0.131	2.0							7.2						
15	0.109	4.8							7.4			2.27			
16	0.133	1.1							7.4						
17	0.114														
18	0.190														
19	0.105	0.9							7.3						
20	0.140	3.4							7.3						
21	0.141	1.5							7.3						
22	0.148	2.0							7.2						
23	0.146	1.4							7.4						
24	0.146														
25	0.150														
26	0.156	1.1							7.3						
27	0.155	0.9							7.3			4.04			
28	0.135	2.4		244.0	296.6	1.3	5.0		7.3						
29	0.142	4.2							7.3						
30	0.151	3.2							7.3						
31	0.136														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this informat is true, complete and accurate.

Signed: Mark L. R. March C7212 Date: 1-11-95

Name (Please Type): Mark March Telephone No. (Please Type): 904-347-1265

Company Name: Southern States Utilities

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 4551

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: original signed by David Connor B4551

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.160
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.159
(19) Percent of permitted capacity	%	-	80%
(20) BOD5 Effluent	mg/L	80082	1.20
(21) BOD5 Effluent	lbs/day	-	1.60
(22) TSS Effluent	mg/L	900201	12.0
(23) TSS Effluent	lbs/day	-	16.0
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.91
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34) Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.159	1.5							7.2						
2	0.165	1.5							7.3						
3	0.160	3.0													
4	0.164	3.0							7.2						
5	0.163	2.7							7.2						
6	0.161	2.9		150.0	167	1.3	18		7.2						
7	0.151	2.6							7.3						
8	0.161	2.8							7.3						
9	0.162	2.5							7.2						
10	0.164	3.0													
11	0.167	2.5							7.4						
12	0.153	2.1							7.1						
13	0.159	2.3		225.0	220	1.0	9		7.2			0.73			
14	0.151	2.5							7.3					3	
15	0.150	2.4							7.2						
16	0.159	2.5							7.3						
17	0.157	1.4													
18	0.168	2.0							7.1						
19	0.157	2.3							7.3						
20	0.150	2.1		188.0	80	1.5	12		7.3						
21	0.150	2.0							6.8						
22	0.155	2.0							7.2						
23	0.168	2.1							7.3						
24	0.163	2.0							7.2						
25	0.167	2.3							7.2						
26	0.160	2.8							7.3						
27	0.156	2.4		135.0	270	1.0	9		7.3			5.09			
28	0.155	1.5							7.2						
29	0.158	1.9							7.2						
30	0.149	2.0							7.3						
31	0.164	2.0							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by David Connor Date: 2/5/93

Name (Please Type) David Connor Telephone No. (Please Type)

Company Name Southern States Utilites 904-347-1265

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 4551

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: original signed by David Connor

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.163
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.160
(19) Percent of permitted capacity	%	-	80%
(20) BOD5 Effluent	mg/L	80082	2.6
(21) BOD5 Effluent	lbs/day	-	3.53
(22) TSS Effluent	mg/L	900201	8.33
(23) TSS Effluent	lbs/day	-	11.32
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	15.9
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

we resampled on that date and results were 0.29. Lisa at Aqua Pure has been out sick. I question the results from 2-10. TB
I will verify all results before the end of each month in order to resample in the same month.

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34) Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.158	2.1							7.0						
2	0.160	0.8							7.0						
3	0.151	1.5		45.0	260	5.3	9		7.1						
4	0.157	1.0							7.2						
5	0.156	1.8							7.3						
6	0.166	1.5							7.2						
7	0.165	2.0							7.3						
8	0.157	2.9							7.1						
9	0.162	2.3							7.3						
10	0.151	2.8		300.0	140	2	8		7.2			* 27.8			
11	0.150	2.9							7.3						
12	0.152	2.9							7.2						
13	0.167	3.0													
14	0.160	2.8							7.3						
15	0.173	1.3							7.3						
16	0.167	2.0							7.2						
17	0.159	2.2							7.2						
18	0.162	2.6							7.2						
19	0.147	2.6							7.3						
20	0.175	2.5													
21	0.172	2.6							7.3						
22	0.179	1.8							7.3						
23	0.176	2.1							7.2						
24	0.159	2.3		240.0	390	<1.0	7		7.3			4.01			
25	0.169	2.6							7.3						
26	0.174	1.0							7.0						
27	0.162	1.2							7.2						
28	0.175	2.0							7.2						
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Originals signed by David Connor Date: 3/2/93

Name (Please Type) David Connor Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1265

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 4551

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by David Connor B-4551

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.163
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.162
(19) Percent of permitted capacity	%	-	82%
(20) BOD5 Effluent	mg/L	80082	<1.0
(21) BOD5 Effuent	lbs/day	-	0.68
(22) TSS Effluent	mg/L	900201	8.5
(23) TSS Effluent	lbs/day	-	11.56
(24) Minimum pH			6.9
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.58
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.167	1.8							7.0						
2	0.164	0.6							7.3						
3	0.161	2.4							7.2						
4	0.175	2.5							7.0			0.29			
5	0.146	1.6							7.0						
6	0.169	2.0													
7	0.171	2.2							7.1						
8	0.166	2.5							7.5						
9	0.158	2.3							7.4						
10	0.162	2.6		277.0	440	<1.0	13		7.3			0.94			
11	0.164	2.5							7.2						
12	0.127	2.0							7.3						
13	0.140														
14	0.179														
15	0.170	2.8							7.1						
16	0.165	2.4							7.3						
17	0.167	1.4							6.9						
18	0.164	2.1							7.1						
19	0.158	2.2							7.0						
20	0.158	2.0													
21	0.196														
22	0.175	2.5							7.0						
23	0.173	2.0							7.0						
24	0.157	2.3		210.0	233	<1.0	4		6.9			<.10			
25	0.159	2.5							7.2						
26	0.153	2.5							7.4						
27	0.174														
28	0.169														
29	0.160	1.6							7.5						
30	0.157	2.8							7.2						
31	0.155	2.3							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by David Connor

Date: 4/1/93

Name (Please Type) David Connor

Telephone No. (Please Type) 904-347-1265

Company Name Southern States Utilites

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 4551

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by David Connor B-4551

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.155
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.160
(19) Percent of permitted capacity	%	-	80%
(20) BOD5 Effluent	mg/L	80082	1.25
(21) BOD5 Effluent	lbs/day	-	1.61
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	5.80
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.62
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	8.0

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.156	2.1							7.3						
2	0.141	2.4							7.2						
3	0.163														
4	0.166														
5	0.157	2.3		180.0	133	<1.0	8		7.3			0.51		8	
6	0.161	2.5							7.4						
7	0.152	2.4							7.3						
8	0.145	2.6							7.3						
9	0.160	2.8							7.3						
10	0.155														
11	0.155														
12	0.155	2.7							7.2						
13	0.155	2.6							7.3						
14	0.153	2.6							7.1						
15	0.161	2.8							7.3						
16	0.146	2.5							7.2						
17	0.160														
18	0.166														
19	0.160	2.1							7.4						
20	0.157	2.3							7.3						
21	0.163	1.4		187.0	140	2	1		7.3			0.73			
22	0.139	1.8							7.2						
23	0.142	1.6							7.3						
24	0.160														
25	0.160														
26	0.159	0.8							7.4						
27	0.153	1.5							7.2						
28	0.147	2.2							7.3						
29	0.153	2.8							7.3						
30	0.151	2.0							7.2						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by David Connor

Date: 5/3/93

Name (Please Type) David Connor

Telephone No. (Please Type) 904-347-1265

Company Name Southern States Utilites

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 4551

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: original signed by David Connor 84551

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.150
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.156
(19) Percent of permitted capacity	%	-	78%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	1.25
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	6.24
(24) Minimum pH			7.2
(25) Maximum pH			8.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.84
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.9
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17.901.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34) Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.161														
2	0.161														
3	0.157	0.9							7.5						
4	0.163	1.4							7.2						
5	0.148	2.1							7.3						
6	0.146	2.4		233.0	230	<1	4		7.3			0.77			
7	0.149	1.5							7.3						
8	0.156														
9	0.146														
10	0.146	0.7							7.9						
11	0.144	1.8							7.8						
12	0.142	2.1							8.2						
13	0.149	1.6							7.6						
14	0.138	2.5							7.4						
15	0.144														
16	0.147														
17	0.144	2.4							7.6						
18	0.143	1.6							7.5						
19	0.138	1.8							7.5						
20	0.143	1.9		262.0	260	1.5	6		7.3			2.51			
21	0.131	2.3							7.3						
22	0.158														
23	0.147														
24	0.159	2.9							7.3						
25	0.158	2.8							7.7						
26	0.147	2.9							7.5						
27	0.139	2.6							7.6						
28	0.151	2.8							7.3						
29	0.173														
30	0.155														
31	0.162	2.3							7.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by David Connor Date: 6/1/93

Name (Please Type) David Connor Telephone No. (Please Type)

Company Name Southern States Utilites 904-347-1265

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by David Connor B-4551

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.147
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.151
(19) Percent of permitted capacity	%	-	76%
(20) BOD5 Effluent	mg/L	80082	2.1
(21) BOD5 Effluent	lbs/day	-	2.57
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	-	6.13
(24) Minimum pH			7.0
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.07
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

* See Attached Letter

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.145	2.6							7.4						
2	0.151	2.8							7.3						
3	0.149	2.5		232.0	126	<1	1		7.5						
4	0.140	1.4							7.8			5.84			
5	0.158	1.8							7.3					8	
6	0.150														
7	0.152	1.8							7.2						
8	0.148	1.6							7.6						
9	0.141	1.4							7.4						
10	0.138	1.2							7.4						
11	0.140	1.7							7.4						
12	0.160														
13	0.150														
14	0.154	1.6							7.6						
15	0.156	1.7							7.4						
16	0.139	1.2							7.4						
17	0.142	1.4		210.0	240	3.7	9		7.3			* 12.3			
18	0.132	0.8							7.5						
19	0.145														
20	0.146														
21	0.160	1.3							7.5						
22	0.130	1.8							7.5						
23	0.142	1.5							7.4						
24	0.136	2.8							7.1						
25	0.131	*					*								
26	0.150														
27	0.160														
28	0.153	1.5							7.0						
29	0.161	1.2							7.2						
30	0.145	1.1							7.1						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by David Connor

Date: 7/6/93

Name (Please Type) David Connor

Telephone No. (Please Type) 904-347-1265

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17.801.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: original signed by David Connor 84551

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.148
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.148
(19) Percent of permitted capacity	%	-	74%
(20) BOD5 Effluent	mg/L	80082	6.5
(21) BOD5 Effluent	lbs/day	-	8.02
(22) TSS Effluent	mg/L	900201	14.3
(23) TSS Effluent	lbs/day	-	17.65
(24) Minimum pH			6.9
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	18.9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.9
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	1

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.145	0.9		232.0		5.5			7.2						
2	0.167	1.1			90		23		7.1			27.9 *		1	
3	0.139														
4	0.160														
5	0.133	1.4							7						
6	0.164	1.3							7.2						
7	0.141	0.8							7.1						
8	0.153	0.9							7.1						
9	0.151	1.0							7.2						
10	0.126														
11	0.145														
12	0.131	2.8							6.9						
13	0.138	1.5							7.3						
14	0.157	0.8							7.9						
15	0.138	1.2							7.1			15.0 *			
16	0.135	0.7		735.0	233	2.5	14		7.4						
17	0.146														
18	0.158														
19	0.147	0.9							7.3						
20	0.146	2.7							7.2						
21	0.176	2.6							7.2						
22	0.141	1.0							7.2			17.5 *			
23	0.146	2.9							7						
24	0.152														
25	0.146														
26	0.158	1.5							7.3						
27	0.150	0.8							7.3						
28	0.148	1.1							7.2						
29	0.150	0.6		172.0		11.5			7.3			15.2 *			
30	0.139	0.9			153		6		7.3						
31	0.154														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by David Connor Date: 8/2/93

Name (Please Type) David Connor Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1265

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 4551

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: original signed by David Connor B4551

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.152
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.149
(19) Percent of permitted capacity	%	-	75%
(20) BOD5 Effluent	mg/L	80082	2.4
(21) BOD5 Effluent	lbs/day	-	3.04
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	-	10.12
(24) Minimum pH			6.9
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	11.90
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	*	0.4
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

and 10 the the day after - No equip malfunction

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.159														
2	0.144	0.8							7.5						
3	0.146	1.0							7.3						
4	0.141	1.6							7.3						
5	0.143	2.1							7.2						
6	0.150	2.5							7			8.58			
7	0.130														
8	0.152														
9	0.143	0.7							7.4						
10	0.155	0.4 *							7.3			11.9			
11	0.143	3.0		285.0	206	4.3	15		6.9						
12	0.145	2.0							7.1						
13	0.151	3.0							7.1						
14	0.147														
15	0.163														
16	0.162	1.3							7.4						
17	0.156	2.1							7.4			1.58			
18	0.149	0.9							7.5						
19	0.144	0.7							7.4						
20	0.148	1.1							7.4						
21	0.133														
22	0.174														
23	0.147	0.8							7.3						
24	0.156	2.8							7.4						
25	0.154	1.2		150.0	300	<1	1		7.4			1.57			
26	0.161	1.0							7.3						
27	0.165	1.3							7.4						
28	0.149														
29	0.166														
30	0.173	2.1							7.3						
31	0.156	0.8							7.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by David Connor Date: 9/1/93

Name (Please Type): David Connor Telephone No. (Please Type)

Company Name: Southern States Utilites 904-347-1265

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 4551

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: David Conn, 84551

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.154
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.151
(19) Percent of permitted capacity	%	-	76%
(20) BOD5 Effluent	mg/L	80082	2.83
(21) BOD5 Effluent	lbs/day	-	3.83
(22) TSS Effluent	mg/L	900201	7.0
(23) TSS Effluent	lbs/day	-	9.0
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.6
(33) Other Effluent Parameters			
Fecal Coliform	#/100		

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.161	1.0							7.3						
2	0.159	0.8							7.3						
3	0.155	1.5							7.2			7.67			
4	0.134														
5	0.162														
6	0.146	1.5							7.3						
7	0.176	1.1							7.3						
8	0.153	1.2							7.3						
9	0.170	0.9		180.0		2.86			7.3			2.84			
10	0.166	1.7			260		4		7.3						
11	0.143														
12	0.158														
13	0.164	0.9							7.4						
14	0.157	1.0							7.3						
15	0.146	0.7							7.3			10.5			
16	0.140	0.9							7.3						
17	0.152	1.0							7.5						
18	0.139														
19	0.163														
20	0.145	2.3							7.3						
21	0.156	2.1							7.4						
22	0.153	2.5							7.3						
23	0.147	1.1							7.3						
24	0.180	0.7		240.0	200	3	10		7.5			0.74			
25	0.140														
26	0.162														
27	0.156	1.4							7.4						
28	0.153	0.9							7.4						
29	0.155	1.3							7.3			4.55			
30	0.139	0.7							7.3						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: David Connor

Name (Please Type) David Connor

Company Nam Southern States Utilities

Date: 10-12-93

Telephone No. (Please Type) 904-347-1265

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No.: 205

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: [signature] A-00255

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.157
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.154
(19) Percent of permitted capacity	%	-	0.77
(20) BOD5 Effluent	mg/L	80082	2.00
(21) BOD5 Effluent	lbs/day	-	2.52
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	-	5.2
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.68
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	2.0

DER FORM NO 17-601.500(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34) Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.147	1.4							7.3						
2	0.144														
3	0.155														
4	0.157	2.8							7.4						
5	0.155	1.1							7.4						
6	0.151	0.6							7.3						
7	0.154	2.7		217.0	160	1.5	8		7.3					2	
8	0.163	1.0							7.3			6.85			
9	0.156														
10	0.161														
11	0.170	1.1							7.4						
12	0.159	1.3							7.3						
13	0.150	1.2							7.1						
14	0.140	1.1							7.3						
15	0.156	2.1							7.4			8.35			
16	0.144														
17	0.169														
18	0.163	0.9							7.3						
19	0.168	1.3							7.4						
20	0.155	1.5							7.2						
21	0.155	2.2		240.0		2.5			7.2						
22	0.155	2.1							7.3			2.54			
23	0.148														
24	0.173														
25	0.161	1.7							7.3						
26	0.163	1.9			138		<5		7.2						
27	0.160	1.0							7.2						
28	0.146	2.1							7.3			2.4			
29	0.165	2.1							7.3						
30	0.146														
31	0.179														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gary Mishoe Date: 111093

Name (Please Type) Gary Mishoe Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1265

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1255

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No.: 205

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: _____

Signature: _____ Cert No A-00205

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.163
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.158
(19) Percent of permitted capacity	%	-	79%
(20) BOD5 Effluent	mg/L	80082	4.96
(21) BOD5 Effluent	lbs/day	-	6.74
(22) TSS Effluent	mg/L	900201	8.5
(23) TSS Effluent	lbs/day	-	11.6
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.30
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (34)

Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.169	2.2							7.2						
2	0.165	3.0							7.2						
3	0.162	2.1							7.3						
4	0.152	0.9							7.2						
5	0.166	2.5							7.1						
6	0.156														
7	0.176														
8	0.163	1.5							7.3						
9	0.163	1.3		187.0	166	5.25	8		7.2			1.39			
10	0.158	1.9							7.3						
11	0.166	1.5							7.4			6.30			
12	0.164	1.0							7.4						
13	0.161														
14	0.176														
15	0.173	2.5							7.2						
16	0.174	2.4							7.4						
17	0.158	2.2							7.2						
18	0.160	2.0							7.2						
19	0.157	1.5							7.3						
20	0.149														
21	0.171														
22	0.166	1.9							7						
23	0.161	1.0		292.0	126	4.66	9		7.2			2.65			
24	0.160	3.5							7.3						
25	0.155	0.9							7.5						
26	0.164	2.0							7.4						
27	0.155	1.2							7.3						
28	0.176														
29	0.169	0.6							7.5						
30	0.159	<3.5							7.1						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gary Mishoe

Date: TU-120793

Name (Please Type): Gary Mishoe

Telephone No. (Please Type)

Company Nam: Southern States Utilities

904-347-1265

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 42P00017

(3) Plant Name: Marion Oaks

(4) Plant Address: 3260 SW 157 St.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-178431

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No.: 205

Evening Shift Operator Class: ____ Cert. No.: ____

Night Shift Operator Class: ____ Cert. No.: ____

Lead Operator: [signature] A-0205

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.161
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.160
(19) Percent of permitted capacity	%	-	80%
(20) BOD5 Effluent	mg/L	80082	5.25
(21) BOD5 Effluent	lbs/day	-	7.05
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	2.0
(24) Minimum pH			6.5
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	18.9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

* See attached sheet

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks (24)

Month: December Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.164	0.6							7.1			18.9			
2	0.155	1.5							7.2						
3	0.158	2.1							7						
4	0.149	3.5							6.5						
5	0.148														
6	0.176	2.7							7.1						
7	0.159	1.3							7.2						
8	0.155	1.2							7.2						
9	0.153	2.5							7.2						
10	0.169	2.3		270.0	200	5.5	2		7.2			1.83			
11	0.137														
12	0.173														
13	0.152	2.0							7.2						
14	0.161	2.2							7.2						
15	0.170	1.4							7.3						
16	0.154	2.3							7.2			5.58			
17	0.156	1.8							7.2						
18	0.143														
19	0.179														
20	0.167	2.2							6.9						
21	0.174	3.5		232.0	80	5	1		7.4			0.8			
22	0.161	3.5							7.2						
23	0.154	2.0							7.1						
24	0.157	0.6							7.4						
25	0.182	2.5							7.4						
26	0.160														
27	0.176	2.4							7.3						
28	0.173	3.5							7.2						
29	0.179	3.0							7.2						
30	0.155	3.0							7.2			0.65			
31	0.154	3.0							7.6						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Gary Mishoe

Name (Please Type): Gary Mishoe

Company Nam: Southern States Utilities

Date: 010594

Telephone No. (Please Type): 904-347-1265

SSU
Southern States Utilities • Marion Oaks Office • P.O. Box 11179 • Ocala, FL 34473 • (904) 347-1265

January 11, 1994

D.E.P. (SW Dist)
3804 Coconut Palm Dr
Tampa, Fl 33619-8318

Enclosed is the December, 1993 Monthly Operating Report for the Marion Oaks Wastewater Treatment Plant.

An effluent sample collected on December 1st was analyzed by Aqua Pure Laboratories to contain 18.9 mg/l nitrates. We believe the cause of the permit exceedance was insufficient wasting of solids to the digester during the Thanksgiving weekend. High dissolved oxygen levels were also recorded at the plant on November 29th. A in house nitrate on this date had a result of 10 mg/L.

Plant adjustments have been made and nitrate concentrations have been maintained within permit requirements since and prior to the December 1st sample.

If you have any questions, please contact me at the number listed above.

Respectfully,

Bill Yocum
Area Supervisor

BY/dm

encl

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Reference: Meredith Manor / Seminole County
Monthly Operating Reports / Wastewater

Please Note:

Wastewater treatment for the **Meredith Manor** service area is provided by the City of Altamonte Springs, Public Works Division.

There are no monthly operating reports for this area.

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DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Foutt C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	42%
(20) BOD5 Effluent	mg/L	80082	2.7
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	7.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.013	1.8														
3	0.011	2.2						7.5								
4	0.009	1.1						7.3								
5	0.008	1.8						7.2								
6	0.007	1.0						7.2								
7	0.008	2.0						7.3								
8	0.005	1.8						7.5								
9																
10	0.019	1.2						7.2								
11	0.003	1.8						7.1								
12	0.008	2.0		246	292	2.7	7.5	7.2								
13	0.008	1.8						7.1								
14	0.008	1.2						6.9								
15																
16	0.014	1.0														
17	0.011	0.9						7.2								
18	0.008	2.0						6.9								
19	0.007	2.6						7.3								
20	0.008	2.5						7.1								
21	0.008	1.6						7.0								
22	0.007	0.9						7.2								
23																
24	0.018	1.7						7.0								
25	0.008	1.5						7.2								
26	0.007	1.0						7.0								
27	0.007	2.0						7.1								
28	0.009	1.1						7.2								
29																
30	0.013	1.2														
31	0.013	1.4						7.0								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Brian Flatt

Date: 2/24/94

Name (Please Type)

Telephone No. (Please Type)

Company Name: Southern States Utilities / Morningview

(407) 880-0058

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.9
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.009	1.2						7.0								
2	0.006	1.5						7.1								
3	0.009	2.9						7.2								
4	0.009	2.5						7.1								
5	0.006	2.0														
6																
7	0.018	1.8						7.2								
8	0.007	1.2						7.0								
9	0.008	1.8		409	528	1.0	1.5	7.1								
10	0.008	2.5						7.1								
11	0.006	2.5						7.2								
12																
13	0.015	1.9														
14	0.008	2.0						7.1								
15	0.013	0.9						7.0								
16	0.007	1.2						7.0								
17	0.007	2.8						7.0								
18	0.008	2.8						7.1								
19	0.008	1.2														
20																
21	0.018	1.8						7.1								
22	0.008	2.2						7.1								
23	0.011	1.2						7.1								
24	0.011	1.5						7.1								
25	0.010	2.8						7.1								
26	0.003	2.5														
27																
28	0.017	2.8						7.2								
29																
30																
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Brian Hewett

Name (Please Type): Brian Hewett

Company Name: Southern States Utilities / Morningview

Date: 3/23/94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 850-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian Heath C-7522

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	41%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DEP FORM NO. 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1994
DEP APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview — Month March — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.008	1.2						7.0								
2	0.010	1.5						7.0								
3	0.011	1.5						7.1								
4	0.011	1.5						7.1								
5	0.011	1.8														
6																
7	0.019	0.8						7.1								
8	0.010	3.2						7.2								
9	0.010	3.5						7.1								
10	0.007	1.0		236	316	1.1	3.0	7.1					ND			
11	0.008	1.5						7.1								
12																
13	0.013	1.2						7.2								
14	0.010	1.4						7.0								
15	0.008	1.1						7.1								
16	0.007	2.5						7.1								
17	0.008	2.0						7.1								
18	0.008	1.0						7.1								
19	0.007	1.0						7.0								
20																
21	0.018	1.8						7.1								
22	0.009	1.0						7.1								
23	0.008	2.5						7.1								
24	0.007	2.5						7.2								
25	0.008	2.0						7.1								
26	0.005	1.8														
27																
28	0.020	1.5						7.2								
29	0.007	1.8						7.2								
30	0.013	1.5						7.1								
31	0.007	1.8						7.2								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Bruce Heath — Date: 4/21/94

Name (Please Type): — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities / Morningview

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Donald B. Cosby C-2431

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	41%
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			

DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview — Month April — Year 1994

(341)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.009	1.0						7.2								
2	0.006	1.2														
3																
4	0.017	2.5						7.1								
5	0.005	2.5						7.3								
6	0.007	1.8						7.2								
7	0.007	2.0						7.2								
8	0.007	1.2						7.1								
9	0.007	1.2						7.0								
10																
11	0.016	0.7						7.0								
12	0.010	2.8						7.1								
13	0.008	2.2		239	184	1.3	1.5	7.1								
14	0.007	1.0						7.0								
15	0.008	0.8						7.1								
16																
17	0.014	1.0														
18	0.007	2.5						7.0								
19	0.008	2.8						7.2								
20	0.007	0.7						7.1								
21	0.006	1.2						7.1								
22	0.008	1.0						7.1								
23	0.005	1.5														
24																
25	0.017	1.3						7.2								
26	0.007	1.2						7.2								
27	0.008	1.2						7.2								
28	0.008	2.5						7.2								
29	0.006	1.5						7.1								
30	0.006	1.0														
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Donald B. Corder

Name (Please Type): Donald B. Corder

Company Name: Southern States Utilities / Morningview

Date:

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	38%
(20) BOD5 Effluent	mg/L	80082	4.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

Domestic Wastewater Treatment Plant

Monthly Operating Report

Morningview — Month May — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.014	1.5						7.1								
3	0.009	1.2						7.1								
4	0.010	2.2						7.1								
5	0.006	1.2						7.2								
6	0.006	1.0						7.1								
7	0.004	3.5														
8																
9	0.017	1.5						7.1								
10	0.005	2.0						7.1								
11	0.009	2.5		187	196	4.2	1.3	7.2								
12	0.006	0.9						7.3								
13	0.007	1.2						7.2								
14	0.006	2.0														
15																
16	0.015	2.2						7.2								
17	0.008	0.8						7.2								
18	0.008	1.6						7.0								
19	0.006	1.2						7.2								
20	0.006	1.8						7.2								
21																
22	0.010	1.5						7.1								
23	0.010	1.0						7.2								
24	0.007	0.9						7.2								
25	0.007	0.8						7.1								
26	0.006	1.0						7.1								
27	0.006	1.7						7.1								
28	0.006	1.8														
29																
30	0.014	1.2						7.1								
31	0.005	1.4						7.0								

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities / Morningview

Date: 6-21-94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian E Hewitt C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	35%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

DER FORM NO. 17-[illegible]
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview — Month June — Year 1994

(34)

Day of the Month	Flow, (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.008	1.1						7.0								
2	0.006	1.2						7.1								
3	0.006	1.5						7.1								
4	0.006	1.2						7.0								
5																
6	0.013	1.8						7.0								
7	0.007	2.0						7.1								
8	0.009	1.0		173	112	1.1	1.5	7.0								
9	0.008	0.9						7.1								
10	0.008	1.2						7.0								
11																
12	0.011	1.5						7.1								
13	0.007	1.0						7.0								
14	0.007	1.8						7.1								
15	0.006	2.4						7.1								
16	0.006	1.5						7.1								
17	0.008	1.2						7.1								
18	0.004	1.4														
19																
20	0.015	1.2						7.1								
21	0.008	1.2						7.0								
22	0.008	2.0						7.0					ND			
23	0.006	2.0						7.0								
24	0.008	2.2						7.1								
25	0.009	2.5														
26																
27	0.014	0.8						7.1								
28	0.008	1.8						7.1								
29	0.007	0.8						7.1								
30	0.007	0.7						7.1								
31																

Land Owner: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian E. Heath
Name (Please Type): Brian E. Heath
Company Name: Southern States Utilities / Morningview

Date: 7-19-94
Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian Heath

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	35%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month July Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.005	2.8						7.1								
2	0.008	2.0														
3																
4	0.013	2.5														
5	0.009	1.2						7.1								
6	0.010	0.9						7.0								
7	0.007	1.2						7.0								
8	0.010	1.5						7.1								
9																
10	0.013	1.8						7.0								
11	0.008	1.0						7.0								
12	0.007	2.0						7.0								
13	0.006	1.2		165	156	1.0	1.0	7.0								
14	0.007	2.0						7.0								
15	0.007	2.5						7.0								
16	0.007	1.2						7.0								
17																
18	0.013	2.2						7.0								
19	0.008	1.8						7.0								
20	0.006	1.7						7.1								
21	0.008	1.2						7.1								
22	0.006	2.0						7.0								
23	0.005	1.8						7.0								
24																
25	0.014	2.5						7.0								
26	0.006	2.0						7.0								
27	0.007	2.0						7.0								
28	0.007	1.2						7.1								
29	0.007	2.5						7.1								
30	0.006	2.8						7.0								
31																

Land Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Brian Hunter Date: 8-23-94

Name (Please Type)

Telephone No. (Please Type)

Company Name Southern States Utilities / Morningview (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Will Fosters B-713

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	37%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.300 *
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.011	2.0						7.0								
2	0.007	1.5						6.9								
3	0.007	0.8						6.9								
4	0.011	1.0						7.0								
5	0.007	1.2						7.0								
6	0.005	3.5						7.0								
7																
8	0.020	2.0						7.0								
9	0.010	1.8						7.0								
10	0.008	1.5		251	200	1.0	1.0	7.1								
11	0.010	2.0						7.1								
12	0.010	1.0						7.1								
13	0.006	2.8														
14																
15	0.018	2.0						7.1								
16	0.007	3.0						7.1								
17	0.007	2.8						7.1								
18	0.007	1.2						7.1								
19	0.009	1.0						7.2								
20	0.004	1.0						7.1								
21																
22	0.017	1.2						7.1								
23	0.009	1.5						7.1								
24	0.010	1.8						7.1								
25	0.007	0.9						7.0								
26	0.007	1.5						7.0								
27																
28	0.014	1.8						7.0								
29	0.007	1.2						7.1								
30	0.006	2.0						7.1								
31	0.007	1.0						7.1								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original Page 2 of 3 signed by Will Fontaine

Date:

Name (Please Type): Will Fontaine

Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities / Morningview

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Hart C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	38%
(20) BOD5 Effluent	mg/L	80082	0.1
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

DEP FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month September Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.007	1.8						7.2								
2	0.008	1.2						7.2								
3	0.009	1.8						7.1								
4																
5	0.011	2.0						7.1								
6	0.009	0.9						7.1								
7	0.009	1.4						7.0								
8	0.007	1.2						7.0								
9	0.008	1.5						7.1								
10	0.009	2.4						7.0								
11																
12	0.016	0.8						7.1								
13	0.007	1.8						7.1								
14	0.007	2.5		137	128	0.1	1.0	7.1								
15	0.008	2.0						7.1								
16	0.008	1.2						7.1								
17	0.007	1.2						7.0								
18																
19	0.015	0.7						7.1								
20	0.008	2.2						7.1								
21	0.002	2.0						7.1								
22	0.014	1.0						7.2								
23	0.007	1.8						7.1								
24	0.008	2.2						7.1								
25																
26	0.015	1.2						7.1								
27	0.009	0.8						7.0								
28	0.008	2.2						7.2					ND			
29	0.008	1.5						7.2								
30	0.009	1.8						7.1								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities / Morningview

Date: 10-19-94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-7582

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	39%
(20) BOD5 Effluent	mg/L	80082	0.7
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview — Month October — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.006	1.4						7.1								
2																
3	0.018	1.2						7.3								
4	0.008	2.5						7.2								
5	0.007	1.8						7.1								
6	0.008	0.8						7.2								
7	0.005	2.9						7.3								
8	0.007	2.0														
9																
10	0.015	1.2						7.3								
11	0.008	3.2						7.2								
12	0.008	3.5		171	164	0.7	2.5	7.2								
13	0.006	3.0						7.2								
14	0.007	1.5						7.2								
15																
16	0.013	2.2														
17	0.008	0.8						7.3								
18	0.006	1.8						7.2								
19	0.008	1.0						7.2								
20	0.008	1.5						7.2								
21	0.007	2.8						7.1								
22	0.006	1.2														
23																
24	0.017	1.5						7.1								
25	0.009	1.8						7.1								
26	0.008	0.6						7.1								
27	0.007	1.5						7.1								
28	0.008	1.7						7.1								
29	0.006	1.5						7.0								
30		1.8														
31	0.016	1.0						7.1								

Land Operator: The o to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Hewitt
Name (Please Type): Brian Hewitt
Company Name: Southern States Utilities / Morningview

Date: 11-17-94
Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: c Cert. No.: 8058

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: M.L. Fontaine B-7113

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	38%
(20) BOD5 Effluent	mg/L	80082	3.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	13.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal Coliform			

Domestic Wastewater Treatment Plant

Monthly Operating Report

Morningview

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.006	1.2						7.1								
2	0.007	1.3						7.1								
3	0.008	1.9						7.1								
4	0.007	2.8						7.0								
5	0.007	1.2														
6																
7	0.015	1.8						7.1								
8	0.008	1.6						7.1								
9	0.008	1.7		180	156	3.2	13.0	7.3								
10	0.007	2.0						7.3								
11	0.008	1.8						7.2								
12	0.008	3.2														
13																
14	0.015	0.7						7.1								
15	0.007	1.2						7.1								
16	0.009	1.0						7.2								
17	0.008	1.2						7.2								
18	0.008	1.2						7.2								
19	0.005	1.2						7.2								
20																
21	0.020	1.8						7.3								
22	0.007	2.2						7.2								
23	0.009	2.5						7.2								
24																
25	0.015	2.0						7.1								
26	0.009	1.8						7.2								
27																
28	0.017	1.2						7.1								
29	0.007	2.6						7.0								
30	0.007	1.4						7.0								
31																

Lead Operator: I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Will Fontaine

Name (Please Type): Will Fontaine

Company Name: Southern States Utilities / Morningview

Date: 12-21-94

Telephone No. (Please Type): (407) 880-0058

Page 3 of 3

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 199[illegible]
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [illegible] 3-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	38%
(20) BOD5 Effluent	mg/L	80082	0.8
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	7.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

Domestic Wastewater Treatment Plant

Monthly Operating Report

Morningview

Month December Year 1994

Day of the Month	Flow MGD	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent mg/L	TSS Influent mg/L	BOD5 Effluent mg/L	TSS Effluent mg/L	pH Effluent s.u.	TKN Effluent mg/L	NH3-N Effluent mg/L	NITRATE Effluent mg/L	TOTAL P Effluent mg/L	FECAL Coliform			
1	0.009	1.3						6.9								
2	0.007	3.2						7.0								
3	0.005	1.7						7.1								
4																
5	0.015	2.5						7.3								
6	0.008	1.7						7.2								
7	0.007	1.5		229	120	0.8	7.5	7.2					ND			
8	0.007	1.0						7.2								
9	0.006	1.8						7.2								
10	0.006	2.8														
11																
12	0.017	2.5						7.1								
13	0.005	1.6						7.0								
14	0.011	2.4						7.3								
15	0.007	3.5						7.3								
16	0.006	1.0						7.3								
17	0.005	2.9														
18																
19	0.018	3.0						7.3								
20	0.010	1.7						7.2								
21	0.007	1.0						7.2								
22	0.010	1.8						7.2								
23	0.009	2.8						7.2								
24	0.010	1.8						7.1								
25																
26	0.021	0.8						7.2								
27	0.006	1.2						7.2								
28	0.010	1.5						7.2								
29	0.009	1.7						7.3								
30	0.010	1.5						7.2								
31	0.003	2.8														

Signed Kevin Heath

Name (Please Type) Kevin Heath

Company Name Southern States Utilities / Morningview

Date 1-19-95

Telephone No (Please Type) (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DT35-131150

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class C Cert. No. 7522

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Lance D. Shreffler 8058

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	45%
(20) BOD5 Effluent	mg/L	80082	1.9
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1992
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residue: After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.021	2.5						7.4								
3																
4	0.025	2.0						7.3								
5	0.011	2.5						7.3								
6	0.008	1.8						7.2								
7	0.008	2.5						7.2								
8	0.008	2.0						7.1								
9																
10	0.019	1.8						7.1								
11	0.011	2.8						7.0								
12	0.008	2.8						7.1								
13	0.009	2.8		250	200	1.9	2.5	7.1								
14	0.009	2.8						7.1								
15	0.009	3.0						7.0								
16	0.008	2.8						7.0								
17																
18	0.019	3.0						7.1								
19	0.009	2.8						7.0								
20	0.007	1.9						7.0								
21	0.009	2.5						7.0								
22	0.009	2.2						6.9								
23	0.007	2.0						7.0								
24																
25	0.019	2.5						7.3								
26	0.009	2.8						7.1								
27	0.009	2.1						7.2								
28	0.010	2.8						7.0								
29	0.011	2.8						7.0								
30																
31	0.016	2.2						7.1								

Lead Operator: The u to which that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Lance D. Shreffler

Date: 2/7/93

Name (Please Type): Lance D. Shreffler

Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

General Offices
1000 Color Place
Apopka, FL 32703
(407) 880-0058

January 11, 1994

State of Florida
Department of Environmental Protection
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803-3767
Attn: Mr. Joseph McNamara

Subject: Morningview / ID # 3059P03398

Dear Mr. McNamara:

Enclosed is a **corrected** copy of the **February 1993** Monthly Operating Report for the above system.

When the report was sent to you in March the BOD Effluent data was put where the TSS Effluent data should be and vice versa. This is on page 2 of 3 of the MOR, page 3 of 3 is correct.

Please replace the original with the resubmitted copy in your file.

Sincerely,

Donald B. Corder

Donald B. Corder
Area Supervisor

c: Clara S. Dozier
Operations File

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DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 303SP03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class C Cert. No. 7522

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by Brian Heath C-7522)

Signature Cert No

Donald B. Corder C-2451

Resubmitted January 1994

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	45%
(20) BOD5 Effluent	mg/L	80082	5.5
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1992
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview — Month February — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.008	1.8						7.1								
2	0.010	2.2						7.1								
3	0.010	2.8						7.0								
4	0.008	2.8						7.0								
5	0.008	2.2						6.9								
6	0.007	2.2						7.0								
7																
8	0.017	2.8						7.0								
9	0.008	2.8						6.9								
10	0.009	2.2		295	224	5.5	1.6	6.9								
11	0.010	2.2						6.9								
12	0.010	2.8						7.0								
13																
14	0.015	2.2						7.1								
15	0.010	2.0						7.0								
16	0.012	0.8						7.1								
17	0.009	1.8						7.0								
18	0.009	2.0						6.9								
19	0.009	1.2						6.9								
20																
21	0.016	1.5						7.0								
22	0.011	1.0						6.9								
23	0.008	1.2						7.0								
24	0.009	1.5						7.0								
25	0.010	2.8						7.1								
26	0.010	2.5						7.1								
27	0.008	2.5						7.0								
28																
29																
30																
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: (Original signed by Brian Heath)

Name (Please Type): Brian E. Heath

Company Name: Southern States Utilities

Date: 3/13/93

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 860-0056

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	C	Cert. No.	8058
Evening Shift Operator Class	C	Cert. No.	7522
Night Shift Operator Class		Cert. No.	
Lead Operator	Original signed by Brian Heath		C-7522
	Signature		Cert No

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	50%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform	mg/L		ND

DER FORM NO. 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview — Month: March — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.020	1.0						7.0								
2	0.012	1.0						7.1								
3	0.009	1.0						7.0								
4	0.006	1.2						7.0								
5	0.010	1.0						6.9								
6	0.008	1.0						7.0								
7																
8	0.017	2.8						6.9								
9	0.007	2.0						7.0								
10	0.010	2.2		185	208	<1	3.5	7.0								
11	0.009	2.5						7.1								
12	0.008	1.5						7.0								
13	0.010	2.0						6.9								
14																
15	0.018	0.9						7.0								
16	0.010	1.0						6.9								
17	0.010	1.5						7.0								
18	0.011	1.8						7.0								
19	0.012	2.2						7.1								
20	0.011	1.8						7.0								
21																
22	0.019	2.0						7.1								
23	0.009	1.2						7.1								
24	0.010	1.8						7.1								
25	0.010	2.8						7.2								
26	0.009	2.8						7.1								
27	0.010	2.0						7.0								
28																
29	0.019	2.5						7.1								
30	0.011	2.0						7.2								
31	0.009	2.8						7.1								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 4/22/93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	45%
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview — Month April — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.009	1.8						7.1								
2	0.009	1.0						7.0								
3																
4	0.017	1.2						7.1								
5	0.010	2.5						7.2								
6	0.008	2.8						7.2								
7	0.009	2.8		186	88	1.3	1.0	7.2								
8	0.008	2.8						7.1								
9	0.008	0.5						7.2								
10	0.007	2.5						7.2								
11																
12	0.023	2.0						7.1								
13	0.008	1.2						7.2								
14	0.010	1.5						7.1								
15	0.008	2.8						7.2								
16	0.009	2.5						7.1								
17	0.005	2.0						7.0								
18																
19	0.020	2.2						7.1								
20	0.009	1.5						7.1								
21	0.009	2.0						7.2								
22	0.009	1.8						7.1								
23	0.009	2.5						7.2								
24																
25	0.017	1.8						7.1								
26	0.009	2.5						7.2								
27	0.009	2.2						7.2								
28	0.008	2.5						7.1								
29	0.009	1.5						7.2								
30	0.009	1.8						7.1								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 5/17/93

Name (Please Type): Brian Heath — Telephone No. (Please Type)

Company Name: Southern States Utilities — (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 860-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8058

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	45%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			7.2
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview — Month May — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.008	2.2						7.1								
2																
3	0.019	0.8						7.0								
4	0.010	1.5						7.1								
5	0.009	1.2		167	156	1.0	1.0	7.1								
6	0.007	1.0						7.2								
7	0.009	1.8						7.1								
8	0.006	1.5						7.0								
9																
10	0.017	1.0						7.1								
11	0.006	0.9						7.1								
12	0.006	2.0						7.2								
13	0.011	2.2						7.1								
14	0.007	1.6						7.1								
15	0.005	2.2						7.1								
16																
17	0.022	1.2						7.2								
18	0.008	2.0						7.1								
19	0.009	1.2						7.2								
20	0.006	1.8						7.1								
21	0.008	1.2						7.2								
22	0.009	1.5						7.1								
23																
24	0.018	1.2						7.1								
25	0.007	1.8						7.0								
26	0.009	2.2						7.0								
27	0.006	2.5						7.0								
28	0.010	2.0						7.1								
29	0.007	2.0						7.0								
30																
31	0.017	1.0						7.1								

Lead Operator: This is to certify that I am familiar with the information contained in the report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 6/8/93

Name (Please Type): Brian Heath — Telephone No. (Please Type)

Company Name: Southern States Utilities — (407) 880-0058

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Brian Heath C-5825

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	45%
(20) BOD5 Effluent	mg/L	80082	0.6
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.009	1.8						7.1								
2	0.008	2.0		154	80	0.6	1.0	7.1								
3	0.009	1.5						7.0								
4	0.009	2.2						7.0								
5	0.006	2.0						7.1								
6																
7	0.017	1.5						7.1								
8	0.007	2.0						7.1								
9	0.007	0.8						7.0								
10	0.008	1.0						7.1								
11	0.010	1.2						7.1								
12	0.007	1.8						7.0								
13																
14	0.017	1.0						7.1								
15	0.009	1.5						7.1								
16	0.011	2.2						7.2								
17	0.008	2.5						7.1								
18	0.019	1.2						7.2								
19	0.004	1.2						7.2								
20																
21	0.021	1.0						7.1								
22	0.009	1.8						7.0								
23	0.008	1.5						7.0								
24	0.007	2.0						7.1								
25	0.007	2.2						7.2								
26																
27	0.012	2.0						7.3								
28	0.009	2.5						7.2					ND			
29	0.008	2.5						7.2								
30	0.009	2.0						7.1								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath

Date: 7/12/93

Name (Please Type): Brian Heath

Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No: 8058

Evening Shift Operator Class: Cert. No:

Night Shift Operator Class: Cert. No:

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	1.2
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900-1
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview (34)

Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.008	2.0						7.1								
2	0.006	2.2						7.0								
3	0.006	1.5						7.1								
4																
5	0.018	1.2						7.1								
6	0.008	1.0						7.1								
7	0.007	1.8						7.2								
8	0.008	2.0						7.2								
9	0.007	2.5						7.1								
10	0.006	2.0						7.2								
11																
12	0.017	1.8						7.1								
13	0.007	1.5						7.1								
14	0.008	1.2		189	92	1.2	1.0	7.0								
15	0.007	1.5						7.1								
16	0.008	1.5						7.2								
17																
18	0.016	1.5						7.1								
19	0.010	2.0						7.1								
20	0.009	1.2						7.0								
21	0.007	1.0						7.0								
22	0.011	1.5						7.1								
23	0.009	1.8						7.1								
24	0.006	2.5						7.2								
25																
26	0.019	1.0						7.2								
27	0.007	1.2						7.1								
28	0.009	1.8						7.1								
29	0.007	1.5						7.2								
30	0.007	1.8						7.1								
31	0.006	1.5						7.0								

Lead Operator: This is to certify that I am familiar with the information contained in the report and that to the best of my knowledge and belief, the information is true, complete and accurate

Signed: Original signed by Brian Heath

Date: 10/1/93

Name (Please Type): Brian Heath

Telephone No (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8058

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	42%
(20) BOD5 Effluent	mg/L	80082	<1
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (su/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.017	1.0						7.0								
3	0.007	1.8						7.1								
4	0.010	1.5						7.2								
5	0.008	1.0						7.1								
6	0.007	1.8						7.1								
7																
8	0.014	1.5						7.0								
9	0.013	0.9						7.1								
10	0.008	1.8						7.1								
11	0.009	2.0		212	152	<1	1.0	7.1								
12	0.010	2.2						7.2								
13	0.009	2.2						7.1								
14	0.006	2.0						7.1								
15																
16	0.022	1.0						7.0								
17	0.009	1.2						7.2								
18	0.009	2.2						7.2								
19	0.008	2.0						7.2								
20	0.008	2.8						7.2								
21	0.007	2.0						7.2								
22																
23	0.018	1.0						7.2								
24	0.008	2.5						7.2								
25	0.007	1.5						7.2								
26	0.009	0.9						7.2								
27	0.008	2.0						7.3								
28																
29	0.013	1.8						7.2								
30	0.009	2.8						7.3								
31	0.008	1.0						7.0								

Lead Operator: I/we attest that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by: Brian Heath

Date: 9/10/93

Name (Please Type): Brian Heath

Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8056

Evening Shift Operator Class: Cert. No

Night Shift Operator Class: Cert. No

Lead Operator: Brian Heath

Signature Cert No C7522

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	1.4
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.008	0.9						7.2								
2	0.009	1.0						7.2								
3	0.008	1.5						7.1								
4	0.006	1.2						7.2								
5																
6	0.018	1.5						7.1								
7	0.009	2.0						7.1								
8	0.008	1.8		185	88	1.4	1.0	7.1								
9	0.009	2.5						7.2								
10	0.007	1.0						7.1								
11	0.006	1.2						7.1								
12																
13	0.018	1.8						7.1								
14	0.008	2.5						7.1								
15	0.008	1.8						7.2								
16	0.008	2.5						7.3								
17	0.007	2.2						7.2								
18																
19	0.012	1.8						7.2								
20	0.010	1.0						7.2								
21	0.008	1.8						7.1								
22	0.008	1.2						7.2								
23	0.008	2.5						7.2					IND			
24	0.007	2.0						7.1								
25	0.007	1.8						7.0								
26																
27	0.016	1.0						7.1								
28	0.007	2.5						7.2								
29	0.008	2.0						7.2								
30	0.008	2.2						7.1								
31																

Less Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities

Date: 10/21/93

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert No 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	39%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (su/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.008	2.0						7.2								
2	0.006	2.5						7.2								
3																
4	0.019	1.5						7.1								
5	0.008	2.2						7.2								
6	0.008	2.5		297	236	1.0	5.0	7.2								
7	0.008	2.2						7.2								
8	0.008	2.2						7.2								
9																
10	0.015	2.0						7.2								
11	0.010	1.8						7.1								
12	0.007	1.0						7.1								
13	0.007	2.2						7.2								
14	0.007	2.5						7.2								
15	0.007	2.0						7.2								
16	0.007	2.0						7.2								
17																
18	0.017	1.8						7.1								
19	0.001	0.8						7.1								
20	0.013	0.6						7.2								
21	0.008	1.4						7.0								
22	0.007	1.0						7.1								
23																
24	0.014	1.2						7.0								
25	0.009	1.2						7.1								
26	0.006	1.8						7.2								
27	0.009	1.2						7.2								
28	0.007	1.3						7.3								
29	0.007	1.8						7.2								
30	0.004	2.0						7.2								
31																

Signed Brian Heath

Name (Please Type)

Company Name Southern States Utilities

Date 11/24/93

Telephone No (Please Type) (407) 880-0055

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] [illegible]

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	2.8
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

DER FORM NO. 17-[illegible]
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month November Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.023	1.0						7.1								
2	0.014	1.8						7.1								
3	0.010	2.4						7.0								
4	0.009	2.8						7.1								
5	0.007	2.5						7.1								
6	0.005	1.3						7.2								
7																
8	0.017	1.5						7.1								
9	0.008	1.8						7.1								
10	0.010	1.5		182	116	2.8	1.0	7.2								
11	0.007	2.8						7.1								
12	0.008	2.5						7.2								
13	0.007	2.8						7.1								
14																
15	0.016	2.0						7.1								
16	0.009	1.5						7.1								
17	0.009	1.8						7.2								
18	0.007	1.5						7.1								
19	0.009	1.8						7.1								
20																
21	0.014	1.5						7.1								
22	0.009	1.0						7.3								
23	0.010	1.5						7.2								
24	0.008	1.0						7.2								
25																
26	0.016	2.8						7.2								
27	0.010	1.8						7.2								
28																
29	0.020	0.9						7.2								
30	0.008	1.5						7.1								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed [signature] Date 12/2/93

Name (Please Type)

Telephone No. (Please Type)

Company Name Southern States Utilities

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3035P03398

(3) Plant Name: Morningview

(4) Plant Address: 1322 English Road

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-179425

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No C-8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Ernest B. Conder C-2451

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.020
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	10.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			ND

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Morningview

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.007	2.0						7.1								
2	0.009	2.2						7.0								
3	0.008	1.8						7.0								
4	0.006	2.0						7.1								
5																
6	0.019	1.2						7.1								
7	0.009	2.5						7.1								
8	0.006	2.0						7.1								
9	0.007	2.2						7.2								
10	0.009	2.6						7.1								
11	0.005	2.0														
12																
13	0.018	2.8						7.1								
14	0.006	1.4						7.0								
15	0.009	1.3						7.1								
16	0.009	2.0		129	112	1.1	10.0	7.0								
17	0.008	1.6						7.0								
18	0.007	1.5														
19																
20	0.020	2.5						7.1								
21	0.006	2.2						7.2								
22	0.009	1.8						7.2								
23	0.007	2.2						7.2					ND			
24	0.009	2.0														
25																
26	0.017	1.4														
27	0.010	0.8						7.2								
28	0.009	2.2						7.2								
29	0.008	2.0						7.1								
30	0.009	2.0						7.0								
31	0.006	1.5														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Donald B. Corder

Name (Please Type): Donald B. Corder

Company Name: Southern States Utilities

Date: 1-17-94

Telephone No. (Please Type)

Page 3 of 3

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.012
(19) Percent of permitted capacity	%	–	81%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	5.3
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	3.0

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34)

Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2															
3	0.043	3.1							7.0						
4	0.011	5.0							7.1						
5	0.015	1.2							7.1						
6	0.012	4.7							7.1						
7	0.010	2.7							7.4						
8															
9															
10	0.036	3.9							7.2						
11	0.011	0.6							7.4						
12	0.010	5.0							7.3						
13	0.009	1.1							7.2			5.3			
14	0.014	5.0							7.2						
15															
16															
17															
18	0.056	1.6							7.3						
19	0.011	2.8		178.0	226	1	1		7.4						
20	0.011	5.0							7.1						
21	0.008	2.9							7.3					3	
22	0.010	1.9							7.3						
23															
24	0.022	1.1							7.2						
25															
26	0.022	4.7							7.2						
27	0.011	2.4							7.0						
28	0.009	3.5							7.0						
29	0.010	2.9							7.1						
30															
31	0.044	2.8							7.1						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Roy White Date 3/4/94

Name (Please Type) Roy White Telephone No (Please Type)

Company Name Southern States Utilities / Palm Port 904-849-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-148222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 830[illegible]

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-830[illegible]

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.011
(17) Permitted capacity	mgd	--	0.050
(18) Three month average daily flow	mgd	--	0.011
(19) Percent of permitted capacity	%	--	22%
(20) CBOD5 Effluent	mg/L	80082	3.2
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	1.7
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	1.1
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chlorine Residual	mg/L	--	0.5
(32) Maximum Chlorine Residual	mg/L	--	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	18.0

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port

Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.012	2.9							7.2						
2	0.006	1.0							7.0						
3	0.011	2.5							7.1						
4	0.012	2.2							7.0						
5															
6															
7	0.033	0.6							7.2						
8	0.012	4.4							7.3						
9	0.015	0.9		214.0	198	3.2	1.7		7.1						
10	0.010	1.1							7.2						
11	0.012	5.0							7.1						
12															
13															
14	0.033	0.6							7.2						
15	0.010	1.9							7.0						
16															
17	0.022	0.8							7.2						
18	0.010	1.6							7.1						
19	0.010	1.2							7.2						
20															
21	0.023	0.7							7.2						
22	0.016	0.5							7.1						
23	0.010	2.4							7.2						
24	0.011	2.5							7.1						
25	0.012	2.7							7.1			1.1		18	
26															
27															
28	0.034	1.2							7.2						
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Palm Port

Date: 3/28/94

Telephone No. (Please Type): 904-649-8673

Page 3 of 3

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	–	0.050
(18) Three month average daily flow	mgd	–	0.012
(19) Percent of permitted capacity	%	–	24%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	<1
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	<1

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO-

Domestic Wastewater Treatment Plant Monthly Operating Report

Palm Port — Month March — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.010	0.9							7.3						
2	0.014	3.2							7.2						
3	0.010	2.8							7.2						
4	0.016	1.2							7.1						
5	0.010														
6	0.011														
7	0.010	0.5							7.0						
8	0.013	0.8							7.1						
9	0.012	0.6							7.2						
10	0.008	0.8							7.1						
11	0.011	0.8							7.1						
12	0.012														
13	0.010														
14	0.011	2.3							7.1						
15	0.012	2.6							7.2						
16	0.008	2.2							7.1						
17	0.010	0.8		180.0	160	2	2		7.3			<1		<1	
18	0.010	0.9							7.2						
19															
20															
21	0.050	0.5							7.3						
22	0.018	2.0							7.1						
23	0.013	0.6							7.1						
24	0.014	1.9							7.2						
25		1.0							7.1						
26	0.028														
27															
28	0.030	0.8							7.1						
29	0.014	2.7							7.1						
30	0.016	5.0							7.2						
31	0.015	5.0							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Roy White — Date: 4-10-94

Name (Please Type): Roy White — Telephone No. (Please Type): 904-649-8673

Company Name: Southern States Utilities / Palm Port

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-6301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.023
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.008
(19) Percent of permitted capacity	%	–	50%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	0.8
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1
SLUDGE ANALYSIS ATTACHED			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.031	1.6							7.2						
2	0.031														
3	0.031														
4	0.016	1.0							7.2						
5	0.022														
6	0.025	1.7							7.2						
7	0.027	1.0							7.3						
8	0.019	1.3							7.2						
9	0.021	2.0							7.2						
10	0.021														
11	0.024	0.7							7.2						
12	0.015	1.0							7.2						
13	0.026	5.0							7.1						
14	0.027	5.0							7.1						
15	0.016	1.3							7.3						
16	0.026														
17	0.028														
18	0.017	2.1							7.2						
19	0.021	5.0							7.2						
20	0.015	5.0							7.3						
21	0.025	0.6							7.2						
22	0.016	5.0							7.4						
23	0.020														
24	0.025														
25	0.017	0.7							7.3						
26	0.024	1.2							7.3						
27	0.025	1.0							7.2						
28	0.020	3.4		110.0	180	2	<1		7.2			0.8			
29	0.018	5.0							7.1					<1	
30	0.026														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities / Palm Port

Date: May 20, 1994

Telephone No. (Please Type) 904-649-8873

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.021
(17) Permitted capacity	mgd	–	0.050
(18) Three month average daily flow	mgd	–	0.019
(19) Percent of permitted capacity	%	–	38%
(20) CBOD5 Effluent	mg/L	80082	4.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port — Month May — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.023														
2	0.013	1.4							7.3						
3	0.024	3.5							7.2						
4	0.020	1.0							7.2						
5	0.024	2.3							7.3						
6	0.019	5.0							7.2						
7	0.018														
8	0.019														
9	0.024	1.0							7.2						
10	0.014	2.2							7.3						
11	0.013	3.1							7.3						
12	0.018	5.0							7.2						
13	0.027	0.9							7.1						
14	0.031														
15	0.025														
16	0.012	1.9							7.3						
17	0.024	1.4							7.0						
18	0.018	3.9							7.2						
19	0.022	1.2							7.2						
20	0.018	1.2							7.1						
21	0.026														
22	0.017														
23	0.017	3.5							7.2						
24	0.022	2.5							7.2						
25	0.014	1.1							7.2						
26	0.022	0.9		180.0	220	4	1.2		7.3			<0.5		<1	
27	0.015	0.9							7.2						
28	0.028														
29	0.020														
30	0.021	0.6							7.3						
31	0.038	0.8							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White — Date: 6/29/94

Name (Please Type): Roy White — Telephone No. (Please Type): 904-649-8673

Company Name: Southern States Utilities / Palm Port

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator _____ C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.025
(17) Permitted capacity	mgd	–	0.050
(18) Three month average daily flow	mgd	–	0.023
(19) Percent of permitted capacity	%	–	46%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	5.2
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	7.3
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	4.0

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port — Month June — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.020	1.0							7.0						
2	0.026	0.6							7.2						
3	0.023	1.0							7.2						
4	0.017														
5	0.033														
6	0.034	1.5							7.1						
7	0.030	0.8							7.1						
8	0.030	1.0							7.3						
9	0.033	1.6							7.1						
10	0.029	0.6							7.2						
11	0.031														
12	0.022														
13	0.024	1.0							7.3						
14	0.029	1.5							7.2						
15	0.026	1.3							7.1						
16	0.023	1.6							7.2						
17	0.024	2.0							7.2						
18	0.027														
19	0.024														
20	0.026	0.8							7.1						
21	0.021	1.9							7.2						
22	0.032	2.2							7.2						
23	0.024	1.1		170.0	200	2	5.2		7.2			7.3		4	
24	0.034	2.0							7.1						
25	0.016														
26	0.019														
27															
28	0.040	1.0							7.1						
29	0.019	2.0							7.2						
30	0.019	0.8							7.1						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Roy White — Date: 9/1/94

Name (Please Type): Roy White — Telephone No (Please Type): 904-649-8673

Company Name: Southern States Utilities / Palm Port

Page 3 of 3

Rev. 1/92

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.021
(17) Permitted capacity	mgd	--	0.050
(18) Three month average daily flow	mgd	--	0.022
(19) Percent of permitted capacity	%	--	44%
(20) CBOD5 Effluent	mg/L	80082	5.0
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	13.0
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	--	0.5
(32) Maximum Chlorine Residual	mg/L	--	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	
FECAL : CONFLUENT			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port

(34)

Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.022	1.2							7.0						
2	0.021	1.3							7.1						
3	0.021														
4	0.026	1.3							7.0						
5	0.021	2.3							7.2						
6	0.025	0.6							7.1						
7	0.022	0.7							7.1						
8	0.020	5.0							7.1						
9	0.022														
10	0.022														
11	0.017	0.6							7.2						
12	0.019	0.6							7.1						
13	0.023	0.5							7.0						
14	0.019	1.3							7.0						
15	0.023	0.7							7.0						
16	0.024														
17	0.023														
18	0.017	0.5							7.0						
19	0.019	5.0							7.2						
20	0.019	5.0							7.3						
21	0.019	5.0							7.2						
22	0.029	3.4							7.2						
23	0.019														
24	0.013														
25	0.011	1.2							7.2						
26	0.021	2.6							7.2						
27	0.017	1.2							7.1						
28	0.029	2.0		130.0	170	5	1		7.1			15			
29	0.023	1.4							7.3						
30	0.017														
31	0.018														

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Roy White Date 10/3/94

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilities / Palm Port 904-649-8673

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	--	0.050
(18) Three month average daily flow	mgd	--	0.022
(19) Percent of permitted capacity	%	--	44%
(20) CBOD5 Effluent	mg/L	80082	1.2
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	3.1
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	5.3
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chlorine Residual	mg/L	--	0.5
(32) Maximum Chlorine Residual	mg/L	--	3.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1
POND EFLLUENT RESULTS ATTACHED			

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.015	0.5							7.2						
2	0.023	0.7							7.2						
3	0.013	1.0							7.2						
4	0.020	2.2							7.2						
5	0.013	1.4							7.2						
6	0.013														
7	0.020														
8	0.016	0.9							7.2						
9	0.018	2.2							7.1						
10	0.014	0.5							7.1						
11	0.020	1.0							7.2						
12	0.022	0.8							7.2						
13	0.018														
14	0.019														
15	0.017	1.0							7.2						
16	0.026	2.0							7.2						
17	0.026	2.9		174.0	158	1.2	3.1		7.2						
18	0.021	1.0							7.1						
19	0.027	1.1							7.2						
20	0.023														
21	0.019														
22	0.023	0.8							7.2						
23	0.022	1.0							7.2						
24	0.030	0.6							7.2						
25	0.025	0.7							7.1						
26	0.022	3.2							7.2						
27	0.025														
28	0.023														
29	0.022	2.2							7.3						
30	0.014	2.2							7.1			5.3		<1	
31	0.024	1.5							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities / Palm Port

Date 10/11/94

Telephone No. (Please Type) 904-649-8673

Page 3 of 3

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8301

Evening Shift Operator Class: ____ Cert. No. ____

Night Shift Operator Class: ____ Cert. No. ____

Lead Operator: [signature] C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.023
(17) Permitted capacity	mgd	--	0.050
(18) Three month average daily flow	mgd	--	0.021
(19) Percent of permitted capacity	%	--	42%
(20) CBOD5 Effluent	mg/L	80082	1.3
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	90020	2.8
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	4.6
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	--	0.5
(32) Maximum Chlorine Residual	mg/L	--	2.3
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port — Month September — Year 1994

(94)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	w	2.0							7.1						
2	0.023	1.2							7.2						
3	0.020														
4	0.021														
5	0.025	0.5							7.2						
6	0.026	0.9							7.2						
7	0.017	1.4							7.2						
8	0.020	1.0							7.1						
9	0.021	0.9							7.2						
10	0.015														
11	0.015														
12	0.031	1.0							7.2						
13	0.019	0.6							7.2						
14	0.023	2.2		128.0	127	1.3	2.8		7.3						
15	0.016	1.0							7.2						
16	0.016	0.6							7.2						
17	0.023														
18	0.031														
19	0.026	1.2							7.2						
20	0.022	1.5							7.1						
21	0.026	1.1							7.1			4.8		<1	
22															
23	0.047	2.3							7.2						
24	0.036	2.2							7.2						
25	0.029														
26	0.035	2.2							7.1						
27	0.021	1.0							7.2						
28	0.026	0.9							7.1						
29	0.026	0.6							7.1						
30	0.023	2.2							7.2						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Roy White — Date: 11/15/94

Name (Please Type): Roy White — Telephone No (Please Type): 904-649-8673

Company Name: Southern States Utilities / Palm Port

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.018
(17) Permitted capacity	mgd	–	0.050
(18) Three month average daily flow	mgd	–	0.020
(19) Percent of permitted capacity	%	–	41%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	2.2
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port — Month October — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.012														
2	0.024														
3	0.022	2.2							7.2						
4	0.023	0.6							7.2						
5	0.018	1.0							7.1						
6	0.017	2.2							7.1						
7	0.017	1.0							7.1						
8	0.018														
9	0.016														
10	0.022	0.5							7.1						
11															
12	0.044	2.2							7.1						
13	0.016	0.6							6.9						
14	0.023	0.9							7.2						
15	0.017	1.0							7.1						
16	0.019														
17	0.019	2.2							7.1						
18	0.022	2.2		120.0	60	1	1.8		7.0			2.2			
19														<1	
20	0.017	2.2							6.9						-
21	0.018	2.2							6.9						
22	0.024	0.9							7.0						
23	0.013														
24	0.018	1.0							6.9						
25	0.020	2.2							7.0						
26	0.018	0.6							6.9						
27	0.015	1.4							7.0						
28	0.013	1.0							6.9						
29	0.029														
30	0.019														
31	0.012	1.0							7.0						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White — Date: 12/19/94

Name (Please Type): Roy White — Telephone No. (Please Type): 904-649-8673

Company Name: Southern States Utilities / Palm Port

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	–	0.050
(18) Three month average daily flow	mgd	–	0.020
(19) Percent of permitted capacity	%	–	41%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	2.3
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	3.3
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34) Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.024	1.2							7.0						
2	0.018	1.0							7.0			3.3		<1	
3	0.015	2.2							7.0						
4	0.020	1.0							7.0						
5	0.017														
6	0.015														
7	0.017	1.1							6.9						
8	0.011	0.8							6.9						
9	0.025	1.2		47.0	128	1	2.3		7.1						
10	0.014	0.8							7.2						
11	0.013	0.9							7.2						
12	0.023														
13	0.023														
14	0.024	1.0							7.1						
15	0.020	0.6							7.1						
16	0.030	0.8							7.0						
17	0.024	1.2							7.0						
18	0.034	0.7							7.0						
19	0.025														
20	0.028														
21	0.025	0.8							7.1						
22	0.025	1.0							7.0						
23	0.016	1.8							7.0						
24	0.021	1.4							7.1						
25	0.022	0.8							7.1						
26	0.017														
27	0.018														
28	0.016	1.0							7.0						
29	0.015	0.6							7.1						
30	0.013	0.5							7.1						
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed Roy White Date 1/12/95

Name (Please Type) Roy White Telephone No (Please Type)

Company Name Southern States Utilities / Palm Port 904-649-6573

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: C-3

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator RG WLE C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.019
(17) Permitted capacity	mgd	–	0.050
(18) Three month average daily flow	mgd	–	0.019
(19) Percent of permitted capacity	%	–	38%
(20) CBOD5 Effluent	mg/L	80082	2.1
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	2.9
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	2.2
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	2.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	8.0

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.008	0.6							7.0						
2	0.011	1.0							7.1						
3	0.016														
4	0.021														
5	0.015	1.0							7.1						
6	0.017	1.2							7.1						
7	0.016	1.4							7.2						
8	0.015	1.0							7.2						
9	0.014	1.4							7.2						
10	0.020														
11	0.026														
12	0.027	1.0							7.2						
13	0.018	1.6							7.1						
14	0.017	2.0							7.2						
15	0.021	1.8		146.0	127	2.1	2.9		7.2						
16															
17	0.036	1.2							7.2						
18	0.015														
19	0.024	2.0							7.0						
20	0.018	2.0							7.0			2.2		8	
21	0.018	1.0							7.1						
22	0.025	0.7							7.2						
23	0.025	1.2							7.2						
24	0.023														
25	0.022														
26	0.021	0.6							7.2						
27	0.025	1.0							7.2						
28	0.025	0.8							7.3						
29	0.019	1.0							7.2						
30	0.024	0.7							7.2						
31	0.022														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Roy White Date 1-27-95

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilities / Palm Port 904-649-8673

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name Palm Port

(4) Plant Address Dog Branch Road

(5) City East Palatka

(6) County Putnam

(7) Phone Number 904-649-8673

(8) Permit Number DO54-146222

(9) Plant Type 3-C

(10) Test Site Identification Number 3154X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	18%
(20) BOD5 Effluent	mg/L	80082	1.5
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.6
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	300

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34) Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2	0.017	0.8							7.2						
3	0.006	1.0							7.1						
4	0.009	1.0							7.8						
5	0.005	1.0							7.4						
6	0.007	0.5		138	224	1	3		7.2			2.06			
7	0.008	0.6							7.2						
8	0.007	0.5							7.3						
9															
10	0.022	0.8							7.2						
11	0.005	1.0							7.2						
12	0.007	1.0							7.4						
13	0.007	0.6							7.4						
14	0.006	0.6							7.3						
15	0.010	0.8							7.2						
16	0.009	0.5							7.4						
17															
18	0.015	0.5							7.4						
19	0.007	1.0							7.2						
20	0.007	0.6		162	225	2	4.2		7.1			1.05			
21	0.006	1.0							7.2						
22		0.7							7.2						
23	0.005														
24															
25	0.016	0.6							7.1						
26															
27	0.017	0.5							7.3					300	
28	0.009	0.5							7.3						
29	0.007	0.5							7.2						
30	0.008	1.0							7.2						
31	0.008	0.6							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 2/25/93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilities 904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	14%
(20) BOD5 Effluent	mg/L	80082	2.95
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.75
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.97
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	0.8
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<2

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34) Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.008	0.5							7.2						
2		0.6							7.2						
3	0.015	0.5		153	255	2	1.5		7.2			5.08			
4	0.006	0.7							7.3						
5	0.007	0.5							7.0						
6															
7															
8	0.011	0.6							7.1						
9	0.007	0.5							7.2						
10	0.005	0.7							7.2						
11	0.009	0.5							7.2						
12	0.009	0.5							7.2						
13															
14															
15															
16	0.030	0.5							7.1						
17	0.005	0.6		163	226	3.9	2		7.2			0.863			
18	0.010	0.5							7.1						
19	0.006	0.8							6.8						
20															
21	0.018	0.6							7.0						
22	0.005	0.8							7.0						
23	0.011	0.5							7.1						
24															
25	0.018	0.5							7.1					<2	
26	0.012	0.5							7.2						
27															
28	0.015	0.5							7.2						
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 3/26/93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilities 904-649-8673

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8573

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	16%
(20) BOD5 Effluent	mg/L	80082	2.7
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.5
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34) Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.010	1.0							7.1						
2	0.009	1.0							7.2						
3	0.009	0.8							7.2						
4	0.006	0.5		131	265	2.7	3.4		7.3			0.027			
5	0.010	0.9							7.3						
6															
7		0.6							7.2						
8	0.026	0.7							7.2						
9	0.007	0.6							7.2						
10	0.007	0.5							7.2						
11	0.008	0.8							7.1						
12	0.005	0.5							7.1						
13															
14															
15	0.017	0.5							6.8						
16	0.010	0.6							6.9						
17	0.006	0.7		203	447	2.7	2.7		7.1			6.86		<1	
18	0.014	0.5							7.1						
19															
20															
21	0.030	0.7							7.2						
22	0.009	0.6							7.1						
23															
24	0.013	0.9							7.2						
25	0.012	0.8							7.1						
26	0.007	0.5							7.2						
27	0.007	0.7							7.2						
28															
29	0.022	0.8							7.2						
30															
31	0.013	1.0							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 4/25/93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilities 904-649-8673

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	16%
(20) BOD5 Effluent	mg/L	80082	2.9
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.6
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.4
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<2
Sludge Analysis (Results Attached)			
Effluent Analysis (Permit Renewal)			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34)

Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Doshier	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	1.8		211	286	3.1	2.3		7.3			0.393			
2	0.010	0.7							7.4						
3	0.007	0.8							7.3						
4															
5	0.016	0.5							7.2						
6															
7	0.015	1.0							7.1						
8	0.010	0.6							7.2						
9	0.007	0.5							7.1						
10															
11	0.017	1.0							7.2						
12	0.007	0.7							7.2						
13	0.008	0.6							7.3						
14	0.008	1.0							7.2						
15	0.008	0.6		274	305	2.1	2.7		7.3						
16	0.008	0.8							7.2						
17															
18	0.017	1.0							7.3						
19	0.008	1.0							7.3						
20	0.006	0.9							7.3						
21	0.005	1.0							7.2			1.89		<2	
22	0.008	1.2							7.3						
23															
24															
25	0.022	0.6							7.2						
26	0.012	0.5							7.0						
27	0.007	1.5							7.0						
28	0.004	1.0		145	158	3.5	2.8		7.1			1.83			
29															
30	0.015	0.6							7.1						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 5/26/93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilites 904-649-8673

DER FORM NO	17.801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 6301

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Roy White C-6301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	16%
(20) BOD5 Effluent	mg/L	80082	3.2
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.6
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34)

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.007	0.8							7.1						
2															
3	0.015	0.8							7.1						
4	0.010	1.5							7.1						
5	0.009	0.7							7.2						
6	0.008	0.9							7.2						
7	0.006	0.6							7.1						
8															
9															
10	0.025	0.5							7.1						
11	0.008	0.7							7.2						
12	0.007	1.5		143	110	3.8	1		7.2			3.12			
13	0.007	0.8							7.3						
14	0.007	0.6							7.3						
15															
16															
17	0.023	1.0							7.2						
18	0.007	0.5							7.3						
19	0.008	0.7							7.2						
20	0.006	1.0							7.3						
21	0.006	0.6							7.3						
22															
23															
24	0.024	2.0							7.2						
25	0.006	1.2							7.3						
26	0.007	1.0		232	172	2.5	1.3		7.3			1.99			
27	0.006	0.8							7.2						
28	0.009	0.5							7.2						
29															
30															
31	0.010	1.0							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Name (Please Type) Roy WHite

Company Name Southern States Utilites

Date: 7/12/93

Telephone No. (Please Type)
904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154X10025

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8301

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	18%
(20) BOD5 Effluent	mg/L	80082	<2
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.9
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO	17-901.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34)

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.010	0.5							7.2						
2	0.020	0.8							7.2						
3	0.012	1.0							7.2						
4	0.012	0.9							7.2						
5															
6															
7	0.037	0.6							7.2						
8	0.011	0.8							7.2						
9	0.010	0.9		372	256	<2	2		7.2			2.28			
10	0.011	1.0							7.1						
11	0.010	1.0							7.2						
12															
13															
14	0.023	0.8							7.0						
15	0.016	1.0							7.1						
16	0.009	0.9							7.1						
17	0.008	1.0							7.1						
18	0.009	0.8							7.1						
19															
20															
21	0.030	0.7							7.2						
22	0.010	0.6							7.2						
23	0.006	0.7							7.2						
24	0.013	0.6		175	230	<2	4		7.2			1.43			
25	0.008	1.5							7.3						
26															
27															
28	0.030	1.2							7.2						
29	0.010	0.5							7.0						
30	0.007	0.8							7.2						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Date: 7/19/93

Name (Please Type) Roy White

Telephone No. (Please Type) 904-649-8673

Company Name Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	18%
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	1.5
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	2.75
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.675
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.4
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	4

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port — Month July — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.011	0.5							7.2						
2	0.009	0.6							7.3						
3															
4															
5	0.025	0.6							7.1						
6	0.011	0.6							7.3						
7	0.009	0.5		274.0	283	1	1.5		7.2			7.55		2	
8	0.010	0.5							7.2						
9	0.012	0.6							7.2						
10															
11															
12	0.025	1.0							7.1						
13	0.012	1.0							7.1						
14	0.009	0.5							7.0						
15	0.009	0.9							7.1						
16	0.006	0.6							7.4						
17															
18															
19	0.027	0.5							7.1						
20	0.008	1.0							7.2						
21	0.012	0.6		280.0	348	<2	4		7.3			4.2		6	
22	0.015	0.5							7.0						
23	0.007	0.5							7.3						
24															
25															
26	0.031	1.0							7.0						
27	0.010	1.4							7.1						
28	0.011	0.6							7.2						
29	0.009	0.5							7.2						
30	0.011	0.5							7.2						
31	0.012														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White — Date: 8/27/93

Name (Please Type) Roy White — Telephone No. (Please Type) 904-649-8673

Company Name Southern States Utilites

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-6673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154 X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Roy W [illegible] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.011
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	20%
(20) BOD5 Effluent	mg/L	80082	2.00
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.8
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34)

Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2	0.021	0.6							7.3						
3	0.012	0.6							7.2						
4	0.010	0.5							7.3						
5	0.009	0.5		217.0	158	2	1		7.2			6.79		<1	
6	0.012	0.6							7.2						
7															
8															
9	0.037	0.5							7.2						
10	0.010	1.0							7.3						
11	0.010	0.6							7.2						
12	0.008	2.0							7.2						
13	0.012	1.5							7.3						
14															
15															
16	0.035	1.0							7.2						
17	0.009	0.6							7.2						
18	0.010	0.6							7.2						
19	0.011	0.6							7.2						
20															
21	0.030	0.6							7.2						
22															
23	0.020	0.5							7.1						
24	0.011	1.0							7.1						
25	0.007	0.6							7.2						
26															
27	0.019	1.0							7.2						
28															
29	0.028	1.0							7.1						
30	0.008	0.6							7.2						
31	0.008	0.9							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type) ROY WHITE

Company Nam Southern States Utilities

Date. SEPT28,1993

Telephone No. (Please Type)

904-849-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154 x10020

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: [signature] C-8501

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.011
(19) Percent of permitted capacity	%	-	22%
(20) BOD5 Effluent	mg/L	80082	1.00
(21) BOD5 Effluent	lbs/day	-	2.93
(22) TSS Effluent	mg/L	900201	2.3
(23) TSS Effluent	lbs/day	-	6.7
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.7
(30) Total Phosphorus	mg/L	000666	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	4.0

DER FORM NO	17-601.900(11)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.013	1.0							7.3						
2	0.010	0.5							7.1						
3	0.009	0.8							7.2						
4															
5															
6	0.030	0.6							7.2						
7	0.019	2.0							7.1						
8	0.011	0.7							7.1						
9	0.011	0.7							7.3						
10	0.013	0.6							7.5						
11															
12															
13	0.035	1.5							7.4						
14	0.012	1.2							7.3						
15	0.010	1.6		167.0	143	1	2.3		7.2						
16	0.011	0.6							7.3						
17															
18															
19	0.042	0.6							7.2						
20	0.010	0.6							7.3						
21	0.013	0.0							7.3			5.7		4	
22	0.012	1.6							7.3						
23	0.012	0.8							7.2						
24	0.008	0.5							7.3						
25															
26															
27	0.033	2.0							7.3						
28	0.012	2.4							7.2						
29	0.012	3.0							7.2						
30	0.013	2.5							7.3						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): ROY WHITE

Company Nam: Southern States Utilities

Date: OCT 28,1993

Telephone No. (Please Type)

904-649-8673

Page 3 of 3

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154 x10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Roy W. C-5301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	25%
(20) BOD5 Effluent	mg/L	80082	2.00
(21) BOD5 Effluent	lbs/day	-	7.07
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	5.3
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.9
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	275.3

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port (34) Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.011	3.0							7.2						
2															
3															
4	0.029	2.0							7.2						
5	0.010	0.8							7.3						
6	0.010	2.2		178.0	127	2	1.5		7.3						
7	0.009	3.0							7.2						
8															
9	0.021	1.4							7.2						
10															
11	0.024	2.0							7.2						
12	0.011	1.2							7.3						
13	0.013	1.4							7.2						
14	0.011	0.5							7.2			0.86		1100	
15	0.012														
16															
17		1.0							7.3						
18	0.055	1.0							7.3						
19	0.012	0.7							7.3					<1	
20	0.013	2.0							7.3						
21	0.009	3.5							7.3						
22	0.014	1.4							7.2					<1	
23															
24															
25	0.063	0.8							7.3						
26	0.011	3.5							7.3					1	
27															
28	0.028	2.0							7.2						
29	0.012	0.8							7.3						
30	0.026	1.5							7.2						
31	0.020														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Ray White Date: Nov.27,1993

Name (Please Type) Ray White Telephone No. (Please Type)

Company Nam Southern States Utilities 904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154 X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.014
(19) Percent of permitted capacity	%	-	27%
(20) BOD5 Effluent	mg/L	80082	1.00
(21) BOD5 Effluent	lbs/day	-	3.87
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	5.8
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	11.0
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port

Month November Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.020	3.5							7.3						
2	0.015	1.0							7.3						
3	0.014	1.9							7.3						
4															
5	0.025	1.0							7.2						
6	0.010	2.5							7.2						
7															
8															
9	0.056	2.2							7.2						
10	0.012	2.5							7.3						
11	0.014	2.4							7.2						
12	0.015	0.9							7.4						
13	0.012	3.0							7.2						
14															
15	0.042	2.0							7						
16	0.019	5.0							7.1						
17	0.020	0.6							7.2						
18	0.018	5.0							7.1						
19	0.016	2.0							7.2						
20															
21															
22	0.044	3.5							7						
23	0.013	3.5		130.0	190	1	1.5		7.1						
24	0.016	0.9							7.2						
25															
26	0.017	2.0							7.1						
27	0.018	1.6							7.2						
28															
29	0.026	1.2							7.2			11		<1	
30	0.022	3.5							7.1						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): ROY WHITE

Company Nam: Southern States Utilities

Date: JAN 5,1994

Telephone No. (Please Type)

904-649-8673

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3154P1070

(3) Plant Name: Palm Port

(4) Plant Address: Dog Branch Road

(5) City: East Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146222

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3154 X10025

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	25%
(20) BOD5 Effluent	mg/L	80082	1.10
(21) BOD5 Effluent	lbs/day	-	2.58
(22) TSS Effluent	mg/L	900201	3.8
(23) TSS Effluent	lbs/day	-	8.9
(24) Minimum pH			7.1
(25) Maximum pH			8.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Port

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.010	0.5							7.2						
2	0.009	0.5							8.3						
3	0.008	3.5							7.3						
4															
5															
6	0.017	3.5							7.1						
7	0.007	1.4							7.3						
8	0.012	1.1		139.0	208	1.1	3.8		7.3						
9	0.008	0.7							7.2						
10	0.009	2.0							7.2						
11															
12															
13	0.032	4.2							7.1						
14	0.012	5.0							7.1						
15	0.010	4.7							7.2						
16	0.008	1.2							7.2						
17	0.009	0.8							7.2						
18															
19															
20	0.018	1.1							7.1						
21	0.013	0.5							7.2						
22	0.010	1.8							7.2						
23	0.011	1.6							7.3						
24	0.011	5.0							7.2						
25															
26															
27	0.027	0.5							7.2						
28	0.009	1.7							7.2			4.2		<1	
29	0.012	5.0							7.3						
30	0.009	5.0							7.1						
31	0.012	3.7							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type) ROY WHITE

Company Nam Southern States Utilities

Date: FEB 1,1994

Telephone No. (Please Type)

904-649-8573

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: D O51 234067

(9) Plant Type: 2-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORE Code	VALU
(16) Monthly average daily flow	mgd	50058	0.117
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.110
(19) Percent of permitted capacity	%	-	85%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effuent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	4.04
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.89
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	2.5
(32) Maximum Chloride Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		13.5
FECAL			1

DER FORM NO 17-601.900(3)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE Jan 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month January — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.127														
2	0.124	2.9						7.3							
3	0.106	2.9						7.3							
4	0.128	3.0						7.4							
5	0.120	3.5						7.3							
6	0.114	3.5			130.0	5	5	7.3			1.69		1		
7	0.108	3.0						7.4							
8	0.108														
9	0.122	3.5						7.3							
10	0.122	3.0						7.2							
11	0.140	3.0						7.3							
12	0.122	3.0						7.3							
13	0.086	2.5						7.3							
14	0.147	2.8						7.3							
15	0.147														
16	0.102	2.6						7.3							
17	0.120	3.0						7.3							
18	0.106	3.5						7.4							
19	0.116	3.0						7.3							
20	0.100	3.0			136.0	10	4	7.3			2.09		<1		
21	0.125	3.5						7.3							
22	0.125														
23	0.116	3.0						7.4							
24	0.124	2.8						7.4							
25	0.100	3.0						7.3							
26	0.104	3.5						7.3							
27	0.098	3.0						7.3							
28	0.128	3.0						7.4							
29	0.128														
30	0.096	2.6						7.4							
31	0.112	3.5						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Larry Ramsey — Date: 2-7-94

Name (Please Type): Larry Ramsey — Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: D O51 234067

(9) Plant Type: 2-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORE Code	VALU
(16) Monthly average daily flow	mgd	50058	0.112
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.115
(19) Percent of permitted capacity	%	-	88%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effuent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	1.24
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.76
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	2.2
(32) Maximum Chloride Residual	mg/L	-	4.3
(33) Other Effluent Parameters			
BOD	mg/L		3.5
FECAL			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace **Month** February **Year** 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.116	3.0						7.4							
2	0.114	3.5						7.3							
3	0.118	3.0			160	3	1	7.3			2.26		<1		
4	0.118	3.0						7.3							
5	0.118														
6	0.120	3.5						7.4							
7	0.100	2.7						7.4							
8	0.116	3.0						7.3							
9	0.106	3.5						7.3							
10	0.100	3.0						7.3							
11	0.130	3.0						7.2							
12	0.130														
13	0.118	4.3						7.3							
14	0.100	3.5						7.3							
15	0.108	3.0						7.3							
16	0.100	3.0						7.4							
17	0.090	3.5			220	4	2	7.3			1.26		<1		
18	0.116	3.0						7.3							
19	0.116														
20	0.126	3.0						7.4							
21	0.104	4.1						7.4							
22	0.126	2.0						7.4							
23	0.114	2.2						7.4							
24	0.084	2.3						7.2							
25	0.108	2.5						7.3							
26	0.108														
27	0.120	2.8						7.3							
28	0.100	3.0						7.3							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Original signed by Larry Ramsey Date 3-4-94

Name (Please Type) Larry Ramsey Telephone No. (Please Type)

Company Name Southern States Utilities 813-855-7342

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: D 051 234067

(9) Plant Type: 2-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 1025

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Larry Ramey B-1025
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.113
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.114
(19) Percent of permitted capacity	%	-	88.000
(20) BODs Effluent	mg/L	80082	3
(21) BODs Effluent	lbs/day	-	2.8168
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	2.8168
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.525
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	2.6
(32) Maximum Chloride Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		2.5
FECAL			<1

DEP FORM NO 17-[illegible]
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month March — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.102	3						7.4							
2	0.106	3.2						7.3							
3	0.102	3		225	256	3	3	7.3			0.724		<1		
4	0.106	3.5						7.4							
5	0.121	3.5						7.3							
6	0.121														
7	0.094	3						7.3							
8	0.115	3						7.3							
9	0.108	3.2						7.4							
10	0.090	3						7.3							
11	0.136	2.8						7.3							
12	0.110	2.8						7.3							
13	0.110														
14	0.102	3						7.4							
15	0.108	3.5						7.3							
16	0.108	3						7.3							
17	0.096	3		205	138	2	2	7.3			0.325		<1		
18	0.114	3.5						7.3							
19	0.122	3.5						7.4							
20	0.123														
21	0.106	3						7.4							
22	0.116	3						7.3							
23	0.118	3.2						7.3							
24	0.102	3						7.4							
25	0.140	3						7.3							
26	0.140														
27	0.092	3						7.3							
28	0.132	3						7.3							
29	0.118	3.3						7.4							
30	0.120	3.5						7.4							
31	0.118	3.5						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Terry Ramsey — Date: 4-11-94

Name (Please Type): Terry Ramsey — Telephone No. (Please Type): 813-686-7342

Company Name: Southern States Utilities

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: D 51 234067

(9) Plant Type: 2 C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 1025

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator Signature B1025

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.111
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.112
(19) Percent of permitted capacity	%	-	86.000
(20) BODs Effluent	mg/L	80082	11
(21) BODs Effluent	lbs/day	-	10.183
(22) TSS Effluent	mg/L	900201	3.6667
(23) TSS Effluent	lbs/day	-	3.3944
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.3017
(30) Total Phosphorus	mg/L	000656	
(31) Minimum Chloride Residual	mg/L	-	2.9
(32) Maximum Chloride Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		11
Fecal			<1

DER FORM NO 17-601 (02) (1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34)

Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.118	3.5						7.3					<1		
2	0.121	3.3						7.4							
3	0.121														
4	0.116	3.5		145	104	23	2	7.3			<0.10				
5	0.122	3.3						7.3							
6	0.114	3.2						7.4							
7	0.092	3.2						7.3							
8	0.126	3.5						7.3							
9	0.117	3						7.3							
10	0.117														
11	0.118	3.5						7.4							
12	0.114	3						7.3							
13	0.116	3						7.3							
14	0.112	3.5		165	152	3	7	7.3			0.15		<1		
15	0.102	3						7.4							
16	0.102														
17	0.112	2.9						7.4							
18	0.108	3						7.3							
19	0.102	3.5						7.4							
20	0.092	3.5						7.3							
21	0.094	3						7.3							
22	0.110	3						7.4							
23	0.102	3.5						7.4							
24	0.102														
25	0.121	3						7.3							
26	0.116	3						7.3							
27	0.108	3.5						7.4							
28	0.108	3.5		185	54	7	2	7.3			0.755		<1		
29	0.096	3.5						7.3							
30	0.123	3						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Larry Ramsey Date 5-17-94

Name (Please Type) Larry Ramsey Telephone No (Please Type)

Company Name Southern States Utilities 813-868-7342

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 51PO1846

(3) *Plant Name* Palm Terrace

(4) Plant Address Arbordale & Jason Streets

(5) City Port Richey

(6) County Pasco

(7) Phone Number 813-868-7342

(8) Permit Number D 051 234067

(9) *Plant Type* 2 C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 1025

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator [signature] B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.106
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.110
(19) Percent of permitted capacity	%	-	0.819
(20) BODs Effluent	mg/L	80082	4.5
(21) BODs Effluent	lbs/day	-	3.9951
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	1.3317
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.5745
(30) Total Phosphorus	mg/L	000656	
(31) Minimum Chloride Residual	mg/L	-	2.7
(32) Maximum Chloride Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		4.5
Fecal			1

DER FORM NO. 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (341) Month May Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.114														
2	0.100	3						7.3							
3	0.092	3						7.4							
4	0.092	3.5						7.2							
5	0.096	3.5						7.3							
6	0.094	3						7.4							
7	0.088	2.8						7.4							
8	0.092														
9	0.088	3						7.3							
10	0.086	2.9						7.3							
11	0.112	3						7.4							
12	0.084	3		155	100	6	1	7.3			0.399		<1		
13	0.114	3.5						7.3							
14	0.116	3.5						7.3							
15	0.116														
16	0.092	3						7.4							
17	0.114	3						7.3							
18	0.118	3						7.3							
19	0.090	3.5						7.3							
20	0.130	3						7.3							
21	0.130														
22	0.098	2.8						7.3							
23	0.094	3						7.4							
24	0.116	2.7						7.4							
25	0.110	3						7.3							
26	0.110	3		130	128	3	2	7.3			2.75		1		
27	0.120	3.5						7.4							
28	0.125	3						7.3							
29	0.125														
30	0.126	3						7.3							
31	0.116	2.8						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] Date: 6-15-94

Name (Please Type): Larry Ramsey Telephone No. (Please Type)

Company Name: Southern States Utilities 813-886-7342

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 51PO1946

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: D 51 234067

(9) Plant Type: 2 C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert No: 1025

Evening Shift Operator Class: Cert No:

Night Shift Operator Class: Cert No:

Lead Operator: Signature Cert No: B1025

Parameter	Units	Storet Code	Value
(16) Monthly average daily flow	mgd	50053	0.118
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.111
(19) Percent of permitted capacity	%	-	85%
(20) BOD Effluent	mg/L	80082	5.0
(21) BOD Effluent	lbs/day	-	4.85
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	0.49
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	< .02
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.7
(32) Maximum Chlorine Residual	mg/L	-	3.9
(33) Other Effluent Parameters			
Fecal			0.5

DEP FORM NO. 17-601-900(1)
FORM TITLE: Domestic Wastewater Treatment Facilities Operating Report
EFFECTIVE DATE: July 1, 1991
DEP APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34)

Month: June Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.118	3.0						7.4							
2	0.108	3.5						7.3							
3	0.138	3.5						7.3							
4	0.115	2.8						7.3							
5	0.115														
6	0.120	3.0						7.3							
7	0.126	3.5						7.4							
8	0.124	3.5						7.3							
9	0.108	3.0		120	154	6.0	1.0	7.3			<.02		<1		
10	0.116	2.7						7.3							
11	0.129	3.0						7.4							
12	0.128														
13	0.120	3.0						7.3							
14	0.126	3.5						7.3							
15	0.128	3.0						7.4							
16	0.138	3.0						7.3							
17	0.116	3.2						7.4							
18	0.126	2.8						7.4							
19	0.125														
20	0.112	3.0						7.3							
21	0.118	3.2						7.3							
22	0.094	3.9						7.4							
23	0.100	3.9		120	158	4.0	<1	7.4			<0.02		<1		
24	0.106	3.6						7.3							
25	0.117	3.8						7.3							
26	0.117														
27	0.106	3.7						7.4							
28	0.098	3.5						7.3							
29	0.084	3.6						7.3							
30	0.112	3.5						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry Ramsey Date: 7-7-94

Name (Please Type): Larry Ramsey Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: Do 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-234067

(9) Plant Type: 2-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class 6 Cert No 1025

Evening Shift Operator Class ____ Cert No ____

Night Shift Operator Class ____ Cert No ____

Lead Operator [signature] Signature 6-1025 Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.103
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.108
(19) Percent of permitted capacity	%	-	83%
(20) BOD Effluent	mg/L	80082	4.0
(21) BOD Effluent	lbs/day	-	3.44
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	2.58
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.217
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	5.05
(33) Other Effluent Parameters			
Fecal			

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34)

Month: July Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.112	3.7						7.4							
2	0.124	2.8						7.4							
3															
4	0.244	3.1						7.4							
5	0.124	3.5						7.3							
6	0.116	3.6						7.3							
7	0.116	3.2		230	176	3.0	3.0	7.3			0.03		<1		
8	0.116	5.1						7.3							
9	0.114	3.0						7.3							
10															
11	0.196	2.6						7.3							
12	0.100	2.1						7.3							
13	0.094	2.1						7.4							
14	0.092	2.1						7.4							
15	0.094	2.0						7.4							
16	0.100	2.5						7.4							
17															
18	0.196	2.1						7.3							
19	0.120	2.0						7.3							
20	0.100	1.6						7.3							
21	0.100	2.5		185	178	5.0	3.0	7.3			0.40		<1		
22	0.092	3.0						7.4							
23	0.096	3.1						7.3							
24															
25	0.216	3.1						7.3							
26	0.106	3.0						7.4							
27	0.106	3.5						7.3							
28	0.100	1.8						7.3							
29	0.112	2.1						7.3							
30	0.100	2.0						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original Pg 2 of 3 signed by Larry Ramsey Date:

Name (Please Type): Larry Ramsey Telephone No. (Please Type):

Company Name: Southern States Utilities 813-868-7342

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: D051PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-234067

(9) Plant Type: 2-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ B1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.117
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.112
(19) Percent of permitted capacity	%	-	86%
(20) BOD Effluent	mg/L	80082	9.5
(21) BOD Effluent	lbs/day	-	9.26
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	1.46
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.295
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.87
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
FECAL			5.5

DEP Form No. 17-601.210(1)
Form Title: Domestic Wastewater Treatment Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month: August — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.220	1.9						7.3							
2	0.112	2.5						7.4							
3	0.092	2.5						7.3							
4	0.102	3.0		225	206	8.0	2.0	7.3			1.88		<1		
5		2.6						7.4							
6	0.315	3.0						7.3							
7	0.118	3.0						7.3							
8	0.118	2.0						7.3							
9	0.120	2.3						7.4							
10	0.116	2.5						7.3							
11	0.150	2.9						7.3							
12	0.114	3.5						7.3							
13	0.140	3.1						7.3							
14															
15	0.234	3.0						7.4							
16	0.092	3.5						7.3							
17	0.094	3.2						7.3							
18	0.102	3.5		175	142	13.0	<1	7.3			4.71		10		
19	0.124	3.5						7.3							
20	0.090	3.1						7.3							
21															
22	0.190	3.5						7.4							
23	0.118	3.2						7.3							
24	0.114	3.5						7.3							
25	0.094	3.0						7.3							
26	0.096	3.0						7.3							
27															
28	0.256	3.1						7.3							
29	0.102	3.0						7.4							
30	0.106	3.0						7.3							
31	0.094	2.8						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry Ramsey — Date:

Name (Please Type): Larry Ramsey — Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Septembe Year: 1994
(2) Plant DER Identification Number: D051PO1846
(3) Plant Name: Palm Terrace
(4) Plant Address: Arbordale & Jason Streets
(5) City: Port Richey
(6) County: Pasco
(7) Phone Number: 813-868-7342
(8) Permit Number: DO51-234067
(9) Plant Type: 2-C
(10) Test Site Identification Number
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	1025
Evening Shift Operator Class		Cert. No.	
Night Shift Operator Class		Cert. No.	
Lead Operator	Jason Ramey		B1025
	Signature		Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.109
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.110
(19) Percent of permitted capacity	%	-	84%
(20) BOD Effluent	mg/L	80082	2.3
(21) BOD Effuent	lbs/day	-	2.12
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	1.21
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.6433
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2
(32) Maximum Chlorine Residual	mg/L	-	3
(33) Other Effluent Parameters			
FECAL			<1

FDER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34) Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.096	2.0		130	84	<1	1.0	7.3			1.27		<1		
2	0.092	2.5						7.3							
3	0.088	2.5						7.4							
4															
5	0.220	2.0						7.3							
6	0.134	2.5						7.3							
7	0.098	2.0						7.4							
8	0.108	2.6						7.3							
9	0.112	3.0						7.3							
10	0.116	2.8						7.3							
11															
12	0.212	3.0						7.3							
13	0.118	2.5						7.2							
14	0.108	2.5						7.3							
15	0.116	2.0		155	134	3.0	3.0	7.3			3.00		<1		
16	0.116	2.5						7.3							
17	0.102	2.5						7.4							
18															
19	0.204	2.0						7.3							
20	0.104	2.0						7.3							
21	0.092	2.5						7.3							
22	0.106	2.2						7.4							
23	0.114	2.5						7.3							
24	0.144	2.5						7.3							
25															
26	0.250	2.5						7.3							
27	0.118	2.0						7.3							
28	0.092	2.5						7.3							
29	0.092	2.5		110	160	4.0	<1	7.4			3.66		<1		
30	0.120	3.0						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry Ramsey

Name (Please Type): Larry Ramsey

Company Name: Southern States Utilities

Date: 10-19-94

Telephone No. (Please Type): 813-855-7342

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: D051PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-234067

(9) Plant Type: 2-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No: 5616

Evening Shift Operator Class: Cert. No:

Night Shift Operator Class: Cert. No:

Lead Operator: Ricky Lear A5618

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.112
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.113
(19) Percent of permitted capacity	%	-	87%
(20) BOD Effluent	mg/L	80082	18.5
(21) BOD Effluent	lbs/day	-	17.35
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	3.28
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.795
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			<1.1

[redacted]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34) Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.108	2.5						7.3							
2															
3	0.346	2.9						7.3							
4	0.116	2.6						7.4							
5	0.108	2.8						7.4							
6	0.102	3.0						7.3							
7	0.112	3.0						7.3							
8	0.126	2.9						7.3							
9															
10	0.242	2.5						7.2							
11	0.110	3.5						7.3							
12	0.116	3.0						7.3							
13	0.118	3.0						7.3							
14	0.122	2.8		245	240	15.0	2.0	7.4			3.59		<1		
15	0.114	3.0						7.3							
16															
17	0.240	3.0						7.3							
18	0.106	3.5						7.3							
19	0.120	3.0						7.4							
20	0.012	3.3						7.4							
21	0.114	3.0						7.3							
22	0.106	3.2						7.3							
23															
24	0.236	3.1						7.3							
25	0.010	3.2						7.2							
26	0.070	1.6						7.3							
27	0.132	3.3		115	121	22.0	5.0	7.3			<0.10		<1.1		
28	0.134	2.8						7.3							
29	0.136	2.9						7.3							
30															
31	0.326	2.6						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Ricky Leach Date: 11-9-94

Name (Please Type): Ricky Leach Telephone No. (Please Type): 813-866-7342

Company Name: Southern States Utilities

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Novembe Year: 1994

(2) Plant DER Identification Number: D051PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arborcale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-234067

(9) Plant Type: 2-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No: 5618

Evening Shift Operator Class: Cert. No:

Night Shift Operator Class: Cert. No:

Lead Operator: Ruby Fear A-5618

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.142
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.121
(19) Percent of permitted capacity	%	-	93%
(20) BOD Effluent	mg/L	80082	6.0
(21) BOD Effluent	lbs/day	-	7.11
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	2.37
(24) Minimum pH			7
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	3.095
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			165

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34)

Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.072	3.5						7.3							
2	0.134	2.3						7.3							
3	0.138	2.6						7.4							
4	0.142	2.9						7.4							
5	0.142	3.0						7.4							
6															
7	0.332	3.5						7.2							
8	0.156	3.5						7.3							
9	0.142	3.5						7.2							
10	0.134	2.8						7.3							
11	0.146	2.8						7.3							
12	0.138	3.1						7.3							
13															
14	0.290	2.9						7.4							
15	0.100	3.5		125	126	5.0	2.0	7.0			5.04		<1		
16	0.142	2.6						7.3							
17	0.142	3.3						7.3							
18	0.140	3.1						7.3							
19	0.168	2.6						7.3							
20															
21	0.296	2.8						7.3							
22	0.154	1.1		205	66	7.0	2.0	7.4			1.15		332		
23	0.138	2.8						7.2							
24	0.140	1.9						7.4							
25	0.158	2.5						7.3							
26	0.144	2.0						7.5							
27															
28	0.282	1.8						7.3							
29	0.146	2.0						7.3							
30	0.146	2.2						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Rick Leach Date 12-13-94

Name (Please Type) Ricky Leach Telephone No. (Please Type)

Company Name Southern States Utilities 813-868-7342

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Decembe Year: 1994

(2) Plant DER Identification Number: D051PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-234067

(9) Plant Type: 2-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8517

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Ruby Leach A-5618

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.148
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.133
(19) Percent of permitted capacity	%	-	102%
(20) BOD Effluent	mg/L	80082	8.5
(21) BOD Effuent	lbs/day	-	10.47
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	3.70
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.84
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal Coliform			0.5

FORM NO 17-201.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DEP APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month December — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.134	2.0						7.3							
2	0.142	2.0						7.3							
3	0.138	2.4						7.2							
4															
5	0.288	2.2						7.3							
6	0.130	2.4						7.3							
7	0.132	1.8						7.4							
8	0.130	1.6		205	194	9.0	3.0	7.3			0.60		1		
9	0.138	2.4						7.4							
10	0.140	2.7						7.3							
11															
12	0.322	2.6						7.3							
13	0.158	2.3						7.3							
14	0.134	1.1						7.4							
15	0.142	2.2						7.3							
16	0.128	2.4						7.2							
17	0.132	2.8						7.3							
18															
19	0.342	2.4						7.2							
20	0.132	2.4						7.3							
21	0.132	2.6		159	98	8.0	3.0	7.3			1.06		<1		
22	0.128	2.0						7.3							
23	0.128	2.2						7.3							
24	0.142	1.9						7.3							
25	0.182	2.0						7.3							
26	0.158	3.2						7.4							
27	0.188	2.3						7.3							
28	0.188	1.9						7.3							
29	0.166	2.6						7.2							
30	0.186	2.4						7.3							
31	0.160	2.0						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Ricky Leach — Date 1-17-95

Name (Please Type) Ricky Leach — Telephone No. (Please Type) 813-868-7342

Company Name Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 1025

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.117
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.114
(19) Percent of permitted capacity	%	-	88%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	1.9
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.99
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		3.5
Fecal			<1

DER FORM NO 17-301.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month January — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.104	3.5						7.3							
2	0.124	3.5						7.4							
3	0.118	3.5						7.3							
4	0.122	3.5						7.3							
5	0.111	3.5						7.3							
6	0.112	3.5						7.4							
7	0.118	3.5			382	5	2	7.3			0.21		<1		
8	0.120	3.5						7.3							
9	0.106	3.5						7.4							
10	0.112	3.5						7.3							
11	0.100	3.5						7.4							
12	0.116	3.5						7.3							
13	0.110	3.5						7.3							
14	0.118	3.5						7.3							
15	0.130	3.5						7.3							
16	0.134	3.5						7.3							
17	0.128	3.5						7.3							
18	0.122	3.5						7.4							
19	0.108	3.5						7.3							
20	0.114	3.5						7.3							
21	0.120	3.5			82	2	2	7.4			5.78		<1		
22	0.110	3.5						7.3							
23	0.120	3.5						7.3							
24	0.116	3.5						7.4							
25	0.118	3.5						7.3							
26	0.116	3.5						7.3							
27	0.116	3.5						7.3							
28	0.120	3.5						7.4							
29	0.120	3.5						7.3							
30	0.132	3.5						7.3							
31	0.116	3.5						7.3							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Larry Ramsey — Date 2/8/93

Name (Please Type) Larry Ramsey — Telephone No. (Please Type) 813-866-7342

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No: 1025

Evening Shift Operator Class: Cert. No:

Night Shift Operator Class: Cert. No:

Lead Operator: Original signed by larry Ramsey B1025

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.114
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.111
(19) Percent of permitted capacity	%	-	85%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	1.28
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.9
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		6
FECAL			<1

FDER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
FDER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34)

Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.116	3.5						7.4							
2	0.104	3.5						7.3							
3	0.108	3.5						7.2							
4	0.096	3.5			104	4	2	7.3			7.67		<1		
5	0.112	3.5						7.3							
6	0.122	3.5						7.2							
7	0.118	3.5						7.3							
8	0.102	3.5						7.3							
9	0.110	3.5						7.3							
10	0.116	3.5						7.3							
11	0.110	3.5						7.3							
12	0.118	3.5						7.4							
13	0.124	3.5						7.3							
14	0.116	3.5						7.3							
15	0.112	3.5						7.4							
16	0.124	3.5						7.4							
17	0.106	3.5						7.3							
18	0.110	3.5			130	8	1	7.4			4.13		<1		
19	0.106	3.5						7.3							
20	0.130	3.5						7.3							
21	0.120	3.5						7.3							
22	0.110	3.5						7.3							
23	0.116	3.5						7.4							
24	0.114	3.5						7.3							
25	0.104	3.5						7.3							
26	0.110	3.5						7.3							
27	0.134	3.5													
28	0.114	3.5													
29															
30															
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Larry Ramsey Date: 3/3/93

Name (Please Type): Larry Ramsey Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 1025

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Larry Ramsey B1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.116
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.116
(19) Percent of permitted capacity	%	-	90%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	2.65
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.575
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		3.5
Fecal			1

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month: March — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.080	3.5													
2	0.110	3.5													
3	0.120	3.5													
4	0.082	3.5			112	3	5				1.05		<1		
5	0.112	3.5													
6	0.126	3.5													
7	0.108	3.5													
8	0.108	3.5													
9	0.112	3.5													
10	0.112	3.5													
11	0.106	3.5													
12	0.120	3.5													
13	0.126	3.5													
14	0.134	3.5													
15	0.085	3.5													
16	0.126	3.5													
17	0.108	3.5													
18	0.100	3.5			168	4	2						1		
19	0.106	3.5													
20	0.118	3.5													
21	0.118	3.5													
22	0.104	3.5													
23	0.112	3.5													
24	0.104	3.5													
25	0.098	3.5													
26	0.110	3.5									0.10				
27	0.124	3.5													
28	0.118	3.5													
29	0.112	3.5													
30	0.120	3.5													
31	0.122	3.5													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Larry Ramsey — Date: 4/8/93

Name (Please Type): Larry Ramsey — Telephone No. (Please Type): 813-868-7242

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.112
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.115
(19) Percent of permitted capacity	%	-	88%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.6
(23) TSS Effluent	lbs/day	-	2.58
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.49
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		3.6
Fecal			2.3

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month: April — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.128	3.5			150	3	2	7.3			<0.10		<1		
2	0.098	3.5						7.3							
3	0.092	3.5						7.4							
4	0.104	3.5						7.3							
5	0.108	3.5						7.3							
6	0.114	3.5						7.4							
7	0.116	3.5						7.3							
8	0.106	3.5						7.3							
9	0.116	3.5						7.4							
10	0.140	3.5						7.4							
11	0.104	3.5						7.4							
12	0.116	3.5						7.3							
13	0.116	3.5						7.3							
14	0.124	3.5						7.4							
15	0.120	3.5			170	6	4	7.3			<0.10		<1		
16	0.106	3.5						7.3							
17	0.112	3.5						7.3							
18	0.116	3.5						7.4							
19	0.118	3.5						7.3							
20	0.120	3.5						7.3							
21	0.104	3.5						7.3							
22	0.101	3.5						7.4							
23	0.094	3.5						7.2							
24	0.118	3.5						7.4							
25	0.146	3.5						7.3							
26	0.100	3.5						7.3							
27	0.110	3.5						7.3							
28	0.108	3.5						7.3							
29	0.096	3.5			126	2	2	7.4			1.28		5		
30	0.098	3.5						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Original signed by Larry Ramsey — Date:

Name (Please Type): Larry Ramsey — Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Larry ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.103
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.111
(19) Percent of permitted capacity	%	-	85%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	1.58
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.98
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		6.5
Fecal			2
Resampled Fecal 6-1-93			A

* Resampled Fecal on June 1, 1993

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34) Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.118	3.5						7.3							
2	0.106	3.5						7.2							
3	0.090	3.5						7.3							
4	0.118	3.5						7.3							
5	0.116	3.5						7.4							
6	0.112	3.5						7.3							
7	0.120	3.5						7.3							
8	0.114	3.5						7.3							
9	0.122	3.5						7.4							
10	0.116	3.5						7.4							
11	0.120	3.5						7.3							
12	0.116	3.5						7.3							
13	0.096	3.5			232	8	2	7.3			0.95		<1		
14	0.090	3.5						7.3							
15	0.102	2.5						7.4							
16	0.096	2.5						7.4							
17	0.092	2.5						7.3							
18	0.098	3						7.4							
19	0.068	2.5						7.4							
20	0.084	2.5						7.3							
21	0.092	2.5						7.4							
22	0.116	2.3						7.4							
23	0.090	2						7.4							
24	0.088	2.5						7.3							
25	0.100	2						7.4							
26	0.100	2.5						7.4							
27	0.094	2.5			228	9	2	7.3			1.01		3		
28	0.110	2.5						7.3							
29	0.094	3						7.4							
30	0.106	2.5						7.4							
31	0.088	2.4						7.4							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Larry Ramsey Date: 6/14/93

Name (Please Type): Larry Ramsey Telephone No. (Please Type)

Company Name: Southern States Utilities 813-868-7342

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 1025

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.097
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.104
(19) Percent of permitted capacity	%	-	80%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	1.67
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.92
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	3
(33) Other Effluent Parameters			
Fecal			1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34)

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.092	2.5						7.3							
2	0.094	2.5						7.4							
3	0.088	3.0						7.4							
4	0.086	3.0						7.3							
5	0.106	2.8						7.3							
6	0.094	2.5						7.4							
7	0.094	2.5						7.4							
8	0.104	3.0						7.3							
9	0.088	2.7						7.3							
10	0.097	2.2						7.3							
11	0.090	2.6						7.4							
12	0.094	2.5						7.4							
13	0.096	3.0						7.3							
14	0.104	3.0			130	1	2	7.3			4.35		1		
15	0.100	2.5						7.3							
16	0.096	2.5						7.4							
17	0.090	3.0						7.3							
18	0.110	2.5						7.3							
19	0.132	2.3						7.3							
20	0.092	2.3						7.3							
21	0.103	3.0						7.4							
22	0.093	1.9						7.4							
23	0.095	1.6						7.4							
24	0.097	3.5			248	4	2	7.4			3.48		<1		
25	0.090	2.8						7.4							
26	0.104	2.5						7.5							
27	0.096	3.0						7.3							
28	0.092	2.7						7.3							
29	0.096	2.5						7.4							
30	0.104	2.6						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Larry Ramsey Date 7/8/93

Name (Please Type Larry Ramsey Telephone No. (Please Type

Company Name Southern States Utilities 813-865-7341

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.096
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.097
(19) Percent of permitted capacity	%	-	74%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	2.07
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.6
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			<1

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34) Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.090	2.8						7.4							
2	0.082	2.6						7.3							
3	0.100	2.2						7.3							
4	0.090	2.4						7.3							
5	0.116	2.4						7.3							
6	0.088	2.8						7.4							
7	0.095	2.6						7.3							
8	0.101	2.6			108	16	3	7.3			3.14		<1		
9	0.106	2.8						7.3							
10	0.083	2.8						7.4							
11	0.085														
12	0.102	2.5						7.3							
13	0.102	2.7						7.3							
14	0.097	2.5						7.4							
15	0.093	2.3						7.4							
16	0.100	3.2						7.2							
17	0.100														
18	0.095	3						7.4							
19	0.096	2.7						7.4							
20	0.093	2.7						7.4							
21	0.097	2.6						7.4							
22	0.097	3			204		2	7.4			2.03		<1		
23	0.105	3.5						7.4							
24	0.103														
25	0.101	3.5						7.1							
26	0.112	2.5						7.3							
27	0.098	2.7						7.3							
28	0.086	2.7						7.4							
29	0.096	2.9						7.3							
30	0.084	2.6						7.3							
31	0.084														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Larry Ramsey Date: 8/10/93

Name (Please Type): Larry Ramsey Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert No: 1025

Evening Shift Operator Class: _____ Cert No: _____

Night Shift Operator Class: _____ Cert No: _____

Lead Operator: Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.096
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.096
(19) Percent of permitted capacity	%	-	74%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	1.82
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	2.4
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
BOD	mg/L		6.5
Fecal			32

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month August — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.098	3.0						7.4							
2	0.094	2.8						7.3							
3	0.112	3.0						7.3							
4	0.092	2.9						7.4							
5	0.098	3.0			110	10	2	7.3			3.36		<1		
6	0.107	2.8						7.3							
7	0.107														
8	0.104	3.1						7.3							
9	0.110	3.0						7.4							
10	0.098	3.0						7.3							
11	0.102	2.8						7.3							
12	0.084	3.1						7.3							
13	0.102	3.0						7.4							
14	0.102														
15	0.086	2.1						7.4							
16	0.096	2.5						7.3							
17	0.090	2.5						7.3							
18	0.090	2.7						7.3							
19	0.088	2.9			144	3	4	7.4			1.51		64		
20	0.102	2.8						7.4							
21	0.102														
22	0.108	3.0						7.3							
23	0.090	3.0						7.3							
24	0.090	2.9						7.3							
25	0.100	2.7						7.3							
26	0.084	3.0						7.4							
27	0.094	2.8						7.3							
28	0.094														
29	0.082	2.7						7.3							
30	0.086	3.0						7.3							
31	0.090	2.9						7.4							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my Knowledge and belief, this information is true, complete and accurate.

Signed Original signed by Larry Ramsey — Date 9/3/93

Name (Please Type) Larry Ramsey — Telephone No. (Please Type) 813-868-7342

Company Name Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Septembe Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Original signed by Larry ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.100
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.097
(19) Percent of permitted capacity	%	-	77%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	1.42
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		3
Fecal			1

DER FORM NO 17-605.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1995
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month September — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.090	3.0						7.3							
2	0.086	2.6			100	2	2	7.4			5.27		3		
3	0.088	3.5						7.3							
4	0.112	3.5						7.3							
5	0.112														
6	0.104	3.5						7.4							
7	0.080	3.2						7.5							
8	0.092	3.5						7.3					<1		
9	0.084	3.5						7.3							
10	0.089	3.5						7.3							
11	0.089														
12	0.076	2.8						7.3							
13	0.090	3.5						7.4							
14	0.088	3.0						7.3							
15	0.112	3.5						7.3							
16	0.118	3.0			192	0	1	7.3			1.82		<1		
17	0.104	2.8						7.3							
18	0.102	3.0						7.3							
19	0.102														
20	0.114	3.5						7.4							
21	0.094	3.5						7.3							
22	0.092	3.0						7.3							
23	0.090	3.5						7.3							
24	0.090	3.5						7.3							
25	0.104														
26	0.097	2.6						7.3							
27	0.116	3.0						7.3							
28	0.130	3.0						7.4							
29	0.124	3.0						7.3							
30	0.110	3.5			202	2	2	7.3			1.92		<1		
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Larry Ramse. Date: 10/11/93

Name (Please Type): Larry Ramse. Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.107
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.101
(19) Percent of permitted capacity	%	-	78%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	1.55
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.019
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		5.5
Fecal			3.5

DER FORM NO. 17-601.300(1)	
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report	
EFFECTIVE DATE: July 1, 1991	
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month: October — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.108	3.0						7.3							
2	0.108														
3	0.110	3.0						7.3							
4	0.108	2.8						7.3							
5	0.096	3.0						7.3							
6	0.110	2.9						7.3							
7	0.122	2.0						7.3							
8	0.079	2.4						7.3							
9	0.079														
10	0.112	2.8						7.3							
11	0.088	3.0						7.3							
12	0.095	3.0						7.4							
13	0.104	3.5						7.3							
14	0.086	3.0			96	5	2	7.3			0.918		3		
15	0.110	3.0						7.3							
16	0.106	3.0						7.2							
17	0.106														
18	0.111	3.5						7.3							
19	0.104	3.5						7.4							
20	0.094	3.0						7.3							
21	0.118	3.0						7.3							
22	0.138	3.5						7.4							
23	0.136														
24	0.120	3.5						7.4							
25	0.102	3.0						7.3							
26	0.126	3.0						7.3							
27	0.112	3.5						7.3							
28	0.100	3.0			142	6	2	7.3			1.12		4		
29	0.114	3.0						7.3							
30	0.112	3.5						7.3							
31	0.112							7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by larry Ramsey — Date: 11/11/93

Name (Please Type): Larry Ramsey — Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Novembe Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Larry Ramsey B-1025

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.105
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.104
(19) Percent of permitted capacity	%	-	80%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	1.27
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.55
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD	mg/L		6.5
Fecal			<1

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace — Month November — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.094	3.0						7.4							
2	0.102	3.5						7.3							
3	0.098	3.0						7.3							
4	0.082	3.5						7.3							
5	0.116	3.5						7.3							
6	0.107	3.1						7.3							
7	0.107														
8	0.114	3.0						7.3							
9	0.102	3.5						7.3							
10	0.100	3.0			176	16	2	7.2			1.01		<1		
11	0.100	3.0						7.3							
12	0.098	3.5						7.3							
13	0.100	3.0						7.3							
14	0.098														
15	0.092	3.5						7.2							
16	0.096	3.0						7.3							
17	0.100	3.2						7.3							
18	0.090	3.5						7.4							
19	0.113	3.0						7.3							
20	0.113														
21	0.106	2.8						7.3							
22	0.100	2.9						7.3							
23	0.104	2.9						7.3							
24	0.106	3.0			80	<1	1	7.3			<0.10		<1		
25	0.150	3.0						7.3							
26	0.123	3.0						7.3							
27	0.123														
28	0.122	3.0						7.3							
29	0.104	3.1						7.3							
30	0.092	3.0						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Larry Ramsey — Date: 12/6/93

Name (Please Type): Larry Ramsey — Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 51PO1846

(3) Plant Name: Palm Terrace

(4) Plant Address: Arbordale & Jason Streets

(5) City: Port Richey

(6) County: Pasco

(7) Phone Number: 813-868-7342

(8) Permit Number: DO51-150578

(9) Plant Type: 3-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 1025

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by Larry Ramsey (Signature) 1025-B (Cert No)

Paramater	UNITS	STORE Code	VALU
(16) Monthly average daily flow	mgd	50058	0.107
(17) Permitted capacity	mgd	-	0.130
(18) Three month average daily flow	mgd	-	0.106
(19) Percent of permitted capacity	%	-	0.82
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	1.17
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.88
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
BOD			18
FECAL			6

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1993
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm Terrace (34)

Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM	BOD Effluent mg/L	
1	0.102		3.5												
2	0.098		3.0												
3	0.113		3.0												
4	0.113														
5	0.104		2.8												
6	0.102		2.9												
7	0.096		3.5												
8	0.102		3.1												
9	0.080		3.5		100		<1				0.939		<1	15	
10	0.110		3.0												
11	0.110														
12	0.107		3.0												
13	0.094		3.0												
14	0.110		3.0												
15	0.114		3.0												
16	0.086		2.7												
17	0.112		2.5												
18	0.112														
19	0.083		2.8												
20	0.116		3.0												
21	0.094		3.0												
22	0.100		3.5		116		2				2.82		12	20	
23	0.112		3.0												
24	0.114		3.0												
25	0.114														
26	0.116		3.0												
27	0.112		3.5												
28	0.128		3.5												
29	0.106		3.0												
30	0.120		3.1												
31	0.127		2.9												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Larry Ramsey Date: 1-10-94

Name (Please Type): Larry Ramsey Telephone No. (Please Type): 813-868-7342

Company Name: Southern States Utilities

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.005
(19) Percent of permitted capacity	%	–	34%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	-

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2															
3	0.008	5.0							7.4						
4	0.007	4.0							7.4						
5	0.009	2.9							7.3						
6	0.004	3.3							7.0						
7	0.006	1.4							7.4						
8															
9															
10	0.026	5.0							7.4						
11	0.007	0.8							7.3						
12	0.004	2.3							7.3						
13	0.005	1.7							7.5			<0.5			
14	0.005	1.7							7.3						
15															
16															
17															
18	0.020	1.2							7.5						
19	0.005	5.0		178.0	226	1	1		7.5						
20	0.005	2.2							7.5						
21	0.005	5.0							7.4					<1	
22	0.005	5.0							7.4						
23															
24	0.011	3.5							7.3						
25	0.005	0.8							7.2						
26	0.005	0.5							7.4						
27	0.006	4.3							7.4						
28	0.002	3.0							7.4						
29															
30															
31	0.019	3.2							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Park Manor

Date: 3/4/94

Telephone No. (Please Type): 904-649-8873

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3154P00098

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.005
(19) Percent of permitted capacity	%	–	35%
(20) CBOD5 Effluent	mg/L	80082	1.9
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	< .5
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor

(34)

Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.006	1.4							7.2						
2	0.006	5.0							7.4						
3	0.008	2.2							7.2						
4	0.005	2.6							7.2						
5															
6															
7	0.019	1.0							7.3						
8	0.005	1.6		97.0	108	1.9	1		7.3						
9															
10	0.013	2.6							7.1						
11	0.003	5.0							7.2						
12	0.005	3.2							7.2						
13															
14	0.011	0.5							7.3						
15	0.007	4.6							7.2						
16															
17	0.011	0.7							7.3						
18	0.006	3.2							7.1						
19	0.007	5.0							7.2						
20															
21	0.012	1.5							7.2						
22	0.005	1.2							7.2						
23	0.006	3.2							7.2						
24	0.007	2.6							7.3						
25	0.002	5.0							7.3			<.5		<1	
26															
27															
28	0.017	2.9							7.4						
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Park Manor

Date: 3/28/94

Telephone No. (Please Type): 904-649-8673

DER FORM NO	17.601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-148586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator _____ C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.005
(19) Percent of permitted capacity	%	–	33%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	<.05
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	98.0

DER FORM #O 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34) Month March Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	2.2							7.3						
2	0.005	3.2							7.3						
3	0.005	5.0							7.1						
4															
5	0.012	0.5							7.1						
6	0.005														
7	0.005	0.6							7.3						
8	0.007	1.1							7.3						
9	0.005	2.2							7.2						
10	0.006	0.5							7.2						
11	0.005	0.5							7.2						
12	0.005														
13	0.003														
14	0.005	0.9							7.2						
15	0.005	5.0							7.4						
16	0.005	4.9							7.0						
17	0.005	1.7		260.0	370	2	2		7.1			<.5		98	
18	0.005	3.7							7.2						
19	0.005														
20	0.008														
21	0.005	0.5							7.1						
22	0.009	0.9							7.2						
23	0.005	0.6							7.1						
24	0.008	1.3							7.1						
25	0.002	5.0							7.1						
26	0.007														
27	0.006														
28	0.004	2.3							7.2						
29	0.004	3.6							7.2						
30	0.005	1.1							7.1						
31		0.9							7.1						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed [signature]

Name (Please Type) Roy White

Company Name Southern States Utilities / Park Manor

Date: MAY 4,1994

Telephone No. (Please Type) 904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3154P00095

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Roy [illegible] C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.006
(19) Percent of permitted capacity	%	–	38%
(20) CBOD5 Effluent	mg/L	80082	4.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	3.2
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	3.2
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1
SLUDGE ANALYSIS ATTACHED			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBCOD Influent (mg/L)	TSS Influent (mg/L)	CBCOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.003	5.0							7.2						
2	0.006														
3	0.004														
4	0.001	5.0							7.2						
5	0.006	0.7							7.2						
6	0.006	2.2							7.1						
7	0.004	5.0							7.1						
8	0.006	5.0							7.1						
9	0.007														
10	0.010														
11	0.005	1.0							7.2						
12	0.007	5.0							7.3						
13	0.007	4.2							7.2						
14	0.005	5.0							7.2						
15	0.008	3.8							7.2						
16	0.008														
17	0.010														
18	0.005	5.0							7.2						
19	0.007	3.2							7.3						
20	0.005	2.5							7.3						
21	0.008	3.0							7.4						
22	0.005	5.0							7.1						
23	0.005														
24	0.009														
25	0.005	0.6							7.3						
26	0.008	3.2							7.3						
27	0.005	5.0							7.1						
28	0.005	5.0							7.1						
29	0.005	2.2		150.0	170	4	3.2		7.2			3.2		<1	
30	0.009														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Park Manor

Date: MAY 20,1994

Telephone No (Please Type): 904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146588

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.006
(19) Percent of permitted capacity	%	–	39%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO. -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005														
2	0.008	5.0							7.2						
3	0.007	2.0							7.3						
4	0.005	3.4							7.3						
5	0.009	2.6							7.3						
6	0.007	3.0							7.2						
7	0.005														
8	0.007														
9	0.004	1.4							7.3						
10	0.007	1.4							7.3						
11	0.008	3.1							7.3						
12	0.010	1.8							7.2						
13	0.005	1.4							7.2						
14	0.009														
15	0.009														
16	0.004	3.0							7.3						
17	0.005	2.6							7.2						
18	0.007	3.0							7.4						
19	0.005	2.6							7.3						
20	0.005	1.9							7.3						
21	0.007														
22	0.008														
23	0.009	0.5							7.1						
24	0.008	3.4							7.3						
25	0.005	3.6							7.4						
26	0.007	5.0		130.0	130	2	2		7.3			<0.5		<1	
27	0.007	1.2							7.2						
28															
29	0.013														
30	0.001	3.6							7.3						
31	0.009	5.0							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities / Park Manor

Date: 6/29/94

Telephone No. (Please Type) 904-649-8873

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.007
(19) Percent of permitted capacity	%	–	46%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	2.2
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1
SEE ATTACHED FOR EFF. CBOD			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.009	3.5							7.3						
2	0.007	5.0							7.2						
3	0.009	5.0							7.0						
4	0.005														
5	0.009														
6	0.007	2.1							7.2						
7	0.010	1.8							7.3						
8	0.006	2.4							7.2						
9	0.005	5.0							7.4						
10	0.009	2.6							7.3						
11	0.009														
12	0.010														
13	0.005	4.3							7.2						
14	0.005	1.8							7.3						
15	0.007	3.5							7.3						
16	0.010	3.2							7.3						
17	0.004	5.0							7.3						
18	0.005														
19	0.009														
20	0.007	0.6							7.2						
21	0.007	2.5							7.2						
22	0.009	3.0							7.3						
23	0.005	3.5		60.0	83		2.2		7.3			<0.5		<1	
24	0.009	3.2							7.3						
25	0.013														
26	0.008														
27															
28	0.013	0.5							7.1						
29	0.007	0.6							7.3						
30	0.010	0.5							7.3						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Roy White Date: 9/1/94

Name (Please Type): Roy White Telephone No. (Please Type):

Company Name: Southern States Utilities / Park Manor 904-649-8573

Page 3 of 3

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Roy W... C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.008
(19) Percent of permitted capacity	%	–	52%
(20) CBOD5 Effluent	mg/L	80082	8.0
(21) CBOD5 Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	<.5
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	5.0							7.4						
2	0.017	3.5							7.2						
3	0.008														
4	0.006	5.0							7.3						
5	0.005	5.0							7.3						
6	0.008	5.0							7.3						
7	0.009	3.5							7.4						
8	0.010	2.8							7.2						
9	0.005														
10	0.009														
11	0.005	1.4							7.4						
12	0.009	2.0							7.4						
13	0.008	2.0							7.3						
14	0.007	2.0							7.3						
15	0.007	2.0							7.4						
16	0.011														
17	0.008														
18	0.006	5.0							7.3						
19	0.007	5.0							7.2						
20															
21	0.019	1.4							7.3						
22	0.009	4.0							7.2						
23	0.009	3.6							7.2						
24	0.008														
25	0.005	0.8							7.2						
26	0.009	3.5							7.2						
27	0.009	5.0							7.3						
28	0.008	2.0		200.0	210	8	<1		7.3			<.5		<1	
29	0.013	5.0							7.3						
30	0.005														
31	0.012														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Park Manor

Date: 10/5/94

Telephone No. (Please Type): 904-649-8673

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	--	0.015
(18) Three month average daily flow	mgd	--	0.009
(19) Percent of permitted capacity	%	--	57%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	1.9
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	2.8
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chlorine Residual	mg/L	--	0.5
(32) Maximum Chlorine Residual	mg/L	--	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34) Month August Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.010	0.5							7.3						
2	0.013	1.6							7.3						
3	0.007	1.2							7.3						
4	0.009	3.6							7.2						
5	0.010	0.6							7.2						
6	0.009														
7	0.007														
8	0.008	1.0							7.3						
9	0.009	3.4							7.3						
10	0.009	0.6		70.0	63	1	1.9		7.3						
11	0.009	2.0							7.3						
12	0.008	3.6							7.3						
13	0.010														
14	0.009														
15	0.011	5.0							7.3						
16	0.009	1.8							7.3						
17	0.017	2.0							7.2						
18	0.009	1.6							7.3						
19	0.014	3.2							7.3						
20	0.015														
21	0.006														
22	0.009	2.2							7.3						
23	0.011	1.6							7.3						
24	0.009	3.0							7.3						
25	0.010	1.5							7.3						
26	0.009	2.5							7.3						
27	0.009														
28	0.010														
29	0.010	2.6							7.2						
30	0.008	3.5							7.2			2.8		<1	
31	0.009	0.5							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Roy White Date 10/1/94

Name (Please Type) Roy White Telephone No (Please Type)

Company Name Southern States Utilities / Park Manor 904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3154P00095

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 8301

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator [signature] C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.011
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.010
(19) Percent of permitted capacity	%	–	65%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	< .5
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	1.0

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (S4)

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.009	2.2							7.3						
2	0.011	2.2							7.3						
3	0.005														
4	0.006														
5	0.006	2.2							7.4						
6	0.009	1.4							7.3						
7	0.008	0.6							7.3						
8	0.009	1.0							7.4						
9	0.005	0.9							7.2						
10	0.010														
11	0.019														
12	0.013	2.0							7.3						
13	0.014	2.2							7.3						
14	0.008	0.6		122 C	136	1	1		7.3						
15	0.009	2.2							7.2						
16	0.012	1.1							7.2						
17	0.015														
18	0.016														
19	0.015	1.2							7.3						
20	0.009	2.2							7.3						
21	0.012	0.7							7.3			<1		1	
22		1.1							7.3						
23	0.014	2.2							7.3						
24	0.011														
25	0.025														
26	0.006	2.2							7.1						
27	0.015	2.2							7.2						
28	0.012	2.2							7.2						
29	0.014	2.2							7.4						
30	0.014	0.6							7.3						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Park Manor

Date: 11/15/94

Telephone No. (Please Type): 904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3154P00086

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146588

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Roy Wilson C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	--	0.015
(18) Three month average daily flow	mgd	--	0.011
(19) Percent of permitted capacity	%	--	78%
(20) CBOD5 Effluent	mg/L	80082	6.0
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	1.4
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chlorine Residual	mg/L	--	0.6
(32) Maximum Chlorine Residual	mg/L	--	22.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.010														
2	0.013														
3	0.011	2.2							7.3						
4	0.013	2.2							7.3						
5	0.014	2.2							7.3						
6	0.013	2.2							7.3						
7	0.014	0.9							7.3						
8	0.015														
9	0.013														
10	0.012	1.9							7.1						
11															
12	0.035	2.2							7.1						
13	0.007	0.6							7.1						
14	0.018	1.0							7.2						
15	0.021	2.2							7.2						
16	0.022														
17	0.009	0.7							7.2						
18	0.016	2.2		120.0	52	6	1.8		7.1			1.4			
19	0.011	1.0							7.0					<1	
20	0.011	2.2							7.0						
21	0.011	1.6							7.0						
22	0.013														
23	0.014														
24	0.012	22.0							7.1						
25	0.012	1.4							7.0						
26	0.010	2.2							7.0						
27	0.012	1.8							7.0						
28	0.013	1.8							7.0						
29	0.014														
30	0.013														
31	0.007	1.4							7.0						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Roy White Date: 12/19/94

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilities / Park Manor 904-649-8673

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	--	0.015
(18) Three month average daily flow	mgd	--	0.012
(19) Percent of permitted capacity	%	--	80%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	<.5
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chlorine Residual	mg/L	--	0.6
(32) Maximum Chlorine Residual	mg/L	--	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	2.0

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor

(34)

Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.013	2.2							7.1						
2	0.012	1.8							7.0			<.5		2	
3	0.010	2.2							7.1						
4	0.012	0.6							7.1						
5	0.014														
6	0.014														
7	0.006	1.8							7.1						
8	0.010	2.2		81.0	100	1	1.6		7.1						
9	0.006	1.8							7.3						
10	0.011	1.0							7.2						
11	0.010	2.2							7.1						
12	0.014														
13	0.013														
14	0.014	1.0							7.1						
15	0.012	2.2							7.1						
16	0.011	2.2							7.1						
17	0.018	1.8							7.2						
18	0.014	1.0							7.2						
19	0.014														
20	0.015														
21	0.011	0.6							7.2						
22	0.012	2.2							7.2						
23	0.013	2.2							7.1						
24	0.012	2.2							7.2						
25	0.017	1.0							7.0						
26	0.011														
27	0.011														
28	0.011	2.2							7.2						
29	0.011	0.9							7.3						
30	0.011	1.8							7.3						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Park Manor

Date: 11/12/95

Telephone No. (Please Type): 904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3154P00086

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) *Cumulative Days of Wet Weather Discharge*

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	--	0.015
(18) Three month average daily flow	mgd	--	0.011
(19) Percent of permitted capacity	%	--	70%
(20) CBOD5 Effluent	mg/L	80082	1.6
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	00201	1.7
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chlorine Residual	mg/L	--	0.5
(32) Maximum Chlorine Residual	mg/L	--	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.007	2.2							7.2						
2	0.007	2.2							7.2						
3	0.007														
4	0.007														
5	0.007	0.6							7.2						
6	0.007	0.5							7.0						
7	0.008	2.2							7.1						
8	0.006	2.2							7.1						
9	0.008	1.6							7.1						
10	0.006														
11	0.007														
12	0.007	2.2							7.1						
13	0.007	0.5							7.2						
14	0.005	1.9							7.2						
15	0.008	1.0		144.0	174	1.8	1.7		7.2						
16															
17	0.012	2.2							7.3						
18	0.008														
19	0.006	0.6							7.3						
20	0.006	1.6							7.2			<0.5		<1	
21	0.008	2.2							7.2						
22	0.007	1.2							7.2						
23	0.008	1.0							7.3						
24	0.006														
25	0.004														
26	0.004	0.6							7.3						
27	0.005	1.8							7.3						
28	0.008	2.0							7.3						
29	0.008	1.2							7.3						
30	0.007	0.6							7.3						
31	0.006														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Roy White Date 1-27-95

Name (Please Type) Roy White Telephone No (Please Type)

Company Name Southern States Utilities / Park Manor 904-649-8673

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.004
(19) Percent of permitted capacity	%	-	27%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.339
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	4100

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2															
3	0.010	1.0							7.4						
4	0.008	0.5							7.3						
5	0.003	1.0							7.4						
6	0.008	0.5							7.4						
7	0.005	1.0							7.5						
8	0.007	1.0							7.3						
9															
10															
11	0.016	1.0							7.5						
12	0.005	1.0							7.5						
13	0.005	0.5		156	154	3	2		7.4			0.339			
14	0.006	0.8							7.4						
15	0.003	0.6							7.5						
16															
17															
18	0.013	0.7							7.4						
19	0.005	0.6							7.2						
20	0.003	1.0							7.2						
21	0.005	0.5							7.5						
22	0.005	0.6							7.4						
23															
24															
25	0.013	0.5							7.4						
26															
27	0.010	0.5							7.4					4100	
28	0.004	0.5							7.6						
29	0.005	1.0							7.2						
30															
31	0.009	0.7							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 2-25-93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilites 904-649-8673

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154x10843

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.3
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<2

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	0.6							7.4						
2	0.005	0.5							7.3						
3	0.004	0.9		120	112	1.3	2.4		7.4						
4	0.008	0.5							7.2						
5	0.003	1.0							7.2						
6															
7															
8	0.012	0.8							7.2						
9	0.005	1.0							7.3						
10	0.004	0.5							7.2						
11	0.004	1.0							7.0						
12	0.008	0.5							7.1						
13															
14															
15	0.011	1.0							7.2						
16	0.006	0.5							7.2						
17	0.006	1.0							7.2						
18	0.002	1.3							7.0						
19	0.006	0.9							6.9						
20															
21															
22	0.015	0.6							7.0						
23	0.007	0.5							7.0						
24															
25	0.012	0.5							7.2					<2	
26	0.007	0.6							7.2						
27															
28	0.011	0.6							7.2						
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Date: 3-26-93

Name (Please Type) Roy White

Telephone No. (Please Type) 904-649-8673

Company Name Southern States Utilites

DER FORM NO	17.801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effuent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	6.3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	0.59
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<2

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.007	0.6							7.2						
2	0.006	0.5							7.1						
3	0.003	0.6							7.2						
4	0.008	0.8							7.1						
5	0.005	1.0							7.1						
6															
7															
8	0.017	0.5							7.4						
9	0.005	0.6							7.2						
10	0.005	0.5							7.3						
11	0.006	0.9							7.2						
12	0.002	0.8							7.2						
13															
14															
15	0.020	1.0							6.9						
16	0.009	0.8							7.1						
17	0.004	0.8		124	197	3	6.3		7.2			1.04		<2	
18	0.006	0.6							7.3						
19															
20															
21	0.027	1.0							7.2						
22	0.003	1.0							7.4						
23	0.007	2.0							7.5						
24															
25	0.017	0.5							7.3						
26	0.004	1.0							7.3						
27															
28	0.018	0.6							7.4						
29	0.004	0.5							7.4						
30	0.007	1.0							7.4						
31	0.006	0.5							7.3			0.14			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 4-25-93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilites 904-649-8673

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	3.6
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	6.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<0.02
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<2
Sludge Analysis (Results attached)			
Effluent Analysis (Permit Renewed)			

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34) Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.004	1.0							7.3						
2	0.008	0.8							7.3						
3															
4															
5	0.016	1.0							7.3						
6															
7	0.013	0.9							7.3						
8	0.008	0.5							7.4						
9	0.004	0.6							7.3						
10															
11	0.012	1.0							7.3						
12	0.005	0.6							7.4						
13	0.006	1.0							7.3						
14	0.004	2.0							7.3						
15	0.007	0.7							7.1						
16	0.002	0.6							7.2						
17															
18															
19	0.017	0.5							7.4						
20	0.006	0.6							7.4						
21	0.005	2.0		123	193	3.6	6.5		7.3			<0.02		<2	
22	0.007	0.9							7.3						
23	0.005	1.0							7.4						
24															
25															
26	0.016	0.5							7.4						
27	0.005	0.8							7.4						
28	0.006	0.8							7.3						
29															
30	0.007	1.0							7.3						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 5/26/93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilites 904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Roy White

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.004
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	11.4
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.7
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<0.02
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2	0.008	1.0							7.5						
3	0.007	0.6							7.3						
4	0.004	1.0							7.4						
5	0.005	0.9		167	138	17.8	2.2		7.3						
6	0.005	0.8							7.3						
7	0.002	0.7							7.4						
8															
9															
10	0.014	0.8							7.6						
11	0.006	0.7							7.6						
12	0.004	0.8							7.4			<0.02			
13	0.002	0.9							7.6						
14	0.005	0.6							7.7						
15															
16															
17	0.014	1.0							7.5						
18	0.003	0.9							7.4						
19	0.005	0.5		140	57	5	1.1		7.2						
20	0.004	0.6							7.3						
21	0.004	1.0							7.2						
22															
23															
24	0.011	0.9							7.3						
25	0.004	1.0							7.3						
26	0.004	0.6							7.2						
27	0.005	1.0							7.4						
28	0.004	0.9							7.3						
29															
30															
31	0.012	0.6							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 7-12-93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilites 904-649-8673

DER FORM NO	17.801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DOS4-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8301

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.02
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34) Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After DeeNor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	0.6							7.3						
2	0.006	0.8		216	345	3	1.1		7.5						
3	0.006	1.5							7.5						
4	0.006	1.6							7.5						
5															
6															
7	0.011	0.5							7.3						
8	0.005	1.0							7.2						
9	0.005	0.6							7.2						
10	0.005	0.5							7.2						
11	0.004	1.5							7.4						
12															
13															
14	0.014	0.5							7.6						
15	0.005	0.8							7.5						
16	0.004	0.6							7.5						
17	0.002	2.5							7.4						
18	0.006	1.0							7.4						
19															
20															
21	0.013	0.6							7.4						
22	0.002	0.8							7.4						
23	0.005	1.3							7.2						
24	0.004	1.5							7.5			0.02			
25	0.004	2.0							7.4						
26															
27															
28	0.016	1.0							7.4						
29	0.004	5.0							7.5						
30	0.005	1.0							7.2						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 7-19-93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilites 904-649-8673

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.004
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.004
(19) Percent of permitted capacity	%	-	27%
(20) BOD5 Effluent	mg/L	80082	<2
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<0.02
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	1.0

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month July **Year** 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	0.8							7.1						
2	0.005	0.9							7.2						
3															
4															
5	0.010	0.8							7.5						
6	0.005	0.7							7.2						
7	0.004	1.0							7.2						
8	0.002	1.5							7.1						
9	0.002	0.5							7.0						
10															
11															
12	0.016	2.5							7.2						
13	0.003	3.0							7.1						
14	0.004	2.5							7.1						
15	0.004	0.9							7.2						
16	0.004	0.5							7.0						
17															
18															
19	0.015	2.0							7.3						
20	0.004	1.0							7.3						
21	0.004	0.5		192	139	<2	3		7.5			<0.02		1	
22	0.004	2.5							7.4						
23	0.004	3.0							7.5						
24															
25															
26	0.015	2.0							7.4						
27	0.004	3.0							7.6						
28	0.005	3.5							7.6						
29	0.004	2.0							7.5						
30															
31	0.010	0.5							7.5						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Date: 8/21/93

Name (Please Type) Roy White

Telephone No. (Please Type) 904-649-8673

Company Name Southern States Utilites

DER FORM NO	17.001.000(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Signature C8301 Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	1.00
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.3
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	1.0

DER FORM NO 17.091.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor
(34)

Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2	0.007	1.2							7.5						
3	0.006	1.0							7.5						
4	0.004	0.7							7.7						
5	0.004	0.7							7.8						
6	0.005	0.8							7.6						
7															
8															
9	0.013	1.2							7.5						
10	0.005	0.8						9.8	7.8						
11	0.006	1.0							7.5						
12	0.007	1.2							7.8						
13	0.006	2.0							7.5						
14															
15															
16	0.013	0.5						9.8	7.6						
17	0.004	0.8							7.5						
18	0.004	0.5		94.0	66	1	1.8		7.6			1.27		1	
19	0.008	0.8							7.2						
20	0.006	1.6							7.6						
21															
22															
23	0.011	3.0							7.5						
24	0.004	2.5							7.8						
25	0.004	1.0							7.5						
26	0.004	0.8							7.4						
27	0.005	0.5							7.4						
28															
29															
30	0.013	1.5							7.5						
31	0.006	2.0							7.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type) ROY WHITE

Company Nam Southern States Utilities

Date: Sept 27, 1993

Telephone No. (Please Type)
904-649-5873

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3154P00095

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 x10643

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: ____ Cert. No.: ____

Night Shift Operator Class: ____ Cert. No.: ____

Lead Operator: [signature] [illegible]

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	1.20
(21) BOD5 Effluent	lbs/day	-	1.36
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	-	1.6
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.7
(30) Total Phosphorus	mg/L	000668	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	1.0

DER FORM NO 17-601 (on(1))
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor
(74)

Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.008	2.0							7.5						
2	0.004	3.0							7.6						
3	0.004	3.0							7.4						
4															
5															
6	0.015	0.5							7.2						
7	0.006	0.6							7.5						
8	0.004	1.0							7.6						
9	0.005	1.6							7.5						
10	0.005	1.0							7.4						
11															
12															
13	0.016	1.0							7.6						
14	0.004	1.2							7.5						
15	0.004	1.9		240.0	666	1.2	1.6		7.5						
16	0.004	0.7							7.4						
17	0.005	0.6							7.5						
18															
19															
20	0.014	0.6							7.6						
21	0.005	0.9							7.6			0.65		1	
22	0.006	1.0							7.5						
23	0.005	2.0							7.6						
24	0.001	1.2							7.6						
25															
26															
27	0.013	3.5							7.6						
28	0.005	3.0							7.6						
29	0.005	3.0							7.6						
30	0.002	2.0							7.5						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): ROY WHITE

Company Nam: Southern States Utilities

Date: OCT 18,1993

Telephone No. (Please Type): 904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 X10843

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8301

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: [signature] C 3731

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	1.40
(21) BOD5 Effluent	lbs/day	-	1.90
(22) TSS Effluent	mg/L	900201	3.3
(23) TSS Effluent	lbs/day	-	4.5
(24) Minimum pH			7.4
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<.5
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor
(34)

Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.004	2.2							7.4						
2															
3															
4	0.016	2.8							7.5						
5	0.004	0.9							7.8						
6	0.005	3.0		126.0	110	1.4	3.3		7.8						
7	0.008	2.0							7.5						
8	0.003	2.0							7.6						
9															
10															
11	0.017	1.4							7.5						
12	0.004	1.2							7.6						
13	0.003	2.0							7.5						
14	0.005	1.0							7.7			<.5		<1	
15	0.005	2.0							7.5						
16															
17															
18	0.019	2.5							7.5						
19	0.006	2.0							7.7						
20	0.005	2.0							7.6						
21	0.002	3.5							7.8						
22	0.007	3.0							7.7						
23															
24															
25	0.017	2.5							7.6						
26	0.005	1.0							7.6						
27	0.005	3.5							7.4						
28	0.005	3.0							7.5						
29	0.005	3.5							7.4						
30															
31	0.013	1.2							7.5						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type) ROY WHITE

Company Nam Southern States Utilities

Date: DEC.14,1993

Telephone No. (Please Type)
904-649-8573

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Roy Hill C-8501

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	2.00
(21) BOD5 Effluent	lbs/day	-	0.25
(22) TSS Effluent	mg/L	900201	4.2
(23) TSS Effluent	lbs/day	-	0.5
(24) Minimum pH			7.3
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.7
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER Form No 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant
Effective Date July 1, 1991
DER Application No. -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor (34)

Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	3.5							7.3						
2															
3	0.010	3.5							7.8						
4	0.005	0.5							7.6						
5	0.004	3.5							7.5						
6															
7															
8															
9	0.024	2.5							7.7						
10	0.004	3.5							7.7						
11	0.005	2.0							7.3						
12	0.004	1.0							7.4						
13	0.006	2.2							7.4						
14															
15	0.008	2.0							7.4						
16	0.006	2.2							7.4						
17	0.005	2.0							7.7						
18	0.005	2.3							7.3						
19	0.005	0.5							7.5						
20															
21															
22	0.014	1.5							7.4						
23	0.007	2.5		94.0	130	2	4.2		7.6			0.69			
24	0.006	3.0							7.5						
25															
26	0.005	2.0							7.5						
27	0.007	1.8							7.4						
28															
29															
30	0.013	3.5							7.5					<1	
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type) ROY WHITE

Company Nam Southern States Utilities

Date: JAN 6,1994

Telephone No. (Please Type)

904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3154P00096

(3) Plant Name: Park Manor

(4) Plant Address: Park Road

(5) City: Hollister

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-146586

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 X10843

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.015
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	33%
(20) BOD5 Effluent	mg/L	80082	1.80
(21) BOD5 Effluent	lbs/day	-	2.42
(22) TSS Effluent	mg/L	900201	2.6
(23) TSS Effluent	lbs/day	-	3.5
(24) Minimum pH			7.2
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	2.0

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO. .

Domestic Wastewater Treatment Plant
Monthly Operating Report

Park Manor
(34)

Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.006	0.6							7.2						
2	0.006	0.7							7.8						
3	0.004	3.5							7.6						
4	0.008	0.9							7.5						
5															
6	0.008	0.6							7.4						
7	0.008	3.5							7.5						
8	0.002	5.0		169.0	247	1.8	2.6		7.7						
9	0.004	1.7							7.3						
10	0.005	5.0							7.2						
11															
12															
13	0.016	5.0							7.4						
14	0.006	5.0							7.5						
15	0.007	5.0							7.3						
16	0.002	1.8							7.3						
17	0.004	0.6							7.3						
18															
19															
20	0.015	2.0							7.3						
21	0.005	3.7							7.5						
22	0.005	5.0							7.3						
23	0.005	5.0							7.5						
24															
25	0.011	3.2							7.4						
26															
27	0.007	0.9							7.6						
28	0.007	5.0							7.4			<0.5		2	
29	0.006	5.0							7.4						
30	0.004	4.5							7.2						
31	0.010	4.0							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type) ROY WHITE

Company Nam Southern States Utilites

Date: FEB 1,1994

Telephone No. (Please Type)
904-649-8673

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994
(2) Plant DER Identification Number: 09P03461
(3) Plant Name: Point O Woods
(4) Plant Address: Gamble Court
(5) City: Inverness
(6) County: Citrus
(7) Phone Number: 904-489-2452
(8) Permit Number: D009-159336
(9) Plant Type: C III
(10) Test Site Identification Number:
(11) Fecal Coliform Sample Method:
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class A Cert. No. 6936
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [signature] 6936
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.017
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.019
(19) Percent of permitted capacity	%	-	0.3
(20) BODs Effluent	mg/L	80082	2
(21) BODs Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			7.4
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.023	1.5						7.4							
2															
3	0.039	1.8						7.4							
4	0.030	1.8						7.4							
5	0.015	1.8		144	133	2	0.5	7.4					<.100		
6	0.021	1.8						7.4							
7	0.019	1.8						7.4							
8	0.004														
9															
10	0.024	1.8						7.4							
11	0.006	1.8						7.4							
12	0.017	1.8						7.3					<.100		
13	0.016	1.8						7.3							
14	0.027	2						7.3							
15	0.020	2						7.3							
16															
17	0.040	2						7.3							
18	0.026	2						7.3							
19	0.017	2						7.3					<.100		
20	0.026	2						7.3							
21	0.027	2						7.3							
22	0.018	2						7.3							
23															
24	0.012	2						7.3							
25	0.012	2						7.3							
26	0.007	2						7.3							
27	0.014	2						7.3					<.100		
28	0.008	2						7.3					-		
29	0.011	2						7.3							
30															
31	0.034	2						7.4							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Robert Boggetta

Name (Please Type) Robert Boggetta

Company Name Southern States Utilities

Date 2-2-94

Telephone No. (Please Type) 904-489-2452

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994
(2) Plant DER Identification Number: 09P03461
(3) Plant Name: Point O Woods
(4) Plant Address: Gamble Court
(5) City: Inverness
(6) County: Citrus
(7) Phone Number: 904-489-2452
(8) Permit Number: D009-159335
(9) Plant Type: C III
(10) Test Site Identification Number:
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class A Cert. No. 6936
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.
Lead Operator [signature] 6936
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.013
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.012
(19) Percent of permitted capacity	%	-	0.2
(20) BODs Effluent	mg/L	80082	3
(21) BODs Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	0.2
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	1.8
(33) Other Effluent Parameters			

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Plant O Woods

Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.016	1.6						7.4							
2	0.014	1.6						7.4					<1/100		
3	0.015	1.6						7.4							
4	0.015	1.8						7.4							
5	0.010	1.8						7.4							
6															
7	0.033	1.8						7.4							
8	0.011	1.8						7.4							
9	0.012	1.8		156	148	3	2	7.4					<1/100		
10	0.012	1.6						7.4							
11	0.012	1.8						7.3							
12	0.012	1.8						7.3							
13															
14	0.025	1.8						7.3							
15	0.015	1.8						7.3							
16	0.010	1.8						7.3					<1/100		
17	0.015	1.8						7.3							
18	0.011	1.8						7.3							
19	0.010	1.8						7.3							
20															
21	0.027	1.8						7.3							
22	0.012	1.8						7.3							
23	0.010	1.8						7.3					<1/100		
24	0.014	1.8						7.3							
25	0.016	1.8						7.3							
26	0.008	1.8						7.3							
27															
28	0.028	1.8						7.3							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Robert A Boorstein Date 3-29-94

Name (Please Type) Robert A Boorstein Telephone No (Please Type) 904-489-2452

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Robert Bryant 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.013
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	0.2
(20) BODs Effluent	mg/L	80082	3
(21) BODs Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	0.2
(24) Minimum pH			7.4
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.6
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	1.8
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month March Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.011	1.8						7.4							
2	0.020	1.8		108	133	3	2	7.4					<1/100		
3	0.029	1.8						7.4							
4	0.018	1.8						7.4							
5	0.011	1.8						7.4							
6															
7	0.025	1.8						7.4							
8	0.013	1.8						7.4							
9	0.010	1.8						7.4					<1/100		
10	0.012	1.8						7.4							
11	0.014	1.8						7.4							
12	0.014	1.8						7.4							
13															
14	0.024	1.8						7.4							
15	0.013	1.8						7.4							
16	0.012	1.8						7.4					<1/100		
17	0.013	1.8						7.4							
18	0.013	1.8						7.4							
19	0.006	1.8						7.4							
20															
21	0.026	1.8						7.4							
22	0.013	1.8						7.4							
23	0.013	1.8						7.4					<1/100		
24	0.009	1.8						7.4							
25	0.013	1.8						7.4							
26	0.019	1.8						7.4							
27															
28	0.025	1.8						7.4							
29	0.012	1.8						7.4							
30	0.006	1.8						7.4							
31	0.010	1.8						7.4					<1/100		

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Robert Bogosta

Name (Please Type) Robert BOGOSTA

Company Name Southern States Utilities

Date 4-4-94

Telephone No. (Please Type) 904-469-2452

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Robert Bryant 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.012
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	0.2
(20) BODs Effluent	mg/L	80082	2
(21) BODs Effluent	lbs/day	-	0.2
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.4
(24) Minimum pH			7.4
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			

Page 2 of 3

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Plant Woods Month April Year 1994

(1)(a)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.014	1.6						7.4							
2	0.008	1.6						7.4							
3															
4	0.016	1.6						7.4							
5	0.010	1.4						7.4							
6	0.010	1.4		145	280	[illegible]	[illegible]	7.4					<1/100		
7	0.009	1.4						7.4							
8	0.011	1.6						7.4							
9	0.011	1.5						7.4							
10															
11	0.025	1.5						7.4							
12	0.011	1.6						7.4							
13	0.009	1.8						7.4					<1/100		
14	0.010	1.4						7.4							
15	0.012	1.4						7.4							
16	0.007	1.4						7.4							
17															
18	0.025	1.6						7.4							
19	0.011	1.4						7.4							
20	0.011	1.5						7.4					<1/100		
21	0.020	1.6						7.4							
22	0.015	1.6						7.4							
23	0.011	1.5						7.4							
24															
25	0.028	1.6						7.4							
26	0.019	1.6						7.4							
27	0.016	1.6						7.4					<1/100		
28	0.017	1.6						7.4							
29	0.020	1.6						7.4							
30	0.007	1.6						7.4							
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed [signature] Date 5-4-1994

Name (Please Type) Robert Bocosia Telephone No (Please Type) 904-489-2452

Company Name Southern States Utilities

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Robert Bogata 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.014
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	0.2
(20) BODs Effluent	mg/L	80082	2
(21) BODs Effuent	lbs/day	-	0.2
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.5
(24) Minimum pH			6.4
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.4
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Plant O Woods

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1															
2	0.040	2.4						6.8							
3	0.020	2.4						6.8							
4	0.013	2.6		172	230	2	4	6.6					<1/100		
5	0.015	2.6						6.5							
6	0.017	2.6						6.5							
7	0.007														
8															
9	0.040	2.6						6.5							
10	0.013	3						6.4							
11	0.010	3						6.6					<1/100		
12	0.013	3						6.6							
13	0.010	3						6.6							
14	0.010														
15															
16	0.031	3						6.6							
17	0.013	3						6.9							
18	0.013	3						6.9							
19	0.017	3						7					<1/100		
20	0.018	3						7							
21	0.015														
22															
23	0.036	3						7							
24	0.015	3						7							
25	0.013	3						6.9					<1/100		
26	0.006	3						6.9							
27	0.010	3						7.6							
28	0.006														
29															
30	0.018	3						7.4							
31	0.014	3						7.5							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Robert Bocasta Date 6-3-94

Name (Please Type) Robert Bocasta Telephone No. (Please Type)

Company Name Southern States Utilities 904-489-2452

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number 09P03461

(3) Plant Name Point O Woods

(4) Plant Address Gamble Court

(5) City Inverness

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-159336

(9) Plant Type C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [signature] 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.012
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	0.2
(20) BODs Effluent	mg/L	80082	13.0
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.0
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

(DEA FORM NO. 17 (01 JEDI 1))
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DEA APPLICATION NO:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (34)

Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013	3.0		292	800	13.0	2.0	7.5					<1/100		
2	0.014	3.0						7.6							
3	0.013	3.0						7.6							
4	0.011														
5															
6	0.029	3.0						7.9							
7	0.016	3.0						7.9							
8	0.012	3.0						7.6					<1/100		
9	0.017	3.0						7.5							
10	0.012	3.0						7.5							
11	0.007														
12															
13	0.025	3.0						7.5							
14	0.009	3.0						7.0							
15	0.012	3.0						7.0					<1/100		
16	0.010	3.0						7.1							
17	0.011	3.0						7.1							
18	0.015														
19															
20	0.023	3.0						7.1							
21	0.014	3.0						7.0							
22	0.009	3.0						7.1					<1/100		
23	0.010	3.0						7.1							
24	0.013	3.0						7.1							
25	0.006														
26															
27	0.025	3.0						7.2							
28	0.009	1.8						7.2							
29	0.011	2.4						7.2					<1/100		
30	0.010	3.0						7.5							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is complete and accurate

Signed: Robert Bogosta Date: 7-5-94

Name (Please Type): Robert Bogosta Telephone No. (Please Type): 904-489-2452

Company Name: Southern States Utilites

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number 09P03461

(3) Plant Name Point O Woods

(4) Plant Address Gamble Court

(5) City Inverness

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-159336

(9) Plant Type C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Robert Bogush 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.018
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	0.3
(20) BODs Effluent	mg/L	80082	4.3
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.3
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (34) Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.011	3.0						7.5							
2	0.008	2.5						7.4							
3															
4	0.018	3.0						7.5							
5	0.013	3.0						7.3							
6	0.010	3.0						7.6					<1/100		
7	0.013	3.0						7.6							
8	0.008	3.0						7.6							
9	0.013														
10															
11	0.041	3.0		198	230	4.3	<1	7.4					<1/100		
12	0.027	3.0						7.4							
13	0.019	3.0						7.4							
14	0.018	3.0						7.5							
15	0.026	3.0						7.5							
16	0.015														
17	0.024														
18	0.025	3.0						7.4							
19	0.024	3.0						7.4							
20	0.019	3.0						7.4					<1/100		
21	0.023	3.0						7.5							
22	0.019	3.0						7.4							
23	0.014														
24	0.026														
25	0.026	3.0						7.7							
26	0.016	3.0						7.7							
27	0.022	3.0						7.6					<1/100		
28	0.016	3.0						7.6							
29	0.021	3.0						7.6							
30	0.017														
31	0.022														

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is complete and accurate

Signed: Robert Bogosta Date: 8-4-94

Name (Please Type) Robert Bogosta Telephone No. (Please Type)

Company Name Southern States Utilites 904-489-2452

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number 09P03461

(3) Plant Name Point O Woods

(4) Plant Address Gamble Court

(5) City Inverness

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-159336

(9) Plant Type C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	0.3
(20) BODs Effluent	mg/L	80082	16.0
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.4
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO. 17-[illegible]
FORM TITLE [illegible]
EFFECTIVE DATE [illegible]
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (34)

Month August Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.017	3.0						7.6							
2	0.022	3.0						7.6							
3	0.022	3.0		43	94	16.0	1.0	7.6					<1/100		
4	0.018	3.0						7.6							
5	0.021	3.0						7.6							
6	0.019														
7	0.014														
8	0.023	3.0						7.7							
9	0.024	3.0						7.9							
10	0.018	3.0						7.8					<1/100		
11	0.029	3.0						7.8							
12	0.023	3.0						7.7							
13	0.014														
14	0.023														
15	0.023	3.0						7.7							
16	0.021	3.0						7.7							
17	0.024	3.0						7.6					<1/100		
18	0.021	3.0						7.6							
19	0.020	3.0						7.6							
20	0.017														
21															
22	0.023	3.0						7.5							
23	0.023	3.0						7.4							
24	0.023	3.0						7.4					<1/100		
25	0.019	3.0						7.4							
26	0.024	3.0						7.4							
27	0.014														
28	0.024														
29	0.024	3.0						7.4							
30	0.022	3.0						7.4							
31	0.018	3.0						7.4					<1/100		

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is complete and accurate

Signed: [signature] Date: 9/09/94

Name (Please Type): ROBERT T BOGOSTA Telephone No. (Please Type): 904-489-2452

Company Name: Southern States Utilites

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Septembe Year: 1994

(2) Plant DER Identification Number 09P03461

(3) Plant Name Point O Woods

(4) Plant Address Gamble Court

(5) City Inverness

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-159336

(9) Plant Type C III

(10) Test Site Identification Number

(11) *Fecal Coliform Sample* Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

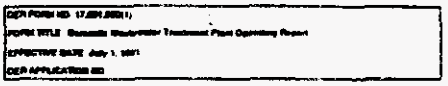
Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 6936

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.013
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	0.3
(20) BOD5 Effluent	mg/L	80082	2.0
(21) BOD5 Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.4
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			



Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (34) Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.014	3.0						7.5							
2	0.012	3.0						7.5							
3	0.007														
4															
5	0.026	3.0						7.4							
6	0.016	3.0						7.4							
7	0.013	3.0						7.4							
8	0.010	3.0		225	213.3	2.0	1.0	7.5					<1/100		
9	0.011	3.0						7.5							
10	0.010														
11															
12	0.024	3.0						7.5							
13	0.013	3.0						7.5							
14	0.010	3.0						7.5					<1/100		
15	0.009	3.0						7.5							
16	0.015	3.0						7.5							
17	0.010														
18															
19	0.026	3.0						7.5							
20	0.013	3.0						7.5							
21	0.010	3.0						7.5					<1/100		
22	0.015	3.0						7.5							
23	0.009	3.0						7.5							
24	0.010														
25															
26	0.036	3.0						7.5							
27	0.012	3.0						7.5							
28	0.018	3.0						7.5					<1/100		
29	0.014	3.0						7.5							
30	0.013	3.0						7.5							
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is complete and accurate

Signed: Robert Boggs III Date: 10-24-94

Name (Please Type) ROBERT BOGGS III Telephone No. (Please Type)

Company Name Southern States Utilities 904-489-2452

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number 09P03461

(3) Plant Name Point O Woods

(4) Plant Address Gamble Court

(5) City Inverness

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-159336

(9) Plant Type C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	0.3
(20) BODs Effluent	mg/L	80082	0.9
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013														
2															
3	0.030	3.0						7.5							
4	0.016	3.0						7.5							
5	0.017	3.0						7.5					<1/100		
6	0.011	3.0						7.5							
7	0.013	3.0						7.5							
8	0.013														
9															
10	0.028	3.0						7.5							
11	0.012	3.0		137	153.3			7.5							
12	0.015	3.0						7.5					<1/100		
13	0.015	3.0						7.5							
14	0.012	3.0						7.5							
15	0.014														
16															
17	0.028	3.0						7.2							
18	0.015	3.0						7.2							
19	0.013	3.0						7.2					<1/100		
20	0.015	3.0						7.1							
21	0.013	3.0						7.1							
22	0.014														
23															
24	0.028	3.0						7.2							
25	0.012	3.0				0.9	1.0	7.2							
26	0.011	3.0						7.2					<1/100		
27	0.014	3.0						7.2							
28	0.020	3.0						7.2							
29	0.016														
30															
31	0.036	3.0						7.2							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information i

complete and accurate

Signed: Robert Bonasia

Name (Please Type) Robert Bonasia

Company Name Southern States Utilities

Date: 11-7-94

Telephone No. (Please Type) 904-489-2452

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Novembe Year: 1994

(2) Plant DER Identification Number 09P03461

(3) Plant Name Point O Woods

(4) Plant Address Gamble Court

(5) City Inverness

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-159336

(9) Plant Type C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [signature] 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.018
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	0.1
(20) BODs Effluent	mg/L	80082	1.5
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.017	3.0						7.1							
2	0.016	3.0						7.2					<1/100		
3	0.020	3.0						7.3							
4	0.014	3.0						7.3							
5	0.018														
6															
7	0.034	3.0						7.3							
8	0.011	3.0		143.5	155	1.5	0.5	7.3							
9	0.016	3.0						7.1					<1/100		
10	0.013	3.0						6.9							
11	0.014	3.0						7.1							
12	0.023														
13															
14	0.029	3.0						7.1							
15	0.018	3.0						7.1							
16	0.024	3.0						7.2							
17	0.012	3.0						7.0					<1/100		
18	0.022	3.0						7.0							
19	0.024														
20															
21	0.031	3.0						7.1							
22	0.016	3.0						7.1							
23	0.017	3.0						7.1					<1/100		
24	0.026	3.0						7.1							
25	0.025	3.0						7.1							
26	0.022														
27															
28	0.039	3.0						7.2							
29	0.017	3.0						7.1							
30	0.013	3.0						7.0					<1/100		
31															

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is complete and accurate

Signed: [signature] Date: 12-7-94

Name (Please Type) [illegible] Telephone No. (Please Type)

Company Name Southern States Utilities 904-489-2452

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Decembe Year: 1994

(2) Plant DER Identification Number 09P03461

(3) Plant Name Point O Woods

(4) Plant Address Gamble Court

(5) City Inverness

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009-159336

(9) Plant Type C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	0.3
(20) BODs Effluent	mg/L	80082	1.5
(21) BODs Effluent	lbs/day	-	-
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	-
(24) Minimum pH			6.9
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850-	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

(34)

Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.018	3.0						7.0							
2	0.021	3.0						7.0							
3	0.020														
4															
5	0.024	3.0						7.0							
6	0.021	3.0		147.8	200	1.5	1.5	7.0							
7	0.014	3.0						7.0					<1/100		
8	0.017	3.0						7.2							
9	0.019	3.0						7.2							
10	0.014														
11															
12	0.046	3.0						7.1							
13	0.015	3.0						7.1							
14	0.021	3.0						7.0					<1/100		
15	0.016	3.0						7.0							
16	0.020	3.0						7.0							
17	0.015														
18															
19	0.046	3.0						7.0							
20	0.021	3.0						7.0							
21	0.022	3.0						7.0					<1/100		
22	0.022	3.0						7.0							
23	0.023	3.0						7.0							
24	0.031														
25															
26	0.052	3.0						7.0							
27	0.036	3.0						7.0							
28	0.022	3.0						6.9							
29	0.004	3.0						7.4					<1/100		
30	0.020	3.0						7.5							
31	0.018														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is complete and accurate.

Signed: Robert Bogosta Date: 1-12-95

Name (Please Type): Robert Bogosta Telephone No. (Please Type): 904-489-2452

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17.901.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original Signed by Robert Bogosta A-6936
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.018
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	7
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.018	2.00						7.4							
2	0.023	2.00						7.4							
3	0.023														
4	0.014	2.00						7.4							
5	0.017	2.20						7.4					<1		
6	0.013	2.00						7.4							
7	0.019	2.20						7.4							
8	0.022	2.00						7.3							
9	0.019	2.20						7.3							
10	0.015														
11	0.024	2.20						7.4							
12	0.011	2.20		225	57	7	5	7.4					<1		
13	0.024	2.00						7.4							
14	0.020	2.00						7.4							
15	0.018	2.00						7.4							
16	0.015														
17	0.013	2.00						7.4							
18	0.018	2.20						7.4							
19	0.013	2.00						7.3							
20	0.023	2.00						7.3							
21	0.012	2.00						7.4					<1		
22	0.016	2.00						7.4							
23	0.017	2.20						7.3							
24	0.017														
25	0.021	2.00						7.4							
26	0.020	2.20						7.4							
27	0.014	2.20						7.4					<1		
28	0.020	2.00						7.4							
29	0.024	2.00						7.4							
30	0.017	2.00						7.4							
31	0.017														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Robert Bogosta

Date: 2-1-93

Name (Please Type): Robert Bogosta

Telephone No. (Please Type)
904-489-2452

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No.: 6936

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original Signed by Robert Bogosta A-6936

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.017
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	4
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.4
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.019	2.0						7.4							
2	0.016	2.0						7.4							
3	0.020	2.0		221	38	4	2	7.4					<1		
4	0.012	2.0						7.4							
5	0.016	2.2						7.4							
6	0.020	2.2						7.4							
7	0.020														
8	0.017	2.0						7.4							
9	0.016	2.2						7.4							
10	0.021	2.0						7.5					<1		
11	0.015	2.0						7.5							
12	0.013	2.0						7.5							
13	0.007	2.0						7.5							
14	0.007														
15	0.017	2.0						7.4							
16	0.025	2.2						7.5							
17	0.014	2.2						7.5					<1		
18	0.020	2.2						7.5							
19	0.017	2.0						7.4							
20	0.021	2.0						7.4							
21	0.021														
22	0.023	2.2						7.4							
23	0.015	2.0						7.4							
24	0.017	2.0						7.4					<1		
25	0.019	2.0						7.4							
26	0.022	2.0						7.4							
27	0.009	2.0						7.4							
28	0.009														
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Robert Bogosta

Date: 3-1-93

Name (Please Type) Robert Bogosta

Telephone No. (Please Type)

Company Name Southern States Utilities

904-489-2452

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No.: 6936

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original Signed by Robert Segosta A-6936
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.016
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	7
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.4
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (04)

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.016	2.0						7.4							
2	0.020	2.0		160	76	7	1	7.4							
3	0.018	2.2						7.4							
4	0.013	2.0						7.4							
5	0.013	2.0						7.4							
6	0.015	2.0						7.4							
7	0.015														
8	0.023	2.2						7.4							
9	0.025	2.0						7.4							
10	0.014	2.2						7.4							
11	0.012	2.0						7.4					<1		
12	0.017	2.2						7.4							
13	0.017														
14	0.018	2.0						7.4							
15	0.010	2.0						7.4							
16	0.016	2.0						7.4							
17	0.130	2.0						7.4							
18	0.014	2.2						7.5					<1		
19	0.014	2.0						7.5							-
20	0.015	2.0						7.5							
21	0.015														
22	0.014	2.2						7.5							
23	0.021	2.0						7.5							
24	0.016	2.0		Original				7.5					<1		
25	0.018	2.2						7.5							
26	0.028	2.0						7.5							
27	0.016	2.0						7.5							
28	0.016														
29	0.023	2.2						7.4							
30	0.021	2.0						7.4							
31	0.015	2.0						7.4					<1		

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Robert Bogosta Date: 4-2-93

Name (Please Type): Robert Bogosta Telephone No. (Please Type)

Company Name Southern States Utilities 904-489-2452

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No.: 5936

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original Signed by Robert Begosta A-5936
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.016
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	6
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (34)

Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.021	2.0						7.4							
2	0.013	2.2						7.4							
3	0.019	2.0						7.4							
4	0.019														
5	0.022	2.2						7.4							
6	0.011	2.0						7.4							
7	0.017	2.2						7.4					<1		
8	0.020	2.2						7.4							
9	0.019	2.2						7.4							
10	0.019	2.2						7.4							
11	0.019														
12	0.020	2.0						7.4							
13	0.020	2.0						7.4							
14	0.015	2.2		70	70	6	1	7.4					<1		
15	0.015	2.2						7.4							
16	0.015	2.2						7.3							
17	0.022	2.0						7.3							
18	0.022														
19	0.009	2.0						7.3							
20	0.018	2.0						7.3							
21	0.017	2.0						7.3							
22	0.013	2.0						7.3					<1		
23	0.020	2.0						7.3							
24	0.015	2.0						7.3							
25	0.015														
26	0.008	2.2						7.4							
27	0.009	2.2						7.4							
28	0.007	2.0						7.4					<1		
29	0.015	2.0						7.4							
30	0.015	2.0						7.4							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Robert Bogosta Date: 5-2-93

Name (Please Type) Robert Bogosta Telephone No. (Please Type)

Company Name Southern States Utilities 904-469-2452

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original Signed by Robert Bogosta A-6936
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.014
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	6
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013	2.0						7.3							
2	0.020														
3	0.020	2.0						7.3							
4	0.014	2.0						7.3							
5	0.019	2.0						7.3					<1		
6	0.020	2.0						7.2							
7	0.016	2.0						7.3							
8	0.013	2.0						7.3							
9	0.018														
10	0.018	2.0						7.3							
11	0.013	2.0						7.3							
12	0.013	2.0						7.3							
13	0.013	2.0						7.4					<1		
14	0.011	2.0						7.3							
15	0.010	2.2						7.3							
16	0.010														
17	0.010	2.0						7.3							
18	0.006	2.0						7.3							
19	0.013	2.2						7.3							
20	0.016	2.2		453	498	6	5	7.2					<1		
21	0.016	2.2						7.2							
22	0.011	2.0						7.2							
23	0.017														
24	0.017	2.2						7.2							
25	0.012	2.0						7.2							
26	0.016	2.2						7.3					<1		
27	0.014	2.2						7.3							
28	0.013	2.2						7.3							
29	0.015	2.2						7.3							
30	0.019														
31	0.012	2.0						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Robert Bogosta

Date: 6-7-93

Name (Please Type): Robert Bogosta

Telephone No. (Please Type): 904-469-2452

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original Signed by Robert Bogosta A-6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.017
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	5
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

Page 2 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.012	2.0						7.3							
2	0.020	2.0						7.3					<1		
3	0.012	2.0						7.3							
4	0.012	2.0						7.3							
5	0.012	2.0						7.3							
6	0.021														
7	0.027	2.0						7.3							
8	0.017	2.0						7.3							
9	0.016	2.0						7.3					<1		
10	0.016	2.0						7.3							
11	0.016	2.0						7.3							
12	0.020	2.0						7.3							
13	0.020														
14	0.018	2.2						7.4							
15	0.017	2.2						7.4							
16	0.026	2.0						7.4					<1		
17	0.020	2.0						7.4							
18	0.024	2.0						7.4							
19	0.016	2.0						7.4							
20	0.016														
21	0.018	2.0						7.4							
22	0.021	2.0						7.4							
23	0.023	2.0		248	24	5	3	7.4					<1		
24	0.020	2.0						7.4							
25	0.012	2.0						7.4							
26	0.015	2.0						7.4							
27	0.015														
28	0.008	2.0						7.4							
29	0.009	2.0						7.4							
30	0.009	2.2						7.3					<1		
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Robert Bogosta Date: 7-6-93

Name (Please Type) Robert Bogosta Telephone No. (Please Type)

Company Name Southern States Utilities 904-489-2452

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original Signed by Robert Bogosta A-6936

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.016
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	18
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.011	2.0						7.3							
2	0.026	2.0						7.3							
3	0.010	2.0						7.3							
4	0.010														
5	0.010	2.2						7.3							
6	0.010	2.2						7.3							
7	0.026	2.0		343	116	18	3	7.3					<1		
8	0.026	2.0						7.3							
9	0.014	2.2						7.3							
10	0.014	2.0						7.4							
11	0.023														
12	0.023	2.2						7.4							
13	0.012	2.0						7.4							
14	0.018	2.0						7.4							
15	0.017	2.2						7.4					<1		
16	0.015	2.0						7.4							
17	0.016	2.0						7.4							
18	0.009														
19	0.009	2.2						7.3							
20	0.018	2.0						7.3							
21	0.018	2.0						7.3							
22	0.015	2.0						7.3					<1		
23	0.018	2.0						7.3							
24	0.014	2.2						7.3							
25	0.015														
26	0.015	2.0						7.3							
27	0.015	2.0						7.3							
28	0.019	2.0						7.3							
29	0.016	2.0						7.3					<1		
30	0.016	2.0						7.3							
31		2.0						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Robert Bogosta Date: 8-2-93

Name (Please Type): Robert Bogosta Telephone No. (Please Type):

Company Name Southern States Utilities 904-489-2452

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 8936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original Signed by Robert Begosta A-8936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.015
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	2
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (34)

Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BODS Influent (mg/L)	TSS Influent (mg/L)	BODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.024														
2	0.024	2.2						7.2							
3	0.016	2.0						7.3							
4	0.014	2.2						7.3					<1		
5	0.015	2.2						7.3							
6	0.016	2.2						7.3							
7	0.012	2.0						7.3							
8	0.012														
9	0.012	2.0						7.3							
10	0.012	2.0						7.3							
11	0.014	2.0		327	334	2	3	7.3					<1		
12	0.014	2.0						7.3							
13	0.018	2.2						7.3							
14	0.009	2.0						7.3							
15	0.020														
16	0.020	2.2						7.3							
17	0.019	2.0						7.2							
18	0.015	2.2						7.2					<1		
19	0.014	2.2						7.3							
20	0.016	2.2						7.3							
21	0.009	2.2						7.3							
22	0.006														
23	0.008	2.0						7.3							
24	0.019	2.0						7.3					<1		
25	0.015	2.2						7.3							
26	0.019	2.0						7.2							
27	0.015	2.0						7.3							
28	0.014	2.0						7.3							
29	0.020														
30	0.020	2.0						7.3							
31	0.011	2.2						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Robert Bogosta

Date: 9-1-93

Name (Please Type) Robert Bogosta

Telephone No. (Please Type) 904-469-2452

Company Name Southern States Utilities

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Septembe Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Richard T. Bay 6936

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.016
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	0.2675862
(20) BODs Effluent	mg/L	80082	4
(21) BODs Effluent	lbs/day	-	0.5177472
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	0.3883104
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013	2.0						7.3							
2	0.021	2.2						7.3							
3	0.014	2.2						7.3							
4	0.013	2.2						7.3							
5															
6	0.035	2.2						7.3							
7	0.026	2.0						7.3							
8	0.014	2.2		260	98	4	3	7.3					<1		
9	0.018	2.2						7.3							
10	0.015	2.0						7.3							
11	0.011	2.0						7.3							
12															
13	0.031	2.2						7.4							
14	0.021	2.0						7.4							
15	0.012	2.0						7.4					<1		
16	0.021	2.2						7.4							
17	0.011	2.2						7.4							
18	0.014	2.2						7.4							
19															
20	0.037	2.0						7.4							
21	0.024	2.0						7.4							
22	0.019	2.2						7.3					<1		
23	0.014	2.0						7.3							
24		2.2						7.3							
25	0.007	2.0						7.3							
26															
27	0.034	2.0						7.3							
28	0.014	2.0						7.3							
29	0.010	2.2						7.3					<1		
30	0.017	2.2						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Robert Bocosta

Name (Please Type) ROBERT BOCOSTA

Company Name Southern States Utilities

Date: 10-4-93

Telephone No. (Please Type)
904 489-2432

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Robert Bryant 6936
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.017
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	0.2876529
(20) BODs Effluent	mg/L	80082	6
(21) BODs Effluent	lbs/day	-	0.8348609
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.5565739
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			

Page 2 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Palm O Woods (34)

Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.013	1.4						7.3							
2	0.014	1.4						7.3							
3															
4	0.037	1.2						7.3							
5	0.018	1.4						7.3							
6	0.015	1.4		219	84	6	4	7.3					<1		
7	0.019	1.4						7.3							
8	0.017	1.2						7.3							
9	0.018	1.5						7.3							
10															
11	0.037	1.4						7.4							
12	0.021	1.4						7.4							
13	0.011	1.4						7.4					<1		
14	0.017	1.6						7.3							
15	0.019	1.6						7.3							
16	0.013	1.4						7.3							
17															
18	0.039	1.4						7.3							
19	0.017	1.4						7.3							
20	0.015	1.6						7.3							
21	0.016	1.6						7.3					<1		
22	0.018	1.6						7.3							
23	0.013	1.5						7.3							
24															
25	0.044	1.6						7.3							
26	0.020	1.6						7.3							
27	0.014	1.6						7.4					<1		
28	0.010	1.6						7.4							
29	0.030	1.6						7.4							
30	0.015	1.5						7.4							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Robert Bogusta

Name (Please Type) Robert Bogusta

Company Name Southern States Utilities

Date: 12-8-93

Telephone No. (Please Type) (904) 687-2452

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 6936

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.021
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.018
(19) Percent of permitted capacity	%	-	0.3595402
(20) BODs Effluent	mg/L	80082	24
(21) BODs Effluent	lbs/day	-	4.1740032
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	-	1.0435008
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	1.6
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (34)

Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.045	1.6						7.4							
2	0.022	1.4						7.4							
3	0.018	1.4		255	14	24	6	7.4					<1		
4	0.019	1.4						7.4							
5	0.017	1.6						7.4							
6	0.021	1.6						7.4							
7															
8	0.039	1.6						7.4							
9	0.020	1.6						7.4							
10	0.016	1.6						7.4					<1		
11	0.023	1.6						7.4							
12	0.021	1.4						7.4							
13	0.018	1.4						7.3							
14															
15	0.049	1.4						7.3							
16	0.020	1.6						7.3							
17	0.014	1.6						7.3					<1		
18	0.025	1.6						7.3							
19	0.017	1.6						7.3							
20	0.016	1.5						7.3							
21															
22	0.045	1.5						7.4							
23	0.020	1.4						7.3							
24	0.018	1.5						7.3							
25	0.015	1.4						7.3							
26	0.023	1.4						7.3							
27	0.020	1.4						7.3							
28															
29	0.049	1.6						7.3							
30	0.017	1.6						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Robert Bogucki

Name (Please Type): Robert Bogucki

Company Name: Southern States Utilities

Date: 12-8-93

Telephone No. (Please Type): (904) 487-2452

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 09P03461

(3) Plant Name: Point O Woods

(4) Plant Address: Gamble Court

(5) City: Inverness

(6) County: Citrus

(7) Phone Number: 904-489-2452

(8) Permit Number: D009-159336

(9) Plant Type: C III

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds & Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No.: 6936

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Richard Bryant 6936
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.018
(17) Permitted capacity	mgd	-	0.058
(18) Three month average daily flow	mgd	-	0.019
(19) Percent of permitted capacity	%	-	0.3129032
(20) BODs Effluent	mg/L	80082	1
(21) BODs Effluent	lbs/day	-	0.1513575
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.1513575
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000668	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	1.8
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Point O Woods (34)

Month December Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.017	1.8						7.4					<1/100		
2	0.022	1.6						7.4							
3	0.017	1.8						7.4							
4	0.019	1.6						7.4							
5															
6	0.040	1.5						7.4							
7	0.018	1.7						7.4							
8	0.017	1.6						7.4					<1/100		
9	0.016	1.5						7.4							
10	0.029	1.6						7.4							
11	0.009	1.6						7.4							
12															
13	0.041	1.6						7.3							
14	0.023	1.6						7.3							
15	0.012	1.4		154	127	1	1	7.3					<1/100		
16	0.023	1.4						7.3							
17	0.016	1.8						7.3							
18	0.016	1.6						7.3							
19															
20	0.037	1.6						7.3							
21	0.024	1.6						7.3							
22	0.014	1.8						7.3					<1/100		
23	0.017	1.6						7.3							
24	0.017	1.6						7.3							
25	0.018	1.6						7.3							
26															
27	0.033	1.6						7.3							
28	0.026	1.5						7.4							
29	0.011	1.6						7.4					<1/100		
30	0.024	1.6						7.4							
31	0.010	1.6						7.4							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Robert Bogosta

Name (Please Type) Robert BOGOSTA

Company Name Southern States Utilities

Date: 1-4-93

Telephone No. (Please Type)
904 489 2452

Page 3 of 3

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994
(2) Plant DER Identification Number: 3042P00110
(3) Plant Name: Salt Springs Village
(4) Plant Address: S.R. 19 & S.R. 316
(5) City: Salt Springs
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-154300
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number
(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evaporation/Perc Ponds
(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable
(14) Cumulative Days of Wet Weather Discharge
N/A
(15) Plant Staffing
Day Shift Operator Class B Cert. No. 7243
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.
Lead Operator [signature] 6343
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.029
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	0.32
(20) BODs Effluent	mg/L	80082	1.10
(21) BODs Effluent	lbs/day	-	0.27
(22) TSS Effluent	mg/L	900201	8.5
(23) TSS Effluent	lbs/day	-	2.06
(24) Minimum pH			6.7
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	12.10
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

* PLANT EXPERIENCED SOLIDS WASHOUT CREATING LOW DO NITRIFYING BACTERIA, TIMED PUMPING OF WAS PERFORMED 1-22-94 CIK

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village — Month: January — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.041	3.5						7.3							
2															
3	0.072	3.5						7.4							
4	0.020	3.5						7.5							
5	0.034	3.5						7.3							
6	0.020	3		795	600	<1	8	7.3			6.02		<1		
7	0.022	3.5						7.3							
8	0.027	3.5						6.9							
9															
10	0.057	3						6.9							
11	0.030	2.7						7.1							
12	0.030	1.5						7.1							
13	0.026	1.4						7.1							
14	0.021	2.7						7							
15	0.035	2.5						6.9							
16															
17	0.070	2.2						7.1							
18	0.023	2.5						7.1							
19	0.026	3						7.1							
20	0.027	2		255	140	1.66	11	7.2			12.1		<1		
21	0.032	1.6						6.9							
22	0.023	3.5						6.7							
23															
24	0.075	3						6.9							
25	0.027	3.5						7							
26	0.031	2.1						7.2			5.23				
27	0.022	3.5						7.3							
28	0.028														
29	0.023	2.5						7.2							
30															
31	0.061	3						7.2							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] Date: 2-3-94

Name (Please Type): John Worrell Telephone No. (Please Type):

Company Name: Southern States Utilities (904) 347-1255

Page 3 of 3

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator _____ B-7243

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.029
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	0.32
(20) BODs Effluent	mg/L	80082	1.95
(21) BODs Effluent	lbs/day	-	0.47
(22) TSS Effluent	mg/L	900201	6.63
(23) TSS Effluent	lbs/day	-	1.65
(24) Minimum pH			7.2
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000526	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.53
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

Page 2 of 3

DER FORM NO. 17-601.800(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month: February Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.030	2.8						7.2							
2	0.038	3.5						7.2							
3	0.018	3.5		525	566	<1	7	7.2			6.53		<1		
4	0.029	3						7.2							
5	0.032	0.6						7.2							
6															
7	0.066	3.5						7.5							
8	0.019	3.5						7.6							
9	0.041	3.5						7.5							
10	0.028	3.5						7.5							
11	0.029	3.5						7.4							
12	0.032	3.5						7.6							
13															
14	0.082	3.5						7.5							
15	0.034	2.8						7.5							
16	0.029	2.3						7.5							
17	0.026	3		870	1960	3.4	6.66	7.5			1.65		<1		
18	0.026	2						7.6							
19	0.019	2.2						7.5							
20															
21	0.084	3						7.5							
22	0.026	1.3						7.3							
23	0.033	3						7.2							
24	0.043	3.5						7.5							
25	0.021	3.5						7.7							
26	0.007	3.5						7.5							
27															
28	0.047	3.5						7.5							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] Date: 3-7-94

Name (Please Type): John Worrel Telephone No. (Please Type): (904) 347-1265

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7243

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [signature] 6343

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.025
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.028
(19) Percent of permitted capacity	%	-	0.33
(20) BODs Effluent	mg/L	80082	2.40
(21) BODs Effluent	lbs/day	-	0.50
(22) TSS Effluent	mg/L	900201	4.83
(23) TSS Effluent	lbs/day	-	1.01
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.35
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village — Month: March — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.027	3.5						7.5							
2	0.017	3.5						7.6							
3	0.026	3.0						7.5							
4	0.020	3.5						7.3							
5	0.018	3.5						7.4							
6															
7	0.049	3.5		518	380	1.7	<1	7.3			0.79		<1		
8	0.030	3.5						7.2							
9	0.031	3.5						7.3							
10	0.022	3.0						7.3							
11	0.023	3.5						7.2							
12	0.021	3.5						7.3							
13															
14	0.062	3.5						7.2							
15	0.026	3.5						7.8							
16	0.026	3.5						7.5							
17	0.016	3.0		555	340	1	9	7.4			0.9				
18	0.021	3.5						7.3							
19	0.025	2.3						7.3							
20															
21	0.057	2.2						7.3							
22	0.025	3.0						7.3					<1		
23	0.027	3.5						7.3							
24	0.018	1.8						7.4							
25	0.034	2.6						7.5							
26	0.017	2.1						7.4							
27															
28	0.063	1.8						7.4							
29	0.032	2.0						7.4							
30	0.024	3.5						7.4							
31	0.019	3.0		495	510	4.5	5	7.3			2.35		<1		

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____ Date: 4-6-94

Name (Please Type): John Worrell — Telephone No. (Please Type):

Company Name: Southern States Utilities — (904) 347-1265

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994
(2) Plant DER Identification Number: 3042P00110
(3) Plant Name: Salt Springs Village
(4) Plant Address: S.R. 19 & S.R. 316
(5) City: Salt Springs
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-154300
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 7243
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] B-7243
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.021
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.025
(19) Percent of permitted capacity	%	-	0.29
(20) BODs Effluent	mg/L	80082	0.75
(21) BODs Effluent	lbs/day	-	0.13
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	0.44
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.86
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

Page 2 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (341) Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.026	3.5						7.4							
2	0.026	3.5						7.4							
3															
4	0.058	3.5						7.3							
5	0.030	3.5						7.2							
6	0.021	3.5						7.4							
7	0.022	3.5						7.5							
8	0.022	2.8						7.5							
9	0.029	3.0						7.5							
10															
11	0.052	2.8						7.6							
12	0.022	3.0						7.5							
13	0.015	3.5						7.4							
14	0.019	1.8		578	307	1	4	7.2			2.99		<1		
15	0.017	1.1						7.3							
16	0.020	1.7						7.3							
17															
18	0.050	2.5						7.3							
19	0.015	3.0						7.2							
20	0.019	3.5						7.2							
21	0.012	3.2						7.2							
22	0.014	3.5						7.1							
23	0.020	1.5						7.1							
24															
25	0.044	3.0						7.1							
26	0.015	2.4						7.1							
27	0.014	3.0		188	73	<1.0	1	7.2			8.86		<1		
28	0.012	2.2						7							
29	0.015	2.4						7.1							
30	0.016	2.5						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed _____ Date: 5-11-94

Name (Please Type) John Worrell Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1255

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8355

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Tony Dollar C-8355

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.021
(19) Percent of permitted capacity	%	-	0.25
(20) BODs Effluent	mg/L	80082	<1.0
(21) BODs Effluent	lbs/day	-	0.07
(22) TSS Effluent	mg/L	900201	7.00
(23) TSS Effluent	lbs/day	-	0.93
(24) Minimum pH			6.5
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.66
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.8
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (341) Month May Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1															
2	0.036	3.5						7.1							
3	0.015	3.5						7.2							
4	0.014	2.7						7.3							
5	0.010	3.5						7.0							
6	0.013	3.5						6.6							
7	0.015	3.5						6.8							
8															
9	0.040	3.6						6.7							
10	0.015	4.9						6.8							
11	0.011	2.1						6.6							
12	0.010	5.0		128	113	<1.0	2.0	6.6			5.66		<1		
13	0.013	2.5						6.5							
14	0.012														
15															
16	0.040	3.5						6.6							
17	0.009	3.5						6.7							
18	0.013	3.5						6.6							
19	0.005	3.5						6.5							
20	0.010	3.5						6.6							
21	0.010														
22															
23	0.030	3.5													
24	0.012	3.5						6.7							
25	0.014	1.8						6.5							
26	0.005	3.5		240	207	<1.0	12.0	6.6			0.53		<1		
27	0.013	3.5						6.5							
28	0.025														
29															
30	0.070	3.5						6.6							
31	0.023	3.5						6.6							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Tony Bouvier Date 6-15-94

Name (Please Type) Tony Bouvier Telephone No. (Please Type) (904) 347-1265

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994
(2) Plant DER Identification Number: 3042P00110
(3) Plant Name: Salt Springs Village
(4) Plant Address: S.R. 19 & S.R. 316
(5) City: Salt Springs
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-154300
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method:
[XX] Membrane Filter [ ] Most Probable Number
(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evaporation/Perc Ponds
(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable
(14) Cumulative Days of Wet Weather Discharge
N/A
(15) Plant Staffing
Day Shift Operator Class B Cert. No. 7243
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] 15-7243
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	0.20
(20) BODs Effluent	mg/L	80082	<1.0
(21) BODs Effluent	lbs/day	-	0.06
(22) TSS Effluent	mg/L	900201	8.00
(23) TSS Effluent	lbs/day	-	1.00
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	13.70 *
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.011	2.2						6.7							
2	0.007	5.0						7.0							
3	0.010	2.7						6.7							
4	0.017														
5															
6	0.028	3.5						6.9							
7	0.015	3.5						6.8							
8	0.011	3.5						6.8							
9	0.009	3.5						6.9							
10	0.012	3.5						6.8							
11	0.014														
12															
13	0.036	1.1						6.7							
14	0.019	1.2						6.5							
15	0.022	3.0						6.6							
16	0.009	3.5		240	307	<1.0	5.0	6.7					<1		
17	0.013	3.5						6.7							
18	0.013														
19															
20	0.034	1.8						7.1							
21	0.016	2.9						6.9							
22	0.014	1.7						7.0							
23	0.017	1.5						7.2							
24	0.012	2.5						7.1							
25	0.018														
26															
27	0.038	1.7						6.9							
28	0.014	1.5		390	370	<1.0	5.0	7.0			13.70		<1		
29	0.015	1.9						7.1							
30	0.013	2.0						7.1							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: _____ Date: 7-13-94

Name (Please Type): John Worrell Telephone No. (Please Type): (904) 347-1255

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994
(2) Plant DER Identification Number: 3042P00110
(3) Plant Name: Salt Springs Village
(4) Plant Address: S.R. 19 & S.R. 316
(5) City: Salt Springs
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-154300
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method:
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 7243
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] B-3243
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.019
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	20%
(20) CBOD Effluent	mg/L	80082	1.3
(21) CBOD Effluent	lbs/day	-	0.21
(22) TSS Effluent	mg/L	900201	6.5
(23) TSS Effluent	lbs/day	-	1.03
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.78
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.020	3.0						7.1							
2	0.017	2.5						7.0							
3															
4	0.061	3.5						7.2							
5	0.025	5.0						7.1							
6	0.018	5.0						7.2							
7	0.019	5.0		390	253	1.4	4.0	7.1			5.39		<1		
8	0.023	3.7						7.1							
9	0.018														
10															
11	0.038	1.0						7.2							
12	0.015	1.8						7.1							
13	0.018	1.8						7.1							
14	0.012	2.5						7.1							
15	0.019	3.0						7.1							
16	0.019														
17															
18	0.041	2.8						7.1							
19	0.015	1.4						7.1							
20	0.018	2.2						6.9							
21	0.037	3.5						7.0							
22	0.024	3.5						7.0							
23	0.016														
24															
25	0.043	1.0						6.9							
26	0.017	3.5						6.9							
27	0.015	2.4		102	360	1.1	9.0	6.9			9.78		<1		
28	0.017	1.5						6.9							
29	0.020	2.7						6.9							
30	0.020														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed _____ Date 8-11-94

Name (Please Type) John Worrell Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994
(2) Plant DER Identification Number: 3042P00110
(3) Plant Name: Salt Springs Village
(4) Plant Address: S.R. 19 & S.R. 316
(5) City: Salt Springs
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-154300
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 7243
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] B-7243
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	20%
(20) CBOD Effluent	mg/L	80082	<1.0
(21) CBOD Effluent	lbs/day	-	0.07
(22) TSS Effluent	mg/L	900201	8.0
(23) TSS Effluent	lbs/day	-	1.13
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	14.00 *
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			10

* NITRATE LEVEL HIGH DUE TO BAD AERATOR TIME CLOCK (MOTOR OUT & AERATOR RUN CONTINUOUSLY.) TIME CLOCK REPLACED 9-5-94 — NITRATE LEVELS TODAY AT OR NEAR 6 mg/L

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991.
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34) Month August Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.045	3.1						6.7							
2	0.020	3.8						6.7							
3	0.022	3.5						6.7							
4	0.017	5.0						6.8							
5	0.023	3.5						6.8							
6	0.017	5.0						6.7							
7															
8	0.044	5.0						6.7							
9	0.016	5.0		182	227	<1.0	7.0	6.7			8.00		20		
10	0.017	4.2						6.8							
11	0.019	1.1						7.0							
12	0.017	1.5						6.8							
13	0.017														
14															
15	0.041	1.8						6.7							
16	0.016	5.0						6.7							
17	0.016	2.5						6.8							
18	0.017	3.3						6.8							
19	0.012	4.4						6.5							
20	0.015														
21															
22	0.034	2.3						6.5							
23	0.016	1.7						6.5							
24	0.012	2.8						6.5							
25	0.010	5.0						6.5							
26	0.012	4.6						6.8							
27	0.011														
28															
29	0.031	1.4						6.8							
30	0.009	1.8		111	87	<1.0	9.0	6.7			14.00		<1		
31	0.010	3.4						6.7			10.40				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: John Worrell Date: 9-12-94

Name (Please Type) John Worrell Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994
(2) Plant DER Identification Number: 3042P00110
(3) Plant Name: Salt Springs Village
(4) Plant Address: S.R. 19 & S.R. 316
(5) City: Salt Springs
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-154300
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 7243
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Tony Boulyu C-8355
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	20%
(20) CBOD Effluent	mg/L	80082	0.85
(21) CBOD Effluent	lbs/day	-	0.11
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	0.44
(24) Minimum pH			6.6
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.37
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (341)

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.009	2.5						6.9							
2	0.013	2.8						6.8							
3	0.020														
4															
5	0.058	2.0						6.9							
6	0.022	0.9		316.6	970	0.4	6.0	6.8							
7	0.010	5.0						6.9							
8	0.011	5.0						6.7							
9	0.014	3.8						6.7							
10	0.012														
11															
12	0.030	4.5						6.8			6.37		<1		
13	0.013	3.8						6.8							
14	0.009	4.3						6.6							
15	0.013	3.4						6.7							
16	0.013	2.8						6.7							
17	0.013														
18															
19	0.025	5.0						6.6							
20	0.017	2.2		166	155	1.3	1.0	6.6					<1		
21	0.018	2.8						6.9							
22	0.015	3.0						6.8							
23	0.011	2.8						6.8							
24	0.015	1.5						6.9							
25															
26	0.038	2.2						6.9							
27	0.014	2.7						6.8							
28	0.016	3.1						6.8							
29	0.012	3.8						6.9							
30	0.016														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Tony Bouvier Date: 10-6-94

Name (Please Type): Tony Bouvier Telephone No. (Please Type): (904) 347-1265

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994
(2) Plant DER Identification Number: 3042P00110
(3) Plant Name: Salt Springs Village
(4) Plant Address: S.R. 19 & S.R. 316
(5) City: Salt Springs
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-154300
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method:
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 7243
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] B-7243
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	19%
(20) CBOD Effluent	mg/L	80082	1.0
(21) CBOD Effluent	lbs/day	-	0.13
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	0.80
(24) Minimum pH			6.7
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	7.13
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month: October Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.019														
2															
3	0.043	1.5						7.0							
4	0.017	4.2		225	306.7	0.8	4.0	6.8			5.46		<1		
5	0.016	4.4						6.8							
6	0.015	3.9						6.9							
7	0.019	4.1						6.9							
8	0.018														
9															
10	0.036	3.9						6.9							
11	0.018	3.5						6.9							
12	0.015	2.7						6.9							
13	0.011	5.0						6.7							
14	0.018	2.3						7.0							
15	0.017														
16															
17	0.039	5.0						7.5							
18	0.011	5.0		457.1	780	1.1	6.0	7.5			7.13		<1		
19	0.011	3.7						7.4							
20	0.010	2.8						7.4							
21	0.013	2.6						7.4							
22	0.012														
23															
24	0.033	1.9						7.3							
25	0.013	5.0						7.3							
26	0.012	1.4						7.3							
27	0.009	2.1						7.2							
28	0.015	1.5						7.2							
29	0.017														
30															
31	0.043	2.2						7.4							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] Date 11-E-94

Name (Please Type) John Warner Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994
(2) Plant DER Identification Number: 3042P00110
(3) Plant Name: Salt Springs Village
(4) Plant Address: S.R. 19 & S.R. 316
(5) City: Salt Springs
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-154300
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 1025
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] [illegible]
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	19%
(20) CBOD Effluent	mg/L	80082	2.1
(21) CBOD Effluent	lbs/day	-	0.30
(22) TSS Effluent	mg/L	900201	13.0
(23) TSS Effluent	lbs/day	-	1.84
(24) Minimum pH			7.2
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.58
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	4.2
(33) Other Effluent Parameters			
Fecal Coliform			3.67

Page 2 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (341)

Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.011	1.1		418.8	260	2.6	16.0	7.6					10		
2	0.017	0.7						7.2							
3	0.013	1.4						7.2							
4	0.011	1.5						7.4							
5	0.012														
6															
7	0.038	3.1						7.2							
8	0.015	3.0						7.2							
9	0.011	1.4						7.2							
10	0.022	1.0						7.3			4.56				
11	0.024	1.5						7.5							
12	0.012	1.6													
13															
14	0.049	3.7						7.7							
15	0.015	3.7		393.4	286.7	2.4	10.0	7.6					<1		
16	0.011	3.5						7.6							
17	0.015	2.7						7.4							
18	0.015	2.8						7.4							
19	0.015														
20															
21	0.035	3.0						7.5							
22	0.013	4.2						7.5							
23	0.018	2.5						7.4							
24	0.019	1.7						7.3							
25	0.023	4.0						7.6							
26	0.021														
27															
28	0.046	3.4						7.4							
29	0.013	3.8		371.6	113	1.1	11.0	7.4							
30	0.014	3.7						7.3					<1		
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Jerry Ramsey Date: 12-5-94

Name (Please Type): Larry Ramsey Telephone No. (Please Type): (904) 347-1265

Company Name: Southern States Utilities

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XY] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: [signature] B-1025
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	19%
(20) CBOD Effluent	mg/L	80082	3.2
(21) CBOD Effluent	lbs/day	-	0.40
(22) TSS Effluent	mg/L	900201	17.5
(23) TSS Effluent	lbs/day	-	2.19
(24) Minimum pH			7.3
(25) Maximum pH			8.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	15.54
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	3.9
(33) Other Effluent Parameters			
Fecal Coliform			200.8

Page 2 of 3

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Declor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.013	3.9						7.4							
2	0.010	3.8						7.4							
3	0.012														
4															
5	0.032	2.0						7.5							
6	0.012	2.0						7.7							
7	0.022	2.1						7.8							
8	0.009	2.1						7.5							
9	0.018	1.4						7.4							
10	0.011	1.6						7.5							
11															
12	0.031	2.9						7.5							
13	0.008	3.3		210.0	266.7	1.5	8.0	7.5			15.54		2.0		
14	0.018	2.7						7.5							
15	0.012	3.7						7.4							
16	0.012	2.8						7.5							
17	0.011	2.8						7.5							
18															
19	0.034	3.3						7.8							
20	0.006	3.9						8.0							
21	0.015	2.4						7.7							
22	0.012	3.4						7.7							
23	0.017	3.2						7.7							
24	0.017														
25															
26	0.024	3.2						7.7							
27	0.022	3.6						7.3							
28	0.017	1.5		578.6	890.0	4.6	26.0	7.6					>800		
29	0.023	1.8						7.7			3.35		<1		
30	0.013	3.0						7.3							
31	0.026														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry Ramsey Date 1-11-95

Name (Please Type) Larry Ramsey Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1255

Page 3 of 3

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by John Worrell B-7243

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.038
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	34%
(20) BODs Effluent	mg/L	80082	1.35
(21) BODs Effluent	lbs/day	-	4.28
(22) TSS Effluent	mg/L	900201	12.5
(23) TSS Effluent	lbs/day	-	3.96
(24) Minimum pH			6.5
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.10
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34) Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.041	3						6.5						
2	0.045	1.3						7.0						
3	0.045													
4	0.039	3						7.0						
5	0.034	3.5						6.7						
6	0.009	3.5						7.4						
7	0.034	3.5						7.4						
8	0.032	3.5						7.6						
9	0.042	3.5						7.3						
10	0.042													
11	0.035	3.5						7.1						
12	0.038	3.5						7.3						
13	0.037	3						7.3						
14	0.036	3.5		345	240	<1.0	12	7.3			3.1		<1	
15	0.031	2.8						7.3						
16	0.045	3						7.3						
17	0.045													
18	0.045	3.5						7.1						
19	0.039	2.8						7.3						
20	0.007	3.5						7.2						
21	0.041	1.4						7.3						
22	0.033	1.8						7.3						
23	0.050	0.9						7.2						
24	0.050													
25	0.039	3.5						7.4						
26	0.026	3.5						7.5						
27	0.032	3.5						6.8						
28	0.051	3.5		210	200	2.2	13	7.5						
29	0.030	3.5						7.6						
30	0.036	3.5						7.7						
31	0.036													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by John Worrell Date: 2/2/93

Name (Please Type) John Worrell Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by John Worrell B-7243

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.038
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.034
(19) Percent of permitted capacity	%	-	45%
(20) BODs Effluent	mg/L	80082	2.9
(21) BODs Effluent	lbs/day	-	0.92
(22) TSS Effluent	mg/L	900201	9
(23) TSS Effluent	lbs/day	-	2.85
(24) Minimum pH			7.1
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.029	3.5						7.2						
2	0.036	3.5						7.3						
3	0.025	3.5						7.5						
4	0.037	3.5						7.3						
5	0.035	1.7						7.1						
6	0.041	2.2						7.3						
7	0.041													
8	0.034	3.5						7.6						
9	0.045	3.5						7.3						
10	0.035	3.5						7.5						
11	0.035	3.5		225	155	<1.0	8	7.5						
12	0.029	3.0						7.3						
13	0.050	3.1						7.4						
14	0.050													
15	0.027	3.0						7.1						
16	0.048	3.5						7.5						
17	0.030	1.8						7.6						
18	0.037	3.0						7.4						
19	0.037	3.5						7.5						
20	0.047	1.7						7.4						
21	0.047													
22	0.028	0.9						7.4						
23	0.046	1.8						7.3						
24	0.029	3.0						7.5						
25	0.043	2.7		202.5	180	5.3	10	7.4						
26	0.030	3.5						7.1						
27	0.040	3.5						7.4						
28	0.042													
29														
30														
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by John Worrell Date: 3/1/93

Name (Please Type) John Worrell Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1265

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by John Worrell B-7243

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50056	0.040
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.039
(19) Percent of permitted capacity	%	-	47%
(20) BODs Effluent	mg/L	80082	3.45
(21) BODs Effluent	lbs/day	-	1.15
(22) TSS Effluent	mg/L	900201	21.5
(23) TSS Effluent	lbs/day	-	7.17
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village — Month March — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.042	1.3						7.4						
2	0.041	3.5						7.4						
3	0.043	3.5						7.5						
4	0.042	3.5						7.6						
5	0.039	3.5						7.2						
6	0.034	3.5						7.3						
7														
8	0.093	3.5						7.5						
9	0.052	3.5						7.5						
10	0.027	2.5						7.5						
11	0.044	3.5		202	220	<1.0	25	7.5						
12	0.031	3.5						7.6						
13	0.046	2.1						7.6						
14	0.041													
15	0.039	3.5						7.5						
16	0.044	3.5						7.6						
17	0.041	0.9						7.5						
18	0.036	3						7.4						
19	0.033	3.5						7.4						
20	0.029	2.8						7.4						
21														
22	0.106	3						7.5						
23	0.035	3.5						7.5						
24	0.037	3.5						7.6						
25	0.039	2.5		232	146	6.4	18	7.6						
26	0.029	1.2						7.6						
27	0.039	1.4						7.5						
28														
29	0.114	2.5						7.4						
30	0.023	3.5						7.2						
31	0.036	1.7						7.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by John Worrell — Date: 4/4/93

Name (Please Type) John Worrell — Telephone No. (Please Type) 904-347-1

Company Name Southern States Utilities

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by John Worrell B-7243
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.036
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.038
(19) Percent of permitted capacity	%	-	45%
(20) BODs Effluent	mg/L	80082	0.75
(21) BODs Effluent	lbs/day	-	0.22
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	1.50
(24) Minimum pH			6.8
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.42
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			4

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.062	3.5						7.3						
2	0.012	3.5						7.4						
3	0.046	3.5						7.3						
4	0.046													
5	0.036	1.9						7.5						
6	0.042	1.1						7.4						
7	0.044	0.6						7.6						
8	0.030	3.5		292	400	<1.0	3	7.4			1.42		4	
9	0.034	3.5						7.3						
10	0.047	2						7.4						
11	0.047													
12	0.049	3.5						6.9						
13	0.026	3.5						7						
14	0.035	3.5						7						
15	0.045	3.5						7.4						
16	0.022	3.5						7.3						
17	0.053	0.7						7.4						
18	0.053													
19	0.042	3.5						7.3						
20	0.026	3.5						7.4						
21	0.023	3.5						7.5						
22	0.024	3.5		307	250	1	7	7.5						
23	0.018	1.6						6.9						
24	0.042	3.5						6.9						
25	0.042													
26	0.019	3.5						6.8						
27	0.047	3.5						7						
28	0.018	3.5						6.9						
29	0.032	3.5						6.8						
30	0.027	2.3						6.9						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by John Worrell

Date: 5/5/93

Name (Please Type) John Worrell

Telephone No. (Please Type) 904-347-1265

Company Name Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by John Worrell B-7243
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.032
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.036
(19) Percent of permitted capacity	%	-	42%
(20) BODs Effluent	mg/L	80082	3.63
(21) BODs Effluent	lbs/day	-	0.97
(22) TSS Effluent	mg/L	900201	3.3
(23) TSS Effluent	lbs/day	-	0.87
(24) Minimum pH			6.6
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

* Cl2 cylinder empty, replaced with full cylinder

FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village — Month May — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.039	3.5						7.0						
2	0.039													
3	0.023	3.5						6.8						
4	0.026	3.5						6.8						
5	0.022	3.5						6.7						
6	0.027	1.8		285	307	1.65	6	6.7						
7	0.023	3.5						6.7						
8	0.038	3.5						6.7						
9	0.038													
10	0.033	2.0						6.8						
11	0.016	3.5						6.9						
12	0.024	3.5						6.7						
13	0.028	3.5						6.7						
14	0.021	3.5						6.6						
15	0.044	3.5						6.6						
16	0.044													
17	0.029	3.5						6.7						
18	0.025	1.0						6.9						
19	0.024	1.7						6.8						
20	0.025	1.0		532	280	5.6	<1	6.7						
21	0.021	3.5						6.7						
22	0.043	2.0						6.6						
23	0.043													
24	0.017	3.5						6.9						
25	0.022	3.5						6.7						
26	0.009	3.5						6.7						
27	0.032	3.5						6.6						
28	0.040	3.0						6.6						
29	0.056	0.6						6.6						
30	0.056													
31	0.048	0.0 *						7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by John Worrell — Date: 6/2/93

Name (Please Type) John Worrell — Telephone No. (Please Type)

Company Name Southern States Utilites — 904-347-1

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by John Worrell B-7243

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.028
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.032
(19) Percent of permitted capacity	%	-	38%
(20) BODs Effluent	mg/L	80082	2.1
(21) BODs Effluent	lbs/day	-	0.49
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.93
(24) Minimum pH			6.5
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.020	3.5						7.5						
2	0.027	3.5						7.4						
3	0.022	3.5		398	330	<1	6	6.7						
4	0.030	3.5						6.6						
5	0.034	3.5						7						
6	0.034													
7	0.028	2.5						6.5						
8	0.023	2.5						6.6						
9	0.021	3						6.5						
10	0.015	3						6.5						
11	0.025	2.5						6.7						
12	0.042	1.5						6.6						
13	0.042													
14	0.018	3.5						6.6						
15	0.034	3.5						6.6						
16	0.029	1.8						6.5						
17	0.023	3.5		210	120	3.7	2	6.6						
18	0.026	3.5						6.6						
19	0.020													
20	0.020													
21	0.016	3.5						6.5						
22	0.036	2.5						6.5						
23	0.024	2.5						6.6						
24	0.029	2						6.6						
25	0.031	1.8						6.5						
26	0.049													
27	0.049													
28	0.023	2						6.7						
29	0.028	1.6						6.7						
30	0.020	3.5						6.9						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by John Worrell Date: 7/6/93

Name (Please Type) John Worrell Telephone No. (Please Type)

Company Name Southern States Utilities 904-347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by John Worrell B-7243

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.035
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.032
(19) Percent of permitted capacity	%	-	38%
(20) BODs Effluent	mg/L	80082	1.65
(21) BODs Effluent	lbs/day	-	0.48
(22) TSS Effluent	mg/L	900201	6.33
(23) TSS Effluent	lbs/day	-	1.85
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.05
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

Page 2 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.020	3.5		157		1		6.9					ERR	
2	0.054	1.3			160		8	6.7			2.05		<1	
3	0.036	1.9						6.9						
4	0.055													
5	0.055	2.2						7.0						
6	0.049	3.5						7.0						
7	0.029	2.4						6.7						
8	0.025	3.5						7.2						
9	0.040	1.4						6.6						
10	0.032	3.5						7.0						
11	0.044													
12	0.044	3.5						7.0						
13	0.041	3.5						7.0						
14	0.038	2.2						6.6						
15	0.002	1.5						6.6						
16	0.036	1.7		407	340	1.16	8	6.5						
17	0.022	3.5						6.8						
18	0.038													
19	0.038	3.5						6.5						
20	0.039	1.1						6.7						
21	0.028	1.6						6.6						
22	0.019	3.5						6.6						
23	0.038	2.5						6.5						
24	0.030	1.4						6.5						
25	0.004													
26	0.040	2.0						6.5						
27	0.031	3.5						6.5						
28	0.024	3.5						6.6						
29	0.031	3.5		150		2.8		6.5						
30	0.039	3.5			186		2	6.5						
31	0.023	3.0						6.7						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by John Worrell

Date: 8/2/93

Name (Please Type) John Worrell

Telephone No. (Please Type) 904-347-1

Company Name Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: DO42-154300

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: original signed by John Worrell

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.031
(19) Percent of permitted capacity	%	-	36%
(20) BOD5 Effluent	mg/L	80082	4.75
(21) BOD5 Effluent	lbs/day	-	1.19
(22) TSS Effluent	mg/L	900201	6.5
(23) TSS Effluent	lbs/day	-	1.62
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34) Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.035														
2	0.038	2.8							6.5						
3	0.030	3.5							6.5						
4	0.028	1.8							6.5						
5	0.034	3.5							6.5						
6	0.031	1.5							7.0						
7	0.022	3.5							6.9						
8	0.033														
9	0.033	3.5							6.5						
10	0.020	3.5							6.9						
11	0.037	3.5							6.7						
12	0.015	3.5		195.0	150	1.0	9		6.5						
13	0.048	2.0							6.7						
14	0.031	2.5							6.6						
15	0.042														
16	0.042	3.5							6.5						
17	0.027	0.7							6.7						
18	0.028	3.5							6.5						
19	0.024	3.5							6.5						
20	0.029	3.5							6.5						
21	0.032	3.5							6.7						
22	0.036														
23	0.036	1.0							6.6						
24	0.018	2.3							6.5						
25	0.021	3.5							6.5						
26	0.022	3.5		475.0	250	8.5	4		6.5						
27	0.020	3.5							6.5						
28	0.035	3.5							6.6						
29	0.031														
30	0.031	3.5							6.5						
31	0.026	1.2							6.5						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by John Worrell Date: 9/1/93

Name (Please Type) John Worrell Telephone No. (Please Type)

Company Name Southern States Utilites 904-347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE August 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-235710

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: _____ B-3243

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.028
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	0.35
(20) BODs Effluent	mg/L	80082	<1
(21) BODs Effluent	lbs/day	-	0.12
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	-	0.95
(24) Minimum pH			6.5
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	12.20
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

VALVE ON 10-9 SLIGHTLY EXCEEDS THE PERMIT LIMIT. WE HAVE ADJUSTED THE AMOUNT OF AIR WE ARE DOING IN HOUSE TESTING W/HACH KIT TO PREVENT THIS FROM HAPPENING IN THE FUTURE

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.022	3						7.4						
2	0.022	3.5						6.5						
3	0.026	0.8						6.5						
4	0.031	1.3						7.1						
5	0.048													
6	0.063	2.8						7.1						
7	0.047	3.5						7.2					<1	
8	0.024	3.5						7.1						
9	0.025	3.5		127.5	95	<1	3	6.7			* 12.2			
10	0.021	1.2						6.7						
11	0.020	3.5						7						
12														
13	0.065	3.5						6.7						
14	0.021	3.5						7.1						
15	0.020	3.5						6.6						
16	0.019	3.5						6.6						
17	0.024	3.5						6.5						
18	0.022	3.5						6.8						
19														
20	0.064	1.4						6.5						
21	0.018	3.5						6.5						
22	0.016	3.5						6.5						
23	0.037	2.9						6.6						
24	0.021	3.5		420	380	<1	5	6.7					<1	
25	0.026	3.5						6.6						
26														
27	0.070	3.5						6.7						
28	0.026	3.5						6.6						
29	0.023	3.5						6.5						
30	0.030	1.7						6.6						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] Date: 10-13-93

Name (Please Type): John Worrell Telephone No. (Please Type)

Company Name: Southern States Utilities (904) 347-1285

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: ____ Cert. No.: ____

Night Shift Operator Class: ____ Cert. No.: ____

Lead Operator: [signature] B-7243

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.022
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	0.32
(20) BODs Effluent	mg/L	80082	0.85
(21) BODs Effluent	lbs/day	-	0.16
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	0.55
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.8
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	* 0.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

* Cl_2 SCALE HAS BEEN INDICATING IMPROPER WEIGHT (NEW SCALE ORDERED)

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village (34)

Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.016	3.5						7.2						
2	0.018	1.8						6.7						
3														
4	0.047	3.5						6.6						
5	0.020	1.5						6.7						
6	0.022	3.5						6.7						
7	0.015	3.5		255	107	1.7	5	6.7					<1	
8	0.020	3.5						6.7						
9	0.019	3.5						6.9						
10														
11	0.061	3.5						6.7						
12	0.019	3.5						6.6						
13	0.021	3.5						6.5						
14	0.015	3.5						6.6						
15	0.018	3.5						6.6						
16	0.015	3.5						6.6						
17														
18	0.065	0.0						6.8			10.8			
19	0.029	2.4						6.6						
20	0.022	3						6.7						
21	0.019	2.1						6.7						
22	0.022	3.5						6.6						
23	0.021	3.5						6.7						
24														
25	0.050	2.8						6.9						
26	0.024	3.5		292	60	<1.0	1	6.6					<1	
27	0.028	2.2						6.7						
28	0.015	3.5						6.8						
29	0.023	3.5						6.6						
30	0.023	3.5						6.7						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____ Date: 11-10-93

Name (Please Type) John Worrell Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1255

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 0042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: [signature] 67243

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.029
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	0.31
(20) BODs Effluent	mg/L	80082	4.50
(21) BODs Effluent	lbs/day	-	1.09
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	1.45
(24) Minimum pH			6.6
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	7.64
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village — Month: November — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.085	1.9						6.7						
2	0.020	3.5						6.6						
3	0.025	2.4						6.8						
4	0.019	3.5						6.6						
5	0.022	3.5						6.7						
6	0.024	2.5						6.8						
7														
8	0.056	3.5		510	660	6	6	7.3			7.64		<1	
9	0.026	3.5						7.2						
10	0.024	3.5						7.2						
11	0.024	3.5						7.3						
12	0.020	2.8						7.2						
13	0.022	3.5						7.3						
14														
15	0.072	3.5						7.4						
16	0.027	3.5						7.3						
17	0.026	3						7.3						
18	0.029	3.5						7.4						
19	0.044	3.5						7.6						
20		3.5						7.5						
21	0.061													
22	0.024	3.5		307	360	3	6	7.6			4.25		<1	
23	0.024	3.5						7.7						
24	0.026	3.5						7.5						
25	0.039	3.5						7.5						
26	0.045	1.8						7.3						
27		2.5						7.5						
28	0.072													
29	0.025	2.7						7.5						
30		1.6						7.3						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____ Date: 12-8-93

Name (Please Type): John Worre — Telephone No. (Please Type): (904) 347-1265

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3042P00110

(3) Plant Name: Salt Springs Village

(4) Plant Address: S.R. 19 & S.R. 316

(5) City: Salt Springs

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-154300

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 7243

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: [signature] B-7243

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.024
(17) Permitted capacity	mgd	-	0.085
(18) Three month average daily flow	mgd	-	0.025
(19) Percent of permitted capacity	%	-	0.29
(20) BODs Effluent	mg/L	80082	2.75
(21) BODs Effluent	lbs/day	-	0.55
(22) TSS Effluent	mg/L	900201	7.0
(23) TSS Effluent	lbs/day	-	1.40
(24) Minimum pH			6.5
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.80
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	*
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			* TNTC

* 12-10-93 SWITCH OVER TO LIQUID Cl_2 FEED ON 12-10-93 (12-16-93 DUMP FAILURE CREATED NO Cl_2)

* 12-30-93 FECAL SAMPLE WAS MIXED UP WITH SAMPLE TAKEN ON PREVIOUS DAY & OUT OF HOLDING TIME! - MIXED UP SAMPLE SATISFACTORY

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Village — Month December — Year 1993

(84)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.028	0.9						7.4						
2	0.033	3.5						7.4						
3	0.022	3.5						7.3						
4	0.025	3.2						7.3						
5														
6	0.052	3.5						7.3						
7	0.030	2.2						7.4						
8	0.022	3.5		495	333	<1	7	7.3			9.8		<1	
9	0.017	3.5						7						
10	0.018	3.5						7						
11	0.019	3.5						7.2						
12														
13	0.051	2.1						7.3						
14	0.017	1.7						7.2						
15	0.016	0.7						7.3						
16	0.021	★						7.3						
17	0.015	3.5						6.9						
18	0.023	3.5						6.5						
19														
20	0.047	3.5		525	193	5	7	6.7			9.24		TNTC	
21	0.028	1.2						7.1						
22	0.027	2						7.2						
23	0.022	1.5						7.2						
24	0.027	2.3						7.1						
25	0.018	3.5						6.9						
26														
27	0.059	1.4						6.8						
28	0.026	2.3						7						
29	0.038	3.5						7.1					12	
30	0.025	2.5						6.8						
31	0.031	3						6.8						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____ Date: 1-5-94

Name (Please Type) John Worrel — Telephone No. (Please Type)

Company Name Southern States Utilities — (904) 347-1265

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144828

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.003
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.003
(19) Percent of permitted capacity	%	–	17%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071650	6.4
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2															
3	0.007	3.2							7.3						
4	0.002	5.0							7.4						
5	0.002	1.9							7.3						
6	0.002	5.0							7.4						
7	0.002	3.1							7.3						
8															
9															
10	0.007	3.5							7.2						
11	0.002	5.0							7.4						
12	0.002	5.0							7.3						
13	0.002	3.5							7.2			6.4			
14	0.002	5.0							7.3						
15															
16															
17															
18	0.011	5.0							7.3						
19	0.004	5.0		207.0	480	1	1		7.3						
20	0.004	1.3							7.3						
21	0.003	1.7							7.4					<1	
22	0.003	5.0							7.2						
23															
24	0.011	1.1							7.3						
25	0.003	5.0							7.0						
26	0.004	3.0							7.2						
27															
28	0.004	1.0							7.1						
29	0.002	3.8							7.3						
30															
31	0.010	2.3							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Roy White Date 3/4/94

Name (Please Type) Roy White Telephone No (Please Type)

Company Name Southern States Utilities / Silver Lake Oaks 904-849-8673

Page 3 of 3

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.003
(17) Permitted capacity	mgd	–	0.015
(18) Three month average daily flow	mgd	–	0.003
(19) Percent of permitted capacity	%	–	20%
(20) CBOD5 Effluent	mg/L	80082	1.8
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	2.2
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	0.5
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 199[illegible]
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.002	1.9							7.3						
2	0.004	3.2							7.3						
3	0.005	1.0							7.3						
4	0.003	3.2							7.4						
5															
6															
7	0.007	5.0							7.0						
8	0.003	0.5		277.0	643	1.6	2.2		7.0						
9	0.003	2.7							7.4						
10	0.003	1.0							7.3						
11	0.002	3.4							7.4						
12															
13															
14	0.007	5.0							7.3						
15	0.003	5.0							7.1						
16															
17	0.006	0.5							7.2						
18	0.003	1.9							7.3						
19	0.003	5.0							7.3						
20															
21															
22	0.005	1.2							7.4						
23	0.003	5.0							7.3						
24	0.003	5.0							7.3						
25	0.004	3.0							7.0			0.51		<1	
26	0.002	5.0							7.1						
27															
28	0.009	1.4							7.2						
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed [signature]

Name (Please Type) Roy White

Company Name Southern States Utilities / Silver Lake Oaks

Date 3/28/94

Telephone No. (Please Type) 904-649-8673

DER FORM NO	17-801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.003
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.003
(19) Percent of permitted capacity	%	–	25%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	1.5
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	<1.0

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month March Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.003	5.0							7.3						
2	0.002	3.6							7.3						
3	0.003	3.9							7.2						
4	0.003	3.1							7.2						
5	0.004														
6	0.002														
7	0.003	2.0							7.1						
8	0.003	2.1							7.1						
9	0.003	3.1							7.2						
10	0.003	3.1							7.1						
11	0.003	3.0							7.2						
12	0.003														
13	0.003														
14	0.004	5.0							7.2						
15	0.003	5.0							7.1						
16	0.003	1.0							7.3						
17	0.004	3.4		160.0	680	2	<1		7.0			1.5		<1	
18	0.002	5.0							7.1						
19	0.003														
20	0.003														
21	0.003	0.6							7.0						
22	0.003	5.0							7.1						
23	0.004	1.0							7.1						
24	0.003	5.0							7.1						
25	0.003	5.0							7.0						
26	0.003														
27	0.005														
28	0.002	0.7							7.1						
29	0.002	5.0							7.1						
30	0.003	3.4							7.0						
31	0.004	5.0							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities / Silver Lake Oaks

Date May 11, 1994

Telephone No. (Please Type) 904-549-8573

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.004
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.003
(19) Percent of permitted capacity	%	–	28%
(20) CBOD5 Effluent	mg/L	80082	13.0
(21) CBOD5 Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	<0.5
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1
SLUDGE ANALYSIS ATTACHED			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.003														
2	0.004	3.8							7.1						
3	0.004														
4	0.003														
5	0.003	5.0							7.4						
6	0.003	3.2							7.3						
7	0.007	4.1							7.3						
8	0.002	4.3							7.1						
9	0.003	5.0							7.1						
10	0.002														
11	0.004														
12	0.005	1.0							7.0						
13	0.004	5.0							7.2						
14	0.007	5.0							7.1						
15	0.004	0.9							7.1						
16	0.005	5.0							7.1						
17	0.005														
18	0.004														
19	0.003	5.0							7.1						
20	0.003	3.2							7.1						
21	0.004	2.9							7.2						
22	0.003	1.0							7.3						
23	0.002	5.0							7.0						
24	0.008														
25	0.004														
26	0.006	2.6							7.2						
27	0.003	0.5							7.0						
28	0.004	5.0							7.3						
29	0.006	5.0		72.0	57	13	1.2		7.3			<0.5		<1	
30	0.007	5.0							7.2						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Silver Lake Oaks

Date: MAY 20 1994

Telephone No (Please Type): 904-649-8873

Page 3 of 3

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator _____ C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.004
(19) Percent of permitted capacity	%	–	34%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	2.4
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO. -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.007														
2	0.005	5.0							7.2						
3	0.006	1.2							7.2						
4	0.005	1.3							7.0						
5	0.006	0.8							7.0						
6	0.006	5.0							7.2						
7	0.004														
8	0.005														
9	0.003	0.8							7.2						
10	0.006	0.9							7.0						
11	0.005	5.0							7.2						
12	0.006	1.0							7.3						
13	0.005	3.5							7.0						
14	0.008														
15	0.007														
16	0.001	3.2							7.3						
17	0.005	3.5							7.1						
18	0.004	3.0							6.9						
19	0.004	1.9							7.2						
20	0.004	3.0							7.2						
21	0.006														
22	0.004														
23	0.006	1.4							7.0						
24	0.004	2.0							7.2						
25	0.008	3.2							7.2						
26	0.005	5.0		110.0	130	2	2.5		7.0			2.4		<1	
27	0.006	0.8							7.0						
28	0.005														
29	0.004														
30	0.001	1.4							7.3						
31	0.006	1.0							7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Roy White Date: 6/28/94

Name (Please Type): Roy White Telephone No. (Please Type)

Company Name: Southern States Utilities / Silver Lake Oaks 904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Roy Wilt C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.005
(19) Percent of permitted capacity	%	–	40%
(20) CBOD5 Effluent	mg/L	80082	12.0
(21) CBOD5 Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	9.0
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.005	2.0							7.0						
2	0.005	2.2							7.0						
3	0.006	3.4							7.1						
4	0.003														
5	0.007														
6	0.006	0.5							7.0						
7	0.006	3.7							7.3						
8	0.004	2.5							7.3						
9	0.008	5.0							7.3						
10	0.006	3.2							7.3						
11	0.003														
12	0.002														
13	0.005	3.5							7.3						
14	0.006	2.5							7.3						
15	0.009	0.5							7.2						
16	0.008	3.0							7.3						
17	0.008	2.5							7.4						
18	0.008														
19	0.005														
20	0.004	0.5							7.3						
21	0.006	1.4							7.3						
22	0.007	5.0							7.4						
23	0.007	1.3		89.0	100	12	2.5		7.3			9		<1	
24	0.004	5.0							7.2						
25															
26	0.013														
27															
28	0.007	5.0							7.3						
29	0.003	5.0							7.4						
30	0.003	5.0							7.3						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities / Silver Lake Oaks

Date 9/1/94

Telephone No (Please Type) 904-649-8673

Page 3 of 3

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.005
(19) Percent of permitted capacity	%	–	41%
(20) CBOD5 Effluent	mg/L	80082	4.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	7.7
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	10.0

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks (34)

Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.002	5.0							7.3						
2	0.005	3.6							7.3						
3	0.005														
4	0.004	5.0							7.1						
5	0.003	1.4							7.3						
6	0.004	5.0							7.1						
7	0.005	5.0							7.3						
8	0.005	2.2							7.2						
9	0.004														
10	0.004														
11	0.004	1.0							7.4						
12	0.005	2.0							7.2						
13	0.005	2.0							7.2						
14	0.005	2.0							7.1						
15	0.004	0.5							7.0						
16	0.006														
17	0.005														
18	0.006	5.0							7.1						
19	0.004	5.0							7.2						
20															
21	0.010	0.5							7.3						
22	0.005	1.8							7.3						
23	0.005	5.0							7.3						
24	0.006														
25	0.004	0.5							7.3						
26	0.005	3.4							7.3						
27	0.006	2.2							7.2						
28	0.007	1.4		75.0	85	4	<1		7.3			7.7		10	
29	0.008	5.0							7.3						
30	0.003														
31	0.006														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities / Silver Lake Oaks

Date 10/3/94

Telephone No. (Please Type) 904-649-8673

DER FORM NO	17.601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.004
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.005
(19) Percent of permitted capacity	%	–	39%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	1.0
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.004	5.0							7.3						
2	0.005	1.4							7.0						
3	0.003	3.5							7.3						
4	0.004	0.6							7.3						
5	0.004	1.0							7.2						
6	0.004														
7	0.004														
8	0.005	3.6							7.3						
9	0.003	1.0							7.3						
10	0.005	1.2		140.0	153	1	1		7.4						
11	0.004	2.2							7.3						
12	0.004	5.0							7.4						
13	0.005														
14	0.005														
15	0.003	5.0							7.3						
16	0.004	5.0							7.3						
17	0.006	3.5							7.4						
18	0.005	5.0							7.4						
19	0.003	0.9							7.4						
20	0.005														
21	0.004														
22	0.004	1.0							7.3						
23	0.004	5.0							7.3						
24	0.004	5.0							7.3						
25	0.003	2.6							7.4						
26	0.003	3.0							7.4						
27	0.003														
28	0.004														
29	0.004	2.0							7.3						
30	0.003	2.2							7.2			1		<1	
31	0.005	2.2							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Silver Lake Oaks

Date: 10/1/94

Telephone No. (Please Type): 904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1981
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 8301

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator Roger Wilson C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.005
(19) Percent of permitted capacity	%	–	39%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.1
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	6.2
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG	1.0

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month September Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.004	2.2							7.3						
2	0.004	2.2							7.3						
3	0.004														
4	0.004														
5	0.005	2.2							7.3						
6	0.005	2.2							7.3						
7	0.004	1.2							7.3						
8	0.004	2.2							7.3						
9	0.005	2.2							7.4						
10	0.005														
11	0.007														
12	0.005	2.2							7.4						
13	0.005	1.2							7.3						
14	0.004	2.2		134.0	226	1	1.6		7.3						
15	0.004	2.2							7.3						
16															
17	0.012	2.2							7.3						
18	0.009														
19	0.005	1.0							7.3						
20	0.004	1.0							7.3						
21	0.007	1.0							7.2			6.2		1	
22	0.006	2.2							7.3						
23	0.004	2.2							7.2						
24	0.005														
25	0.005														
26	0.005	2.2							7.3						
27	0.004	2.2							7.1						
28	0.004	2.2							7.3						
29	0.004	2.2							7.3						
30	0.004	0.6							7.3						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities / Silver Lake Oaks

Date 11/15/94

Telephone No. (Please Type) 904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Roy W. Lee C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	--	0.012
(18) Three month average daily flow	mgd	--	0.005
(19) Percent of permitted capacity	%	--	40%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	1.4
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chlorine Residual	mg/L	--	0.5
(32) Maximum Chlorine Residual	mg/L	--	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.004														
2	0.005														
3	0.005	2.2							7.3						
4	0.005	2.2							7.3						
5	0.005	0.9							7.3						
6	0.005	2.2							7.3						
7	0.007	0.5							7.3						
8	0.007														
9	0.006														
10	0.006	2.2							7.1						
11															
12	0.012	1.4							7.1						
13	0.006	0.5							7.2						
14	0.005	2.2							7.2						
15	0.007														
16	0.007														
17	0.007	0.5							7.1						
18	0.008	0.8		480.0	810	2	1		7.1			1.4			
19	0.005	1.0							6.9					<1	
20	0.004	2.2							7.0						
21	0.004	2.2							7.0						
22	0.006														
23	0.004														
24	0.005	2.2							7.1						
25	0.005	2.2							7.2						
26	0.004	2.2							7.0						
27	0.005	2.2							7.0						
28	0.005	2.2							7.0						
29	0.006														
30	0.006														
31	0.004	0.5							7.1						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Silver Lake Oaks

Date: 12/19/94

Telephone No. (Please Type): 904-849-8673

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.005
(19) Percent of permitted capacity	%	–	45%
(20) CBOD5 Effluent	mg/L	80082	1.0
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	0.5
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	2.4
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.006	2.2							7.2						
2	0.006	2.2							7.2			0.51		<1	
3	0.005	2.2							7.1						
4	0.004	2.2							7.1						
5	0.006														
6	0.003														
7	0.006	2.4							7.1						
8	0.004	2.2							7.1						
9	0.006	2.2		195.0	175	1	1		7.2						
10	0.005	0.6							7.2						
11	0.005	2.2							7.2						
12	0.006														
13	0.004														
14	0.005	1.2							7.1						
15	0.004	1.4							7.1						
16	0.010	2.2							7.1						
17	0.007	0.6							7.1						
18	0.005	0.7							7.2						
19	0.005														
20	0.005														
21	0.005	2.2							7.1						
22	0.005	2.2							7.1						
23	0.004	1.0							7.1						
24	0.004	2.2							7.1						
25	0.005	1.4							7.1						
26	0.005														
27	0.005														
28	0.004	2.2							7.1						
29	0.006	2.2							7.0						
30	0.006	2.2							7.1						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): Roy White

Company Name: Southern States Utilities / Silver Lake Oaks

Date: 1/12/95

Telephone No. (Please Type): 904-648-8673

DER FORM NO	17.801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	–	0.012
(18) Three month average daily flow	mgd	–	0.006
(19) Percent of permitted capacity	%	–	50%
(20) CBOD5 Effluent	mg/L	80082	1.5
(21) CBOD5 Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	5.0
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	--	0.5
(32) Maximum Chlorine Residual	mg/L	–	2.2
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO. -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.002	1.4							7.2						
2	0.002	2.2							7.2						
3	0.003														
4	0.005														
5	0.010	2.2							7.2						
6	0.008	0.6							7.2						
7	0.008	2.2							7.2						
8	0.008	2.2							7.2						
9	0.010	2.2							7.1						
10	0.009														
11	0.010														
12	0.008	2.2							7.1						
13	0.007	0.5							7.1						
14	0.006	2.2							7.2						
15	0.006	2.2		231.0	208	1.5	1		7.2						
16															
17	0.010	1.0							7.2						
18	0.004														
19	0.004	0.5							7.2						
20	0.004	2.2							7.3			5		<1	
21	0.003	1.9							7.3						
22	0.005	0.5							7.3						
23	0.009	1.6							7.3						
24	0.005														
25	0.005														
26	0.005	1.8							7.3						
27	0.004	2.0							7.3						
28	0.005	1.8							7.3						
29	0.050	1.0							7.2						
30	0.008	0.5							7.3						
31	0.005														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities / Silver Lake Oaks

Date: 1-27-95

Telephone No (Please Type) 904-849-8673

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 31S4P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Roy White

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.002
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.003
(19) Percent of permitted capacity	%	-	25%
(20) BOD5 Effluent	mg/L	80082	1
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.666
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	1000.0

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks (34)

Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2															
3	0.003	0.8							7.4						
4	0.002	1.0							7.4						
5	0.001	0.6							7.4						
6	0.001	1.0							7.4						
7	0.001	0.8							7.4						
8	0.001	1.0							7.4						
9															
10															
11	0.004	0.8							7.4						
12	0.001	0.8							7.2						
13	0.002	1.0		189	227	1	1		7.3			0.666			
14	0.003	0.5							7.3						
15	0.002	0.6							7.4						
16															
17															
18	0.009	0.8							7.4						
19	0.003	0.7							7.1						
20	0.008	0.8							7						
21	0.002	0.5							7.3						
22															
23	0.003	0.8							7.2						
24															
25	0.003	0.9							7						
26															
27	0.003	0.5							7					1000	
28	0.001	0.5							7						
29	0.001	1.0							7						
30															
31	0.003	1.0							7						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Date: 2/25/93

Name (Please Type): Roy White

Telephone No. (Please Type)

Company Name: Southern States Utilites

904-649-8673

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name Silver Lake Oaks

(4) Plant Address Lakeshore Drive

(5) City Palatka

(6) County Putnam

(7) Phone Number 904-649-8673

(8) Permit Number DO54-144628

(9) Plant Type D-3

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Original signed by Roy White

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.001
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.002
(19) Percent of permitted capacity	%	-	17%
(20) BOD5 Effluent	mg/L	80082	1
(21) BOD5 Effluent	lbs/day	-	0
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.74
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<2

DER FORM NO 17.601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month February Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.002	1.0							7						
2	0.001	1.0							7						
3	0.001	0.8		110.0	92	1	1		7.1			3.74			
4	0.001	0.9							7.1						
5	0.001	0.8							7						
6															
7															
8	0.003	1.0							7.1						
9	0.002	0.8							7.1						
10	0.001	0.7							7.3						
11	0.001	1.0							7						
12															
13															
14	0.004	0.5							7						
15	0.001	0.6							7.2						
16	0.001	1.0							7.1						
17	0.001	1.0							7.1						
18	0.001	1.0							7.1						
19	0.001	0.8							7						
20															
21															
22	0.003	0.5							7						
23	0.002	1.0							7						
24															
25	0.002	1.0							7.1					< 2	
26	0.001	0.7							7						
27															
28	0.003	1.0							7						
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Date: 3/26/93

Name (Please Type) Roy White

Telephone No. (Please Type)

Company Name Southern States Utilites

904-649-5673

DER FORM NO	17.601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: N A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Roy White C8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.001
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.001
(19) Percent of permitted capacity	%	-	8%
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.2
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks (34)

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.001	0.8							7.0						
2	0.001	1.0							7.1						
3	0.001	0.8							7.1						
4	0.002	0.7							7.0						
5	0.002	0.6							7.0						
6															
7															
8	0.004	0.7							7.0						
9	0.002	0.5							7.0						
10	0.001	0.5							7.1						
11	0.001	0.7							7.1						
12	0.001	0.9							7.1						
13															
14															
15	0.004	1.0							7.3						
16	0.001	1.0							7.2						
17	0.001	0.7		168.0	353	1.3	2		7.3			3.2		<1	
18	0.001	0.5							7.2						
19	0.002	0.8							7.2						
20															
21															
22	0.004	1.0							7.3						
23	0.001	0.6							7.2						
24															
25	0.003	1.0							7.1						
26	0.001	0.8							7.3						
27															
28	0.003	0.7							7.3						
29	0.001	0.5							7.3						
30	0.001	0.8							7.3						
31	0.001	0.6							7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White Date: 4/25/93

Name (Please Type) Roy White Telephone No. (Please Type)

Company Name Southern States Utilites 904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144528

(9) Plant Type: D-3

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Roy White C8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.002
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.001
(19) Percent of permitted capacity	%	-	8%
(20) BOD5 Effluent	mg/L	80082	1.80
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.13
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<2
Sludge Anal. (results attached)			
Effluent Anal. (permit renewed)			

DER FORM NO 17.901.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.001	1.0							7.2						
2	0.001	0.7							7.3						
3															
4															
5	0.005	0.8							6.9						
6															
7	0.003	2.0							7.2						
8	0.001	1.0							7.3						
9	0.002	0.6							7.2						
10															
11	0.004	1.2							7.2						
12															
13	0.003	1.0							7.3						
14	0.001	1.0							7.1						
15	0.002	1.0							7.2						
16	0.001	2.5							7.0						
17	0.001	0.9							7.1						
18															
19	0.004	2.0							7.0						
20	0.002	0.9							7.2						-
21	0.002	2.0		218.0	557	1.8	5		7.1			0.13		<2	
22	0.003	1.5							7.2						
23	0.002	1.0							7.2						
24															
25															
26	0.007	0.7							7.0						
27	0.002	1.0							7.0						
28	0.003	0.8							7.1						
29															
30	0.006	1.0							7.1						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Date: 5/26/93

Name (Please Type): Roy White

Telephone No. (Please Type)

Company Name: Southern States Utilites

904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: N A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8301

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Roy White C8301

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.003
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.002
(19) Percent of permitted capacity	%	-	17%
(20) BOD5 Effluent	mg/L	80082	2.8
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.17
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	4.0

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2	0.006	1.5							7.2						
3	0.003	2.0							7.1						
4	0.003	1.2							7.2						
5	0.002	1.0		244.0	555	2.8	3.1		7.2						
6	0.001	1.5							7.3						
7	0.002	1.2							7.2						
8															
9															
10	0.006	0.7							7.1						
11	0.005	1.2							7.3						
12	0.003	1.0							7.3			0.17			
13	0.003	2.0							7.3						
14	0.004	1.0							7.2						
15															
16															
17	0.012	1.0							7.3						
18	0.002	1.4							7.3						
19	0.005	2.0							7.2					<1	
20	0.003	1.0							7.3						
21	0.003	0.8							7.2						
22															
23															
24	0.007	1.0							7.3						
25	0.002	0.9							7.2						
26	0.003	0.5							7.5						
27	0.002	1.0							7.4						
28	0.002	0.8							7.2						
29															
30															
31	0.007	0.5							7.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Date: 7/12/93

Name (Please Type) Roy White

Telephone No. (Please Type)

Company Name Southern States Utilites

904-649-8673

DER FORM NO	17.801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8301

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Roy White C8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.003
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.003
(19) Percent of permitted capacity	%	-	25%
(20) BOD5 Effluent	mg/L	80082	2.2
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.43
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks (34)

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.002	0.8							7.4						
2	0.002	1.0		200.0	197	2.2	1		7.4						
3	0.002	1.2							7.4						
4	0.002	1.5							7.3						
5															
6															
7	0.006	0.9							7.3						
8	0.002	1.0							7.2						
9	0.002	1.6							7.4			1.43		<1	
10	0.002	1.2							7.3						
11	0.002	1.4							7.3						
12															
13															
14	0.008	1.0							7.4						
15	0.005	1.0							7.4						
16	0.004	1.2							7.3						
17	0.004	1.0							7.3						
18	0.004	1.4							7.4						
19															
20															
21	0.006	0.5							7.2						
22	0.004	0.7							7.3						
23	0.002	1.6							7.2						
24	0.002	2.0							7.3						
25	0.003	3.0							7.2						
26															
27															
28	0.007	3.0							7.2						
29	0.002	2.0							7.3						
30	0.002	2.0							7.0						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Date: 7/19/93

Name (Please Type): Roy White

Telephone No. (Please Type)

Company Name: Southern States Utilites

904-649-8673

Page 3 of 3

DER FORM NO	17.801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Roy White C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.003
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.003
(19) Percent of permitted capacity	%	-	25%
(20) BOD5 Effluent	mg/L	80082	2.4
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.9
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<0.02
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks (34)

Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.002	2.5							7.0						
2	0.003	2.5							7.1						
3															
4															
5	0.009	1.0							7.3						
6	0.004	0.6							7.3						
7	0.003	0.8							7.1						
8	0.002	0.5							7.0						
9	0.004	0.6							7.0						
10															
11															
12	0.007	0.7							7.0						
13	0.003	0.5							7.1						
14	0.002	2.0							7.0						
15	0.002	0.7							7.0						
16	0.004	0.8							7.0						
17															
18															
19	0.011	1.2							7.1						
20	0.004	1.0							7.1						
21	0.002	2.0		196.0	83	2.4	2.9		7.4			<0.02		1	
22	0.003	1.5							7.3						
23	0.002	2.2							7.4						
24															
25															
26	0.006	1.0							7.3						
27	0.002	0.9							7.3						
28	0.002	0.5							7.3						
29	0.003	0.9							7.2						
30		0.8							7.3						
31	0.005														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Roy White

Name (Please Type) Roy White

Company Name Southern States Utilities

Date: 8/27/93

Telephone No. (Please Type)

904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144526

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Roy Wilson C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.003
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.003
(19) Percent of permitted capacity	%	-	25%
(20) BOD5 Effluent	mg/L	80082	1.00
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.7
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.3
(30) Total Phosphorus	mg/L	000665	-
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(11)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1															
2	0.005	0.8							7.3						
3	0.003	0.6							7.3						
4	0.002	1.4							7.3						
5	0.004	1.3							7.4						
6	0.001	1.0							7.3						
7															
8															
9	0.010	0.8							7.4						
10	0.005	0.6							7.5						
11	0.001	0.9							7.4						
12	0.002	3.0							7.4						
13	0.003	2.0							7.3						
14															
15															
16	0.007	2.0							7.4						
17	0.001	0.9							7.3						
18	0.003	3.0		122.0	219	1	2.7		7.3			5.29		<1	
19	0.004	0.6							7.4						
20	0.004	1.0							7.4						
21															
22															
23	0.006	0.5							7						
24	0.002	2.5							7						
25	0.003	2.0							7.1						
26	0.002	1.0							7.2						
27	0.002	1.0							7.3						
28															
29															
30	0.006	0.9							7.2						
31	0.002	1.0							7.5						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type): ROY WHITE

Company Nam: Southern States Utilities

Date: SEPT 28,1993

Telephone No. (Please Type)

904-849-8673

Page 3 of 3

DER FORM NO	17-601 900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-6673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 x12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 6301

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.002
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.003
(19) Percent of permitted capacity	%	-	25%
(20) BOD5 Effluent	mg/L	80082	1.20
(21) BOD5 Effluent	lbs/day	-	0.65
(22) TSS Effluent	mg/L	900201	6.8
(23) TSS Effluent	lbs/day	-	3.6
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<.05
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	1.0

DER FORM NO	17-601 (9/91)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.002	0.6							7						
2	0.002	1.8							7.6						
3	0.001	0.7							7.4						
4															
5															
6	0.008	1.5							7.3						
7	0.003	2.0							7.4						
8	0.002	1.0							7.5						
9	0.002	2.0							7.3						
10	0.003	3.0							7.5						
11															
12															
13	0.007	0.5							7.4						
14	0.002	3.5							7.4						
15	0.002	2.0		140.0	132	1.2	6.6		7.5						
16	0.002	1.0							7.5						
17	0.002	1.0							7.4						
18															
19															
20	0.006	0.5							7.5						
21	0.002	2.0							7.4			<0.5		1	
22	0.001	1.5							7.4						
23	0.002	1.0							7.5						
24	0.001	0.8							7.5						
25															
26															
27	0.006	1.5							7.5						
28	0.003	2.5							7						
29	0.002	3.0							7.3						
30	0.002	2.0							7.4						
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____

Name (Please Type): ROY WHITE

Company Nam: Southern States Utilities

Date: OCT 28,1993

Telephone No. (Please Type)

904-649-8673

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 x12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8301

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: _____

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.057
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.002
(19) Percent of permitted capacity	%	-	19%
(20) BOD5 Effluent	mg/L	80082	1.00
(21) BOD5 Effluent	lbs/day	-	0.48
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	0.6
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<.5
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17 801 900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks — Month October — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.002	3.0							7						
2															
3															
4	0.007	1.0							7.1						
5	0.001	3.5							7.4						
6	0.002	1.4		206.0	190	1	1.2		7.4						
7	0.002	2.0							7.5						
8	0.001	2.4							7.4						
9															
10															
11	0.005	2.0							7.2						
12	0.002	2.3							7.4						
13	0.002	2.5							7.4						
14	0.002	3.0							7.4			< .5		<1	
15	0.001	2.0							7.5						
16															
17															
18	0.007	2.5							7.1						
19	0.001	3.0							7						
20	0.003	2.0							7						
21	0.001	3.5							7.3						
22	0.001	3.0							7.2						
23															
24															
25	0.006	3.5							7						
26	0.001	3.0							7.2						
27	0.002	3.5							7.5						
28	0.002	2.8							7.4						
29	0.001	3.2							7.4						
30															
31	0.005														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____ Date: NOV.27.1993

Name (Please Type): ROY WHITE Telephone No. (Please Type)

Company Nam: Southern States Utilities 904-649-8673

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8301

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Ron Wise C-8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.002
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.002
(19) Percent of permitted capacity	%	-	17%
(20) BOD5 Effluent	mg/L	80082	5.00
(21) BOD5 Effluent	lbs/day	-	2.96
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	0.7
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month November Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.001	3.5							7.4						
2	0.002	3.5							7.4						
3	0.002	2.0							7.5						
4	0.002	3.5							7.3						
5	0.001	3.5							7.5						
6															
7															
8															
9	0.009	3.5							7.5						
10	0.002	3.5							7.5						
11	0.004	1.8							7.1						
12	0.003	2.0							7.2						
13	0.002	1.0							7.4						
14															
15	0.004	0.6							7.1						
16	0.002	5.0							7.1						
17	0.002	5.0							7.4						
18	0.002	5.0							7.3						
19	0.002	1.5							7.2						
20															
21															
22	0.008	1.4							7.4						
23	0.004	3.5		120.0	150	5	1.2		7.3			<.5			
24	0.003	1.0							7.3						
25															
26	0.006	3.5							7.3						
27	0.003	3.5							7.3						
28															
29															
30	0.007	3.5							7.3					<1	
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature]

Date: JAN 6,1994

Name (Please Type): ROY WHITE

Telephone No. (Please Type): 904-649-8673

Company Nam: Southern States Utilites

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3154P00390

(3) Plant Name: Silver Lake Oaks

(4) Plant Address: Lakeshore Drive

(5) City: Palatka

(6) County: Putnam

(7) Phone Number: 904-649-8673

(8) Permit Number: DO54-144628

(9) Plant Type: D-3

(10) Test Site Identification Number: 3154 X12521

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 8301

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: [signature] 8301

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.003
(17) Permitted capacity	mgd	-	0.012
(18) Three month average daily flow	mgd	-	0.002
(19) Percent of permitted capacity	%	-	19%
(20) BOD5 Effluent	mg/L	80082	1.00
(21) BOD5 Effluent	lbs/day	-	0.66
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	2.0
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	13.0
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform	#/100	AVG.	<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Silver Lake Oaks

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.003	3.5							7.3						
2	0.003	0.7							7.21						
3	0.002	3.5							7.4						
4	0.003	3.0							7.2						
5															
6	0.003	3.5							7.5						
7	0.003	1.6							7.2						
8	0.002	3.4		174.0	382	1	3		7.4						
9	0.002	5.0							7.1						
10	0.001	5.0							7.1						
11															
12															
13	0.007	0.8							7.5						
14	0.003	5.0							7.5						
15	0.002	2.0							7.2						
16	0.002	4.0							7.3						
17	0.001	2.1							7.3						
18															
19															
20	0.010	3.5							7.1						
21	0.003	5.0							7.4						
22	0.003	2.6							7.2						
23	0.001	5.0							7.3						
24															
25	0.007	5.0							7.4						
26															
27	0.007	5.0							7.4						
28	0.002	3.3							7.3			13		<1	
29	0.003	5.0							7.4						
30	0.003	4.5							7						
31	0.003	2.1							7						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Roy White

Name (Please Type) ✓ ROY WHITE

Company Nam Southern States Utilities

Date: FEB 1,1994

Telephone No. (Please Type)

904-649-8673

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994
(2) Plant DER Identification Number: 3042P01392
(3) Plant Name South 40
(4) Plant Address 315 SW 33rd Ave.
(5) City Ocala
(6) County Marion
(7) Phone Number 904-347-1265
(8) Permit Number D042-174196
(9) Plant Type IIIC
(10) Test Site Identification Number N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7212
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] C-7212
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.029
(17) Permitted capacity	mgd	-	0.060
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	0.60
(20) BODs Effluent	mg/L	80082	<1
(21) BODs Effluent	lbs/day	-	0.12
(22) TSS Effluent	mg/L	900201	6.5
(23) TSS Effluent	lbs/day	-	1.57
(24) Minimum pH			6.5
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.54
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34)

Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.021	3.5						6.5							
2															
3	0.065	2.0						6.6							
4	0.033	1.2						5.8							
5	0.030	3.0						6.6							
6	0.021	3.5		458	380	<1	8	6.6			0.54		5		
7	0.034	3.0						6.7							
8	0.015	3.5						6.5							
9															
10	0.055	3.0						6.6							
11	0.036	3.0						6.5							
12	0.034	2.8						6.7							
13	0.018	2.5						6.6							
14	0.031	3.0						6.5							
15	0.026	3.5						7							
16															
17	0.066	3.0						6.9							
18	0.036	3.5						6.8							
19	0.020	1.9						6.6							
20	0.030	2.5		>198	173	<1	5	6.5							
21	0.035	2.0						6.6							
22	0.018	3.5						6.5							
23															
24	0.057	2.0						6.9							
25	0.029	1.8						6.8							
26	0.025	2.0						6.8							
27	0.045	0.5						6.6							
28	0.031	0.5						6.7							
29	0.017	3.5						7.6							
30															
31	0.070	3.5						7							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Mark R Marsh 7212 Date 2-2-94

Name (Please Type) Mark Marsh Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994
(2) Plant DER Identification Number: 3042P01392
(3) Plant Name: South 40
(4) Plant Address: 315 SW 33rd Ave
(5) City: Ocala
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-174196
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7212
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Mark Mann 7212
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.030
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	0.58
(20) BODs Effluent	mg/L	80082	1.5
(21) BODs Effluent	lbs/day	-	0.38
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	-	2.00
(24) Minimum pH			6.5
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

Page 2 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34)

Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.028	3.5						7.0							
2	0.029	0.6						6.9							
3	0.018	3.0		135	100	<1	4	6.8							
4	0.036	3.5						6.6							
5	0.018	3.5						6.5							
6															
7	0.064	3.0						6.6							
8	0.027	2.5						6.5							
9	0.030	3.0						6.6							
10	0.027	2.0						6.7							
11	0.026	2.2						6.7							
12	0.019	3.5						7.1							
13															
14	0.066	3.0						7.0							
15	0.036	2.5						6.9							
16	0.034	2.0						6.8							
17	0.037	2.5		82.5	180	2.5	12	7.0							
18	0.023	1.1						6.5							
19	0.033	3.5						6.5							
20															
21	0.064	3.5						6.5							
22	0.033	3.0						6.6							
23	0.038	2.8						6.6							
24	0.035	3.5						6.7							
25	0.034	3.0						6.6							
26	0.017	3.5						6.5							
27															
28	0.061	2.0						6.6							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Mark March - C7212 Date: 3-2-94

Name (Please Type): Mark March Telephone No. (Please Type): (904) 347-1265

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] c 712

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50056	0.030
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	60.00%
(20) BODs Effluent	mg/L	80082	4.17
(21) BODs Effluent	lbs/day	-	1.04
(22) TSS Effluent	mg/L	900201	5.7
(23) TSS Effluent	lbs/day	-	1.43
(24) Minimum pH			6.5
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month March Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.031	3.5						6.8							
2	0.039	3.5						6.5							
3	0.020	3.5		195	73	1	2	6.7							
4	0.050	3.0						6.8							
5	0.015	3.5						7							
6															
7	0.063	3.0						6.9							
8	0.036	2.5						6.8							
9	0.029	3.0						6.9							
10	0.032	1.0						6.8							
11	0.036	2.5						7							
12	0.022	3.5						6.5							
13															
14	0.077	3.0						6.7							
15	0.020	3.5						6.9							
16	0.042	3.5						6.8							
17	0.021	3.0		726	273	<1.0	11	6.7							
18	0.043	3.5						6.9							
19	0.018	3.5						6.8							
20															
21	0.067	2.0						6.7							
22	0.033	1.8						6.8							
23	0.036	3.5						7.2							
24	0.027	3.0						7.4							
25	0.020	3.0						6.9							
26	0.026	3.5						6.8							
27															
28	0.053	3.0						6.5							
29	0.041	3.5						6.6							
30	0.027	3.0		82.5	153	11	4	6.5							
31	0.020	3.5						6.6							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed M. T. M. II CP212 Date: 4-7-94

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator M. M. C7212

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.030
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	60.00%
(20) BODs Effluent	mg/L	80082	<1.0
(21) BODs Effluent	lbs/day	-	0.25
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	1.13
(24) Minimum pH			6.5
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.26
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.039	3.5						6.9							
2	0.017	3.5						7							
3															
4	0.054	3.0						7.3							
5	0.029	3.5						7.5							
6	0.041	3.5						7.2							
7	0.014	3.5						7							
8	0.041	1.0						6.8							
9	0.016	3.0						6.5							
10															
11	0.055	3.5						6.7							
12	0.042	3.5						6.6							
13	0.036	3.0						6.6							
14	0.008	3.5		188	173	<1.0	5	6.8			2.25		<1		
15	0.028	3.5						6.8							
16	0.031	3.5						6.8							
17															
18	0.066	3.0						6.7							
19	0.021	3.5						6.8							
20	0.046	3.0						6.7							
21	0.025	3.5						6.8							
22	0.023	3.5						6.5							
23	0.034	1.3						6.8							
24															
25	0.056	3.5						6.7							
26	0.039	3.5						6.6							
27	0.022	3.5						6.7							
28	0.044	3.5		233	187	<1.0	4	6.7							
29	0.036	3.5						6.7							
30	0.023	3.0						6.5							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark Marsh C7212 Date: 5-11-94

Name (Please Type): Mark Marsh Telephone No. (Please Type): (904) 347-1255

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Mark Mt C7212

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.033
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.031
(19) Percent of permitted capacity	%	-	62.15%
(20) BODs Effluent	mg/L	80082	<1.0
(21) BODs Effuent	lbs/day	-	0.14
(22) TSS Effluent	mg/L	900201	5.50
(23) TSS Effluent	lbs/day	-	1.51
(24) Minimum pH			<6.5
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

Page 2 of 3

DEA FORM NO	17.801.900/11
FORM TITLE	Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month May Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1															
2	0.080	3.5						6.6							
3	0.035	3.0						6.6							
4	0.032	3.0						6.5							
5	0.033	3.5						<6.5							
6	0.034	3.0						<6.5							
7	0.019	3.5						6.5							
8															
9	0.075	3.5						6.8							
10	0.040	3.5						6.8							
11	0.035	3.5						6.5							
12	0.027	3.5		135	125	<1.0	5.0	6.6							
13	0.038	3.0						6.6							
14	0.019														
15															
16	0.072	3.0						6.6							
17	0.033														
18	0.033	3.5						6.5							
19	0.036	3.5						6.6							
20	0.036	3.5						6.5							
21	0.021	3.5						6.5							
22															
23	0.067	3.0						6.5							
24	0.052	3.5						6.6							
25	0.027	3.5						6.5							
26	0.034	3.5		67.5	200	<1.0	5.0	6.5							
27	0.047	3.5						6.6							
28	0.014														
29															
30	0.068	0.6						6.9							
31	0.027	2.5						6.6							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed: Mark March C7212 Date: 6-15-94

Name (Please Type): Mark March Telephone No. (Please Type):

Company Name: Southern States Utilities (904) 347-1265

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994
(2) Plant DER Identification Number: 3042P01392
(3) Plant Name South 40
(4) Plant Address 315 SW 33rd Ave.
(5) City Ocala
(6) County Marion
(7) Phone Number 904-347-1265
(8) Permit Number D042-174196
(9) Plant Type IIIC
(10) Test Site Identification Number N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7212
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] C 7212
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.035
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.033
(19) Percent of permitted capacity	%	-	65.43%
(20) BODs Effluent	mg/L	80082	1.10
(21) BODs Effluent	lbs/day	-	0.32
(22) TSS Effluent	mg/L	900201	2.67
(23) TSS Effluent	lbs/day	-	0.78
(24) Minimum pH			6.5
(25) Maximum pH			6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

* SEE BACK PAGE

* BECAUSE OF AN ERROR ON ORIGINAL CHAIN OF CUSTODY, CBOD WAS ANALYZED BEYOND RECOMMENDED HOLDING TIME.

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.034	3.0						6.8							
2	0.046	3.5						6.6							
3	0.034	3.0						6.5							
4	0.024														
5															
6	0.071	2.6						6.6							
7	0.027	1.5						6.8							
8	0.030	1.8						6.7							
9	0.026	3.0						6.8							
10	0.032	3.5						6.8							
11	0.022														
12															
* 13	0.062	3.5		*	300	*	3.0	6.5							
14	0.048	3.5						6.6							
15	0.033	3.0						6.6							
16	0.038	3.5						6.5							
17	0.032	3.0						6.6							
18	0.029														
19															
20	0.093	0.5						6.6							
21	0.045	3.5						6.5							
22	0.045	0.6						6.6							
23	0.023	3.0		282	650	1.7	3.0	6.5							
24	0.041	3.5						6.8							
25	0.035														
26															
27	0.078	3.5						6.7							
28	0.036	3.5						6.6							
29	0.030	0.5		466	1840	<1.0	2.0	6.5							
30	0.045	2.5						6.5							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signed [signature] C-7212 Date 7-19-94

Name (Please Type) Mark March Telephone No. (Please Type) (904) 347-1265

Company Name Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE August 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Mark Marsh C7212

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.036
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.035
(19) Percent of permitted capacity	%	-	70%
(20) CBOD Effluent	mg/L	80082	<1.0
(21) CBOD Effluent	lbs/day	-	0.15
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	1.05
(24) Minimum pH			6.2
(25) Maximum pH			6.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	11.90
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			50

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.025	1.0						6.5							
2	0.041														
3															
4	0.073	2.0						6.5							
5	0.043	3.5						6.5							
6	0.040	1.0						6.6							
7	0.043	2.5		150	160	<1.0	4.0	6.7			11.90		50		
8	0.024	3.0						6.5							
9	0.039														
10															
11	0.081	1.0						6.6							
12	0.050	2.0						6.5							
13	0.044	2.5						6.7							
14	0.041	2.6						6.7							
15	0.047	3.5						6.6							
16	0.031														
17															
18	0.089	2.6						6.5							
19	0.025	2.2						6.3							
20	0.048	3.0						6.5							
21	0.032	3.5		252	380	<1.0	3.0	6.6							
22	0.046	2.0						6.5							
23	0.031														
24															
25	0.090	2.5						6.5							
26	0.023	3.1						6.2							
27	0.029	2.0						6.5							
28	0.020	3.5						6.6							
29	0.035	3.5						6.5							
30	0.025														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark March C72/2 Date: 8-10-94

Name (Please Type): Mark March Telephone No. (Please Type)

Company Name: Southern States Utilities (904) 347-1265

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Actvated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Mark Mock 7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.033
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.035
(19) Percent of permitted capacity	%	-	70%
(20) CBOD Effluent	mg/L	80082	1.6
(21) CBOD Effluent	lbs/day	-	0.44
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	0.50
(24) Minimum pH			6.5
(25) Maximum pH			9.0 *
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			

* HIGH INFLUENT pH FROM 8-22-94 TO END OF MONTH. 10.2 MG/L TO 8.9 MG/L

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month August Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.043	2.5						6.8							
2	0.022	3.5						7.4							
3	0.051	3.0		265	283.5	2.1	2.0	6.7							
4	0.036	3.5						7.0							
5	0.031	2.8						6.5							
6	0.023														
7															
8	0.048	3.5						6.5							
9	0.035	3.0						6.5							
10	0.043	2.5						6.5							
11	0.040	1.0						6.8							
12	0.022	1.8						6.5							
13	0.039														
14															
15	0.066	5.0						7.2							
16	0.025	1.6		125.9	80			7.4							
17	0.045	2.0						6.9							
18	0.035	2.8						6.8							
19	0.024	2.2						7.2							
20	0.030														
21															
22	0.066	2.3						6.5							
23	0.034	2.2						8.0							
24	0.042	2.9						9.0							
25	0.036	5.0						6.7							
26	0.025	3.2		185.1	250	1.1	1.5	6.5							
27	0.031														
28															
29	0.074	3.0						6.8							
30	0.026	2.8						7.0							
31	0.035	3.0						6.7							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark March C7212 Date: 9-7-94

Name (Please Type): Mark March Telephone No. (Please Type)

Company Name: Southern States Utilities (904) 347-1265

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Tony Boulvin C-8355

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.035
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.035
(19) Percent of permitted capacity	%	-	70%
(20) CBOD Effluent	mg/L	80082	0.25
(21) CBOD Effluent	lbs/day	-	0.07
(22) TSS Effluent	mg/L	900201	4.50
(23) TSS Effluent	lbs/day	-	1.31
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.8
(32) Maximum Chlorine Residual	mg/L	-	3.6
(33) Other Effluent Parameters			
Fecal Coliform			

* TIME OF DAY - OPERATOR VISIT PLANT ON 9-13-94 @ 7:30 AM & VISIT PLANT ON 9-14-94 @ 2:45 P.M.

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.022	3.5						7.1							
2	0.037	3.0						6.7							
3	0.038														
4															
5	0.089	2.9						6.9							
6	0.029	3.5		208.7	370	0.2	6.0	6.8							
7	0.039	3.3						6.9							
8	0.042	3.0						6.8							
9	0.037	2.8						6.9							
10	0.020														
11															
12	0.077	3.5						6.6							
13	0.026	3.0						6.5							
14	0.054 *	3.1						6.6							
15	0.036	3.0						6.7							
16	0.026	2.8						6.9							
17	0.039														
18															
19	0.069	3.0						7.1							
20	0.045	3.5		288	485	0.3	1.0	7.2							
21	0.034	3.0						6.8							
22	0.040	3.5						6.5							
23	0.021	3.0						6.5							
24	0.033														
25															
26	0.068	3.2						6.6							
27	0.026	3.6						6.7							
28	0.048	3.5						6.5							
29	0.036	3.6						6.6							
30	0.026	3.5						6.7							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Tony Bouvier Date: 10-6-94

Name (Please Type) Tony Bouvier Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994
(2) Plant DER Identification Number: 3042P01392
(3) Plant Name: South 40
(4) Plant Address: 315 SW 33rd Ave.
(5) City: Ocala
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-174196
(9) Plant Type: IIIC
(10) Test Site Identificaton Number: N/A
(11) Fecal Coliform Sample Method:
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7212
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] C7212
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.034
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.034
(19) Percent of permitted capacity	%	-	68%
(20) CBOD Effluent	mg/L	80082	0.5
(21) CBOD Effluent	lbs/day	-	0.14
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	0.71
(24) Minimum pH			<5.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	3.43
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.6
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.031														
2															
3	0.076	3.0						6.7							
4	0.034	3.0		370	940	0.8	4.0	6.6							
5	0.038	2.8						6.8			3.43		<1		
6	0.031	3.0						6.7							
7	0.032	3.4						6.8							
8	0.021														
9															
10	0.074	3.0						6.9							
11	0.021	2.9						7.0							
12	0.050	3.0						6.9							
13	0.020	2.8						7.1							
14	0.034	4.5						7.0							
15	0.031														
16															
17	0.077	3.5						7.1							
18	0.022	3.0		271.5	433.3	0.2	1.0	7.0							
19	0.042	3.5						6.8							
20	0.024	3.0						7.3							
21	0.042	3.8						7.1							
22	0.022														
23															
24	0.062	3.3						7.4							
25	0.032	3.8						7.8							
26	0.044	5.0						7.0							
27	0.032	4.0						<5.0							
28	0.042	2.6						6.8							
29	0.032														
30															
31	0.093	2.9						6.9							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate.

Signed: [signature] Date: 11-11-94

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994
(2) Plant DER Identification Number: 3042P01392
(3) Plant Name: South 40
(4) Plant Address: 315 SW 33rd Ave
(5) City: Ocala
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-174196
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 8355
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Tony Boulware C-8355
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.036
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.035
(19) Percent of permitted capacity	%	-	70%
(20) CBOD Effluent	mg/L	80082	1.3
(21) CBOD Effluent	lbs/day	-	0.39
(22) TSS Effluent	mg/L	900201	19.8
(23) TSS Effluent	lbs/day	-	5.94
(24) Minimum pH			6.2
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.039	3.4		155.0	253.0	0.6	1.0	6.7							
2	0.048	3.2						6.7							
3	0.041	5.0						6.8							
4	0.033	3.3						6.6							
5	0.033														
6															
7	0.078	5.0						7.1							
8	0.057	5.0						6.9							
9	0.040	4.2						6.8							
10	0.037	5.0						7.0							
11	0.045	4.4						6.9							
12	0.033	4.3													
13															
14	0.069	5.0						7.0							
15	0.049	3.6		161.1	100.0	1.2	4.5	7.1							
16	0.046	3.8						7.0							
17	0.049	4.4						7.1							
18	0.036	5.0						7.1							
19	0.025														
20															
21	0.066	5.0						7.1							
22	0.037	3.5						6.9							
23	0.032	3.7						6.8							
24	0.033	2.5						6.9							
25	0.033	2.9													
26	0.029														
27								6.8							
28	0.070	3.4						6.9							
29	0.032	3.2		510.0	720.0	2.0	54.0	6.2							
30	0.006	0.9													
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Tony Bouvier Date: 12-6-94

Name (Please Type): Tony Bouvier Telephone No. (Please Type)

Company Name: Southern States Utilities (904) 347-1265

Page 3 of 3

DER FORM NO 17-601.500(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994
(2) Plant DER Identification Number: 3042P01392
(3) Plant Name: South 40
(4) Plant Address: 315 SW 33rd Ave.
(5) City: Ocala
(6) County: Marion
(7) Phone Number: 904-347-1265
(8) Permit Number: D042-174196
(9) Plant Type: IIIC
(10) Test Site Identification Number: N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 8355
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Tony Boulyn C-8355
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.023
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.031
(19) Percent of permitted capacity	%	-	62%
(20) CBOD Effluent	mg/L	80082	1.3
(21) CBOD Effluent	lbs/day	-	0.25
(22) TSS Effluent	mg/L	900201	7.0
(23) TSS Effluent	lbs/day	-	1.34
(24) Minimum pH			6.6
(25) Maximum pH			8.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 -

Month December Year 1994

(84)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform		
1	0.042	1.1						6.8							
2	0.032	3.2						6.7							
3	0.025														
4															
5	0.054	5.0						6.8							
6	0.030	4.2						6.7							
7	0.028	5.0						6.9							
8	0.026	4.6						6.8							
9	0.032	4.2						6.9							
10	0.019														
11															
12	0.050	3.0						6.7							
13	0.029	2.8		186.3	180.0	1.3	10.0	6.8							
14	0.020	2.5						6.9							
15	0.026	2.8						6.8							
16	0.022	2.4						6.8							
17	0.029														
18															
19	0.035	3.0						6.7							
20	0.021	2.6						6.9							
21	0.032	2.4						6.7							
22	0.020	4.2						7.1							
23	0.020	5.0						7.2							
24	0.019														
25															
26	0.029	5.0						8.1							
27	0.014	5.0						7.1							
28	0.015	5.0		185.7	330.0	1.2	4.0	7.2							
29	0.014	4.6						7.2							
30	0.014	5.0						8.4							
31	0.016														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Tony Bouvier Date: 1-9-95

Name (Please Type): Tony Bouvier Telephone No. (Please Type)

Company Name: Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name South 40

(4) Plant Address 315 SW 33rd Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-174196

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed March March C-7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	est .030
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	60%
(20) BODs Effluent	mg/L	80082	5.2
(21) BODs Effluent	lbs/day	-	1.30
(22) TSS Effluent	mg/L	900201	17.5
(23) TSS Effluent	lbs/day	-	4.38
(24) Minimum pH			5.8
(25) Maximum pH			9.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.72
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

* Flows over permit by approximately 20,000 on these days due to flow meter unlevel. May have been hit by mower - last calibration on 7/20/92 - level and zero flow meter on 1/27/93

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

** Cl2 low on 1-21-93. Feed rate set too low

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.017	1.5						6.5						
2	0.027	0.9						6.5						
3	0.027							6.0						
4	0.021	0.9						6.3						
5 *	0.033	3.5						6.5						
6 *	0.036	2.0						6.3						
7	0.019	3.5						6.5						
8	0.017	3.5						9.0						
9	0.027	3.5						6.5						
10	0.027													
11	0.017	3.0						7.9						
12	0.027	1.0						7.8						
13 *	0.037	1.8				3.8	16	7.1			0.72		<1	
14 *	0.035	3.5						6.5						
15	0.016	3.0						6.0						
16 *	0.032	3.0						6.5						
17 *	0.032													
18	0.020	3.5						6.0						
19	0.024	3.5						5.8						
20	0.009	3.0						6.0						
21 *	0.030	0.2 **						6.6						
22	0.014	3.5						6.1						
23	0.028	3.5						6.5						
24	0.028													
25	0.012	3.0						6.3						
26	0.021	1.1						6.5						
27	0.019	0.8						6.4						
28	0.017	2.8				6.6	19	6.3						
29	0.011	3.5						6.4						
30	0.021	3.5						6.5						
31	0.021	2.0												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed Mark March Date: 2/12/93

Name (Please Type): Mark March Telephone No. (Please Type)

Company Name: Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 7212

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed March March C-7212
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.025
(19) Percent of permitted capacity	%	-	32%
(20) BODs Effluent	mg/L	80082	6.1
(21) BODs Effluent	lbs/day	-	0.81
(22) TSS Effluent	mg/L	900201	23
(23) TSS Effluent	lbs/day	-	3.07
(24) Minimum pH			6.2
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.015	2.8						6.6						
2	0.021	2.5						6.9						
3	0.016	3.5						6.2						
4	0.016	2.5						6.3						
5	0.010	3.5						6.2						
6	0.012	3.5						6.4						
7	0.018													
8	0.013	3.0						6.6						
9	0.017	2.5						6.3						
10	0.015	3.5						6.4						
11	0.018	2.0				4.2	20	6.6						
12	0.009	3.0						6.7						
13	0.016	3.5						6.3						
14	0.017													
15	0.016	1.5						6.9						
16	0.015	3.0						6.6						
17	0.016	3.5						6.5						
18	0.012	3.5						6.5						
19	0.013	3.5						6.6						
20	0.016	3.5						6.3						
21	0.018													
22	0.008	3.0						6.4						
23	0.020	3.0						6.7						
24	0.016	3.5						6.4						
25	0.012	3.5		127.5	120	8	26	6.6						
26	0.014	2.0						6.3						
27	0.024	3.5						6.3						
28	0.025													
29														
30														
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed Mark March Date: 3/2/93

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Section II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name South 40

(4) Plant Address 315 SW 33rd Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-174196

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed Marck March C-7212

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.015
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.020
(19) Percent of permitted capacity	%	-	40%
(20) BODs Effluent	mg/L	80082	3.75
(21) BODs Effluent	lbs/day	-	0.47
(22) TSS Effluent	mg/L	900201	17
(23) TSS Effluent	lbs/day	-	2.13
(24) Minimum pH			5.8
(25) Maximum pH			8.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.017	3.0						6.7						
2	0.017	3.0						5.8						
3	0.013	1.5						8.1						
4	0.014	1.0						7.9						
5	0.015	1.5						7.8						
6	0.017	0.7						6.7						
7	0.017													
8	0.016	0.5						8.4						
9	0.020	3.5						6.4						
10	0.013	3.0		255	180	7	22	6.8						
11	0.014	0.8						6.3						
12	0.014	1.0						6.4						
13	0.013	3.5						6.5						
14	0.013													
15	0.019	3.5						6.5						
16	0.024	3.5						7.1						
17	0.007	3.5						7.1						
18	0.020	3.5						7.2						
19	0.008	0.9						7.1						
20	0.016	3.5						7.2						
21	0.016													
22	0.017	0.5						7.0						
23	0.017	2.0						7.1						
24	0.022	2.5				<1	12	7.3						
25	0.011	3.0						7.6						
26	0.009	3.0						7.8						
27	0.014	3.5						7.5						
28	0.015													
29	0.016	3.0						7.2						
30	0.007	1.5						7.6						
31	0.007	3.5						7.5						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed Mark March Date: 4/8/93

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 7212

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by Mark March C-7212
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	30%
(20) BODs Effluent	mg/L	80082	2.67
(21) BODs Effluent	lbs/day	-	0.31
(22) TSS Effluent	mg/L	900201	14
(23) TSS Effluent	lbs/day	-	1.63
(24) Minimum pH			6.3
(25) Maximum pH			9.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.26
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	0.6
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.020	2.8						7.9						
2	0.007	3.0						7.8						
3	0.012	3.5						7.8						
4	0.012	3.0												
5	0.011	2.0						8.7						
6	0.009	3.5						8.0						
7	0.015	3.5						8.3						
8	0.013	3.5						8.6						
9	0.007	2.5						7.9						
10	0.006							6.5						
11	0.006	3.0												
12	0.010	2.0		105	440	1	7	6.3			0.26		<1	
13	0.020	2.5						6.4						
14	0.013	1.5						6.3						
15	0.016	1.0						6.5						
16	0.009	3.5						6.9						
17	0.016							6.7						
18	0.016	0.6												
19	0.011	2.0						6.9						
20	0.019	3.5						7.3						
21	0.013	2.0						7.7						
22	0.017	3.5				4.33	21	7.8						
23	0.008	3.5						8.9						
24	0.016							6.5						
25	0.016	3.5												
26	0.015	3.5						6.3						
27	0.009	3.5						6.6						
28	0.009	3.5						6.9						
29	0.020	3.5						6.8						
30	0.008							6.9						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Mark March Date: 5/10/93

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

Page 3 of 3

DER FORM NO 17.601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 7212

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed Marck March C-7212

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	30%
(20) BODs Effluent	mg/L	80082	8.30
(21) BODs Effluent	lbs/day	-	1.10
(22) TSS Effluent	mg/L	900201	3.25
(23) TSS Effluent	lbs/day	-	0.43
(24) Minimum pH			6.1
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.500(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.014	3.5						6.7						
2	0.014													
3	0.022	3.5						6.9						
4	0.017	3.5						6.4						
5	0.011	3.0						6.6						
6	0.020	3.5		233	316	15.6	<1	6.9						
7	0.007	3.5						6.5						
8	0.018	3.5						6.7						
9	0.018													
10	0.015	3.5						7.0						
11	0.011	3.5						7.1						
12	0.019	3.5						7.0						
13	0.013	3.5						6.5						
14	0.015	3.5						7.0						
15	0.016	3.5						6.7						
16	0.016													
17	0.016	3.5						6.5						
18	0.015	2.5						6.6						
19	0.011	2.0						6.7						
20	0.021	1.5				1	6	6.9						
21	0.009	0.6						6.7						
22	0.019	3.5						6.6						
23	0.019													
24	0.020	0.5						6.7						
25	0.016	3.5						6.0						
26	0.017	3.0						6.2						
27	0.017	3.5						6.4						
28	0.010	3.5						6.3						
29	0.018	3.5						6.1						
30	0.018													
31	0.018	3.0												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed Mark March Date: 6/8/93

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name South 40

(4) Plant Address 315 SW 33rd Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-174196

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Mark March C-7212

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.018
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	26%
(20) BODs Effluent	mg/L	80082	2.42
(21) BODs Effluent	lbs/day	-	0.36
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	0.53
(24) Minimum pH			6.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34)

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.019	3.5						6.9						
2	0.015	3.5						6.8						
3	0.021	3.5		225	243	<1	4	6.6						
4	0.011	3.0						6.7						
5	0.019	3.5						6.5						
6	0.019													
7	0.015	3.0						6.4						
8	0.019	3.0						6.3						
9	0.018	3.5						6.7						
10	0.020	3.5						6.4						
11	0.015	3.5						6.7						
12	0.020	3.5						6.5						
13	0.020													
14	0.039	3.0						7.0						
15	0.025	3.5						7.1						
16	0.011	3.5						7.0						
17	0.031	3.5						7.1						
18	0.011	3.0						7.3						
19	0.017													
20	0.017													
21	0.027	2.0		225	93	4.33	3	7.4						
22	0.024	0.5						7.2						
23	0.018	0.5						7.0						
24	0.017	0.6						7.2						
25	0.014	0.5						7.1						
26	0.018													
27	0.018													
28	0.022	1.0						7.3						
29	0.022	1.5						7.0						
30	0.018	2.0						7.6						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Mark March Date: 7/8/93

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name South 40

(4) Plant Address 315 SW 33rd Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-174196

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed March March C-7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.021
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.018
(19) Percent of permitted capacity	%	-	36%
(20) BODs Effluent	mg/L	80082	5.25
(21) BODs Effluent	lbs/day	-	0.92
(22) TSS Effluent	mg/L	900201	5.5
(23) TSS Effluent	lbs/day	-	0.96
(24) Minimum pH			6.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.11
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			4

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 Month July Year 1993

(24)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.017	0.6		180		3.66		7.2					4	
2	0.021	3.5			120		7	7.4			0.11			
3	0.013	0.6						7.2						
4	0.020													
5	0.020	1.8						7.1						
6	0.014	2.0						7.0						
7	0.023	3.5						7.2						
8	0.011	3.5						6.5						
9	0.024	3.0						6.3						
10	0.012	3.5						7.0						
11	0.020													
12	0.020	3.5						6.8						
13	0.025	3.0						7.0						
14	0.023	1.0						7.1						
15	0.015	2.5						7.0						
16	0.028	3.5		195	146	8.3	<1	6.9						
17	0.013	3.5						6.6						
18	0.023													
19	0.023	3.0						6.8						
20	0.028	3.5						6.9						
21	0.025	2.0						6.8						
22	0.025	0.8						6.9						
23	0.023	1.0						6.8						
24	0.015	3.5						7.0						
25	0.025													
26	0.023	0.5						7.1						
27	0.026	1.8				3.8	9	7.0						
28	0.028	3.5						6.5						
29	0.009	3.0						6.5						
30	0.029	3.0						6.9						
31	0.015	1.7						6.8						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed Mark March Date: 8/3/93

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name South 40

(4) Plant Address 315 SW 33rd Ave.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-174196

(9) Plant Type IIIC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed Marek March C-7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	44%
(20) BODs Effluent	mg/L	80082	1.75
(21) BODs Effluent	lbs/day	-	0.38
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	-	1.30
(24) Minimum pH			* <6.0
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

Page 2 of 3

* Carlson Graphics going out of business
Dumping lots of chemicals per plant operator
Tony Bouvier

DER FORM NO 17.801.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.027													
2	0.027	2.0						6.9						
3	0.024	2.2						6.8						
4	0.025	1.8						6.4						
5	0.023	2.0						6.6						
6	0.019	3.5						6.6						
7	0.015	3.5						6.8						
8	0.029													
9	0.029	2.5						6.9						
10	0.034	3.5						6.6						
11	0.024	3.0						6.6						
12	0.032	3.0		90	106	3	9	6.2						
13	0.025	3.5						6.0						
14	0.027	3.0						6.5						
15	0.031													
16	0.031	1.2						6.8						
17	0.034	3.5						6.6						
18	0.026	3.5						6.4						
19	0.012	3.0						6.6						
20	0.014	3.5						6.3						
21	0.015	3.5						7.0						
22	0.031													
23	0.031	3.5						6.6						
24	0.017	3.5						6.9						
25	0.040	2.0						6.5						
26	0.028	0.8						6.6						
27	0.027	0.6						6.8						
28	0.026	3.5						6.6						
29	0.028													
30	0.028	0.5		180	146	<1	3	6.9						
31	0.042	0.6						7.0						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed Mark March Date: 9/2/93

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 7212

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: [signature] C 7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.027
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.025
(19) Percent of permitted capacity	%	-	0.50
(20) BODs Effluent	mg/L	80082	7.3
(21) BODs Effluent	lbs/day	-	1.64
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.90
(24) Minimum pH			6.3
(25) Maximum pH			* 8.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

* EFFLUENT LIMIT OF 8.5 WAS EXCEEDED. PLANT LOCATED IN INDUSTRIAL COMPLEX WHICH CAUSED EXCEEDENCE. SINCE THAT TIME, BACK TO NORMAL. WE WILL CONTINUE TO CHECK RAW & EFFLUENT DAILY.

FDER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
FDER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (04) Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.025	3.5						6.6						
2	0.029	0.8						7.8						
3	0.023	0.7						7.8						
4	0.016	3.5						6.5						
5	0.023													
6	0.020	1.5						6.9						
7	0.036	3.5						6.8						
8	0.028	2.0						6.9						
9	0.030	1.5						6.6						
10	0.029	1.5						6.5						
11	0.015	3.5						6.3						
12														
13	0.057	2.0						* 8.8						
14	0.017	1.8						8.3						
15	0.033	2.0		307	220	2	6	8.1						
16	0.022	1.5						7.8						
17	0.029	1.0						* 8.8						
18	0.023	3.5						7.1						
19														
20	0.080	0.5						7.6						
21	0.027	0.6						8						
22	0.016	1.0						8.1						
23	0.043	3.5						7.6						
24	0.004	3.5		322	450	12.6	2	7.7						
25	0.039	3.5						6.6						
26														
27	0.062	0.6						6.9						
28	0.030	2.5						6.5						
29	0.031	1.6						6.6						
30	0.022	1.5						6.5						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark March Date: 10-13-93

Name (Please Type) Mark March Telephone No. (Please Type) (904) 347-1265

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 7212

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: _____

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.027
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	0.54
(20) BODs Effluent	mg/L	80082	0.5
(21) BODs Effluent	lbs/day	-	0.11
(22) TSS Effluent	mg/L	900201	19
(23) TSS Effluent	lbs/day	-	4.28
(24) Minimum pH			6.4
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	* 30.9
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	* 0.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

* SEE ATTACHED LETTER

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.026	3.5						6.9						
2	0.023	3.5						6.5						
3														
4	0.066	3.0						6.6						
5	0.031	3.0						6.4						
6	0.032	3.5						6.6						
7	0.020	3.5		368	286	1	30	6.6					<1	
8	0.034	0.0						<6.5			30.9			
9	0.014	1.2						<6.5						
10														
11	0.065	0.0						6.6						
12	0.031	3.5						6.7						
13	0.026	2.0						7						
14	0.028	2.2						7						
15	0.020	1.5						7.1						
16	0.029	3.5						6.5						
17														
18	0.063	3.5						7						
19	0.028	3.5						6.8						
20	0.045	2.5						6.5						
21	0.018	0.5						6.9						
22	0.030	0.5						6.5						
23	0.024							6.5						
24														
25	0.054	3.0						6.6						
26	0.041	3.5						6.5						
27	0.022	2.1		292		<1.0		<6.5			15.7			
28	0.037	3.5			153		8	6.7						
29	0.017	1.8						<6.5						
30	0.016	3.5						<6.5						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: _____ Date: _____

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 7212

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: [signature] C 7212

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.033
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	0.58
(20) BODs Effluent	mg/L	80082	<1
(21) BODs Effluent	lbs/day	-	0.14
(22) TSS Effluent	mg/L	900201	1.75
(23) TSS Effluent	lbs/day	-	0.48
(24) Minimum pH			6.5
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.36
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE	July 1, 1994
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 (34) Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.078	3.5						6.6			6.36			
2	0.032	3.5						6.5						
3	0.030	3.0												
4	0.018	1.8		300	393	<1.0	3	6.5						
5	0.036	3.5						6.7						
6	0.029	3.5						6.8						
7														
8	0.077	3.5						6.6						
9	0.038	2.0						6.5						
10	0.032	0.7						6.6						
11	0.025	0.5						6.5						
12	0.047	1.0						6.6						
13	0.022	3.5						6.9						
14														
15	0.077	0.5						7.9						
16	0.032	1.9						7.1						
17	0.035	3.0						7						
18	0.030	2.0		142	160	<1.0	<1	6.5						
19	0.028	3.0						6.6						
20	0.016	3.5						7.2						
21														
22	0.065	3.5						6.9						
23	0.023	3.5						6.7						
24	0.043	3.0						6.6						
25	0.025	0.5						6.9						
26	0.028	2.8						7.2						
27	0.024	3.5						6.5						
28														
29	0.063	3.0						6.6						
30	0.030	2.8						6.7						
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark M. March 7212 Date: 12-8-93

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3042P01392

(3) Plant Name: South 40

(4) Plant Address: 315 SW 33rd Ave.

(5) City: Ocala

(6) County: Marion

(7) Phone Number: 904-347-1265

(8) Permit Number: D042-174196

(9) Plant Type: IIIC

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No.: 7212

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: [signature] C 7212

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.028
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	0.58
(20) BODs Effluent	mg/L	80082	4.25
(21) BODs Effluent	lbs/day	-	0.99
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	1.05
(24) Minimum pH			6.5
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.3
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 Month December Year 1993

(24)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	
1	0.030	3.0						6.5						
2	0.032	3.5						6.6						
3	0.030	3.5						6.7						
4	0.018	3.5						6.5						
5														
6	0.064	3.0						6.6						
7	0.021	3.5						6.8						
8	0.038	3.5		112.5	106	3.5	8	6.6						
9	0.032	3.5						6.7						
10	0.033	3.0						6.8						
11	0.021	3.5						6.5						
12														
13	0.073	3.0						6.6						
14	0.030	3.5						6.7						
15	0.026	3.5						6.5						
16	0.007	3.5						6.6						
17	0.024	3.0						6.6						
18	0.018	3.5						6.5						
19														
20	0.078	3.5						6.5						
21	0.015	3.5		142	90	5	1	6.5						
22	0.032	3.5						6.7						
23	0.022	3.5						6.7						
24	0.019	3.0						6.7						
25	0.019	3.5						6.5						
26														
27	0.065	2.3						6.8						
28	0.022	3.5						6.5						
29	0.039	2.3						6.5						
30	0.020	3.5						6.5						
31	0.034	2.8						6.7						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark March C7212 Date: 1-5-94

Name (Please Type) Mark March Telephone No. (Please Type)

Company Name Southern States Utilities (904) 347-1265

RECEIVED
FEB 16 1994
Department of Environmental Protection
SOUTHWEST DISTRICT
BY

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month JAN. Year 94

(2) Plant's DER Identification Number A009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S. Highway 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number 813-782-9236

(8) Permit Number D009125175

(9) Plant Type 3 C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method < 1/100
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc/Evap Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator _____ Signature _____ Cert. No. 8921

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.04
(17) Permitted capacity	mgd	—	.02(
(18) Three-month average daily flow	mgd	—	.05
(19) Percent of permitted capacity	%	—	240
(20) $CBOD_5$ Effluent	mg/L	080082	4
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.
(25) Maximum pH		—	7.
(26) Total N	mg/L	000600	0.
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.
(32) Maximum Chlorine Residual	mg/L	—	1.
(33) Other Effluent Parameters			
34) Fecal Coliform			<1/

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month JAN. Year 94

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.048												
2	.048	.5						7.5					
3	.048												
4	.048	.5				4	2.5	7.5		0.5			K1/100
5	.043	.5						7.5					
6	.063	.5						7.5					
7	.040	1.0						7.5					
8	.036												
9	.036	.8						7.5					
10	.047												
11	.047	.5						7.4					
12	.053	1.0						7.5					
13	.059	1.0						7.5					
14	.056	.5						7.5					
15	.040												
16	.040												
17	.040	.5						7.5					
18	.037	.5						7.4					
19	.041	.5						7.4					
20	.043	.5						7.4					
21	.061												
22	.061												
23	.061	.5						7.4					
24	.056	1.5						7.4					
25	.036	.6						7.4					
26	.036	.6						7.4					
27	.036	.5						7.4					
28	.031	.8						7.4					
29	.062												
30	.062												
31	.062	.5						7.4					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ation is true, complete and accurate.

Signature: [signature] Date: 2-14-94

(Please Type)

Company Name: Southeast Utilities, Inc. Telephone No. (Please Type): 407-889-9755

-D.E.P.

MAR 16 1994

SOUTHWEST DISTRICT
TAMPA

DER Form No. 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DEP Application No. (Leave A Blank)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month February Year 1994
2) Plant's DER Identification Number #4009P00218
3) Plant Name Spring Gardens
4) Plant Address U.S Hwy 19 South
5) City Homosassa Springs
6) County Citrus
7) Phone Number (813) 782-9236
8) Permit Number #P009125175
9) Plant Type C-3 Extended Aera.
10) Test Site Identification Number N/A

Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse
Perc/ Evap. Ponds

Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator _____ Cert. No. #8921
Signature

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.049
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.049
(19) Percent of permitted capacity	%	–	245%
(20) $CBOD_5$ Effluent	mg/L	080082	8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	6.5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.4
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	1.6
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	.8
(33) Other Effluent Parameters			
(34) Fecal Coliform			<1/100

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Monthly Operating Report
Effective Date July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Feb. Year 1

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.049	.7						7.6					
2	.040	.5						7.5					
3	.047	.5						7.5					
4	.062	.8						7.5					
5	.052												
6	.052												
7	.052	.5						7.5					
8	.044	.8						7.4					
9	.059	.6						7.4					
10	.065	.6						7.4					
11	.046	.6				.8	6.5	7.5		1.6			<1/100
12	.048												
13	.048												
14	.048	.5						7.5					
15	.039	.5						7.5					
16	.044	.6						7.4					
17	.047	.6						7.4					
18	.054	.5						7.4					
19	.050												
20	.050												
21	.050	.5						7.4					
22	.034	.5						7.4					
23	.047	.5						7.4					
24	.049	.5						7.4					
25	.049	.5						7.4					
26	.049												
27	.049												
28	.049	.5						7.5					
29													
30													
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and be information is true, complete, and accurate.

Signed: _____ Date: March 3, 1994

Name (Please Type) _____

Company Name _____ Telephone No. (Please Type): (407) 889-9755

Page 3 of 3

RECEIVED
APR 18 1994
Department of Environmental Protection
SOUTHWEST DISTRICT

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application no. Facility ID#

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month MARCH Year 1994

Plant's DER Identification Number #4009P00218

Plant Name Spring Gardens

Plant Address U.S Hwy 19 South

City Homosassa Springs

County Citrus

Phone Number (813) 782-9236

Permit Number #D009125175

Plant Type C-3 Extended Aera.

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc/ Evap. Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ Cert. No. CA#8921
Signature

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.050
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.049
(19) Percent of permitted capacity	%	–	250%
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.4
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	0.5
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	.6
(33) Other Effluent Parameters			
(34) Fecal Coliform			KJ/100

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No
Page 1 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month MARCH Year 199

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.044	.6						7.4					
2	.052	.6						7.4					
3	.073	.5						7.5					
4	.045	.6						7.5					
5	.049												
6	.049												
7	.049	.5						7.4					
8	.048	.5						7.4					
9	.063	.5						7.4					
10	.080	.5						7.4					
11	.060	.5						7.4					
12	.059												
13	.059												
14	.059	.3				6	2	7.4			0.5	<1/100	
15	.051	.6						7.4					
16	.043	.5						7.4					
17	.055	.5						7.4					
18	.041	.6						7.4					
19	.048												
20	.048												
21	.048	.6						7.4					
22	.040	.8						7.5					
23	.039	.6						7.5					
24	.043	.5						7.5					
25	.045	.6						7.5					
26	.044												
27	.044												
28	.044	.5						7.4					
29	.030	.5						7.4					
30	.054	.5						7.4					
31	.040	.6						7.4					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signed: Charles P Pate Date: 4/5/94

Name (Please Type) Charles P Pate

Company Name Southeast Utilities, Inc. Telephone No (Please Type) (407) 889-9755

Page 3 of 3

DER Form 17-601.900(1)
Domestic Wastewater Treatment Plant Monthly Operating Report
Effective July 1, 1991
DER Application No. _____ Issued or Its Date

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month April Year 1994

Plant's DER Identification Number #4009P00218

Plant Name Spring Gardens

Plant Address U.S Hwy 19 South

City Homosassa Springs

County Citrus

Phone Number (813) 782-9236

Permit Number #D009125175

Plant Type C-3 Extended Aera.

Test Site Identification Number N/A

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc/ Evap. Ponds

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ Cert. No. 8921
Signature

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.038
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.046
(19) Percent of permitted capacity	%	–	190%
(20) $CBOD_5$ Effluent	mg/L	080082	3
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	"
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	1.2
(33) Other Effluent Parameters			
(34) Fecal Coliform			<1

Page 2 of 3

DEA Form 17-607/60371
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DEA application No. Page 1 of 2 pages

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month April Year 1994

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	BSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.038	.6						7.4					
.042												
.042												
.042	.5						7.3					
.039	.8						7.4					
.035	.5						7.4					
.043	.7						7.4					
.035	1.0						7.4					
.039												
.039												
.039	.8						7.1					
.029	.7						7.3					
.041	.7						7.3					
.038	.8						7.2					
.040	.6						7.2					
.040												
.040												
.040	.5						7.3					
.030	.7						7.2					
.034	.5						7.2					
.026	.8						7.2					
.050	.8						7.3					
.039												
.039												
.039	.8				3	3	7.3			9.4	<1	
.039	.7						7.5					
.039	.7						7.5					
.039	.8						7.5					
.039	1.0						7.4					
.039	1.2						7.4					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ...ation is true, complete and accurate.

Signature: _____ Date: May 4, 1994

(Please Type) Charles P. Painter

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) (407) 889-9755

Page 2 of 2

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ Filled in by DEP

Domestic Wastewater Treatment Plant
Monthly Operating Report

D.E.P.
JUN 2 2 1994
DISTRICT
TAMPA

Part II - General Information

(1) Month MAY Year 1994

(2) Plant's DER Identification Number #4009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S Hwy 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number (813) 782-9236

(8) Permit Number #D009125175

(9) Plant Type C-3 Extended Aera.

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc/ Evap. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7104

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ C-8921
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.037
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.042
(19) Percent of permitted capacity	%	–	185%
(20) $CBOD_5$ Effluent	mg/L	080082	10
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	10
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.2
(25) Maximum pH		–	7.7
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	2.0
(33) Other Effluent Parameters			
(34) Fecal Coliform			21

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No _____ (Issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month MAY Year 19[illegible]

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.039	.5						7.4					
2	.039	.5				10	10	7.4			8.1		21
3	.035	.6						7.4					
4	.032	.8						7.4					
5	.039	.8						7.6					
6	.032	.8						7.6					
7	.037												
8	.037												
9	.037	.5						7.4					
10	.036	.6						7.4					
11	.035	.6						7.6					
12	.035	.5						7.4					
13	.036	.6						7.4					
14	.038												
15	.038												
16	.038	.6						7.4					
17	.036	.5						7.4					
18	.037	.6						7.6					
19	.040	.6						7.7					
20	.030	.6						7.7					
21	.036												
22	.036												
23	.036	.8						7.6					
24	.033	.8						7.4					
25	.034	1.0						7.2					
26	.040	1.0						7.2					
27	.038	2.0						7.2					
28	.038												
29	.038												
30	.038	1.5						7.4					
31	.048	1.0						7.4					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signed: _____ Date: 6-3-94

Name (Please Type) Charles P. Painter

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) (407) 889-9755

Page 3 of 3

D.E.R.

JUL 18 1994

SOUTHWEST DISTRICT TAMPA

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

D.E.R.

JUL 18 1994

SOUTHWEST DISTRICT TAMPA

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month June Year 1994

(2) Plant's DER Identification Number #4009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S Hwy 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number (813) 782-9236

(8) Permit Number #D009125175

(9) Plant Type C-3 Extended Aera.

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc/ Evap. Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7104

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ (Signature) C-8921 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.042
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.039
(19) Percent of permitted capacity	%	–	195
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.3
(25) Maximum pH		–	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	2.5
(33) Other Effluent Parameters			
(34) Fecal Coliform			<1

DER Form 17-60.900(1)
Form Title Domestic Wastewater Treatment Pl Monthly Operating Report
Effective Date July 1, 1991
DER Application No _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month June Year 199

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.040	2.5						7.8					
2	.036	2.0						7.4					
3	.039	2.5						7.6					
4	.039												
5	.039												
6	.039	1.0						7.4					
7	.036	1.2						7.3					
8	.042	1.0						7.3					
9	.048	1.2						7.3					
10	.054	1.0						7.3					
11	.039												
12	.039												
13	.039	2.5						7.7					
14	.039	2.0						7.7					
15	.044	1.5						7.4					
16	.043	1.0						7.4					
17	.046	1.0				5	5	7.4			9.8	<1	
18	.042												
19	.042												
20	.042	2.0						7.8					
21	.043	2.0						7.8					
22	.042	1.5						7.7					
23	.043	2.0						7.7					
24	.046	2.0						7.8					
25	.044												
26	.044												
27	.044	1.0						7.5					
28	.042	1.0						7.5					
29	.039	1.2						7.5					
30	.040	1.0						7.5					
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Charles P. Painter

Name (Please Type) Charles P. Painter

Company Name Southeast Utilities, Inc.

Date July 1, 1994

Telephone No. (Please Type) (407) 889-9755

Page 3 of 3

DER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ____ (Fixed in the DER)

D.E.P.
AUG 17 1994
SOUTHWEST DISTRICT
TAMPA

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month July Year 1994

Plant's DER Identification Number #4009P00218

Plant Name Spring Gardens

Plant Address U.S Hwy 19 South

City Homosassa Springs

County Citrus

Phone Number (813) 782-9236

Permit Number #D009125175

Plant Type C-3 Extended Aera.

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc/ Evap. Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7104

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] (Signature) C-8921 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.041 V
(17) Permitted capacity	mgd	–	.020
(18) *Three-month average* daily flow	mgd	–	.040
(19) Percent of permitted capacity	%	–	205%
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.3
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) *Nitrate*	mg/L	071850	10.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	2.0
(33) Other Effluent Parameters			
(34) Fecal Coliform			41

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No _____
Page # in DER

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month July Year 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L),	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.042	2.0						7.3					
2	.042												
3	.042												
4	.042	1.0						7.3					
5	.043	1.2						7.3					
6	.036	1.0						7.3					
7	.047	1.5						7.3					
8	.040	1.5						7.3					
9	.044												
10	.044												
11	.044	1.0						7.3					
12	.044	1.5						7.3					
13	.044	1.0						7.3					
14	.048	1.0						7.3					
15	.041	1.0						7.3					
16	.041												
17	.041												
18	.041	.5						7.4					
19	.038	.5				2	5	7.4			10.3	41	
20	.040	1.0						7.3					
21	.041	1.0						7.3					
22	.039	1.0						7.4					
23	.040												
24	.040												
25	.040	1.0						7.4					
26	.038	1.5						7.4					
27	.038	1.5						7.4					
28	.039	1.5						7.5					
29	.036	2.0						7.5					
30	.039												
31	.039												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, information is true, complete, and accurate.

Signed: Charles P. Painter Date: 8-1-94

Name (Please Type) Charles P. Painter

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) (407) 889-9755

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month August Year 1994

Facility's DER Identification Number #4009P00218

Facility Name Spring Gardens

Facility Address U.S Hwy 19 South

Homosassa Springs

County Citrus

Phone Number (813) 782-9236

Permit Number #D009125175

Facility Type C-3 Extended Aera.

Site Identification Number N/A

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Method of Effluent Disposal or Reclaimed Water Reuse

perc/ Evap. Ponds

Authorized Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Facility Staffing

Chief Shift Operator Class C Cert. No. 7104

Morning Shift Operator Class _____ Cert. No. _____

Afternoon Shift Operator Class _____ Cert. No. _____

Chief Operator Willie Cooke C-7104
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050050	.045
(17) Permitted capacity	mgd	–	.220
(18) Three-month average daily flow	mgd	–	.043
(19) Percent of permitted capacity	%	–	2258
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.3
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	11.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			
(34) Fecal Coliform			21

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month: August Year: 1996

(Day of the Month)	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.039	1.0						7.3					
2	.038	1.5						7.3					
3	.039	1.5						7.3					
4	.042	1.0						7.3					
5	.039	1.5						7.4					
6	.046												
7	.046												
8	.046	1.0						7.4					
9	.040	2.0						7.4					
10	.049	1.5						7.4					
11	.040	1.0						7.4					
12	.038	3.0						7.4					
13	.051												
14	.051												
15	.051	1.5						7.4					
16	.045	1.0						7.4					
17	.046	1.5						7.4					
18	.055	1.0						7.4					
19	.044	1.0				7	3	7.4			113		<1
20	.044												
21	.044												
22	.044	1.0						7.3					
23	.046	1.0						7.3					
24	.043	1.2						7.3					
25	.046	2.5						7.3					
26	.041	2.0						7.3					
27	.055												
28	.055												
29	.055	.5						7.3					
30	.047	.5						7.3					
31	.042	.6						7.3					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signature: William Caslow Date: Sept. 9, 1996

(Please Type) William Caslow

Company Name: Southeast Utilities, Inc. Telephone No. (Please Type): [illegible]

Page 3 of 3

DER Form 17-601.300(1)
Domestic Wastewater Treatment Plant Monthly Operating Report
Form Title
Effective Date July 1, 1991
DER application no.
Page # in SOR

D.E.P.

OCT 13 1994

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month SEPT. Year 1994

Plant's DER Identification Number #4009P00218

Plant Name Spring Gardens

Plant Address U.S Hwy 19 South

City Homosassa Springs

County Citrus

Phone Number (813) 782-9236

Permit Number #D009125175

Plant Type C-3 Extended Aera.

Test Site Identification Number N/A

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc/ Evap. Ponds

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7104

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Clifton Cooke C 7104
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.059 V
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.048
(19) Percent of permitted capacity	%	—	240%
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	11.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			
(34) Fecal Coliform			21

DEA Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DEA Application No
Page 1 of 1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month SEPT. Year 199

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.050	2.5						7.3					
2	.044	.5						7.3					
3	.052												
4	.052												
5	.052	.5						7.4					
6	.045	.5						7.4					
7	.051	1.5						7.4					
8	.052	1.0						7.4					
9	.044	1.0						7.4					
10	.039												
11	.039												
12	.039	.5						7.2					
13	.046	1.0						7.2					
14	.041	1.0						7.2					
15	.053	1.0						7.2					
16	.043	1.5				5	8	7.2			11.1		21
17	.056												
18	.056												
19	.056	.5						7.2					
20	.071	.5						7.2					
21	.087	.6						7.2					
22	.075	.8						7.2					
23	.076	1.2						7.2					
24	.086												
25	.086												
26	.086	.8						7.2					
27	.082	.8						7.2					
28	.075	1.0						7.2					
29	.085	1.0						7.2					
30	.063	1.0						7.2					
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: William Casler

Date 9/30/94

Name (Please Type) William Casler

Company Name

Telephone No. (Please Type) (407) 889-9755

Page 1 of 1

new

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No _____ Permit # (If Any)

Domestic Wastewater Treatment Plant Monthly Operating Report

D.E.P.
NOV 15 1994
SOUTHWEST DISTRICT
TAMPA

Part II - General Information

1) Month Oct. Year 1994
2) Plant's DER Identification Number #4009P00218
3) Plant Name Spring Gardens
4) Plant Address U.S Hwy 19 South
5) City Homosassa Springs
6) County Citrus
7) Phone Number (813) 782-9236
8) Permit Number #D009125175
9) Plant Type C-3 Extended Aera.
) Test Site Identification Number N/A
) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number
) Type of Effluent Disposal or Reclaimed Water Reuse
Perc/ Evap. Ponds
) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable
) Cumulative Days of Wet Weather Discharge N/A
) Plant Staffing
Day Shift Operator Class C Cert. No 7184
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator _____ C-8921
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.053 L
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.052
(19) Percent of permitted capacity	%	–	265%
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	<1.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	0.55
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
(34) Fecal Coliform			4

DEP Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No: _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month: Oct. Year: 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.049												
2	.049												
3	.049	2.0						7.2					
4	.055	.5						7.2					
5	.046	3.5						7.2					
6	.054	3.0						7.3					
7	.046	2.5						7.3					
8	.046												
9	.046												
10	.046	.5						7.3					
11	.067	.5						7.1					
12	.067	.5						7.2					
13	.029	1.0						7.2					
14	.041	.5						7.1					
15	.043												
16	.043												
17	.043	.5						7.1					
18	.041	.6						7.1					
19	.038	.8						7.1					
20	.040	.8		48	110	2	<1.0	7.2			0.55	4	
21	.052	1.5						7.2					
22	.063												
23	.063												
24	.063	1.0						7.2					
25	.052	1.0						7.2					
26	.057	1.5						7.2					
27	.072	1.5						7.2					
28	.050	2.0						7.2					
29	.074												
30	.074												
31	.074	.5						7.2					

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this mation is true, complete and accurate.

ed: _____ Date: 11-7-94

e (Please Type): Charles P. Painter

pany Name: Southeast Utilities, Inc. Telephone No. (Please Type): (407) 889-9755

Page 3 of 3

DEP Form 17-601.900(1)
Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: June 1, 1991
DEP Application No. ____ Page 2 of 3

D.E.P.
DEC 16 1994
SOUTHWEST DISTRICT
TAMPA

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

nth November Year 1994

nit's DER Identification Number #4009P00218

nt Name Spring Gardens

nt Address U.S Hwy 19 South

y Homosassa Springs

unty Citrus

one Number (813) 782-9236

rmit Number #D009125175

nt Type C-3 Extended Aera.

u Site Identification Number N/A

cal Coliform Sample Method

] Membrane Filter ☐ Most Probable Number

pe of Effluent Disposal or Reclaimed Water Reuse

Perc/ Evap. Ponds

nited Wet Weather Discharge Activated

] Yes ☐ No ☒ Not Applicable

mulative Days of Wet Weather Discharge N/A

nt Staffing

y Shift Operator Class C Cert. No. 7104

ening Shift Operator Class ____ Cert. No. ____

ght Shift Operator Class ____ Cert. No. ____

ad Operator [signature] C-7104
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.050
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.054
(19) Percent of permitted capacity	%	–	270%
(20) $CBOD_5$ Effluent	mg/L	080082	3
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.4
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	2.3
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.4
(32) Maximum Chlorine Residual	mg/L	–	2.5
(33) Other Effluent Parameters			
(34) Fecal Coliform			<1

Page 2 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month NOV. Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.054	2.5						7.4					
2	.049	2.0						7.4					
3	.052	1.0						7.4					
4	.041	1.0						7.4					
5	.056												
6	.056												
7	.056	1.0						7.4					
8	.044	1.0						7.4					
9	.055	.6						7.4					
10	.054	1.0		250	80	3	2	7.4			2.5		
11	.052	1.0						7.4					
12	.048												
13	.048												
14	.048	1.0						7.4					
15	.038	1.0						7.4					
16	.053	1.2						7.4					
17	.047	2.0						7.4					
18	.051	2.5						7.4					
19	.051												
20	.051												
	.051	1.0						7.4				<1	
	.051	2.5						7.4					
	.048	2.0						7.4					
	.046	2.0						7.4					
	.052	2.0						7.4					
	.053												
	.053												
	.053	2.5						7.4					
	.052	2.0						7.4					
	.042	2.0						7.4					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signature: William Casler Date: 12-5-94

Name (Please Type): William CASLER

Company Name: Southeast Utilities, Inc. Telephone No. (Please Type): (907) 889-9755

D.E.P.

JAN 17 1995

SOUTHWEST DISTRICT
TAMPA

DER Form 17-601.300(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DER Application No. ____ Page # of ____

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month DEC. Year 1994

Plant's DER Identification Number #4009P00218

Plant Name Spring Gardens

Plant Address U.S Hwy 19 South

City Homosassa Springs

County Citrus

Phone Number (813) 782-9236

Permit Number #D009125175

Plant Type C-3 Extended Aera.

Test Site Identification Number N/A

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc/ Evap. Ponds

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7104

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8921
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.046
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.050
(19) Percent of permitted capacity	%	–	240%
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	4.2
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	4.05
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			
(34) Fecal Coliform			<1/100

DEP Form: 17-601(2)(b)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No.: [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month DEC. Year 194

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.046	2.0						7.4					
2	.044	2.5						7.4					
3	.052												
4	.052												
5	.052	.8						7.0					
6	.052	.8						7.0					
7	.052	1.0						7.1					
8	.052	2.0		39	30	5	4.2	7.4			40.5		
9	.043	2.0						7.5					
10	.038												
11	.038												
12	.038	.5						7.0					
13	.043	1.0						7.0					
14	.041	2.5						7.0					
15	.047	2.0						7.5					
16	.040	2.0						7.4					
17	.043												
18	.043												
19	.043	.5						7.0					
20	.040	3.0						7.0					
21	.045	.5						7.0					
22	.049	1.0						7.5					
23	.047	1.2						7.2					
24	.053												
25	.053												
26	.053	.8						7.2					
27	.045	1.3						7.2					41
28	.043	1.5						7.4					
29	.038	1.2						7.3					
30	.043	1.0						7.5					
31	.046	1.5						7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signed: Charles P. Painter

Name (Please Type): Charles P. Painter

Company Name: Charles P. Painter

Date: 1/08/95

Telephone No. (Please Type): (407) 889-9755

Page 3 of 3

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month Jan Year 1993
(2) Plant's DER Identification Number 4009P00218
(3) Plant Name Spring Gardens
(4) Plant Address U.S. Highway 19 South
(5) City Homosassa Springs
(6) County Citrus
(7) Phone Number 813-782-9236
(8) Permit Number D009125175
(9) Plant Type 3 C
(0) Test Site Identification Number
11) Fecal Coliform Sample Method 1/13/93 600/100 1/27/93 4/100
[X] Membrane Filter [ ] Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc/Evap Pond
(3) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable
14) Cumulative Days of Wet Weather Discharge
15) Plant Staffing
Day Shift Operator Class ____ Cert. No. ____
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Michael T. Tuttle Signature Cert. No. A-3741

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.018
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.019
(19) Percent of permitted capacity	%	—	95
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.4
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.07
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	.7
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If Issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Jan Year 199

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.018																					
2	.018																					
3	.018																					
4	.017	.5						7.4														
5	.017	.6						7.4														
6	.018	.6						7.4														
7	.017	.6						7.4														
8	.019	.6						7.4														
9	.019																					
10	.019																					
11	.017	.5						7.4														
12	.019	.6						7.4														
13	.019	.6				6	3	7.4			1.07		100/100									
14	.012	.6						7.4														
15	.018	.6						7.4														
16	.018																					
17	.018																					
18	.019	.5						7.4														
19	.020	.7						7.4					<1/100									
20	.014	.7						7.4														
21	.021	.6						7.4														
22	.017	.5						7.4														
23	.017																					
24	.019																					
25	.019	.5						7.4														
26	.018	.5						7.4														
27	.015	.5						7.4														
28	.018	.6						7.4														
29	.018	.6						7.4														
30	.018																					
31	.018																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed Michael T. Putch Date: 2/3/93

Name (Please Type) Michael T. Putch

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) (904) 447-3368

DER Form # 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month Feb. Year 1993

Plant's DER Identification Number 4009P00218

Plant Name Spring Gardens

Plant Address U.S. Highway 19 South

City Homosassa Springs

County Citrus

Phone Number 813-782-9236

Permit Number D009125175

Plant Type 3 C

Test Site Identification Number _____

Fecal Coliform Sample Method 21/100

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc/Evap Pond

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

Cumulative Days of Wet Weather Discharge _____

Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Michael T Futch A-3741
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.019
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.019
(19) Percent of permitted capacity	%	–	95
(20) $CBOD_5$ Effluent	mg/L	080082	7
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.4
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.51
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	.8
(33) Other Effluent Parameters			

Page 2 of 3

MAR 17 1993

DEP Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If Assigned by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Month Feb. Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.019	.6						7.4					
.017	.7						7.4					
.017	.7						7.4					
.017	.7						7.4					
.018	.7						7.4					
.018												
.018												
.021	.5						7.4					
.023	.5						7.4					
.020	.5						7.4					
.020	.5						7.4					
.020	.5						7.4					
.020												
.020												
.013	.5						7.4					
.023	.5						7.4					
.016	.5						7.4					
.019	.6						7.4					
.018	.6						7.4					
.018												
.018												
.016	.6						7.4					
.018	.7						7.4					
.020	.8				7	4	7.4			.51		<1/100
.018	.7						7.4					
.018	.7						7.4					
.018												
.018												

I, Certified Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Michael T Putch A-3741 Date: 3/4/93

Name (Please Type) MICHAEL T. PUTCH

Company Name 78 Hwy. 40 West, INGLIS FL 32649

Telephone No. (Please Type) (904)447-3368

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (If Issued by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

D.E.R.

APR 22 1993

SOUTHWEST DISTRICT TAMPA

DB

Part II - General Information

Month March Year 1993

Plant's DER Identification Number 4009P00218

Plant Name Spring Gardens

Plant Address U.S. Highway 19 South

City Homosassa Springs

County Citrus

Phone Number 813-782-9236

Permit Number D009125175

Plant Type 3 C

Site Identification Number _____

Fecal Coliform Sample Method 21/100

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc/Evap Pond

Used Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge _____

Staffing

Shift Operator Class _____ Cert. No. _____

Lead Shift Operator Class _____ Cert. No. _____

Shift Operator Class _____ Cert. No. _____

Operator Michael T. Futch (Signature) A-3741 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.018
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.018
(19) Percent of permitted capacity	%	—	91
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.4
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.96
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	.8
(33) Other Effluent Parameters			

Page 2 of 3

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month March Year 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.018	.5						7.4												
2	.015	.5						7.4												
3	.019	.7						7.4												
4	.021	.6						7.4												
5	.017	.6						7.4												
6	.017																			
7	.018																			
8	.018	.5						7.4												
9	.019	.7						7.4												
10	.014	.7						7.4												
11	.017	.7						7.4												
12	.023	.6						7.4												
13	.022																			
14	.022																			
15	.020	.5						7.4												
16	.019	.7						7.4												
17	.019	.7						7.4												
18	.017	.7						7.4												
19	.019	.8						7.4												
20	.019																			
21	.019																			
22	.013	.5						7.4												
23	.019	.6				6	2	7.4			.96		<1/100							
24	.018	.6						7.4												
25	.019	.7						7.4												
26	.018	.7						7.4												
27	.018																			
28	.018																			
29	.016	.5						7.4												
30	.021	.5						7.4												
31	.016	.7						7.4												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signed Michael T. Putch

Date: 4/12/93

Name (Please Type) MICHAEL T. PUTCH

Southeast Utilities, Inc.

Telephone No. (Please Type) 407-589-9755

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DEP)

Domestic Wastewater Treatment Plant Monthly Operating Report

D.E.R.

MAY 17 1993

SOUTHWEST DISTRICT
TAMPA

Part II - General Information

1) Month April Year 1993

2) Plant's DER Identification Number 4009P00218

3) Plant Name Spring Gardens

4) Plant Address U.S. Highway 19 South

5) City Homosassa Springs

6) County Citrus

7) Phone Number 813-782-9236

8) Permit Number D009125175

9) Plant Type 3 C

10) Test Site Identification Number:

11) Fecal Coliform Sample Method < 1/100
[X] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc/Evap Pond

13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable

14) Cumulative Days of Wet Weather Discharge

15) Plant Staffing
Day Shift Operator Class ____ Cert. No. ____
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Michael T. Putch (Signature) A-3741 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.020
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.019
(19) Percent of permitted capacity	%	—	95
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.4
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.61
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			

MICHAEL T. PUTCH
S80 Magnolia
INVERNESS, FL 34450

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month April Year 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.016	.8						7.4					
2	.023	.7						7.4					
3	.022												
4	.022												
5	.023	.6						7.4					
6	.023	.6						7.4					
7	.016	.7						7.4					
8	.024	.7						7.4					
9	.024	.7						7.4					
10	.024												
11	.024												
12	.017	.5						7.4					
13	.023	.7				5	1	7.4			1.66		<1/100
14	.021	.7						7.4					
15	.026	.7						7.4					
16	.020	.7						7.4					
17	.020												
18	.020												
19	.021	.5						7.4					
20	.027	.7						7.4					
21	.019	.7						7.4					
22	.015	.7						7.4					
23	.017	1.0						7.4					
24	.017												
25	.019												
26	.017	.5						7.4					
27	.014	1.0						7.4					
28	.020	1.0						7.4					
29	.016	1.0						7.4					
30	.016	1.0						7.4					
31													

ead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and be
formation is true, complete, and accurate.

igned Michael T. Putch

Date: 5-5-93

lame (Please Type) MICHAEL T. PUTCH

ompany Name 260 Marjorie Blvd. INGLIS, FL 34449

Telephone No. (Please Type) (904) 447-336

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

D.E.R.

JUN 17 1993

SOUTHWEST DISTRICT

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month May Year 1993

(2) Plant's DER Identification Number 4009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S. Highway 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number 813-782-9236

(8) Permit Number D009125175

(9) Plant Type 3 C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method <1/100 ML

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc/Evap Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Michael T. Futch (Signature) Cert. No. A-3741

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.022
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.020
(19) Percent of permitted capacity	%	—	100
(20) $CBOD_5$ Effluent	mg/L	080082	8
(21) $CBOD_5$ Effluent	lbs/day	—	-
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	-
(24) Minimum pH		—	7.4
(25) Maximum pH		—	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.30
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	2.0
(33) Other Effluent Parameters			

Page 2 of 3

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ (Facility ID No. OOH)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month May Year 199

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.018												
2	.018												
3	.018	.7						7.4					
4	.018	1.0						7.4					
5	.015	1.5						7.4					
6	.018	1.0						7.4					
7	.018	1.0						7.4					
8	.018												
9	.018												
10	.015	.8						7.4					
11	.015	1.0				8	6	7.4			1.30	5	1/100 mL
12	.016	1.0						7.4					
13	.014	1.0						7.4					
14	.018	2.0						7.4					
15	.018												
16	.018												
17	.014	1.5						7.4					
18	.017	.5						7.4					
19	.016	.8						7.4					
20	.028	1.0						7.8					
21	.033	1.0						7.8					
22	.033	1.0											
23	.033												
24	.029	.6						7.6					
25	.034	1.0						7.6					
26	.032	1.0						7.6					
27	.033	1.0						7.6					
28	.023	.8						7.6					
29	.033	1.0						7.6					
30	.033												
31	.033	1.0						7.6					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: Michael T. Putch Date: 6-9-93

Name (Please Type): MICHAEL T. PUTCH

Company Name: Southeast Utilities, Inc. Telephone No. (Please Type): (904) 447-3368

D.E.R.

JUL 15 1993

SOUTHWEST DISTRICT
TAMPA

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month June Year 1993

2) Plant's DER Identification Number 4009P00218

3) Plant Name Spring Gardens

4) Plant Address U.S. Highway 19 South

5) City Homosassa Springs

6) County Citrus

7) Phone Number 813-782-9236

8) Permit Number D009125175

9) Plant Type 3 C

10) Test Site Identification Number _____

11) Fecal Coliform Sample Method 21/100

[X] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc/Evap Pond

13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

14) Cumulative Days of Wet Weather Discharge _____

15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Michael T. Futch (Signature) A-3741 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.032
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.024
(19) Percent of permitted capacity	%	–	1.23
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.6
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.60
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.4
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If used in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Month June Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	T-N Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.033	.5						7.6					
.033	.8						7.6					
.035	.7						7.6					
.033	.8						7.6					
.033												
.033												
.029	.4						7.6					
.036	.5						7.6					
.031	.7						7.6					
.034	.7						7.6					
.035	.7						7.6					
.035												
.035												
.020	.5						7.6					
.029	.7						7.6					
.036	.7						7.6					
.026	.7				6	2	7.6			3.60		4/100
.036	.7						7.6					
.036												
.036												
.029	.5						7.6					
.032	.8						7.6					
.032	.8						7.6					
.023	.7						7.6					
.029	.8						7.6					
.029												
.029												
.039	.5						7.6					
.032	.7						7.6					
.036	1.0						7.6					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: Michael T. Putch Date: 7/7/93

Name (Please Type): Michael T. Putch

Company Name: Southeast Utilities, Inc. Telephone No. (Please Type): 407-889-9755

D.E.R.

AUG 09 1993

SOUTHWEST DISTRICT
TAMPA

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1993

(2) Plant's DER Identification Number 4009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S. Highway 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number 813-782-9236

(8) Permit Number D009125175

(9) Plant Type 3 C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method < 1/100
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc/Evap Pond

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Michael T. Putch (Signature) Cert. No. A-3741

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.032
(17) Permitted capacity	mgd	–	.020
(18) Three-month average daily flow	mgd	–	.028
(19) Percent of permitted capacity	%	–	140
(20) $CBOD_5$ Effluent	mg/L	080082	10
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.6
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.75
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	1.5
(33) Other Effluent Parameters			0

MICHAEL T. PUTCH
260 Marjorie St.
INGLIS, FL 34449

DEA Form 17-6(N)(DOC1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEA Application No. (if one is on file with DEA)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month July Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
.086	.8						7.6														
.082	1.0						7.6														
.082																					
.032																					
.032	.5						7.6														
.029	1.0						7.6														
.032	1.0						7.6														
.032	.8						7.6														
.041	1.0						7.6														
.041																					
.041																					
.035	.5				10	4	7.6			0.75	<1/100										
.026	.7						7.6														
.033	.7						7.6														
.029	.5						7.6														
.029	.7						7.6														
.029																					
.029																					
.029	.5						7.6														
.026	1.0						7.6														
.035	1.5						7.6														
.033	1.0						7.6														
.033																					
.033	.6						7.6														
.033																					
.031	.7						7.6														
.038	1.0						7.6														
.029	1.0						7.6														
.034	.7						7.6														
.036	1.0						7.6														
.036																					

I, Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Michael T. Putch A-3741 Date: 8/3/93

Name (Please Type): MICHAEL T. PUTCH

Company Name: 260 Marjorie St.

Telephone No. (Please Type): (904) 447-3368

SEP 1 7 1993

DER Form 17-601.900(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Place in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month Aug. Year 1993

) Plant's DER Identification Number 4009P00218

) Plant Name Spring Gardens

) Plant Address U.S. Highway 19 South

) City Homosassa Springs

) County Citrus

) Phone Number 813-782-9236

) Permit Number D009-197389

) Plant Type 3 C

) Test Site Identification Number _____

) Fecal Coliform Sample Method < 1/100

☒ Membrane Filter ☐ Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Perc/Evap Pond

) Limited Wet Weather Discharge Activated

☐ Yes ☒ No ☐ Not Applicable

) Cumulative Days of Wet Weather Discharge _____

) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Patti Murdock (Signature) CT2765 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.030
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.031
(19) Percent of permitted capacity	%	—	156
(20) $CBOD_5$ Effluent	mg/L	080082	8
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.95
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month Aug Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
.043																				
.041	.5						7.6													
.043	1.3						7.4													
.023	1.0						7.4													
.026	1.5						7.4													
.021	1.5						7.4													
.021																				
.021																				
.022	.7						7.4													
.021	.9				8	5	7.4			1.95	<1/100									
.020	.9						7.4													
.019	1.0						7.4													
.037	1.0						7.4													
.037																				
.037																				
.040	.8						7.4													
.039	.8						7.4													
.030	1.0						7.4													
.041	.8						7.4													
.034	.5						7.4													
.034																				
.034																				
.034	.8						7.4													
.030	1.0						7.4													
.021	.7						7.4													
.021	1.0						7.4													
.027	.6						7.2													
.027																				
.027																				
.037	.6						7.2													
.037	.8						7.2													

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mation is true, complete, and accurate.

Signed: Michael T Putch K-3741 Date: 8/30/93

Name (Please Type) Michael T. Putch

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

D.E.P.

OCT 1 5 1993

SOUTHWEST DISTRICT
TAMPA

Domestic Wastewater Treatment Plant
Monthly Operating Report

DER Form No. 17-601(3000)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Part II - General Information

(1) Month Sept Year 1993

(2) Plant's DER Identification Number 4009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S. Highway 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number 813-782-9236

(8) Permit Number DO09-204362

(9) Plant Type 3 C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method < 1/100
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc/Evap Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Peter Murdock (Signature) CE765 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.033
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.032
(19) Percent of permitted capacity	%	—	1.58
(20) $CBOD_5$ Effluent	mg/L	080082	8
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.56
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.4
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			

MICHAEL T. PUTCH
260 Marjorie St.
INGLIS, FL 34449

MICHAE[illegible]
260 M[illegible]
INGLIS, [illegible]

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. [illegible] (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Sept Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.023	1.0						7.2					
.035	1.0						7.2					
.040	.4						7.2					
.047												
.017												
.017	.5				8	5	7.2			456	<	1/100
.040	.5						7.2					
.018	.5						7.2					
.027	.5						7.2					
.022	.5						7.2					
.022												
.022												
.022	.4						7.2					
.018	.5						7.2					
.020	.4						7.2					
.022	1.0						7.2					
.042	.5						7.2					
.040												
.040												
.040	.6						7.2					
.022	1.0						7.6					
.045	.6						7.6					
.045	.4						7.4					
.041	.5						7.5					
.049												
.049												
.047	.6						7.2					
.050	.4						7.2					
.046	1.0						7.4					
.027	1.0						7.4					

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete and accurate.

ned: Michael T. Putch A-3741 Date: 9/28/93

me (Please Type) Michael T. Putch

mpany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

Page 3 of 3

17-40(900)
Domestic Wastewater Treatment Plant
Monthly Operating Report
July 1, 1991

D.E.P.
NOV 15 1993
SOUTHWEST DISTRICT
TAMPA

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month OCT. Year 93

(2) Plant's DER Identification Number 4009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S. Highway 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number 813-782-9236

(8) Permit Number D009125175

(9) Plant Type 3 C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method < 1/100

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc/Evap Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [•] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) *Plant Staffing*

Day Shift Operator Class C Cert. No. 7104

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] C7104
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.048
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.037
(19) Percent of permitted capacity	%	—	185
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.4
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.86
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			

MICHAEL T. PUTCH
260 Marjorie Ave.
INGLIS, FL 34449

DER Form 17-601(800)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34)

Month Oct. Year 93

Day of the month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
	.039	.9						7.4					
	.043												
	.043												
	.043	.5						7.6					
	.042	.7						7.6					
	.043	.4						7.6					
	.058	.5						7.6					
	.046	.8						7.6					
	.035												
	.035												
	.035	.5				16	3	7.6			9.86		
	.047	.5						7.6					
	.063	.5						7.6					
	.051	.8						7.6					
	.049	.5						7.5					
	.059												
	.059												
	.059	.5						7.5					
	.049	1.0						7.5					
	.065	.5						7.4					
	.056	.5						7.4					
	.040	.5						7.4					
	.051												
	.051												
	.051	.8						7.4					
	.045	.8						7.4					
	.089	.5						7.4					
	.050	.5						7.4				< 1/100	
	.059	.5						7.4					
	.067												
	.067												

ad Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, thi

RECEIVED
DEC 17 1993
Department of Environmental Protection
SOUTHWEST DISTRICT
BY

DER Form 17-601.900(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: JULY 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month 7/ou Year 93

(2) Plant's DER Identification Number 4009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S. Highway 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number 813-782-9236

(8) Permit Number DO09125175

(9) Plant Type 3 C

(0) Test Site Identification Number _____

(1) Fecal Coliform Sample Method <1/100

[X] Membrane Filter [ ] Most Probable Number

(2) Type of Effluent Disposal or Reclaimed Water Reuse

Perc/Evap Pond

(3) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

(4) Cumulative Days of Wet Weather Discharge _____

(5) Plant Staffing

Day Shift Operator Class C Cert. No. #7104

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator William Carter C-7104
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.050
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.043
(19) Percent of permitted capacity	%	—	250%
(20) BOD_5 Effluent	mg/L	080082	7
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.4
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.54
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	1.2
(33) Other Effluent Parameters			

DER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (If Issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month 7/94 Year 93

Flow (mgd)	Iodine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.067	.5						7.5					
.086	.5						7.5					
.053	.5						7.5					
.057	.8						7.5					
.052	.6						7.4					
.053												
.053												
.053	.5						7.4					
.048	.5						7.4					
.052	1.1				2	1	7.4			0.54		<1/100
.054	.5						7.4					
.044	.5						7.5					
.051												
.051												
.051	.5						7.3					
.051	.5						7.4					
.041	.5						7.4					
.056	.5						7.5					
.048	.8						7.5					
.036												
.036												
.036	1.0						7.4					
.041	.5						7.4					
.043	1.2						7.4					
.044												
.044	1.0						7.4					
.047												
.049												
.047	.5						7.5					
.051	.5						7.4					
							7.4					

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: William Casler Date: Dec. 2, 1993

Name (Please Type): William CASLER

Company Name: Southeast Utilities, Inc. Telephone No. (Please Type): 407-889-9755

Page 3 of 3

D.E.P

JAN 28 1994

SOUTHWEST DIST...
TAMPA

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month Dec. Year 93

(2) Plant's DER Identification Number 4009P00218

(3) Plant Name Spring Gardens

(4) Plant Address U.S. Highway 19 South

(5) City Homosassa Springs

(6) County Citrus

(7) Phone Number 813-782-9236

(8) Permit Number D009125175

(9) Plant Type 3 C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method < 1 / 100
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc/Evap Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [·] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator _____ (Signature) C #8921 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.057
(17) Permitted capacity	mgd	—	.020
(18) Three-month average daily flow	mgd	—	.05[illegible]
(19) Percent of permitted capacity	%	—	25[illegible]
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.4
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			
Fecal			<1/1

Page 2 of 3

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Dec. Year 93

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.043	.8						7.5					
2	.045	.6						7.5					
3	.045	.8						7.4					
4	.059												
5	.059												
6	.059	.5						7.4					
7	.043	.5				5	1	7.4			3.87		<1/mo
8	.048	.8						7.4					
9	.047	1.0						7.4					
10	.050	.8						7.4					
11	.046												
12	.046												
13	.046	.5						7.4					
14	.048	1.0						7.5					
15	.043	.8						7.5					
16	.052	.5						7.5					
17	.049												
18	.049												
19	.049	.5						7.5					
20	.056												
21	.056	.5						7.5					
22	.050	1.0						7.4					
23	.059	.5						7.4					
24	.049	.6						7.4					
25	.052												
26	.052	.6						7.4					
27	.056												
28	.056	.6						7.4					
29	.059	.6						7.4					
30	.042	.5						7.4					
31	.058	1.0						7.4					

ed Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete and accurate.

ned: Chris Pass Date: 1-8-94

me (Please Type) _____

mpany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-134622

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6501

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] A-6166

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.160
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.143
(19) Percent of permitted capacity	%	--	59%
(20) CBOD5 Effluent	mg/L	80082	2.7
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	7.0
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH		--	6.5
(25) Maximum pH		--	6.9
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	8.11
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chloride Residual	mg/L	--	0.5
(32) Maximum Chloride Residual	mg/L	--	3.5
(33) Other Effluent Parameters			
Fecal			<1
Dissolved Oxygen			0.8

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month January Year 1994

(34) * Flow estimated / new meter on order from State Instruments

Day of the Month	Flow (MGD) *	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.160	1.0						6.8						0.5	
2	0.160	1.0						6.9						0.8	
3	0.160	1.0						6.8						0.6	
4	0.160	2.5						6.8						2.0	
5	0.160	3.5						6.5						2.4	
6	0.160	3.0						6.9						1.0	
7	0.160	3.0						6.6						1.5	
8	0.160	3.0						6.8							
9	0.160	2.5						6.9							
10	0.160	1.5						6.9						0.5	
11	0.160	1.0						6.9						0.6	
12	0.160	1.0		186	224	2.5	6.5	6.9			8.11		<1		
13	0.160	0.5						6.9						0.5	
14	0.160	1.0						6.9						0.6	
15	0.160	1.0						6.9						0.6	
16	0.160	1.0						6.9						0.6	
17	0.160	1.5						6.9						0.5	
18	0.160	1.0						6.8						0.6	
19	0.160	1.0		215	152	2.9	7.5	6.8						0.8	
20	0.160	1.0						6.8						0.8	
21	0.160	1.0						6.8						0.2	
22	0.160	1.0						6.8						0.8	
23	0.160	1.0						6.8						0.8	
24	0.160	1.0						6.8						0.8	
25	0.160	1.0						6.8						0.6	
26	0.160	1.0						6.8						0.6	
27	0.160	2.5						6.7						0.5	
28	0.160	2.5						6.7							
29	0.160	2.5						6.7							
30	0.160	2.5						6.7							
31	0.160	3.0						6.8							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Jesse J. Fantozzi Date: Feb. 14, 1994

Name (Please Type) Jesse J. Fantozzi Telephone No. (Please Type)

Company Name Southern States Utilities/Sugar Mill Country Club 904-427-8319

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-134622

(9) Plant Type: II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Ronald Cowell B-6863

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.150
(17) Permitted capacity	mgd	–	0.270
(18) Three month average daily flow	mgd	–	0.150
(19) Percent of permitted capacity	%	–	56%
(20) CBOD5 Effluent	mg/L	80082	1.05
(21) CBOD5 Effuent	lbs/day	–	---
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	–	---
(24) Minimum pH		–	6.7
(25) Maximum pH		–	6.9
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	12.1
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	–	2.0
(32) Maximum Chloride Residual	mg/L	–	2.5
(33) Other Effluent Parameters			
Fecal			<1
Dissolved Oxygen			1.2

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

(34)

Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen
1	0.150	2.5						6.7						
2	0.150	2.0		127	88	1.0	1.5	6.7					<1	
3	0.150	2.0						6.7			12.1			
4	0.150	2.0						6.7						
5	0.150	2.0						6.7						
6	0.150	2.0						6.7						
7	0.150	2.5						6.7						1.0
8	0.150	2.0						6.9						1.5
9	0.150	2.5						6.8						1.5
10	0.150	2.5						6.7						1.0
11	0.150	2.5						6.8						
12	0.150	2.5						6.8						
13	0.150	2.5						6.8						
14	0.150	2.5						6.7						
15	0.150	2.5						6.8						
16	0.150	2.5		130	136	1.1	2.5	6.7						
17	0.150	2.5						6.7						
18	0.150	2.5						6.8						
19	0.150	2.5						6.8						
20	0.150	2.5						6.8						
21	0.150	2.5						6.7						
22	0.150	2.0						6.8						1.2
23	0.150	2.0						6.8						
24	0.150	2.5						6.7						
25	0.150	2.5						6.8						
26	0.150	2.5						6.7						
27	0.150	2.0						6.7						
28	0.150	2.5						6.7						
29														
30														
31														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Randy Cornell Date 3-29-94

Name Please Type Randy Cornell B-6863 Telephone No Please Type

Company Name Southern States Utilities Sugar Mill Country Club 904-427-6319

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-6319

(8) Permit Number: DO64-213929

(9) Plant Type: WC

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: [signature] B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.120
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.143
(19) Percent of permitted capacity	%	--	44%
(20) CBOD5 Effluent	mg/L	80082	2.4
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH		--	6.7
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	11.6
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	3.0
(33) Other Effluent Parameters			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month March — Year 1994

(34) ** Flow estimated 1st - 8th / New flow meter installed on 9th

Day of the Month	Flow (MGD) **	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen
1	0.150	2.5						6.7						
2	0.150	2.5		160	56	3.4	1.5	6.7			11.6		<1	
3	0.150	2.5						6.8						
4	0.150	2.5						6.8						1.3
5	0.150	2.5						6.7						
6	0.150	2.5						6.8						
7	0.150	2.5						6.8						
8	0.150	2.0						6.7						
9	0.090	3.0						6.6						1.1
10	0.105	2.5						6.7						1.1
11	0.104	2.5						6.7						
12	0.130	2.0						6.7						
13	0.100	2.0						6.7						
14	0.120	2.5						6.8						
15	0.065	2.5						6.7						
16	0.120	2.5		208	268	1.4	5.5	6.7						1.2
17	0.095	2.5						6.7						1.5
18	0.090	2.0						6.7						
19	0.125	2.5						6.8						
20	0.114	3.0						6.7						
21	0.118	3.0						6.7						1.6
22	0.114	2.5						6.8						
23	0.109	2.5						6.8						1.2
24	0.108	2.5						6.8						
25	0.103	2.5						6.7						1.5
26	0.118	2.5						6.7						
27	0.123	2.5						6.6						
28	0.109	2.5						6.8						
29	0.109	2.5						6.8						1.4
30	0.111	2.5						6.7						
31	0.112	2.5						6.8						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed _____ Date _____

Name: Please Type Randy Carmen B-6863 — Telephone No: Please Type

Company Name: Gourmet States of Florida Sugar Mill Country Club — 904-427-6815

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.106
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.125
(19) Percent of permitted capacity	%	--	39%
(20) CBOD5 Effluent	mg/L	80082	2.4
(21) CBOD5 Effluent	lbs/day	--	--
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	--	--
(24) Minimum pH		--	6.7
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	--
(27) TKN	mg/L	000625	--
(28) Ammonia (NH3 - N)	mg/L	000610	--
(29) Nitrate	mg/L	071850	2.75
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.102	2.5						6.8						1.8	
2	0.115	2.0						6.7							
3	0.114	2.0						6.7							
4	0.108	2.0						6.8							
5	0.085	2.5						6.7							
6	0.122	2.5		139	124	0.8	1.0	6.8			2.8		<1		
7	0.092	2.5						6.8							
8	0.111	2.5						6.7						1.1	
9	0.107	2.5						6.7							
10	0.074	2.5						6.7							
11	0.127	2.5						6.8							
12	0.103	2.5						6.8						1.7	
13	0.109	2.0						6.7							
14	0.119	2.5						6.8							
15	0.052	2.5						6.8							
16	0.099	2.0						6.7							
17	0.112	2.5						6.8							
18	0.093	2.0						6.8							
19	0.087	2.5						6.7							
20	0.138	2.5		135	104	4.0	2.0	6.8						1.6	
21	0.082	2.5						6.7							
22	0.178	2.5						6.7							
23	0.070	2.5						6.7							
24	0.115	2.5						6.7							
25	0.111	2.5						6.7						1.8	
26	0.143	2.5						6.8							
27	0.106	2.5						6.7							
28	0.104	2.5						6.7							
29	0.102	2.5						6.7							
30	0.105	2.5						6.8							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed [signature] Date [illegible]

Name (Please Type) Randy Correll B-6553 Telephone No. (Please Type)

Operator Number Department of Utilities Sugar Mill Country Club 904-467-3315

SSU
SERVICES

Deltona Office
255 Enterprise Rd.
Deltona, FL 32725
Business
(407) 574-6680
Customer Service
(407) 574-6608

December 28, 1994

Mr. Alex Alexander
State of Florida
Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

RE: CORRECTIONS TO THE WASTEWATER MONTHLY OPERATING REPORTS FOR SUGAR MILL FOR MAY AND SEPTEMBER, 1994

Dear Mr. Alexander:

Please find enclosed the revised copies of the May and September 1994 Monthly Operating Reports.

On the original of these Monthly Operating Reports, the flows were omitted from the last day of the month.

We apologize for any inconvenience this may have caused.

Sincerely,

Randy L. Cornell
Operator III
Sugar Mill Country Club

DL:kj

Enclosures

cc: Mr. James Brown, Environmental Management, County of Volusia

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DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) *Plant Staffing*

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: [signature] B-6863

Signature Cert No

REVISED

Paramater	UNITS	STORE Code	VALU
(16) Monthly average daily flow	mgd	50053	0.092
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.120
(19) Percent of permitted capacity	%	--	44%
(20) CBOD5 Effluent	mg/L	80082	0.65
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.6
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	17.1
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

REVISED

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Declor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRAT Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVE Oxygen	
1	0.080	2.5						6.7							
2	0.100	2.5						6.7							
3	0.084	2.5						6.7							
4	0.115	2.5		191	192	0.3	5.0	6.7			17.1		<1		
5	0.101	2.5						6.7							
6	0.102	2.5						6.6							
7	0.108	2.5						6.6							
8	0.118	2.5						6.6							
9	0.082	2.5						6.7							
10	0.093	2.5						6.7							
11	0.093	2.0						6.7							
12	0.073	2.5						6.7							
13	0.101	2.0						6.8							
14	0.082	2.0						6.8							
15	0.098	2.5						6.7							
16	0.110	2.5						6.7							
17	0.072	2.5						6.7							
18	0.099	2.0		108	80	1.0	2.0	6.8							
19	0.089	2.0						6.8							
20	0.120	2.5						6.7							
21	0.070	2.0						6.8							
22	0.077	2.0						6.7							
23	0.091	2.5						6.7							
24	0.101	2.5						6.8							
25	0.066	2.5						6.8							
26	0.085	2.5						6.7							
27	0.079	2.0						6.8							
28	0.088	2.0						6.7							
29	0.083	2.5						6.7							
30	0.115	2.5						6.7							
31	0.074	2.5						6.8							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed [signature] Date: 12-27-94

Name (Please Type) Randy Cornell B-6863 Telephone No. (Please Type)

Company Name Southern States Utilites/Sugar Mill Country Club 904-427-8319

Page 3 of 3

DER FORM NO 17-601 900-11
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.090
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.119
(19) Percent of permitted capacity	%	--	44%
(20) CBOD5 Effluent	mg/L	80082	0.65
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.6
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	17.1
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month May — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.080	2.5						6.7							
2	0.100	2.5						6.7							
3	0.084	2.5						6.7							
4	0.115	2.5		191	192	0.3	5.0	6.7			17.1		<1		
5	0.101	2.5						6.7							
6	0.102	2.5						6.6							
7	0.108	2.5						6.6							
8	0.118	2.5						6.6							
9	0.082	2.5						6.7							
10	0.093	2.5						6.7							
11	0.093	2.0						6.7							
12	0.073	2.5						6.7							
13	0.101	2.0						6.8							
14	0.082	2.0						6.8							
15	0.098	2.5						6.7							
16	0.110	2.5						6.7							
17	0.072	2.5						6.7							
18	0.099	2.0		108	80	1.0	2.0	6.8							
19	0.089	2.0						6.8							
20	0.120	2.5						6.7							
21	0.070	2.0						6.8							
22	0.077	2.0						6.7							
23	0.091	2.5						6.7							
24	0.101	2.5						6.8							
25	0.066	2.5						6.8							
26	0.085	2.5						6.7							
27	0.079	2.0						6.8							
28	0.088	2.0						6.7							
29	0.083	2.5						6.7							
30	0.115	2.5						6.7							
31		2.5						6.8							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signed: Randy Cornell — Date: 6-9-94

Name (Please Type): Randy Cornell B-6863 — Telephone No. (Please Type): 904-427-8319

Company Name: Southern States Utilities:Sugar Mill Country Club

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-6853

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.108
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.108
(19) Percent of permitted capacity	%	--	40%
(20) CBOD5 Effluent	mg/L	80082	6.3333
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.7
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	11.1
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.083	2.5		267	192	16.0	4.5	6.7			11.1			1.1	
2	0.087	2.5						6.7							
3	0.070	2.5						6.7					<1		
4	0.090	2.5						6.7							
5	0.077	2.5						6.7							
6	0.095	2.5						6.8							
7	0.131	2.5						6.7							
8	0.076	2.5						6.8						1.5	
9	0.108	2.5						6.7							
10	0.106	2.5						6.7							
11	0.116	2.5						6.7							
12	0.140	2.5						6.7							
13	0.140	2.0						6.7							
14	0.092	2.0						6.8							
15	0.117	2.0		119	112	0.3	2.5	6.7							
16	0.137	2.5						6.8						1.7	
17	0.098	2.5						6.8							
18	0.138	2.5						6.9							
19	0.115	2.5						6.7							
20	0.139	2.5						6.8							
21	0.118	2.5						6.7							
22	0.094	2.5						6.7							
23	0.130	2.5						6.8							
24	0.097	2.5						6.8							
25	0.110	2.5						6.8							
26	0.123	2.5						6.7							
27	0.111	2.5						6.7						1.4	
28	0.100	2.5						6.8							
29	0.107	2.5		40	172	2.7	5.0	6.8							
30	0.099	2.5						6.8							
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed [signature]

Date 7-6-94

Name (Please Type) Randy Cornell B-6863

Telephone No. (Please Type) 904-427-8319

Company Name Southern States Utilites/Sugar Mill Country Club

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.102
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.100
(19) Percent of permitted capacity	%	--	37%
(20) CBOD5 Effluent	mg/L	80082	1.75
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	10.3
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.7
(25) Maximum pH		--	6.9
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	10.6
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.8
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month July Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.085	2.5						6.8						1.2	
2	0.111	2.5						6.7						1.2	
3	0.127	2.5						6.8							
4	0.112	2.5						6.7							
5	0.097	2.5						6.8							
6	0.127	2.5		56	100	1.0	10.0	6.7			10.6		<1		
7	0.087	2.5						6.7						1.5	
8	0.093	2.5						6.8							
9	0.105	2.5						6.7							
10	0.097	2.0						6.8						1.0	
11	0.103	2.0						6.8						0.9	
12	0.096	2.5						6.7						1.0	
13	0.103	2.5						6.7						2.0	
14	0.105	2.7						6.7						1.8	
15	0.116	2.0						6.7							
16	0.082	2.5						6.9							
17	0.058	2.8						6.8							
18	0.102	2.5						6.8							
19	0.087	2.5						6.8							
20	0.105	2.5		92	128	2.5	10.5	6.8							
21	0.091	2.5						6.8						1.5	
22	0.089	2.5						6.8						1.4	
23	0.098	2.5						6.8							
24	0.108	2.5						6.8							
25	0.108	2.5						6.7						1.6	
26	0.106	2.0						6.7							
27	0.101	2.5						6.7							
28	0.120	2.5						6.7							
29	0.076	2.5						6.7							
30	0.130	2.5						6.7							
31	0.125	2.5						6.7							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Randy Cornell

Date: 8-4-94

Name (Please Type): Randy Cornell B-6863

Telephone No. (Please Type): 904-427-8319

Company Name: Southern States Utilities/Sugar Mill Country Club

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.113
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.108
(19) Percent of permitted capacity	%	--	40%
(20) CBOD5 Effluent	mg/L	80082	1.5
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	8.0
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.7
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	13.5
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month August Year 1994

f34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.137	2.5						6.7						2.3	
2	0.136	2.0						6.7							
3	0.095	2.5		46	80			6.7							
4	0.130	2.5				2.4	10.5	6.8					<1		
5	0.108	2.5						6.8						2.5	
6	0.121	2.5						6.8							
7	0.130	2.5						6.8							
8	0.100	2.5						6.8							
9	0.129	2.5						6.8						1.9	
10	0.110	2.5						6.8							
11	0.100	2.5						6.7			13.5				
12	0.057	2.5						6.8							
13	0.115	2.5						6.8							
14	0.115	2.5						6.7							
15	0.112	2.5						6.7						1.5	
16	0.138	2.5						6.7							
17	0.105	2.5		64	60	1.9	12.0	6.7							
18	0.114	2.5						6.7							
19	0.110	2.5						6.7							
20	0.117	2.5						6.8							
21	0.118	2.5						6.7							
22	0.123	2.5						6.7						1.8	
23	0.125	2.5						6.8							
24	0.111	2.5						6.7							
25	0.127	2.5						6.8							
26	0.132	2.5						6.8							
27	0.082	2.5						6.8							
28	0.125	2.5						6.7							
29	0.095	2.5						6.8							
30	0.082	2.5						6.7							
31	0.114	2.5		67	52	0.2	1.5	6.8							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed [signature] Date 9-7-94

Name (Please Type) Randy Cornell B-6863 Telephone No (Please Type)

Company Name Southern States Utilities/Sugar Mill Country Club 904-427-8319

SSU
SERVICES

Deltona Office
255 Enterprise Rd.
Deltona, FL 32725
Business
(407) 574-6680
Customer Service
(407) 574-6608

December 28, 1994

Mr. Alex Alexander
State of Florida
Department of Environmental Protection
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

RE: CORRECTIONS TO THE WASTEWATER MONTHLY OPERATING REPORTS FOR SUGAR MILL FOR MAY AND SEPTEMBER, 1994

Dear Mr. Alexander:

Please find enclosed the revised copies of the May and September 1994 Monthly Operating Reports.

On the original of these Monthly Operating Reports, the flows were omitted from the last day of the month.

We apologize for any inconvenience this may have caused.

Sincerely,

Randy L. Cornell
Operator III
Sugar Mill Country Club

DL:kj

Enclosures

cc: Mr. James Brown, Environmental Management, County of Volusia

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DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

REVISED

(1) Month: Septembe Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Richard Cowell B-6863

Signature Cert No

Paramater	UNITS	STORE Code	VALU
(16) Monthly average daily flow	mgd	50053	0.102
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.106
(19) Percent of permitted capacity	%	--	39%
(20) CBOD5 Effluent	mg/L	80082	1.25
(21) CBOD5 Effuent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	8.0
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.7
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	2.64
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.8
(33) Other Effluent Parameters			

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

REVISED

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club (34)

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRAT Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVE Oxygen	
1	0.093	2.5						6.7							
2	0.107	2.5						6.7						1.7	
3	0.111	2.5						6.8							
4	0.107	2.5						6.7							
5	0.111	2.5						6.7						1.9	
6	0.092	2.5						6.7							
7	0.119	2.5						6.8					<1		
8	0.084	2.5						6.7			2.6				
9	0.105	2.5						6.7							
10	0.123	2.5						6.8							
11	0.060	2.5						6.8							
12	0.086	2.5						6.7							
13	0.096	2.5						6.7						1.7	
14	0.096	2.5		106	84	2.4	8.0	6.7							
15	0.087	2.5						6.7							
16	0.100	2.8						6.7							
17	0.094	2.5						6.8							
18	0.102	2.5						6.7							
19	0.107	2.5						6.7						1.9	
20	0.096	2.5						6.8							
21	0.108	2.5						6.7							
22	0.086	2.5						6.8							
23	0.130	2.0						6.8							
24	0.110	2.5						6.8							
25	0.079	2.5						6.8							
26	0.135	2.5						6.7							
27	0.110	2.5		79	108	0.1	8.0	6.8							
28	0.114	2.5						6.7							
29	0.095	2.5						6.7						1.9	
30	0.102	2.5						6.7							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Randy Cornell Date: 12-27-94

Name (Please Type) Randy Cornell B-6863 Telephone No. (Please Type)

Company Name Southern States Utilities/Sugar Mill Country Club 904-427-8319

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Septembe Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation-Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Richard Connell B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.098
(17) Permitted capacity	mgd	--	0.270
(18) Three monin average daily flow	mgd	--	0.104
(19) Percent of permitted capacity	%	--	39%
(20) CBOD5 Effluent	mg/L	80082	1.25
(21) CBOD5 Effuent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	8.0
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.7
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	2.64
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.8
(33) Other Effluent Parameters			

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month September Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.093	2.5						6.7							
2	0.107	2.5						6.7						1.7	
3	0.111	2.5						6.8							
4	0.107	2.5						6.7							
5	0.111	2.5						6.7						1.9	
6	0.092	2.5						6.7							
7	0.119	2.5						6.8					<1		
8	0.084	2.5						6.7			2.6				
9	0.105	2.5						6.7							
10	0.123	2.5						6.8							
11	0.060	2.5						6.8							
12	0.088	2.5						6.7							
13	0.096	2.5						6.7						1.7	
14	0.096	2.5		106	84	2.4	8.0	6.7							
15	0.087	2.5						6.7							
16	0.100	2.8						6.7							
17	0.094	2.5						6.8							
18	0.102	2.5						6.7							
19	0.107	2.5						6.7						1.9	
20	0.096	2.5						6.8							
21	0.108	2.5						6.7							
22	0.086	2.5						6.8							
23	0.130	2.0						6.8							
24	0.110	2.5						6.8							
25	0.079	2.5						6.8							
26	0.135	2.5						6.7							
27	0.110	2.5		79	108	0.1	8.0	6.8							
28	0.114	2.5						6.7							
29	0.095	2.5						6.7						1.9	
30		2.5						6.7							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed Randy Cornell Date 10-12-94

Name (Please Type) Randy Cornell B-6863 Telephone No. (Please Type) 904-427-8319

Company Name Southern States Utilities Sugar Mill Country Club

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.105
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.105
(19) Percent of permitted capacity	%	--	39%
(20) CBOD5 Effluent	mg/L	80082	1.35
(21) CBOD5 Effuent	lbs/day	--	—
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	--	—
(24) Minimum pH		--	6.7
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	19.6
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.114	2.5						6.7							
2	0.099	2.5						6.7							
3	0.102	2.0						6.6						1.8	
4	0.098	2.0						6.8							
5	0.107	2.5		76	76	1.0	1.0	6.7			19.6		<1	1.7	
6	0.108	2.5						6.7							
7	0.112	2.5						6.7							
8	0.118	2.5						6.8							
9	0.077	2.5						6.8							
10	0.080	2.5						6.8							
11	0.128	2.5						6.8							
12	0.107	2.5						6.7						1.9	
13	0.098	2.5						6.7							
14	0.098	2.5						6.7							
15	0.107	2.5						6.7						1.4	
16	0.108	2.5						6.7							
17	0.103	2.5						6.6							
18	0.101	2.5						6.8							
19	0.103	2.5		151	64	1.7	1.5	6.8							
20	0.102	2.5						6.8							
21	0.098	2.5						6.7							
22	0.104	2.5						6.8							
23	0.101	2.0						6.8							
24	0.103	2.5						6.7						1.7	
25	0.104	2.5						6.7						1.8	
26	0.100	2.5						6.7							
27	0.096	2.0						6.7							
28	0.101	2.0						6.8							
29	0.110	2.5						6.8							
30	0.114	2.5						6.7							
31	0.143	2.5						6.7							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Randy Cornell

Date 11-8-94

Name (Please Type) Randy Cornell B-6863

Telephone NO (Please Type) 904-427-8319

Company Name Southern States Utilites/Sugar Mill Country Club

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Novembe Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.144
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.048
(19) Percent of permitted capacity	%	--	18%
(20) CBOD5 Effluent	mg/L	80082	2.2
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	10.8
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.6
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	11.2
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month November Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 influent (mg/L)	TSS influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.084	2.5						6.7						1.9	
2	0.116	2.5		122	192	1.0	4.0	6.7			11.2		<1		
3	0.108	2.5						6.7							
4	0.122	2.5						6.7							
5	0.103	2.5						6.8							
6	0.080	2.5						6.8							
7	0.123	2.5						6.8							
8	0.093	2.5						6.7						1.7	
9	0.104	2.5						6.7							
10	0.119	2.5						6.7							
11	0.118	2.5						6.8							
12	0.131	2.5						6.7							
13	0.117	2.5						6.7							
14	0.123	2.5						6.7							
15	0.137	2.4						6.8							
16	0.317	2.5						6.8							
17	0.203	2.0						6.8							
18	0.194	2.0						6.8							
19	0.203	2.0						6.8							
20	0.194	2.0						6.8							
21	0.164	2.0						6.8							
22	0.179	2.0						6.8							
23	0.120	2.0						6.7							
24	0.154	2.0						6.7							
25	0.187	2.5						6.6						1.9	
26	0.122	2.5						6.8							
27	0.169	2.5						6.7							
28	0.140	2.5		63	100	3.4	17.5	6.8							
29	0.132	2.5						6.8							
30	0.158	2.5						6.8							
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed Randy Connell

Name (Please Type) Randy Connell B-6863

Company Name Southern States Utilities/Sugar Mill Country Club

Date 12-9-94

Telephone No (Please Type) 904-427-8319

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Decembe Year: 1994

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-213929

(9) Plant Type: II-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Randy Conill B-6863

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.121
(17) Permitted capacity	mgd	--	0.270
(18) Three month average daily flow	mgd	--	0.040
(19) Percent of permitted capacity	%	--	15%
(20) CBOD5 Effluent	mg/L	80082	2.35
(21) CBOD5 Effluent	lbs/day	--	---
(22) TSS Effluent	mg/L	900201	5.8
(23) TSS Effluent	lbs/day	--	---
(24) Minimum pH		--	6.6
(25) Maximum pH		--	6.8
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	18.8
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chloride Residual	mg/L	--	2.0
(32) Maximum Chloride Residual	mg/L	--	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	DISSOLVED Oxygen	
1	0.141	2.5						6.7							
2	0.146	2.5						6.7							
3	0.135	2.5						6.7						1.7	
4	0.122	2.5						6.7						1.7	
5	0.119	2.5						6.7							
6	0.093	2.0						6.7						1.5	
7	0.132	2.5						6.7							
8	0.114	2.5						6.7							
9	0.148	2.5						6.7			16.8		A		
10	0.100	2.5						6.7							
11	0.129	2.0						6.7							
12	0.106	2.5						6.8						1.9	
13	0.121	2.0						6.8							
14	0.120	2.5		62	56	2.3	8.0	6.7							
15	0.093	2.5						6.7							
16	0.104	2.5						6.8							
17	0.089	2.5						6.8							
18	0.140	2.5						6.8							
19	0.126	2.5						6.7						2.0	
20	0.109	2.5						6.7							
21	0.117	2.5		100	56	2.4	3.5	6.7							
22	0.125	2.5						6.6							
23	0.124	2.4						6.7							
24	0.121	2.5						6.7							
25	0.126	2.5						6.7							
26	0.128	2.5						6.7							
27	0.155	2.5						6.7							
28	0.086	2.5						6.7						2.0	
29	0.120	2.5						6.7							
30	0.152	2.5						6.8							
31	0.109	2.5						6.8							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Randy Cornell Date 1-5-95

Name (Please Type) Randy Cornell 8-6863 Telephone No. (Please Type)

Company Name Southern States Utilities/Sugar Mill Country Club 904-427-8319

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3064D04854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-134622

(9) Plant Type: II-C

(10) *Test Site Identification Number:*

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or *Reclaimed Water Reuse*

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No 6501

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator: Original signed by Bret A Zigler C6501

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.140
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	0.52
(20) BODs Effluent	mg/L	80082	12.95
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	13.05
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) *Nitrate*	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	1.0
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
(34) Fecal			

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month: January — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.165	1.0						7.0							
2	0.104	1.0						7.0							
3	0.120	1.0						7.0							
4	0.165	1.0						7.0							
5	0.111	1.0						7.0							
6	0.157	1.0						7.0							
7	0.161	1.0						7.0							
8	0.045	1.0						7.0							
9	0.227	1.0						7.0							
10	0.148	1.0						7.0							
11	0.137	1.0						7.0							
12	0.176	1.0						7.0							
13	0.156	1.0						7.0							
14	0.122	1.0						7.0							
15	0.125	1.0						7.0							
16	0.139	1.0						7.0							
17	0.136	1.0				19.9	6	7.0							
18	0.150	1.0						7.0							
19	0.221	1.0						7.0							
20	0.159	1.0						7.0							
21	0.080	1.0						7.0							
22	0.143	1.0						7.0							
23	0.121	1.0						7.0							
24	0.141	1.0						7.0							
25	0.151	1.0						7.0							
26	0.147	1.0						7.0							
27	0.147	1.0						7.0							
28	0.158	1.0						7.0							
29	0.141	1.0						7.0							
30	0.171	1.0						7.0							
31	0.169	1.0				5.1	21	7.0							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Bret Zigler — Date:

Name (Please Type): Bret A. Zigler — Telephone No. (Please Type):

Company Name: Southern States Utilities Sugar Mill Country Club — 904-427-6319

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64-134622

(9) Plant Type: II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No 6501

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Bret A Zigler C6501

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.158
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	0.58
(20) BODs Effluent	mg/L	80082	5.45
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	5.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
(34) Fecal			<1

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month February — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.152	1.0						7.0							
2	0.125	1.0						7.0							
3	0.125	1.0						7.0							
4	0.190	1.0						7.0							
5	0.156	1.0						7.0							
6	0.175	1.0						7.0							
7	0.121	1.0						7.0							
8	0.177	1.0						7.0							
9	0.117	1.0				4.8	7.5	7.0					<1		
10	0.180	1.0						7.0							
11	0.140	1.0						7.0							
12	0.161	1.0						7.0							
13	0.164	0.5						7.0							
14	0.230	1.0						7.0							
15	0.102	1.0						7.0							
16	0.274	1.0				6.1	3.5	7.0							
17	0.132	1.0						7.0							
18	0.216	1.0						7.0							
19	0.139	1.0						7.0							
20	0.163	1.0						7.0							
21	0.118	1.0						7.0							
22	0.158	1.0						7.0							
23	0.143	1.0						7.0							
24	0.145	1.0						7.0							
25	0.122	1.0						7.0							
26	0.144	1.0						7.0							
27	0.155	1.0						7.0							
28	0.150	1.0						7.0							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Bret Zigler — Date: 3-3-93

Name (Please Type): Bret A. Zigler — Telephone No. (Please Type): 904-427-8315

Company Name: Southern States Utilities/Sugar Mill Country Club

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6501

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Bret Zigler C650[illegible]

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.176
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.158
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	5.5
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	11.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	0.8
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
(34) Fecal			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month March — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.188	1.0						7.0							
2	0.207	1.0				7.8	9.0	7.0					<1		
3	0.149	1.0						7.0							
4	0.131	1.0						7.0							
5	0.176	1.0						7.0							
6	0.170	1.0						7.0							
7	0.216	1.0						7.0							
8	0.214	1.0						7.0							
9	0.134	1.0						7.0							
10	0.173	1.0						7.0							
11	0.108	1.0						7.0							
12	0.179	1.0						7.0							
13	0.100	1.0						7.0							
14	0.210	1.0						7.0							
15	0.170	1.0						7.0							
16	0.173	1.0				3.3	13.0	7.0							
17	0.141	1.0						7.0							
18	0.118	1.0						7.0							
19	0.184	1.0						7.0							
20	0.199	1.0						7.0							
21	0.192	1.0						7.0							
22	0.176	1.0						7.0							
23	0.152	0.8						7.0							
24	0.240	1.0						7.0							
25	0.230	1.0						7.0							
26	0.113	1.0						7.0							
27	0.157	1.0						7.2							
28	0.218	1.0						7.0							
29	0.236	1.0						7.0							
30	0.206	1.0						7.0							
31	0.201	1.0						7.0							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Original Signed by Bret Zigler — Date 4-9-93

Name (Please Type) Bret Zigler — Telephone No. (Please Type) 804-427-6319

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert No 6501

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Bret Zigler C6501

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.151
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.161
(19) Percent of permitted capacity	%	-	0.56
(20) BODs Effluent	mg/L	80082	7.7
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	17.25
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Fecal			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month April — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.202	0.5						7.0							
2	0.171	0.8						7.0							
3	0.127	1.0						7.0							
4	0.126	1.0						7.0							
5	0.103	1.0						7.0							
6	0.151	1.0						7.0							
7	0.164	1.0				9.8	16.5	7.0					>1		
8	0.176	1.0						7.0							
9	0.168	0.8						7.0							
10	0.156	1.0						7.0							
11	0.194	1.0						7.0							
12	0.165	1.0						7.0							
13	0.145	1.0						7.0							
14	0.180	0.5						6.9							
15	0.142	1.0						7.0							
16	0.082	0.8						6.9							
17	0.131	1.0						7.0							
18	0.210	1.0						7.0							
19	0.193	1.0						7.0							
20	0.149	1.0						6.9							
21	0.130	1.0						6.9							
22	0.142	1.0						6.9							
23	0.133	1.0						6.9							
24	0.165	1.0						6.9							
25	0.138	1.0						6.9							
26	0.140	1.0				5.6	18.2	6.9							
27	0.140	1.0						6.9							
28	0.140	1.5						6.9							
29	0.136	2.0						6.9							
30	0.118	3.0						7.0							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Brat Zigler — Date: 5-10-93

Name (Please Type): Brat Zigler — Telephone No. (Please Type): 904-427-5315

Company Name: Southern States Utilities

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No: 6501

Evening Shift Operator Class: Cert. No:

Night Shift Operator Class: Cert. No:

Lead Operator: Original signed by Bret Zigler C6501

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.123
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.150
(19) Percent of permitted capacity	%	-	0.45
(20) BODs Effluent	mg/L	80082	4.95
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	6.75
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.43
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
(34) Fecal			<1

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month May — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.191	2.0						7.0							
2	0.125	2.0						7.0							
3	0.092	0.5						7.0							
4	0.153	1.0		125	160	4.2	10.0	6.9			3.43		<1		
5	0.115	0.5						7.0							
6	0.145	1.0						6.9							
7	0.143	1.0						6.9							
8	0.116	1.0						6.9							
9	0.115	1.0						6.9							
10	0.123	1.0						6.9							
11	0.133	1.0						6.9							
12	0.133	1.0						6.9							
13	0.123	1.0						6.9							
14	0.123	1.0						6.9							
15	0.076	1.0						6.9							
16	0.166	1.0						6.9							
17	0.114	1.0						6.9							
18	0.128	1.0						6.9							
19	0.140	1.0		184	80	5.7	3.5	6.9					<1		
20	0.104	1.0						6.9							
21	0.085	1.0						6.9							
22	0.119	1.0						7.0							
23	0.176	1.0						7.0							
24	0.048	1.0						6.9							
25	0.170	1.0						6.9							
26	0.104	1.0						6.9							
27	0.126	1.0						6.9							
28	0.114	1.0						6.9							
29	0.119	1.0						6.9							
30	0.114	1.0						6.9							
31	0.067	1.0						6.9							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original Signed by Bret Zigler — Date: 6-2-93

Name (Please Type): Bret Zigler — Telephone No. (Please Type): 904-427-6319

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6501

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Bret Zigler C6501

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.117
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.130
(19) Percent of permitted capacity	%	-	0.43
(20) BODs Effluent	mg/L	80082	3.2
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.00
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.01
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	1.0
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
(34) Fecal			<1

DER FORM NO 17-601 800 (1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month June — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.063	1.0						7.0							
2	0.168	1.0						6.9							
3	0.124	1.0		112	120	3.8	1	6.9					<1		
4	0.103	1.0						6.9							
5	0.131	1.0						6.9							
6	0.182	1.0						6.9							
7	0.109	1.0						6.9							
8	0.120	1.0						6.9							
9	0.126	1.0		80	60	2.6	5	6.9			1.01				
10	0.106	1.0						6.9							
11	0.113	1.0						6.9							
12	0.116	1.0						6.9							
13	0.114	1.0						6.9							
14	0.083	1.0						6.9							
15	0.119	1.0						6.9							
16	0.094	1.0						6.9							
17	0.960	1.0						6.9							
18	0.142	1.0						6.9							
19	0.063	1.0						6.9							
20	0.082	1.0						6.9							
21	0.127	1.0						6.9							
22	0.111	1.0						6.9							
23	0.093	1.0						6.9							
24	0.116	1.0						6.9							
25	0.103	1.0						6.9							
26	0.117	1.0						6.9							
27	0.125	1.0						6.9							
28	0.083	1.0						6.9							
29	0.140	1.0						6.9							
30	0.127	1.0						6.9							
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Bret Zigler — Date 7-8-93

Name (Please Type) Bret Zigler — Telephone No. (Please Type) 904-427-8315

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134522

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6501

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Bret Zigler C650*
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.1149
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.118
(19) Percent of permitted capacity	%	-	0.42
(20) BODs Effluent	mg/L	80082	3.65
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	8.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.9
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.38
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	
(32) Maximum Chloride Residual	mg/L	-	
(33) Other Effluent Parameters			
(34) Fecal			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month July — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.096	1.0						6.9							
2	0.114	1.0						6.9							
3	0.074	1.0						6.9							
4	0.137	1.0						6.9							
5	0.131	1.0						6.9							
6	0.095	1.0						6.9							
7	0.054	1.0						6.9							
8	0.121	1.0		67	115	2.6	8	6.9			1.36				
9	0.141	1.0						6.9							
10	0.079	1.0						6.9							
11	0.139	1.0						6.9							
12	0.121	1.0						6.9							
13	0.107	1.0						6.9							
14	0.070	1.0						6.9							
15	0.062	1.0						6.9							
16	0.164	1.0						6.9							
17	0.063	1.0						6.9							
18	0.118	1.0						6.9							
19	0.106	1.0						6.9							
20	0.128	1.0						6.9							
21	0.125	1.0		113.5	106	4.7	9	6.9					<1		
22	0.115	1.0						6.9							
23	0.155	1.0						6.9							
24	0.206	1.0						6.9							
25	0.107	1.0						6.9							
26	0.132	1.0						6.9							
27	0.125	1.0						6.9							
28	0.172	1.0						6.9							
29	0.076	1.0						6.9							
30	0.029	1.0						6.9							
31	0.140	1.0						7.0							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original Signed by Bret Zigler — Date: 8-9-93

Name (Please Type): Bret Zigler — Telephone No (Please Type): 904-427-8318

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6501

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Bret Zigler C6501

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.117
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.119
(19) Percent of permitted capacity	%	-	0.43
(20) BODs Effluent	mg/L	80082	2.05
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.00
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.2
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	1
(32) Maximum Chloride Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Fecal			<1

DER FORM NO 17-[illegible]
FORM TITLE [illegible]
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month August — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.117	1.5						6.9							
2	0.117	1.0						7.0							
3	0.117	1.0						6.9							
4	0.117	2.5						6.9							
5	0.117	2.5		110	66	1.9	1	6.5			4.5				
6	0.117	2.5						6.5							
7	0.117	2.0						6.2							
8	0.117	2.0						6.5							
9	0.117	2.2						6.5							
10	0.117	2.0						6.5							
11	0.117	2.0						6.6							
12	0.117	2.0						6.8							
13	0.117	2.0						7.0							
14	0.117	2.0						7.0							
15	0.117	1.5						6.8							
16	0.117	1.5						6.8							
17	0.117	1.0						6.7							
18	0.117	3.0		171	184	2.2	3	6.5							
19	0.117	1.0						6.8							
20	0.117	2.0						6.8							
21	0.117	1.5						6.8							
22	0.117	2.0						6.7							
23	0.117	2.0						6.8							
24	0.117	2.0						6.8							
25	0.117	2.0						6.9							
26	0.117	2.0						6.7					<1		
27	0.117	2.0						6.8							
28	0.117	2.0						6.8							
29	0.117	2.0						6.5							
30	0.117	2.0						6.7							
31	0.117	2.5						6.8							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original Signed by Bret Zigler — Date 9-7-93

Name (Please Type) Bret Zigler — Telephone No (Please Type) 904-427-8316

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Septembe Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6501

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Bret Zigler C650:

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.118
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.118
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	2.5
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.6
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	10.5
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	-
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Fecal			1

DER FORM NO 17-601.200(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month September — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.118	3.0						6.8							
2	0.118	2.5						6.8							
3	0.118	2.5						6.8							
4	0.118	3.0						6.7							
5	0.118	3.0						6.7							
6	0.118	3.0						6.6							
7	0.118	3.0						6.7							
8	0.118	2.0						6.8			10.5				
9	0.118	2.0		222	108	3.2	2.5	6.8							
10	0.118	0.5						7.0							
11	0.118	1.0						7.0							
12	0.118	1.0						7.0							
13	0.118	1.0						6.8							
14	0.118	1.0						6.8							
15	0.118	1.0		337	44	1.2	2.3	6.8							
16	0.118	1.0						6.8					1		
17	0.118	1.0						6.8							
18	0.118	1.0						6.8							
19	0.118	1.0						6.8							
20	0.118	2.0						6.8							
21	0.118	1.5						6.9							
22	0.118	1.5						6.9							
23	0.118	1.0						6.9							
24	0.118	1.0						6.9							
25	0.118	1.0						6.9							
26	0.118	1.0						6.9							
27	0.118	1.0						6.9							
28	0.118	1.0						6.9							
29	0.118	1.0						6.9							
30	0.118	1.0						6.9							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Bret Zigler — Date: 10-4-93

Name (Please Type): Bret Zigler — Telephone No. (Please Type):

Company Name: Southern States Utilities — 904-427-2319

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6501

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator: Original signed by Bret Zigler C6501

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50058	0.118
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.118
(19) Percent of permitted capacity	%	-	0.43
(20) BODs Effluent	mg/L	80082	2.2
(21) BODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.6
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.52
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	0.6
(32) Maximum Chloride Residual	mg/L	-	1.5
(33) Other Effluent Parameters			
(34) Fecal			<1

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month October — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.118	1.5						6.9							
2	0.118	1.0						6.9							
3	0.118	1.0						6.9							
4	0.118	1.0						6.9							
5	0.118	1.0						6.9							
6	0.118	1.0						6.9							
7	0.118	1.0		107	124	18	5	6.9							
8	0.118	1.0						6.9							
9	0.118	1.0						6.9							
10	0.118	1.0						6.9							
11	0.118	1.0						6.8							
12	0.118	1.0						6.8							
13	0.118	1.0						6.8							
14	0.118	1.0						6.8							
15	0.118	1.0						6.8							
16	0.118	1.0						6.8							
17	0.118	1.0						6.8							
18	0.118	1.0						6.8							
19	0.118	1.0						6.8							
20	0.118	1.0		120	100	2.5	1	6.8					<1		
21	0.118	1.0						6.8							
22	0.118	1.0						6.9							
23	0.118	1.0						6.9							
24	0.118	1.0						6.9							
25	0.118	1.0						6.9							
26	0.118	0.8						6.9							
27	0.118	1.0						6.8							
28	0.118	1.5						6.6							
29	0.118	1.0						6.6			8.52				
30	0.118	1.0						6.8							
31	0.118	1.0						6.8							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original Signed by Bret Zigler — Date: 11-2-93

Name (Please Type): Bret Zigler — Telephone No. (Please Type): 904-427-8319

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Novembe Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6501

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Original signed by Bret Zigler C6501

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.140
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.125
(19) Percent of permitted capacity	%	-	51%
(20) BODs Effluent	mg/L	80082	
(21) BODs Effluent	lbs/day	-	3.2
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.6
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.66
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	0.6
(32) Maximum Chloride Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
(34) Fecal			<1
(35) Disolved Oxygen			0.8

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month November Year 1993

(34)

Day of the Month	Flow (MGD) ESTIMATED	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM	DISOLVED OXYGEN	
1	0.140	1.0						6.9						1.0	
2	0.140	1.0						6.9						1.0	
3	0.140	1.0		202	100	3.5	5	6.6			9.86		<1	1.0	
4	0.140	1.0						6.8						1.0	
5	0.140	1.0						6.8						0.8	
6	0.140	1.0						6.8						0.8	
7	0.140	1.0						6.8						0.8	
8	0.140	0.6						6.8						0.8	
9	0.140	1.0						6.8						1.0	
10	0.140	2.0						6.5						1.2	
11	0.140	1.0						6.8						1.5	
12	0.140	1.0						6.8						0.6	
13	0.140	1.0						6.8						0.6	
14	0.140	1.0						6.8						0.4	
15	0.140	1.0						6.8						0.4	
16	0.140	1.0						6.5						0.4	
17	0.140	0.6						6.8						0.6	
18	0.140	0.8		147	112	2.9	1	6.8						0.6	
19	0.140	1.0						6.8						0.6	
20	0.140	1.0						6.8						0.6	
21	0.140	1.0						6.8						0.6	
22	0.140	1.0						6.8						0.6	
23	0.140	1.5						6.8						0.6	
24	0.140	1.0						6.8						0.6	
25	0.140	1.5						6.6						0.6	
26	0.140	1.0						6.6						0.6	
27	0.140	1.0						6.8						0.6	
28	0.140	1.0						6.8						0.6	
29	0.140	1.0						6.6						0.5	
30	0.140	1.0						6.6						0.5	
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Bret Zigler — Date: 12/1/93

Name (Please Type): Bret Zigler — Telephone No. (Please Type): 904-427-6318

Company Name: Southern States Utilities

Flow meter on order

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3064DO4854

(3) Plant Name: Sugar Mill Country Club

(4) Plant Address: 401 Clubhouse Blvd.

(5) City: New Smyrna Beach, Fl 32168

(6) County: Volusia

(7) Phone Number: 904-427-8319

(8) Permit Number: DO64134622

(9) Plant Type: II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation/Percolation Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6501

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Bret Zigler C6501

Signature Cert No

Paramater	UNITS	STORE Code	VALU
(16) Monthly average daily flow	mgd	50050	0.150
(17) Permitted capacity	mgd	-	0.270
(18) Three month average daily flow	mgd	-	0.136
(19) Percent of permitted capacity	%	-	55.00
(20) BODs Effluent	mg/L	80082	4.0
(21) BODs Effuent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	14.3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.7
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.91
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Fecal			< 1
(35) Dissolved Oxygen			0.5

DER FORM NO. 17-601.900.1.
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugar Mill Country Club — Month December — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM	Dissolved Oxygen	
1	0.150	1.0		93	122	1.9	4.6	6.8					<1	0.6	
2	0.150	1.0						6.8			4.91			0.6	
3	0.150	1.0						6.8						0.5	
4	0.150	1.0						6.8						0.5	
5	0.150	1.0						6.8						0.5	
6	0.150	1.0						6.8						0.6	
7	0.150	0.2						7.2						0.2	
8	0.150	3.0						7.0						0.4	
9	0.150	1.5						6.8						0.4	
10	0.150	1.0						6.8						0.5	
11	0.150	0.8						6.8						0.6	
12	0.150	0.8						6.9						0.5	
13	0.150	0.8						6.9						0.5	
14	0.150	0.6						6.9						0.6	
15	0.150	0.8		132	112	0	24	6.9						0.6	
16	0.150	0.8						6.9						0.6	
17	0.150	0.8						6.9						0.6	
18	0.150	0.8						6.8						0.6	
19	0.150	0.8						6.8						0.6	
20	0.150	0.8						6.8						0.5	
21	0.150	0.8						6.7						0.5	
22	0.150	0.9						6.8						0.6	
23	0.150	1.0						6.9						0.6	
24	0.150	0.8						6.9						0.6	
25	0.150	0.6						6.9						0.6	
26	0.150	1.0						6.9						0.6	
27	0.150	1.0						6.9						0.6	
28	0.150	1.0						6.9						0.6	
29	0.150	1.0						6.9						0.6	
30	0.150	1.0						6.9						0.6	
31	0.150	1.0						6.9						0.6	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original Signed By Bret Zigler — Date: 11-2-93

Name (Please Type): Bret Zigler — Telephone No. (Please Type): 904-427-8315

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No.: 3086

Evening Shift Operator Class: Cert. No.:

Night Shift Operator Class: Cert. No.:

Lead Operator: Original signed by Thomas P. Seage A-3086

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.257
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	3
(21) BODs Effluent	lbs/day	-	6
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	2.7
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.1
(32) Maximum Chloride Residual	mg/L	-	2.6
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34)

Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.280														
2	0.248														
3	0.268	1.2						7.2							
4	0.230	1.4						7.4							
5	0.254	2.1		110	186	8	2	7.3			2.28				
6	0.242	2.4						7.4					< 1		
7	0.239	2.6						7.4							
8	0.273														
9	0.238														
10	0.306	2.5						7.4							
11	0.215	1.9						7.4							
12	0.239	2.4		145	148	2	1	7.5			2.56				
13	0.290	1.2						7.3							
14	0.307	1.4						7.3							
15	0.255														
16	0.218														
17	0.280	1.1						7.4							
18	0.222	1.2						7.3							
19	0.250	1.6		175	182	1	1	7.4			10.4				
20	0.263	1.6						7.3							
21	0.301	1.5						7.3							
22	0.214														
23	0.242														
24	0.242	2.2						7.3							
25	0.229	1.7						7.4							
26	0.229	2.3		200	174	7	1	7.4			0.1				
27	0.253	2.2						7.3							
28	0.266	2.5						7.4							
29	0.353														
30	0.229														
31	0.285	2.6						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Thomas P. Seager Date: 2-10-94

Name (Please Type): Thomas P. Seager Telephone No. (Please Type): (904) 382-2500

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158875

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operato Original signed by Thomas P. Seager A-3086

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.262
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.248
(19) Percent of permitted capacity	%	-	52%
(20) BODs Effluent	mg/L	80082	1.5
(21) BODs Effluent	lbs/day	-	3.3
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	2.8
(24) Minimum pH			7.3
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.1
(33) Other Effluent Parameters			
Fecal Coliform			<0.01

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods — Month February — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.272	1.9						7.3							
2	0.278	1.7						7.4							
3	0.296	1.3		190	206	1	1	7.4			13.3		<3		
4	0.314	1.1						7.4							
5	0.213														
6	0.231														
7	0.264	1.4						7.3							
8	0.235	1.8						7.3							
9	0.245	2.3						7.3							
10	0.252	2.7		250	288	2	1	7.3			0.1				
11	0.293	2.8						7.5							
12	0.258														
13	0.252														
14	0.263	2.0						7.5							
15	0.257	3.6						7.3							
16	0.251	2.3		175	256	2	1	7.4			3.67				
17	0.274	3.1						7.3							
18	0.404	2.6						7.3							
19	0.182														
20	0.206														
21	0.267	1.9						7.4							
22	0.249	1.4						7.4							
23	0.257	2.7		160	152	1	2	7.4			0.1				
24	0.273	1.1						7.5							
25	0.277	1.8						7.4							
26	0.289														
27	0.295														
28	0.267	1.3						7.5							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Thomas P. Seager — Date: 3-3-94

Name (Please Type): Thomas P. Seager — Telephone No. (Please Type): (904) 382-2509

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: [signature] A 72 Y

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.261
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.260
(19) Percent of permitted capacity	%	-	52%
(20) BODs Effluent	mg/L	80082	5.3
(21) BODs Effluent	lbs/day	-	11.4
(22) TSS Effluent	mg/L	900201	2.3
(23) TSS Effluent	lbs/day	-	4.9
(24) Minimum pH			7.2
(25) Maximum pH			7.51
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.10
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.3
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-601.200 (1)
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods — Month: March — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.271	1.5						7.4							
2	0.259	2.6						7.5							
3	0.264	2.8				2	1	7.5			0.1		< 01		
4	0.378	3.3						7.5							
5	0.157														
6	0.214														
7	0.275	1.3						7.2							
8	0.251	1.9						7.4							
9	0.257	2.3		190	144	4	1	7.4			0.1				
10	0.308	2.2						7.4							
11	0.250	1.2						7.3							
12	0.211														
13	0.251														
14	0.257	1.8						7.4							
15	0.234	2.1						7.4							
16	0.232	2.2		160	364	14	5	7.4			0.1				
17	0.254	3.3						7.4							
18	0.348	1.9						7.4							
19	0.212														
20	0.210														
21	0.267	1.3						7.5							
22	0.259	1.1						7.4							
23	0.257	2.6						7.4							
24	0.264	2.0		180	152	1	2	7.4			0.1				
25	0.292	1.6						7.5							
26	0.296														
27	0.237														
28	0.296	1.1						7.5							
29	0.256	1.3						7.5							
30	0.290	1.8						7.5							
31	0.256	1.8						7.5							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] Date: 4-14-94

Name (Please Type): [illegible] Telephone No. (Please Type):

Company Name: Southern States Utilities (904) 382-2500

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Thomas Pryor A.3281

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.253
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.259
(19) Percent of permitted capacity	%	-	52%
(20) BODs Effluent	mg/L	80082	2.9
(21) BODs Effluent	lbs/day	-	6.1
(22) TSS Effluent	mg/L	900201	3.9
(23) TSS Effluent	lbs/day	-	8.2
(24) Minimum pH			7.22
(25) Maximum pH			7.68
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1
(32) Maximum Chlorine Residual	mg/L	-	3
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601 900(
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34)

Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.296	1.7						7.5							
2	0.289														
3	0.230														
4	0.273	2.4						7.5							
5	0.250	1.2						7.5							
6	0.257	2.8						7.5							
7	0.252	1.9		195	156	4	2	7.4					< 01		
8	0.156	1.5						7.4							
9	0.352														
10	0.224														
11	0.256	1.0						7.6							
12	0.241	2.5						7.7							
13	0.247	2.1		135	130	< 1	2	7.6			<0.10				
14	0.259	2.6						7.5							
15	0.330	3.0						7.2							
16	0.209														
17	0.185														
18	0.257	2.3						7.6							
19	0.243	1.6		133		2.4		7.6							
20	0.247	2.2			104		6.5	7.7			<0.10				
21	0.254	2.0						7.7							
22	0.275														
23	0.245														
24	0.325	2.1						7.5							
25	0.184	1.8						7.5							
26	0.243	1.8		173	104	5.2	5	7.5							
27	0.230	3.0						7.5							
28	0.239	2.8						7.5							
29	0.228	2.9						7.4							
30	0.257														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed [signature] Date 5-11-94

Name (Please Type) Telephone No (Please Type

Company Name Southern States Utilities (904) 382-2500

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

. Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) *Cumulative Days of Wet Weather Discharge*

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator ____ A 3086

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.175
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.058
(19) Percent of permitted capacity	%	-	12%
(20) BODs Effluent	mg/L	80082	4.5
(21) BODs Effluent	lbs/day	-	6.6
(22) TSS Effluent	mg/L	900201	3.3
(23) TSS Effluent	lbs/day	-	4.9
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.10
(30) Total Phosphorus	mg/L	000665	
(31) *Minimum Chloride Residual*	mg/L	-	0.6
(32) Maximum Chloride Residual	mg/L	-	3.7
(33) Other Effluent Parameters			
Fecal Coliform			

DEP Form No.	17-601.900(1)
Form Title	Domestic Wastewater Treatment Monthly Operating Report
Effective Date	July 1, 1994
DEP Application No.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods

Month May Year 1994

(341)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.236														
2	0.279	3.3						7.5							
3	0.254	2.1			196		3.0	7.6							
4	0.145	3.4						7.6							
5	0.140	3.5						7.5							
6	0.150	2.2						7.5							
7	0.151														
8	0.120														
9	0.186	1.8						7.6							
10	0.136	1.4		205	96	7.8	3.0	7.6							
11	0.140	1.9						7.4			0.10		<.01		
12	0.192	2.5						7.4							
13	0.101	2.9						7.4							
14	0.185														
15	0.122														
16	0.159	3.4						7.4							
17	0.140	3.3		73	188	1.2	4.0	7.4							
18	0.134	3.7						7.4							
19	0.194	3.5						7.4			0.10		<.01		
20	0.104	2.1						7.5							
21	0.131														
22	0.106														
23	0.137	1.8						7.4							
24	0.120	2.2						7.4							
25	0.194	1.9						7.4							
26	0.232	2.0						7.4							
27	0.260	1.3						7.5							
28	0.256														
29	0.210														
30	0.277														
31	0.230	0.8						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed _____ Date _____

Name (Please Type) Thomas P. Seager Telephone No. (Please Type) (904) 382-2500

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 3086

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.248
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.225
(19) Percent of permitted capacity	%	-	45%
(20) BODs Effluent	mg/L	80082	1.8
(21) BODs Effluent	lbs/day	-	3.8
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	3.6
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.39
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.8
(32) Maximum Chloride Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			0.002

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34) Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.230	2.5													
2	0.239	2.1		80	66	4.0	2.0				0.24		<1/100		
3	0.258	2.3													
4	0.233														
5	0.221														
6	0.255	2.6													
7	0.237	3.0		74	92	1.3	2.0								
8	0.255	2.6									0.16		0.01		
9	0.254	2.1													
10	0.276	2.5													
11	0.256														
12	0.234														
13	0.273	2.1													
14	0.253	2.3		67	124	1.0	2.0								
15	0.235	2.2									8.22		<1/100		
16	0.251	2.2													
17	0.278	1.3													
18	0.275														
19	0.206														
20	0.285	0.6													
21	0.241	1.6		97	900	1.0	1.0								
22	0.245	2.6									0.94		<1/100		
23	0.239	2.5													
24	0.255	3.2													
25	0.246														
26	0.241														
27	0.255	2.8													
28	0.181	3.3													
29	0.282	3.5		117	124	6.0	1.0				0.92		<1/100		
30	0.233	2.7													
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed _____ Date _____

Name (Please Type) Thomas P. Seager Telephone No. (Please Type)

Company Name Southern States Utilities (904) 382-2500

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Thomas P Bey A.3086

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.235
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	~~0.230~~ 0.219
(19) Percent of permitted capacity	%	-	~~46~~ 44
(20) BODs Effluent	mg/L	80082	2.2
(21) BODs Effluent	lbs/day	-	4.2
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	-	3.2
(24) Minimum pH			7.4
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.78
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.7
(32) Maximum Chloride Residual	mg/L	-	18.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (341) Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (s.u.)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.281	2.1						7.4							
2	0.301														
3	0.157														
4	0.247	3.5						7.5							
5	0.251	1.4						7.7							
6	0.098	18.0		61	52	2.0	1.5	7.5					<1		
7	0.236	1.1						7.6			1.12				
8	0.308	1.3						7.5							
9	0.232														
10	0.179														
11	0.246	1.0						7.6							
12	0.237	0.8						7.6			0.43		<1		
13	0.250	0.7		68	56	2.6	2.0	7.5							
14	0.206	1.2						7.5							
15	0.250	2.3						7.5							
16	0.238														
17	0.212	1.9						7.4							
18	0.244	1.9						7.4							
19	0.252	2.7						7.5					<1		
20	0.225	2.1		56	132	1.0	2.0	7.5							
21	0.231	2.5						7.4							
22	0.310	1.7						7.4							
23	0.202														
24	0.193														
25	0.247	2.6						7.4							
26	0.237	2.8						7.4							
27	0.249	2.3		95	80	3.1	1.0	7.5							
28	0.215	2.2						7.5							
29	0.393	3.1						7.5							
30	0.130														
31	0.231														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signed Thomas P. Lang Date 8.12.94

Name (Please Type) Telephone No (Please Type)

Company Name Southern States Utilities (904) 382-2500

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year 1994

(2) Plant DER Identification Number: 4009P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009-218511

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No ____

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator: [signature] #5515

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.246
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.243
(19) Percent of permitted capacity	%	-	49%
(20) BODs Effluent	mg/L	80082	1.7
(21) BODs Effluent	lbs/day	-	3.4
(22) TSS Effluent	mg/L	900201	3.6
(23) TSS Effluent	lbs/day	-	7.4
(24) Minimum pH			7.4
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.45
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.300(3)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34)

Month August Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.258	2.2						7.4							
2	0.271	0.7		52	104	2.6	2.0	7.4							
3	0.214	1.6						7.4			8.18		<1		
4	0.254	1.7						7.4							
5	0.297	1.6													
6	0.22*														
7	0.225														
8	0.26*	2.8						7.4							
9	0.312	0.9		56	96	2.0	4.5	7.4			13.9C		<1		
10	0.162	1.8						7.4							
11	0.258	2.8						7.4							
12	0.264	2.3						7.4							
13	0.239														
14	0.226														
15	0.250	2.4						7.4							
16	0.249	1.9		70	68	1.6	7.0	7.4			15.9C		<1		
17	0.236	1.3						7.4							
18	0.238	1.6						7.5							
19	0.320	1.4						7.5			0.09				
20	0.196														
21	0.219														
22	0.266	2.8						7.6			0.09				
23	0.223	2.*		75	244	1.2	3.5	7.6							
24	0.240	1.9						7.4			<0.10		<1		
25	0.230	1.7						7.5							
26	0.341	2.6						7.4							
27	0.196														
28	0.196														
29	0.265	2.2						7.5							
30	0.259	2.6		82	96	1.0	1.0	7.4			<0.*		<1		
31	0.236	2.8						7.4							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Ricky Leach

Date: 9-26-94

Name (Please Type): Ricky Leach

Telephone No. (Please Type): (904) 362-2500

Company Name: Southern States Utilities

DER FORM NO 17-601.500(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 4009P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009-218511

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8307

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Signature C Cert No 8307

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.246
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.242
(19) Percent of permitted capacity	%	-	48%
(20) BODs Effluent	mg/L	80082	1.0
(21) BODs Effluent	lbs/day	-	2.0
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	-	4.9
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.17
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	15.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34)

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.264	2.3						7.4							
2	0.214	1.9						7.5							
3	0.286														
4	0.193														
5	0.269	1.8						7.3							
6	0.239	1.7						7.4							
7	0.233	2.8		23	20	<1	2.5	7.4			0.88		<1		
8	0.071	2.1						7.8							
9	0.221	2.8						7.5							
10	0.262														
11	0.195	3.2						7.5							
12	0.248	3.2						7.5							
13	0.223	2.2			200		<1	7.6							
14	0.233	2.7		91		2.3		7.5			<.1		<1		
15	0.252	2.5						7.6							
16	0.473	3.2						7.5							
17	0.244														
18	0.247														
19	0.307	3.7						7.4							
20	0.084	2.8						7.5			<.1		<1 *		
21	0.242	1.4		50		0.8		7.5							
22	0.239	3.2			104		5.5	7.4							
23	0.244	1.0						7.6							
24	0.335														
25	0.242														
26	0.290	15.0						7.4							
27	0.252	1.4						7.4			10.5				
28	0.254	1.8		45		0.8		7.3					<1		
29	0.255	1.6			100		1.5	7.4							
30	0.255	2.0						7.6							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

* will Recheck 20th Fecal

Signed: [signature] 9.8307

Name (Please Type): Jerry Porter

Company Name: Southern States Utilities

Date: 10-25-94

Telephone No. (Please Type): (904) 362-2500

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 4009P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009-21851 1

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8307

Evening Shift Operator Class C Cert. No. 7631

Night Shift Operator Class Cert. No.

Lead Operator [signature] C-8307 C-7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.255
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.249
(19) Percent of permitted capacity	%	-	50%
(20) BODs Effluent	mg/L	80082	1.6
(21) BODs Effluent	lbs/day	-	3.4
(22) TSS Effluent	mg/L	900201	3.1
(23) TSS Effluent	lbs/day	-	6.7
(24) Minimum pH			7.1
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N	mg/L	000610	
(29) Nitrate	mg/L	071850	2.73
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			104.5

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (SW)

Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.307														
2	0.264														
3	0.262	1.8						7.7							
4	0.285	2.3		36	112	0.9	9.0	7.4							
5	0.263	1.0						7.5			5.40		291		
6	0.250	1.6						7.4							
7	0.286	1.8						7.5							
8	0.321	1.4						7.5							
9	0.256	1.4						7.4							
10	0.256	2.5						7.4							
11	0.288	1.7		36	76	0.8	1.0	7.3							
12	0.275	1.6						7.2					125		
13	0.287	1.6						7.3			1.21				
14	0.300	2.8						7.4							
15	0.303														
16	0.229														
17	0.295	2.4						7.4							
18	0.322	1.6		70	126	3.6	0.5	7.3							
19	0.192	2.0						7.4			3.57		1		
20	0.256	2.8						7.5							
21	0.268	2.0						7.4							
22	0.384	2.1						7.5							
23	0.222							7.1							
24	0.240	1.6						7.3							
25	0.252	1.4						7.4							
26	0.361	0.8		74	55	1.0	2.0	7.3			0.74		<1		
27	0.271	0.9						7.3							
28	0.171	0.9						7.3							
29	0.225														
30															
31		0.7						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: Lucie Butler Date: 11/22/94

Name (Please Type): Jerry Porter Telephone No. (Please Type): (904) 362-2500

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 4009P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009-218511

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8307

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8307

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.248
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.250
(19) Percent of permitted capacity	%	-	50%
(20) BODs Effluent	mg/L	80082	1.4
(21) BODs Effluent	lbs/day	-	2.9
(22) TSS Effluent	mg/L	900201	3.1
(23) TSS Effluent	lbs/day	-	6.4
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.25
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	9.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods

Month: November Year: 1994

[34]

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.563	1.4						7.2							
2	0.341	2.2						7.4							
3	0.223	0.9		128	148	<1	<1	7.4			0.67		< 01		
4	0.260	1.4						7.3							
5	0.237														
6	0.150														
7	0.248	1.4						7.4							
8	0.227	2.5		83	84	3.2	1.0	7.4							
9	0.289	2.4						7.4			4.01		<		
10	0.225	2.1						7.5							
11	0.245	1.0						7.1							
12	0.295														
13	0.249														
14	0.294	1.8						7.5							
15	0.304	0.5		82	96	1.6	7.0	7.5							
16	0.284	0.8						7.4			9.35		<.01		
17	0.300	9.0						7.3							
18	0.345	1.2						7.5							
19	0.319														
20	0.194														
21	0.319	0.7						7.5							
22	0.263	1.0		81	107	<1	1.0	7.4			1.37		< 01		
23	0.227	0.8						7.5							
24	0.294	1.2						7.5							
25	0.109	1.0						7.4							
26	0.058														
27	0.101														
28	0.128	0.6						7.3							
29	0.159	2.1		70	172	2.1	6.5	7.2							
30	0.189	1.4						7.5			0.86		<.01		
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: [signature]

Date: 12-15-94

Name (Please Type): Jerry Porter

Telephone No (Please Type): (904) 382-2500

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: *4009P05400*

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: *D009-216511*

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No: 8307

Evening Shift Operator Class: Cert. No:

Night Shift Operator Class: Cert. No:

Lead Operator: Signature Cert No: C-8307

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.173
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.225
(19) Percent of permitted capacity	%	-	45%
(20) BODs Effluent	mg/L	80082	1.1
(21) BODs Effluent	lbs/day	-	1.5
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	1.4
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.83
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FORM NO. 17-601.900	
FORM TITLE	Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods — Month: December — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.155	3.4						7.4							
2	0.264	1.8						7.6							
3	0.168														
4	0.105														
5	0.164	1.2						7.4							
6	0.146	2.3						7.5							
7	0.167	3.2		736	162	<1	1.0	7.6			0.84		<.01		
8	0.163	3.0						7.4							
9	0.214	2.4						7.4							
10	0.191														
11	0.121														
12	0.168	2.8						7.4							
13	0.185	2.0		63	100	1.8	1.0	7.5							
14	0.141	3.4						7.3			0.71		<0.01		
15	0.175	3.0						7.5							
16	0.314	2.6						7.4							
17	0.112														
18	0.144														
19	0.137	2.4						7.4							
20	0.167	3.2		100	128	1.4	1.0	7.4							
21	0.133	1.8						7.4			0.83		<0.01		
22	0.199	2.4						7.3							
23	0.204	1.4						7.3							
24	0.151														
25	0.191														
26	0.175	2.4						7.4							
27	0.216	3.5						7.4							
28	0.131	2.9		81	117	1.0	1.0	7.5			0.92		< 01		
29	0.130	3.2						7.5							
30	0.300	2.7						7.5							
31	0.125														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] — Date: 1-20-94

Name (Please Type): Jerry Porter — Telephone No. (Please Type): (904) 382-2500

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 3086

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Thomas P. Seager B-3086
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.218
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.209
(19) Percent of permitted capacity	%	-	44%
(20) BODs Effluent	mg/L	80082	7
(21) BODs Effluent	lbs/day	-	12.7
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	-	9.1
(24) Minimum pH			6.2
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.2
(32) Maximum Chloride Residual	mg/L	-	3.4
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods

Month January Year 1993

(341)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.226	3.1						7.4							
2	0.301														
3	0.167														
4	0.167	2.2						7.3					<1/100		
5	0.240	1.3						7.2							
6	0.184	2.7				6	6	6.9			0.1				
7	0.201	3.4						6.2							
8	0.213	2.5						7.0							
9	0.212														
10	0.211														
11	0.223	1.8						7.4							
12	0.217	2.2				9	6	7.3			0.1				
13	0.194	2.7						7.4							
14	0.206	3.2						7.3							
15	0.201	2.9						7.3							
16	0.228														
17	0.186														
18	0.187	2.5				6	5	7.3			0.1				
19	0.212	2.7						7.8							
20	0.249	3.0						7.6							
21	0.187	2.2						7.4							
22	0.238	2.4						7.4							
23	0.211	2.5													
24	0.221														
25	0.221	2.2						7.4							
26	0.249	1.2						7.5							
27	0.272	2.3				5	3	7.4			0.8				
28	0.218	2.6						7.5							
29	0.230	2.0						7.3							
30	0.251														
31	0.230														

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Thomas Seager

Date 2/1/93

Name (Please Type) Thomas Seager

Telephone No (Please Type)

Company Name Southern States Utilities

(904) 382-2500

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 3086

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Thomas P. Seager B-3086

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.243
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.224
(19) Percent of permitted capacity	%	-	50%
(20) BODs Effluent	mg/L	80082	6
(21) BODs Effluent	lbs/day	-	12
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	4
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.33
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.1
(32) Maximum Chloride Residual	mg/L	-	3.4
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods — Month: February — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.230	2.6						7.5							
2	0.265	3.3						7.5							
3	0.202	2.8				6	1	7.4			0.36		<1/100		
4	0.237	2.9						7.6							
5	0.252	3.4						7.5							
6	0.270	2.6													
7	0.205														
8	0.205	2.6						7.3							
9	0.309	1.1				7	1	7.4			0.44				
10	0.198	2.0						7.4							
11	0.256	1.6						7.5							
12	0.269	2.4						7.6							
13	0.213	2.0													
14	0.257														
15	0.257	2.0						7.5							
16	0.210	1.8						7.3							
17	0.233	1.8				4	2	7.4			0.4				
18	0.284	2.1						7.5							
19	0.191	3.2						7.5							
20	0.233	2.6													
21	0.251														
22	0.251	2.8						7.6							
23	0.271	1.5				6	2	7.5			0.11				
24	0.240	1.3						7.5							
25	0.227	1.8						7.4							
26	0.240	1.8						7.3							
27	0.306	1.5													
28	0.225														
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Thomas Seager — Date: 3/1/93

Name (Please Type): Thomas Seager — Telephone No. (Please Type): (904) 382-2500

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Thomas Seager B-3086

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.250
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.237
(19) Percent of permitted capacity	%	-	50%
(20) BODs Effluent	mg/L	80082	8.3
(21) BODs Effluent	lbs/day	-	17
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	4
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.2
(32) Maximum Chloride Residual	mg/L	-	3.3
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 199[illegible]
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34)

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.226	1.5						7.3							
2	0.250	2.8				11	1	7.5			1.4				
3	0.223	3.3						7.6							
4	0.267	2.0						7.5							
5	0.282	2.6						7.5							
6	0.221														
7	0.222	2.5													
8	0.218	3.3						7.3							
9	0.256	1.6				5	2	7.5			1		<1/100		
10	0.259	2.8						7.4							
11	0.196	1.3						7.5							
12	0.234	2.3						7.5							
13	0.239														
14	0.282														
15	0.282	3.0						7.2							
16	0.276	3.3				9	2	7.4			0				
17	0.256	1.2						7.5							
18	0.289	2.4													
19	0.235	2.8													
20	0.265	2.5													
21	0.261														
22	0.261	2.1						7.5							
23	0.280	2.8				8	3	7.4			1				
24	0.291	2.0						7.6							
25	0.184	1.9						7.6							
26	0.248	1.8						7.5							
27	0.259														
28	0.239														
29	0.236	2.2						7.6							
30	0.273	2.7						7.4							
31	0.238	2.4													

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Thomas Seager Date 4/2/93

Name (Please Type) Thomas Seager Telephone No. (Please Type)

Company Name Southern States Utilities (904) 382-2500

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 3086

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Thomas Seager B-3086

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.235
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.243
(19) Percent of permitted capacity	%	-	49%
(20) BODs Effluent	mg/L	80082	5
(21) BODs Effluent	lbs/day	-	9.8
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	1.9
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.1
(32) Maximum Chloride Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34)

Month Apri Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.230	1.9				4	1	7.2			0.9		<1/100		
2	0.240	2.3						7.3							
3	0.220	2.0													
4	0.245	1.8													
5	0.245	1.8													
6	0.296	2.0						7.1							
7	0.190	2.8				6	1	7.5			0.7				
8	0.228	2.2						7.4							
9	0.225	2.4						7.2							
10	0.258														
11	0.254														
12	0.255	1.6						7.4							
13	0.274	1.6				5	1	7.4			0.7				
14	0.195	2.2													
15	0.202	1.8													
16	0.249	1.5													
17	0.298	1.4													
18	0.200														
19	0.200	1.1						7.5							
20	0.272	2.6				4	1	7.4			0.5				
21	0.198	3.2						7.4							
22	0.226	3.0						7.3							
23	0.222	3.0						7.2							
24	0.271														
25	0.201														
26	0.201	3.3						7.3							
27	0.270	1.5						7.3							
28	0.188	2.5						7.4							
29	0.242	1.1						7.5							
30	0.208	1.6						7.4							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Thomas Seager

Date: 5/4/93

Name (Please Type): Thomas Seager

Telephone No. (Please Type): (904) 382-2500

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No. 3086

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Thomas Seager A-3086

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.212
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.232
(19) Percent of permitted capacity	%	-	43%
(20) BODs Effluent	mg/L	80082	7
(21) BODs Effluent	lbs/day	-	12
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	5
(24) Minimum pH			7.3
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.31
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.2
(32) Maximum Chloride Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601.300.1
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34)

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.211	1.4													
2	0.237														
3	0.237	2.6						7.3							
4	0.179	2.2		218	8	6	2	7.3			0.37		<1/100		
5	0.225	2.5													
6	0.205	2.1						7.3							
7	0.214	1.2						7.4							
8	0.234	2.4													
9	0.195														
10	0.195	2.2						7.5							
11	0.232	2.8				6	1	7.5			0.46				
12	0.198	1.4						7.3							
13	0.206	2.5						7.3							
14	0.208	2.5						7.3							
15	0.254	2.8													
16	0.176														
17	0.176	2.3						7.4							
18	0.223	2.1		276	92	5	1	7.3			0.11				
19	0.215	2.3						7.5							
20	0.154	2.5													
21	0.196	1.8						7.5							
22	0.238														
23	0.205														
24	0.190	1.6						7.5							
25	0.217	1.6						7.6							
26	0.240	2.1		335	94	14	6	7.6			0.26				
27	0.178	2.8						7.7							
28	0.210	3.2						7.6							
29	0.250	1.8													
30	0.246	2.0													
31	0.218	3.5													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Thomas Seager

Date: 6/15/93

Name (Please Type): Thomas Seager

Telephone No. (Please Type): (904) 352-2500

Company Name: Southern States Utilities

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009156879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No. 3086

Evening Shift Operator Class: ____ Cert. No. ____

Night Shift Operator Class: ____ Cert. No. ____

Lead Operator: Original signed by Thomas Seager A-3086

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.207
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.218
(19) Percent of permitted capacity	%	-	44%
(20) BODs Effluent	mg/L	80082	8
(21) BODs Effluent	lbs/day	-	14
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	5
(24) Minimum pH			7.0
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.34
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.0
(32) Maximum Chloride Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DEP APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods — Month June — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.249	1.7						7.5							
2	0.219	2.0		278	84	4	1	7.7			0.02				
3	0.236	2.3						7.5							
4	0.210	1.8						7.6							
5	0.191														
6	0.233														
7	0.230	2.5		282	140	8	4	7.4			0.017				
8	0.196	3.0						7.5							
9	0.195	2.6						7.4							
10	0.195	2.5													
11	0.220	1.5													
12	0.222	2.2													
13	0.160														
14	0.210	1.7						7.5							
15	0.207	1.6		327	26	6	3	7.6			0.14		<1/100		
16	0.186	2.0						7.6							
17	0.180	2.3						7.6							
18	0.220							7.6							
19	0.222														
20	0.183														
21	0.199	1.2						7.0							
22	0.151	1.4		245	26	12	4	7.5			1.02				
23	0.209	1.4						7.4							
24	0.242	2.7						7.5							
25	0.203	2.6						7.4							
26	0.209														
27	0.165														
28	0.219	1.0						7.5							
29	0.200	1.4						7.5							
30	0.235	2.6						7.4							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signed: Original signed by Thomas Seager — Date: 7/7/93

Name (Please Type): Thomas Seager — Telephone No. (Please Type): (904) 382-2500

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Thomas Seager A-3086

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.199
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.206
(19) Percent of permitted capacity	%	-	41%
(20) BODs Effluent	mg/L	80082	15
(21) BODs Effluent	lbs/day	-	25
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	3
(24) Mmimum pH			7.4
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.3
(32) Maximum Chloride Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34) Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.178	2.6						7.6							
2	0.245	2.3						7.5							
3	0.207														
4	0.216														
5	0.186	1.8						7.4							
6	0.199	2.1						7.5							
7	0.195	2.1						7.5							
8	0.202	2.3		319	90	13	2	7.5			0.9		<1/100		
9	0.213	2.2													
10	0.226	2.1													
11	0.170							7.5							
12	0.192	2.4						7.5							
13	0.109	2.6						7.5							
14	0.166	1.3		316	106	**	1	7.5			1.7				
15	0.210	1.8						7.5							
16	0.212	1.8						7.5							
17	0.234	1.7													
18	0.148														
19	0.202	1.5						7.5							
20	0.205	3.5						7.5							
21	0.205	2.2						7.7							
22	0.201	2.1		267	324	16	1	7.5			1				
23	0.223	1.6													
24	0.196														
25	0.195							7.4							
26	0.203	2.0						7.4							
27	0.204	3.2						7.4							
28	0.196	1.6		260	104	18	2	7.5			0.1				
29	0.212	1.7						7.5							
30	0.238	2.2													
31	0.181														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Thomas Seeger Date: 8/20/93

Name (Please Type): Thomas Seeger Telephone No. (Please Type):

Company Name: Southern States Utilities (904) 382-2500

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No. 3086

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Thomas Seager A-3086
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.203
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.203
(19) Percent of permitted capacity	%	-	41%
(20) BODs Effluent	mg/L	80082	9
(21) BODs Effluent	lbs/day	-	15
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	7
(24) Minimum pH			7.3
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.79
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.1
(32) Maximum Chloride Residual	mg/L	-	2.9
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-[illegible]
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO -

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34) Month August Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.227	1.8													
2	0.221	1.5						7.4							
3	0.173	2.1						7.3							
4	0.204	2.5		577	200	8	1	7.4			3.01				
5	0.200	2.4						7.5							
6	0.266	2.5						7.5							
7	0.174	2.0													
8	0.186	1.8													
9	0.211	1.6						7.4							
10	0.202	2.7						7.5							
11	0.208	2.3		444	256	12	13	7.3			3.56				
12	0.245	2.0						7.5							
13	0.091	2.2						7.4							
14	0.241	2.3													
15	0.186	2.2													
16	0.226	2.0						7.4							
17	0.240	1.6						7.4							
18	0.156	1.3						7.6							
19	0.230	2.4		205	168	8	2	7.5			0.56		<1/100		
20	0.158	1.8						7.5							
21	0.202														
22	0.213														
23	0.199	2.3						7.4							
24	0.193	1.7						7.4							
25	0.209	1.9		175	164	9	1	7.4			0.02				
26	0.233	2.3						7.4							
27	0.214	1.4						7.4							
28	0.183														
29	0.234														
30	0.243	1.1						7.3							
31	0.200	1.9						7.3							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Thomas Seager Date 9/2/93

Name (Please Type) Thomas Seager Telephone No. (Please Type)

Company Name Southern States Utilities (904) 382-2500

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No. 3086

Evening Shift Operator Class: ____ Cert. No. ____

Night Shift Operator Class: ____ Cert. No. ____

Lead Operator: Original signed by Thomas Seager A-3086

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.208
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.203
(19) Percent of permitted capacity	%	-	42%
(20) BODs Effluent	mg/L	80082	2.5
(21) BODs Effluent	lbs/day	-	4.3
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	2.3
(24) Minimum pH			7.3
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	7.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.7
(32) Maximum Chloride Residual	mg/L	-	2.6
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER Form no. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Monthly Operating Report
Effective Date: July 1, 1991
DER Application no.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods (34) Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.216	1.1		90	130	4	1	7.4			3.37		<1/100		
2	0.205	1.2						7.4							
3	0.203	2.2						7.4							
4	0.223	1.7													
5	0.225	1.6													
6	0.210	1.9													
7	0.208	1.4		115	130	3	2	7.4			10.8				
8	0.200	2.6						7.6							
9	0.230	1.4						7.4							
10	0.164	1.5						7.3							
11	0.334														
12	0.095														
13	0.195	1.8						7.3							
14	0.202	0.7						7.3							
15	0.206	1.1				2	1	7.3			5.77		<1/100		
16	0.206	1.2						7.3							
17	0.214	1.6						7.4							
18	0.215	1.4													
19	0.226	1.2													
20	0.242	2.1						7.3							
21	0.176	1.6						7.4							
22	0.185			65	100	1	1				9.5				
23	0.209	1.4						7.3							
24	0.231	1.5						7.5							
25	0.227							7.4							
26	0.187							7.4							
27	0.212	1.2						7.5							
28	0.210	1.3						7.4							
29	0.186	1.1						7.4							
30	0.199	1.4						7.4							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Thomas Seager Date: 10/1/93

Name (Please Type): Thomas Seager Telephone No. (Please Type):

Company Name: Southern States Utilities (904) 382-2500

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: A Cert. No. 3085

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Thomas Seager A-3086

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.216
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.209
(19) Percent of permitted capacity	%	-	43%
(20) BODs Effluent	mg/L	80082	5
(21) BODs Effluent	lbs/day	-	9
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	5.4
(24) Minimum pH			7.4
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.2
(32) Maximum Chloride Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods — Month October — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.188	1.8						7.4							
2	0.244	2.3													
3	0.193	1.5													
4	0.214	3.0						7.4							
5	0.168	2.6						7.4							
6	0.207	2.8		80	86	5	3	7.4			7.16		<1/100		
7	0.206	2.8						7.4							
8	0.221	1.4						7.4							
9	0.237														
10	0.187														
11	0.221	2.1						7.6							
12	0.226	2.2						7.5							
13	0.185	2.2		150	228	6	3	7.6			0.1				
14	0.312	1.6						7.5							
15	0.245	2.6						7.4							
16	0.156	2.1													
17	0.205														
18	0.213	2.9						7.4							
19	0.208	1.2						7.5							
20	0.234	2.5						7.5							
21	0.203	2.1		90	138	6	2	7.5			0.1		<1/100		
22	0.326	2.8						7.4							
23	0.212														
24	0.116														
25	0.227	3.2						7.5							
26	0.214	2.7						7.4							
27	0.193	3.2						7.5							
28	0.223	2.1		115	136	4	2	7.5			0.1		<1/100		
29	0.244	1.6						7.5							
30	0.243														
31	0.236														

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Original signed by Thomas Seager — Date 11/17/93

Name (Please Type) Thomas Seager — Telephone No (Please Type) (904) 382-2500

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Thomas Seager A-3086

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.230
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.218
(19) Percent of permitted capacity	%	-	
(20) BODs Effluent	mg/L	80082	8.3
(21) BODs Effluent	lbs/day	-	4.2
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	0.3
(24) Minimum pH			7.7
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.4
(32) Maximum Chloride Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods — Month November — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.223	1.8						7.5					<1/100		
2	0.206	2.3						7.5							
3	0.218	2.6		75	90	4	3	7.5			1.66				
4	0.271	2.8						7.6							
5	0.207	1.9						7.6							
6	0.241														
7	0.162														
8	0.262	1.6						7.6							
9	0.197	2.3		140	110	9	1	7.5			0.1				
10	0.237	2.1						7.5							
11	0.247	2.5						7.4							
12	0.326	1.4						7.6							
13	0.156	1.5													
14	0.191														
15	0.266	1.5						7.4							
16	0.199	1.8						7.4							
17	0.241	2.3		115	174	6	2	7.5			0.1		<1/100		
18	0.211	1.8						7.5							
19	0.261	1.5						7.5							
20	0.226														
21	0.212														
22	0.238	1.8		160	170	14	1	7.5			0.1				
23	0.256	2.4						7.5							
24	0.223	1.6						7.4							
25	0.263	2.1						7.4							
26	0.245	2.6						7.4							
27	0.235														
28	0.213														
29	0.225	2.2						7.7							
30	0.226	2.3						7.5							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Thomas Seager — Date: 12/1/93

Name (Please Type): Thomas Seager — Telephone No. (Please Type): (904) 382-2500

Company Name: Southern States Utilities

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 5040 W. Oak Park Boulevard

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: (904) 382-2500

(8) Permit Number: D009158879

(9) Plant Type: C-3

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 3086

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Thomas P. Seager A-3086

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.225
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	-	0.224
(19) Percent of permitted capacity	%	-	45%
(20) BODs Effluent	mg/L	80082	6.6
(21) BODs Effluent	lbs/day	-	11.4
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	2.3
(24) Minimum pH			7.5
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	1.3
(32) Maximum Chloride Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1/100

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sugarmill Woods — Month December — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.209	2.6		115	94	10	1	7.5			0.109				
2	0.215	2.5						7.6							
3	0.265	2.2						7.6							
4	0.192														
5	0.191														
6	0.261	2.3						7.6							
7	0.190	2.3						7.6							
8	0.207	2.6		145	316	5	1	7.5			0.456				
9	0.219	3.4						7.5							
10	0.284	2.5						7.5							
11	0.224														
12	0.185												< 1/100		
13	0.261	2.8						7.6							
14	0.200	2.6						7.6							
15	0.223	3.2		235	249	6	1	7.6			0.444				
16	0.249	2.6						7.5							
17	0.207	2.1						7.6							
18	0.248														
19	0.177														
20	0.142	2.8		130	96	10	1	7.6			0.335				
21	0.218	2.8						7.6							
22	0.188	2.2						7.6							
23	0.275	2.6						7.7							
24	0.279	2.4						7.6							
25	0.214														
26	0.199														
27	0.264	2.6						7.6							
28	0.253	2.7		192	124	2	2	7.7			6.47				
29	0.223	1.3						7.7							
30	0.246	2.1						7.6							
31	0.252														

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Thomas P. Seager — Date: 1-3-94

Name (Please Type): Thomas P. Seager — Telephone No. (Please Type): (904) 382-2500

Company Name: Southern States Utilities

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No.: 2521

Evening Shift Operator Class: _____ Cert. No.: _____

Night Shift Operator Class: _____ Cert. No.: _____

Lead Operator: Original signed by Harold Regis B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	52%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.32
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
BOD5 Effluent	lbs/day		0.67
BOD5 Effluent	mg/L		3.1

DER FORM NO 17-688.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.028														
2	0.035	0.5						7.3							
3	0.032	0.6						7.3							
4	0.028	0.5						7.3							
5	0.026	0.8						7.2							
6	0.029	0.4		102	33	2.88	2	7.4							
7	0.029	0.5						7.3							
8	0.029														
9	0.030	0.5						7.2							
10	0.031	0.6						7.2							
11	0.034	1.0						7.1							
12	0.031	1.0						7.2							
13	0.025	0.8						7.2							
14	0.023	0.5						7.2							
15	0.023														
16	0.026	0.5						7.3							
17	0.029	0.6						7.3							
18	0.020	0.5						7.3							
19	0.016	0.5						7.3							
20	0.023	0.5		78	65	3.39	1	7.2							
21	0.022	0.5						7.2							
22	0.021														
23	0.029	0.6						7.2							
24	0.025	0.5						7.2							
25	0.026	0.5						7.2							
26	0.024	0.5						7.2							
27	0.027	0.6						7.3							
28	0.027	0.5						7.3							
29	0.027														
30	0.033	0.5						7.3							
31	0.023	0.5						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed: Original signed by Harold Register

Name (Please Type): Harold Register

Company Name: Southern States Utilities / Sunny Hills

Date: February 7, 1994

Telephone No. (Please Type): (904) 773-2802

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: ____ Cert. No. ____

Night Shift Operator Class: ____ Cert. No. ____

Lead Operator: Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	52%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.21
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	0.6
(33) Other Effluent Parameters			
BOD5 Effluent	lbs/day		0.85
BOD5 Effluent	Mg/L		3.90

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Facility Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities (134)

Month February Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.023	0.5						7.3							
2	0.018	0.5						7.3							
3	0.025	0.5						7.3							
4	0.028	0.6						7.3							
5	0.029														
6	0.033	0.5						7.3							
7	0.026	0.6						7.3							
8	0.029	0.5						7.3							
9	0.024	0.5						7.3							
10	0.031	0.6						7.2							
11	0.028	0.5						7.2							
12	0.027														
13	0.029	0.5						7.2							
14	0.025	0.6						7.2							
15	0.027	0.5						7.3							
16	0.028	0.5						7.2							
17	0.030	0.5						7.2					< 0.2		
18	0.026	0.6						7.2							
19	0.028														
20	0.033	0.5						7.2							
21	0.027	0.5						7.2							
22	0.028	0.5						7.3							
23	0.030	0.5						7.3							
24	0.027	0.5						7.3							
25	0.025	0.5						7.3							
26	0.026														
27	0.026	0.6						7.3							
28	0.024	0.5						7.3							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Harold Register

Name (Please Type) Harold Register

Company Name Southern States Utilities / Sunny Hills

Date 3-2-94

Telephone No. (Please Type) (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Harold Register B2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.028
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	54%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	0.31
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	0.8
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		0.68
BOD5 Effluent	Mg/L		2.87

DER FORM NO. 17-601.300(1)	
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report	
EFFECTIVE DATE: July 1, 1991	
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month: March — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.031	0.5						7.3							
2	0.028	0.5						7.3							
3	0.030	0.5						7.3							
4	0.023	0.5		69	35	2.67	1	7.3							
5	0.024														
6	0.031	0.6						7.3							
7	0.025	0.5						7.2							
8	0.027	0.5						7.2							
9	0.028	0.5						7.2							
10	0.025	0.7						7.2							
11	0.025	0.6						7.3							
12	0.026														
13	0.034	0.5						7.3							
14	0.027	0.5						7.3							
15	0.029	0.5						7.3							
16	0.025	0.5						7.3							
17	0.027	0.5		135	68	2.56	2	7.3							
18	0.026	0.5						7.3							
19	0.026														
20	0.034	0.8						7.3							
21	0.029	0.8						7.3							
22	0.028	0.7						7.2							
23	0.029	0.6						7.2							
24	0.031	0.5						7.3							
25	0.031	0.8						7.2							
26	0.031														
27	0.031	0.6						7.1							
28	0.030	0.6						7.0							
29	0.029	0.6						7.2							
30	0.029	0.6						7.2							
31	0.028	0.5		78	65	3.39	1	7.2							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed: Harold Register — Date: 4-14-94

Name (Please Type): Harold Register — Telephone No. (Please Type): (904) 773-2802

Company Name: Southern States Utilities - Sunny Hills

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 880 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D057183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register B2521

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.028
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	55%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	-	0.35
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	0.7
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		0.87
BOD5 Effluent	Mg/L		3.77

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities

Month April Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.024	0.5						7.3							
2	0.024														
3	0.029	0.6						7.3							
4	0.027	0.5						7.3							
5	0.026	0.5						7.3							
6	0.030	0.6						7.3							
7	0.027	0.6						7.2							
8	0.027	0.5						7.3							
9	0.026														
10	0.034	0.5						7.3							
11	0.026	0.6						7.3							
12	0.034	0.6						7.3							
13	0.029	0.6						7.3							
14	0.033	0.6						7.2							
15	0.029	0.6		113	74	4.2	2	7.3							
16	0.029														
17	0.034	0.7						7.3							
18	0.027	0.7						7.3							
19	0.029	0.6						7.3							
20	0.032	0.7						7.3							
21	0.025	0.6						7.3							
22	0.027	0.6						7.3							
23	0.027														
24	0.033	0.6						7.3							
25	0.028	0.5						7.3							
26	0.008	0.5						7.3							
27	0.029	0.5						7.3							
28	0.028	0.6		82	62	3.34	1	7.3							
29	0.025	0.6						7.3							
30	0.025														
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed: Harold Register Date: MAY 10-1994

Name (Please Type): Harold Register Telephone No. (Please Type)

Company Name: Southern States Utilites / Sunny Hills (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register B1913

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.029
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.028
(19) Percent of permitted capacity	%	-	57%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.36
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	0.8
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		1.10
BOD5 Effluent	Mg/L		4.58

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.039	0.5						7.3							
2	0.029	0.6						7.3							
3	0.031	0.5						7.3							
4	0.030	0.6						7.3							
5	0.028	0.6						7.3							
6	0.026	0.6						7.3							
7	0.026														
8	0.035	0.8						7.2							
9	0.028	0.7						7.3							
10	0.030	0.7						7.3							
11	0.028	0.7						7.3					26		
12	0.027	0.7		64	70	5.24	2	7.3							
13	0.030	0.7													
14	0.030														
15	0.029	0.7													
16	0.026	0.6						7.3							
17	0.030	0.5						7.3							
18	0.024	0.6						7.3							
19	0.025	0.6						7.3							
20	0.026	0.7						7.3							
21	0.026														
22	0.029	0.7						7.3							
23	0.030	0.7						7.3							
24	0.026	0.6						7.3							
25	0.030	0.7						7.3							
26	0.026	0.6						7.3							
27	0.027	0.7		93.8	65	3.92	1	7.3							
28	0.027														
29	0.036	0.8						7.3							
30	0.032	0.7						7.3							
31	0.031	0.8						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in the report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Harold Register Date: 6-13-94

Name (Please Type): Harold Register Telephone No. (Please Type)

Company Name: Southern States Utilities / Sunny Hills (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register 2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	58%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.38
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	1.2
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		0.91
BOD5 Effluent	Mg/L		3.63

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month June — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.027	0.6						7.3							
2	0.030	0.8						7.4							
3	0.030	0.8						7.4							
4	0.030														
5	0.038	0.9						7.4							
6	0.033	0.9						7.4							
7	0.034	0.8						7.4							
8	0.031	0.8						7.4							
9	0.030	0.6		80	82	3.34	2	7.3							
10	0.028	0.6						7.3							
11	0.028														
12	0.033	0.6						7.3							
13	0.027	0.9						7.4							
14	0.026	1.2						7.2							
15	0.027	1.0						7.3							
16	0.027	1.0						7.4							
17	0.030	0.9						7.4							
18	0.030														
19	0.033	0.8						7.4							
20	0.030	0.8						7.4							
21	0.033	0.7						7.3							
22	0.029	0.7						7.3							
23	0.023	0.7		93.8	70	3.92	1	7.3							
24	0.030	0.7						7.4							
25	0.030														
26	0.035	0.6						7.4							
27	0.034	0.6						7.3							
28	0.030	0.6						7.3							
29	0.032	0.6						7.3							
30	0.026	0.6						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed: Harold Register — Date: 7-13-94

Name (Please Type): Harold Register — Telephone No. (Please Type): (904) 773-2802

Company Name: Southern States Utilities / Sunny Hills

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator Harold Reuter BCSI

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.029
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	59%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	0.48
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	0.7
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		1.15
BOD5 Effluent	Mg/L		4.78

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities (34)

Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.029	0.6						7.3							
2	0.029														
3	0.037	0.6						7.3							
4	0.035	0.7						7.3							
5	0.033	0.6						7.3							
6	0.035	0.6						7.3							
7	0.015	0.6						7.3							
8	0.015	0.6		110	74	4.2	2	7.3							
9	0.015														
10	0.031	0.6						7.3							
11	0.031	0.6						7.3							
12	0.027	0.6						7.3							
13	0.031	0.6						7.3							
14	0.012	0.6						7.3							
15	0.012	0.6						7.3							
16	0.058														
17	0.027	0.6						7.3							
18	0.029	0.5						7.3							
19	0.030	0.5						7.3							
20	0.030	0.5		65	70.5	5.35	2	7.4							
21	0.033	0.5						7.4							
22	0.028	0.6						7.4							
23	0.028														
24	0.033	0.6						7.4							
25	0.028	0.6						7.4							
26	0.031	0.6						7.4							
27	0.034	0.6						7.3							
28	0.030	0.5						7.4							
29	0.026	0.5						7.4							
30	0.028														
31	0.033	0.6													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate.

Signed Harold Register Date

Name (Please Type) Harold Register Telephone No. (Please Type.

Company Name Southern States Utilites / Sunny Hills (904) 773-2611

Page 3 of 3

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register A-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.029
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	59%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.37
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	*
(29) Nitrate	mg/L	071650	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	0.6
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		1.20
BOD5 Effluent	Mg/L		4.91
Fecal Coliform			<2

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1989
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month August — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.027	0.5						7.4							
2	0.028	0.5						7.4							
3	0.024	0.5		65.2	85	5.03	2	7.4							
4	0.027	0.5						7.3							
5	0.029	0.6						7.3							
6	0.029														
7	0.030	0.6						7.3							
8	0.030	0.6						7.3							
9	0.030	0.6						7.3					<2		
10	0.026	0.6						7.3							
11	0.031	0.5						7.3							
12	0.030	0.6						7.3							
13	0.030														
14	0.036	0.5						7.3							
15	0.034	0.5						7.3							
16	0.028	0.6						7.3							
17	0.033	0.5		70	98	4.78	1	7.3							
18	0.029	0.5						7.3							
19	0.029	0.5						7.3							
20	0.029														
21	0.033	0.6						7.3							
22	0.029	0.6						7.3							
23	0.026	0.6						7.3							
24	0.030	0.6						7.3							
25	0.029	0.6						7.3							
26	0.028	0.5						7.3							
27	0.028														
28	0.029	0.5						7.3							
29	0.035	0.6						7.4							
30	0.026	0.6						7.3							
31	0.029	0.5						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed Harold Register — Date: 9/8/94

Name (Please Type) Harold Register — Telephone No. (Please Type)

Company Name Southern States Utilites / Sunny Hills — (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183636

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Royster 02521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.028
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	57%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.7
(23) TSS Effluent	lbs/day	-	0.63
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		1.10
BOD5 Effluent	Mg/L		4.67

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month September — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.029	0.5		83	81	4.77	4	7.3							
2	0.025	0.8						7.3							
3	0.025														
4	0.028	0.6						7.4							
5	0.032	0.6						7.3							
6	0.026	0.7						7.3							
7	0.030	0.6						7.3							
8	0.028	0.6						7.3							
9	0.026	0.5						7.3							
10	0.026														
11	0.032	0.8						7.3							
12	0.027	0.5						7.3							
13	0.024	0.5						7.3							
14	0.028	0.5						7.3							
15	0.031	0.5						7.3							
16	0.030	0.5		65	80	5.5	2	7.3							
17	0.030														
18	0.036	0.9						7.3							
19	0.027	0.7						7.3							
20	0.030	0.5						7.3							
21	0.023	1.0						7.3							
22	0.035	0.5						7.4							
23	0.030	0.6						7.4							
24	0.030														
25	0.036	0.5						7.3							
26	0.024	0.5						7.4							
27	0.025	0.5						7.4							
28	0.026	0.5						7.4							
29	0.023	0.5						7.4							
30	0.027	0.6		89	75	3.75	2	7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed: Harold Register — Date: 10/1/94

Name (Please Type): Harold Register — Telephone No. (Please Type)

Company Name: Southern States Utilites / Sunny Hills — (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2800

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register B2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.028
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.028
(19) Percent of permitted capacity	%	-	57%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.35
(24) Minumum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minumum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	0.8
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		0.81
BOD5 Effluent	Mg/L		3.54

DER FORM NO 17-601.(600-1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1994
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.028														
2	0.040	0.6						7.3							
3	0.029	0.5						7.3							
4	0.027	0.7						7.3							
5	0.024	0.5						7.3							
6	0.022	0.5						7.3							
7	0.028	0.6						7.3							
8	0.028														
9	0.028	0.5													
10	0.032	0.5						7.3							
11	0.030	0.5						7.3							
12	0.030	0.5						7.3							
13	0.020	0.7		110	74	3.97	2	7.3							
14	0.027	0.7						7.3							
15	0.027														
16	0.030	0.7						7.3							
17	0.028	0.7						7.3							
18	0.030	0.6						7.3							
19	0.025	0.6						7.4							
20	0.023	0.7						7.4							
21	0.028	0.6						7.4							
22	0.028														
23	0.031	0.7						7.4							
24	0.024	0.8						7.4							
25	0.026	0.8						7.4							
26	0.025	0.7						7.4							
27	0.026	0.7		80	72	3.1	1	7.3							
28	0.026	0.8						7.4							
29	0.026														
30	0.034	0.7						7.4							
31	0.027	0.7						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed Harold Register Date: 11-2-04

Name (Please Type) Harold Register Telephone No. (Please Type)

Company Name Southern States Utilities / Sunny Hills (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register B2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.028
(19) Percent of permitted capacity	%	-	55%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.22
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	0.9
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		0.86
BOD5 Effluent	Mg/L		4.30

DER FORM NO
FORM TITLE
EFFECTIVE DATE
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month November — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.027	0.8						7.3							
2	0.026	0.8						7.3							
3	0.027	0.8						7.3							
4	0.020	0.8						7.3							
5	0.028														
6	0.034	0.9						7.3							
7	0.027	0.9						7.3							
8	0.027	0.9						7.3					2		
9	0.025	0.8						7.3							
10	0.029	0.7		111	22	4.62	1	7.3							
11	0.027	0.7						7.3							
12	0.028														
13	0.033	0.8						7.3							
14	0.028	0.8						7.3							
15	0.029	0.8						7.3							
16	0.025	0.7						7.3							
17	0.024	0.7						7.3							
18	0.023	0.8						7.3							
19	0.024														
20	0.029	0.7						7.3							
21	0.028	0.7						7.2							
22	0.026	0.8						7.3							
23	0.024	0.8		110	81	3.98	1	7.2							
24	0.026	0.8						7.2							
25	0.023	0.8						7.2							
26	0.024														
27	0.026	0.8						7.2							
28	0.029	0.7						7.3							
29	0.027	0.7						7.3							
30	0.026	0.7						7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed: Harold Register — Date: 12-7-94

Name (Please Type): Harold Register — Telephone No. (Please Type)

Company Name: Southern States Utilities / Sunny Hills — (904) 773-2602

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register B 2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	55%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.34
(24) Minimum pH			7.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	0.7
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		0.97
BOD5 Effluent	Mg/L		4.30

DER FORM NO. 17-601-900(1)
FORM TITLE: Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month: December — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.024	0.7						7.3							
2	0.036	0.7						7.3							
3	0.024														
4	0.035	0.7						7.3							
5	0.026	0.7						7.3							
6	0.025	0.7						7.3							
7	0.026	0.7						7.3							
8	0.027	0.7		65	25	5.5	1	7.3							
9	0.029	0.7						7.3							
10	0.029														
11	0.026	0.7						7.3							
12	0.024	0.7						7.3							
13	0.027	0.7						7.3							
14	0.027	0.7						7.4							
15	0.026	0.7						7.3							
16	0.024	0.7						7.3							
17	0.024														
18	0.027	0.6						7.3							
19	0.027	0.6						7.3							
20	0.028	0.6						7.3							
21	0.030	0.6						7.3							
22	0.039	0.6		80	75	3.1	2	7.3							
23	0.034	0.6						7.3							
24	0.034														
25	0.032	0.6						7.4							
26	0.030	0.6						7.3							
27	0.025	0.6						7.3							
28	0.025	0.6						7.4							
29	0.027	0.6						7.4							
30	0.014	0.6						7.4							
31	0.014														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this, information is true, complete and accurate.

Signed: Harold Register — Date: 1-6-95

Name (Please Type): Harold Register — Telephone No. (Please Type): (904) 773-2802

Company Name: Southern States Utilites / Sunny Hills

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No.

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	52%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.21
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.74
BOD5 Effluent	Mg/L		3.41

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month January — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.024	0.8						7.3							
2	0.021														
3	0.026	0.9						7.2							
4	0.026	0.8						7.3							
5	0.025	0.7						7.3							
6	0.026	0.6													
7	0.027	0.7													
8	0.026	0.7		98	46	3.46	1	7.3							
9	0.026														
10	0.026	0.7													
11	0.027	0.6						7.2							
12	0.029	0.7						7.3							
13	0.025	0.7						7.3							
14	0.025	0.8						7.3							
15	0.026	0.9						7.4							
16	0.027														
17	0.025	0.9						7.3							
18	0.027	0.6						7.2							
19	0.025	0.8						7.2							
20	0.028	0.8						7.3							
21	0.026	0.9						7.1							
22	0.024	0.8		100	55	3.36	1	7.0							
23	0.025														
24	0.027	1.0						7.0							
25	0.024	0.9						7.1							
26	0.024	0.9						7.0							
27	0.022	1.0						7.0							
28	0.024	0.5						7.2							
29	0.027	0.5						7.2							
30	0.028														
31	0.026	0.5						7.2							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed [Original signed by Harold Register] Date 2/10/93

Name (Please Type) Harold Register Telephone No. (Please Type) (904) 773-2802

Company Name Southern States Utilities / Sunny Hills

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2602

(8) Permit Number: D067163836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	52%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.87
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.80
BOD5 Effluent	Mg/L		3.72

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities (34)

Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.024	0.5						7.2							
2	0.021	0.6						7.3							
3	0.024	0.5						7.2							
4	0.024	0.6						7.2							
5	0.027	0.6		80	39	4.36	3	7.2							
6	0.025														
7	0.027	0.6						7.2							
8	0.025	0.5						7.2							
9	0.025	0.5						7.2							
10	0.025	0.6						7.3							
11	0.028	0.5						7.2							
12	0.024	0.6						7.2							
13	0.024														
14	0.026	0.6						7.2							
15	0.026	0.5						7.2					<2		
16	0.026	0.6						7.1							
17	0.022	0.7						7.2							
18	0.021	0.7						7.3							
19	0.024	0.7		176	156	3.08	4	7.2							
20	0.024														
21	0.031	0.7						7.2							
22	0.026	0.9						7.1							
23	0.026	1.0						7.0							
24	0.026	0.6						7.1							
25	0.030	0.9						7.2							
26	0.025	0.8						7.2							
27	0.026														
28	0.027							7.1							
29															
30															
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Harold Register Date: 3/10/93

Name (Please Type) Harold Register Telephone No (Please Type):

Company Name Southern States Utilities / Sunny Hills (904) 773-2802

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	54%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effuent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs day	-	0.34
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.78
BOD5 Effluent	Mg/L		3.46

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities (34)

Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.024	0.8						7.1							
2	0.029	0.8						7.1							
3	0.031	0.8						7.0							
4	0.027	0.9						7.0							
5	0.029	1.0		106	87	3.45	2	7.0							
6	0.028														
7	0.023	0.8						7.0							
8	0.044	0.7						7.1							
9	0.025	0.7						7.1							
10	0.025	0.6						7.0							
11	0.024	0.6						7.0							
12	0.025	0.8						7.0							
13	0.025														
14	0.023	0.8						7.0							
15	0.023	0.6						7.0							
16	0.029	0.7						7.1							
17	0.034	0.8						7.0							
18	0.027	0.9						7.0							
19	0.026	0.8		91	74	3.47	1	7.0							
20	0.026														
21	0.031	0.8						7.0							
22	0.025	0.8						7.0							
23	0.027	0.8						7.0							
24	0.026	0.8						7.0							
25	0.026	0.7						7.1							
26	0.025	0.8						7.0							
27	0.026														
28	0.029	0.8						7.0							
29	0.025	0.7						7.1							
30	0.034	0.5						7.2							
31	0.028	0.6						7.2							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Original signed by Harold Register Date 4/12/93

Name (Please Type) Harold Register Telephone No (Please Type)

Company Name Southern States Utilities / Sunny Hills (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method:

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	52%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	0.28
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	0.8
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.86
BOD5 Effluent	Mg/L		3.98

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month Apri — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.025	0.6													
2	0.024	0.6		102	91	4.8	1								
3	0.024														
4	0.031	0.7													
5	0.022	0.6													
6	0.029	0.6													
7	0.022	0.6													
8	0.026	0.7													
9	0.027	0.6													
10	0.026														
11	0.025	0.5													
12	0.027	0.5													
13	0.027	0.5													
14	0.027	0.5		144	90	4.25	2								
15	0.025	0.5													
16	0.025	0.6													
17	0.024														
18	0.029	0.6													
19	0.027	0.6													
20	0.027	0.5													
21	0.024	0.6													
22	0.026	0.5													
23	0.023	0.5													
24	0.022														
25	0.030	0.5													
26	0.026	0.5													
27	0.025	0.6													
28	0.025	0.6													
29	0.024	0.7		117	85	2.9	1								
30	0.026	0.7													
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Harold Register — Date: 5/12/93

Name (Please Type): Harold Register — Telephone No. (Please Type): (904) 773-2802

Company Name: Southern States Utilities / Sunny Hills

DER FORM NC 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2602

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	56%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.23
(24) Minimum pH			7.10
(25) Maximum pH			7.24
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N.	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	0.6
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.71
BOD5 Effluent	Mg/L		3.06

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities

Month May Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.027														
2	0.029	0.5						7.14							
3	0.029	0.5						7.14							
4	0.028	0.6						7.11							
5	0.025	0.6						7.12							
6	0.024	0.6						7.11							
7	0.025	0.6						7.13							
8	0.026														
9	0.030	0.5						7.20							
10	0.027	0.5						7.20							
11	0.029	0.5						7.20							
12	0.026	0.5						7.21							
13	0.026	0.5		111	24	2.97	1	7.22					<2		
14	0.024	0.5						7.24							
15	0.023														
16	0.028	0.6						7.12							
17	0.026	0.5						7.23							
18	0.025	0.5						7.22							
19	0.033	0.5						7.20							
20	0.030	0.5						0.72							
21	0.024	0.5						7.22							
22	0.023														
23	0.029	0.6						7.21							
24	0.030	0.5						7.21							
25	0.029	0.5						7.22							
26	0.026	0.6						7.12							
27	0.027	0.5						7.10							
28	0.026	0.5		126	97	3.15	1	7.21							
29	0.025														
30	0.027	0.6						7.12							
31	0.027	0.6						7.13							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Harold Register Date 6/10/93

Name (Please Type) Harold Register Telephone No. (Please Type)

Company Name Southern States Utilities / Sunny Hills (904) 773-2602

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2602

(8) Permit Number: D067183635

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: ____ Cert. No. ____

Night Shift Operator Class: ____ Cert. No. ____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	54%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	2.25
(23) TSS Effluent	lbs/day	-	0.48
(24) Minimum pH			7.10
(25) Maximum pH			7.32
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.32
BOD5 Effluent	Mg/L		3.34

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month June — Year 1993

[34]

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.026	0.5						7.21							
2	0.023	0.6						7.14							
3	0.026	0.5						7.21							
4	0.026	0.5						7.21							
5	0.025														
6	0.032	0.5						7.22							
7	0.024	0.5						7.21							
8	0.025	0.5						7.22							
9	0.026	0.5						7.21							
10	0.025	0.5		67	75	3.75	2	7.21							
11	0.022	0.6						7.15							
12	0.023														
13	0.026	0.6						7.13							
14	0.025	0.5						7.16							
15	0.025	1.0						7.20							
16	0.023	0.5						7.18							
17	0.025	0.8						7.10							
18	0.025	0.5						7.22							
19	0.025														
20	0.028	0.8						7.30							
21	0.026	0.8						7.31							
22	0.023	1.0						7.31							
23	0.026	0.5						7.30							
24	0.025	0.9		72	82	2.9	2.5	7.32							
25	0.024	0.6						7.31							
26	0.025														
27	0.033	0.5						7.30							
28	0.036	0.6						7.28							
29	0.028	0.5						7.10							
30	0.029	0.6						7.18							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Harold Register — Date: 7/9/93

Name (Please Type): Harold Register — Telephone No. (Please Type): (904) 773-2802

Company Name: Southern States Utilities / Sunny Hills

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X1D140

(11) Fecal Coliform Sample Method:

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	54%
(20) CBODs Effluent	mg/L	80082	
(21) CBODs Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.23
(24) Minimum pH			7.20
(25) Maximum pH			7.30
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	0.7
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/day		0.799
BOD5 Effluent	Mg/L		3.55

DER FORM NO. 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.021	0.5						7.21							
2	0.026	0.5						7.29							
3	0.027														
4	0.029	0.6						7.28							
5	0.029	0.7						7.30							
6	0.027	0.6						7.21							
7	0.028	0.5						7.22							
8	0.025	0.5						7.20							
9	0.028	0.5		75	72	3.9	1	7.18							
10	0.027														
11	0.034	0.6						7.20							
12	0.033	0.7						7.21							
13	0.028	0.7						7.22							
14	0.023	0.6						7.23							
15	0.027	0.5						7.22							
16	0.024	0.5						7.21							
17	0.025														
18	0.032	0.6						7.24							
19	0.027	0.5						7.22							
20	0.031	0.5						7.23							
21	0.026	0.5						7.26							
22	0.032	0.5						7.25							
23	0.024	0.6		74	60	3.21	1	7.31							
24	0.024														
25	0.030	0.5						7.30							
26	0.028	0.5						7.26							
27	0.027	0.5						7.26							
28	0.031	0.5						7.25							
29	0.026	0.5						7.22							
30	0.021	0.6						7.27							
31	0.022														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Harold Register Date: 8/11/93

Name (Please Type): Harold register Telephone No. (Please Type):

Company Name: Southern States Utilities / Sunny H (904) 773-2802

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	52%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effuent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.33
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	0.6
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.86
BOD5 Effluent	Mg/L		3.98

DEP FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.026	0.5						7.2							
2	0.029	0.5						7.3							
3	0.028	0.6						7.3							
4	0.029	0.5						7.2			<2				
5	0.024	0.5						7.2							
6	0.027	0.5		78	65	3.4	1	7.2							
7	0.027														
8	0.025	0.5						7.2							
9	0.025	0.5						7.3							
10	0.031	0.5						7.3							
11	0.026	0.6						7.3							
12	0.026	0.6						7.3							
13	0.025	0.5						7.2							
14	0.025														
15	0.027	0.6						7.2							
16	0.030	0.5						7.3							
17	0.026	0.5						7.3							
18	0.027	0.5						7.3							
19	0.026	0.5		102	72	4.57	2	7.3							
20	0.023	0.6						7.3							
21	0.027														
22	0.026	0.5						7.3							
23	0.026	0.5						7.3							
24	0.023	0.5						7.3							
25	0.023	0.5						7.3							
26	0.024	0.5						7.3							
27	0.023	0.6						7.3							
28	0.023														
29	0.030	0.6						7.3							
30	0.026	0.6						7.3							
31	0.026	0.5						7.3							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Original signed by Harold Register Date 8/1993

Name (Please Type Harold Register Telephone No (Please Type (904) 773-2802

Company Name Southern States Utilities / Sunny Hills

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	52%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.21
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	0.6
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.795
BOD5 Effluent	Mg/L		3.67

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month September — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.031	0.5						7.3							
2	0.024	0.5						7.2							
3	0.026	0.5		144	85	4.25	1	7.2							
4	0.027														
5	0.027	0.5						7.3							
6	0.026	0.5						7.2							
7	0.027	0.5						7.3							
8	0.026	0.6						7.3							
9	0.026	0.5						7.3							
10	0.026	0.5						7.3							
11	0.026														
12	0.030	0.5						7.3							
13	0.024	0.6						7.3							
14	0.026	0.5						7.3							
15	0.026	0.5						7.3							
16	0.026	0.5		78	65	3.35	1	7.3							
17	0.024	0.5						7.3							
18	0.025														
19	0.030	0.6						7.3							
20	0.023	0.5						7.3							
21	0.026	0.5						7.2							
22	0.029	0.5						7.3							
23	0.023	0.5						7.3							
24	0.028	0.5						7.3							
25	0.028														
26	0.026	0.5						7.3							
27	0.028	0.6						7.3							
28	0.027	0.5						7.3							
29	0.025	0.5						7.3							
30	0.026	0.5		88	19	3.36	1	7.3							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Herald Register — Date: 10/5/93

Name (Please Type): Herald Register — Telephone No. (Please Type): (904) 773-2802

Company Name: Southern States Utilities / Sunny Hills

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method:

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.032
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.028
(19) Percent of permitted capacity	%	-	64%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	0.40
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	*
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	0.6
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		0.835
BOD5 Effluent	Mg/L		3.13

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.025	0.5						7.3							
2	0.025														
3	0.030	0.6						7.2							
4	0.025	0.5						7.3							
5	0.029	0.5						7.3							
6	0.025	0.5						7.3							
7	0.030	0.5						7.3							
8	0.025	0.6						7.3							
9	0.024														
10	0.030	0.5						7.3							
11	0.025	0.5						7.3							
12	0.029	0.5						7.3							
13	0.023	0.5						7.3							
14	0.031	0.6		86	21	3.24	1	7.3							
15	0.030	0.6						7.3							
16	0.031														
17	0.034	0.6						7.3							
18	0.033	0.6						7.3							
19	0.033	0.5						7.3							
20	0.031	0.5						7.3							
21	0.035	0.5						7.3							
22	0.041	0.5						7.3							
23	0.042														
24	0.035	0.5						7.3							
25	0.034	0.6						7.3							
26	0.044	0.5						7.3							
27	0.026	0.5						7.3							
28	0.036	0.5		100	30	3.02	2	7.3							
29	0.045	0.5						7.3							
30	0.046														
31	0.033	0.6						7.3							

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Original signed by Harold Register Date 11/3/93

Name (Please Type) Harold Register Telephone No (Please Type)

Company Name Southern States Utilities / Sunny Hills (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd.

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 2521

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.032
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	64%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.27
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	0.6
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da		1.05
BOD5 Effluent	Mg/L		3.95

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities (34) Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.035	0.5						7.3							
2	0.038	0.5						7.3							
3	0.037	0.6						7.3							
4	0.038	0.5						7.0							
5	0.035	0.5						7.0							
6	0.035														
7	0.031	0.5						7.1							
8	0.038	0.5						7.2							
9	0.040	0.5						7.2							
10	0.035	0.5						7.2							
11	0.038	0.6						7.2			<2				
12	0.037	0.5		100	40	4.05	1	7.2							
13	0.038														
14	0.032	0.6						7.2							
15	0.038	0.6						7.3							
16	0.032	0.6						7.3							
17	0.027	0.5						7.3							
18	0.025	0.5						7.3							
19	0.028	0.6						7.3							
20	0.027														
21	0.031	0.5						7.2							
22	0.035	0.6						7.2							
23	0.034	0.5						7.3							
24	0.023	0.5		100	31	3.84	1	7.3							
25	0.025	0.5						7.3							
26	0.026	0.6						7.3							
27	0.026														
28	0.027	0.6						7.2							
29	0.026	0.5						7.3							
30	0.024	0.6						7.3							
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Harold Register Date 12/8/93

Name (Please Type) Harold Register Telephone No (Please Type)

Company Name Southern States Utilities / Sunny Hills (904) 773-2802

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Operating Report
EFFECTIVE DATE July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 1067P02344

(3) Plant Name: Sunny Hills Utilities

(4) Plant Address: 680 Gables Blvd

(5) City: Sunny Hills

(6) County: Washington

(7) Phone Number: (904) 773-2802

(8) Permit Number: D067183836

(9) Plant Type: 2-C

(10) Test Site Identification Number: 1067X10140

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Harold Register B-2521

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.025
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	50%
(20) CBOD5 Effluent	mg/L	80082	
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.21
(24) Minimum pH			7.2
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chloride Residual	mg/L	-	0.5
(32) Maximum Chloride Residual	mg/L	-	1.0
(33) Other Effluent Parameters			
BOD5 Effluent	LBS/da	Lbs/day	0.73
BOD5 Effluent	Mg/L	MG/L	3.5

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Monthly Operating Report
EFFECTIVE DATE July 1, 1992
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunny Hills Utilities — Month December — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.026	0.7						7.3							
2	0.025	0.7						7.3							
3	0.026	0.7						7.3							
4	0.025														
5	0.027	0.6						7.3							
6	0.024	0.5						7.3							
7	0.025	0.5						7.3							
8	0.023	0.6		111	35	3.02	1	7.3							
9	0.018	0.6						7.2							
10	0.026	0.6						7.2							
11	0.026														
12	0.029	0.6						7.2							
13	0.027	0.5						7.2							
14	0.031	0.5						7.2							
15	0.021	0.5						7.2							
16	0.025	0.5						7.2							
17	0.020	0.5						7.2							
18	0.020														
19	0.028	0.8						7.2							
20	0.027	0.6						7.3							
21	0.022	0.5						7.3							
22	0.026	1.0						7.3							
23	0.022	0.7						7.3							
24	0.025	0.6		101	30	3.98	1	7.2							
25	0.024														
26	0.023	0.6						7.3							
27	0.026	0.7						7.3							
28	0.024	0.7						7.3							
29	0.027	0.6						7.3							
30	0.023	0.7						7.3							
31	0.025	0.6						7.3							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Original signed by Harold Register — Date: January 12, 1994

Name (Please Type): Harold Register — Telephone No. (Please Type):

Company Name: Southern States Utilities, Sunny Hills — (904) 773-2802

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B- General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Susan Heath C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.061
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.070
(19) Percent of permitted capacity	%	-	47%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	5.0
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month January — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.123	1.0														
3	0.064	1.0						6.9								
4	0.062	1.8						7.0								
5	0.058	2.7						6.8								
6	0.060	3.5						6.9								
7	0.047	1.2						6.9								
8	0.064	1.5						7.0								
9																
10	0.122	1.2						6.9								
11	0.043	1.0						6.9								
12	0.059	1.6		60	80	1.0	7.5	7.1					N.D.			
13	0.070	1.1						7.0								
14	0.065	1.5						7.2								
15																
16	0.118	1.5														
17	0.058	1.6						7.1								
18	0.060	1.1						7.1								
19	0.059	2.9						7.0								
20	0.059	1.4						7.2								
21	0.063	0.9						7.1								
22	0.056	1.4						7.0								
23																
24	0.120	1.0						7.0								
25	0.062	1.3						7.2								
26	0.062	1.2		47	16	1.0	4.5	7.0			5.0		N.D.			
27	0.067	0.8						7.1								
28	0.060	0.6						7.0								
29																
30	0.133	1.2						7.0								
31	0.070	1.8						7.0								

Lead Operator: This is to certify that I am familiar with the information contained in the report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Brian Heath

Name (Please Type)

Company Name: Southern States Utilities/Sunshine Parkway

Date:

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.068
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.066
(19) Percent of permitted capacity	%	-	44%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	4.3
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	0.08
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway

Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.069	1.2						7.1								
2	0.069	2.4						7.0								
3	0.062	2.1						7.0								
4	0.057	2.2						7.1								
5	0.057	2.0														
6																
7	0.106	2.4						7.0								
8	0.058	1.1						7.1								
9	0.072	1.2		104	716	1.0	3.5	7.1					ND			
10	0.076	0.9						7.2								
11	0.069	1.2						7.1								
12																
13	0.147	1.2														
14	0.058	2.5						7.0								
15	0.071	2.6						7.1								
16	0.063	0.7						7.1								
17	0.067	1.4						7.0								
18	0.059	2.3						7.1								
19	0.081	1.6														
20																-
21	0.152	1.4						7.2								
22	0.061	1.8						7.0								
23	0.086	2.0		74	732	1.0	5.0	7.1			0.08		ND			
24	0.079	1.2						7.0								
25	0.067	3.5						7.1								
26	0.077	1.5														
27																
28	0.152	2.0						7.1								
29																
30																
31																

Lead Operator: This is to certify that I am familiar with the information contained in the report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath

Name (Please Type): BRIAN HEATH

Company Name: Southern States Utilities/Sunshine Parkway

Date: 3/23/94

Telephone No (Please Type): (407) 880-0056

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Hall C-7522

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.065
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.065
(19) Percent of permitted capacity	%	-	43%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	11.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	3.44
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month March — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.072	1.2						7.0								
2	0.070	1.0						7.0								
3	0.059	1.8						6.9								
4	0.062	2.4						7.0								
5	0.067	1.9														
6																
7	0.140	1.2						7.1								
8	0.069	2.2						7.0								
9	0.064	1.5		130	680	1.0	2.0	7.2					N.D.			
10	0.058	1.1						7.1								
11	0.061	3.2						7.0								
12																
13	0.137	1.0						7.4								
14	0.057	1.8						7.2								
15	0.060	2.2						7.1								
16	0.054	2.2						7.2								
17	0.065	1.4						7.2								
18	0.061	0.9						7.1								
19	0.068	1.0						7.0								
20																
21	0.147	1.0						7.2								
22	0.056	2.6						7.1								
23	0.063	2.5						7.1								
24	0.058	2.4		111	545	1.0	20.0	7.2			3.44		N.D.			
25	0.060	1.2						7.0								
26	0.051	3.0														
27																
28	0.136	0.8						6.8								
29	0.083	1.4						7.1								
30	0.066	2.8						7.1								
31	0.067	1.7						7.2								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath — Date: 4/21/94

Name (Please Type): _____ Telephone No (Please Type): _____

Company Name: Southern States Utilities/Sunshine Parkway — (407) 880-0058

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Donald R. Carder C-2451

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.059
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.064
(19) Percent of permitted capacity	%	-	43%
(20) BOD5 Effluent	mg/L	80082	0.7
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month April — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.069	1.6						7.2								
2	0.063	1.4						7.1								
3																
4	0.139	0.6						7.3								
5	0.061	1.2						7.1								
6	0.067	0.6						7.3								
7	0.063	2.4						7.2								
8	0.057	1.4						7.2								
9	0.090	1.5						7.2								
10																
11	0.120	2.5						7.0								
12	0.053	1.4						7.1								
13	0.064	2.2		125	652	1.0	4.0	7.1								
14	0.055	1.6						7.1								
15	0.055	0.8						7.1								
16																
17	0.107	1.0														
18	0.044	0.8						7.1								
19	0.045	1.2						7.0								
20	0.053	0.7						7.2								
21	0.053	1.4						7.1								
22	0.047	1.5						7.2								
23	0.056	1.0														
24																
25	0.116	1.2						7.1								
26	0.054	2.3						6.9								
27	0.059	0.7						7.3								
28	0.060	1.0		64	204	0.4	1.0	7.2								
29	0.046	1.9						7.2								
30	0.062	2.2														
31																

Legal Statement: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true complete and accurate

Signed: Donald B. Conklin

Name (Please Type): Donald B. Conklin

Company Name: Southern States Utilities/Sunshine Parkway

Date:

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.600(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.059
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.061
(19) Percent of permitted capacity	%	-	41%
(20) BOD5 Effluent	mg/L	80082	1.8
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	1.04
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			

DER Form No.	17-302.210(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month May — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.117	2.6						7.1								
3	0.064	1.0						7.0								
4	0.061	1.1						7.0								
5	0.051	0.8						7.1								
6	0.061	2.3						7.1								
7	0.056	2.5														
8																
9	0.107	3.2						7.0								
10	0.045	1.8						7.0								
11	0.065	2.2		60	40	3.1	1.5	7.1					nd			
12	0.050	2.0						7.1								
13	0.056	1.4						7.2								
14	0.079	1.5														
15																
16	0.109	2.2						7.0								
17	0.054	2.0						7.0								
18	0.060	0.8						7.1								
19	0.059	1.8						7.0								
20	0.063	2.2						7.1								
21																
22	0.117	1.8						7.0								
23	0.047	0.7						7.2								
24	0.052	1.3						7.2								
25	0.060	0.9		25	72	0.4	1.0	7.2			1.04		nd			
26	0.065	1.8						7.2								
27	0.060	1.2						7.3								
28	0.069	1.0														
29																
30	0.134	2.3						7.2								
31	0.069	2.0						7.1								

Legal Disclaimer: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities/Sunshine Parkway

Date: 6-21-94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Donald B. Cooley C-2451

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.090
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.069
(19) Percent of permitted capacity	%	-	46%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

FORM NO 17-624.500(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DEP APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month: June — Year: 1994

(34) Lost Echo on totalizer meter. Flow calculated from effluent lift station.

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.062	1.8						7.1								
2	0.058	2.2						7.3								
3	0.050	1.4						7.2								
4	0.049	1.5						7.2								
5	0.018															
6	0.161	2.4						7.2								
7	0.078	2.0						7.3								
8	0.095	1.8		34	895	1.1	3.0	7.2								
9	0.102	2.4						7.2								
10	0.083	2.0						7.2								
11																
12	0.192	1.8						7.1								
13	0.078	2.2						7.2								
14	0.068	1.9						7.2								
15	0.074	3.0						7.1								
16	0.085	1.8						7.1								
17	0.094	2.2						7.0								
18	0.098	1.4														
19																
20	0.198	2.0						6.9								
21	0.081	2.4						7.0								
22	0.103	2.5		60	56	1.1	1.0	6.9			2.88		ND			
23	0.087	1.2						7.0								
24	0.089	1.8						7.0								
25	0.110	2.0														
26																
27	0.166	2.0						6.8								
28	0.084	1.8						6.9								
29	0.088	1.2						6.9								
30	0.084	2.4						6.9								
31																

Lost Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Donald B. Corder — Date: 7-21-94

Name (Please Type): Donald B. Corder — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities/Sunshine Parkway

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] [signature] C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.061
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.077
(19) Percent of permitted capacity	%	-	51%
(20) BOD5 Effluent	mg/L	80082	1.7
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			6.8
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	3.40
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month July — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.070	1.8						6.9								
2	0.086	0.8														
3																
4	0.173	1.2														
5	0.082	1.6						6.8								
6	0.090	2.4						6.9								
7	0.103	2.0		40	504	1.5	1.0	6.9								
8	0.087	1.4						6.9								
9	0.089															
10	0.101	1.5						7.0					ND			
11	0.059	0.7						6.9								
12	0.072	1.9						7.0								
13	0.074	2.0						6.9								
14	0.082	1.4						7.0								
15	0.094	2.0						6.9								
16	0.087	1.6						7.0								
17																
18	0.168	0.8						7.0								
19	0.071	1.9						7.0								
20	0.066	0.7						6.9								
21	0.120	0.6		45	188	1.8	1.5	7.0			3.40		ND			
22	0.033	1.2						7.0								
23	0.095	1.2						7.0								
24																
25	0.151	0.7						6.9								
26	0.076	3.5						6.9								
27	0.077	3.5						6.8								
28	0.089	3.5						6.8								
29	0.088	3.0						6.8								
30	0.102	2.8														
31																

Local Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Brian Hart
Date: 8-23-94

Name (Please Type):
Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities/Sunshine Parkway

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Will Fontaine B-7113

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.084
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.085
(19) Percent of permitted capacity	%	-	57%
(20) BOD5 Effluent	mg/L	80082	0.9
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	6.65
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

DER FORM NO 17-601 900-1
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month August — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.167	2.5						6.8								
2	0.085	2.1						6.9								
3	0.103	1.4		144	392	0.7	3.0	7.0								
4	0.091	1.8						6.9					ND			
5	0.085	1.5						6.9								
6	0.074	2.8						6.9								
7	0.139															
8	0.047	2.2						6.8								
9	0.075	1.7						6.9								
10	0.088	1.8						6.9								
11	0.081	2.1						7.0								
12	0.083	1.5						6.9								
13	0.083	1.6														
14																
15	0.206	1.2						6.9								
16	0.083	0.8						6.9								
17	0.079	2.5		56	140	1.0	3.0	6.8								
18	0.070	1.4						6.9			6.65		NC			
19	0.073	1.5						6.8								
20	0.076	1.8						6.8								
21																
22	0.167	1.2						6.9								
23	0.071	2.3						6.8								
24	0.074	2.5						6.8								
25	0.068	1.4						7.0								
26	0.076	2.0						6.9								
27																
28	0.161	1.8						7.0								
29	0.053	2.0						6.9								
30	0.077	1.6						6.9								
31	0.067	1.8		133	952	1.0	4.5	6.9					ND			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed: Original Pg 2 of 3 signed by Will Fontaine — Date:

Name (Please Type): Will Fontaine — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities/Sunshine Parkway

SSU Southern States Utilities • 1000 Color Place • Apopka, FL 32703 • 407/880-0058

October 24, 1994

State of Florida Department of Environmental Protection
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

Attention Mr. C. Anderson

Subject: Revised September MOR

Sunshine Parkway Wastewater - ID# 3035P10451

Dear Mr. Anderson:

Please find attached a REVISED monthly operating report for the month of September for our Sunshine Parkway Wastewater facility. The revised MOR should replace the original MOR recently mailed to your office which is missing the flow data for the 4th through the 30th.

If you have questions, please call.

Sincerely

Brian E. Heath

Brian E. Heath
Area Supervisor

csd\

enclosure (as stated)

cc: Ray Gagnon, Operations Services Manager
Mel Fisher
Lake County Pollution Control (Code Enforcement)
Mr. Roy Greene

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DER FORM NO	17.601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian Hart C7522

Signature Cert No

REVISED 10/24/94

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.087
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.084
(19) Percent of permitted capacity	%	-	56%
(20) BOD5 Effluent	mg/L	80082	0.8
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	2.48
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway

Month September Year 1994

(34) REVISED 10/24/94

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.076	2.2						6.9								
2	0.075	2.5						6.9								
3	0.095	1.5						6.9								
4																
5	0.217	0.9						6.9								
6	0.069	1.4						6.9								
7	0.074	1.9						7.0								
8	0.078	2.0						6.9								
9	0.073	1.2						7.0								
10	0.082	1.6						6.8								
11																
12	0.164	2.3						6.9								
13	0.082	2.5						6.9								
14	0.082	1.6		179	156	0.8	4.5	7.0			2.48		ND			
15	0.074	1.0						7.0								
16	0.078	1.8						7.0								
17	0.095	1.8						7.0								
18																
19	0.157	1.6						6.9								
20	0.095	2.0						6.9								
21	0.095	2.4						6.9								
22	0.086	1.3						7.0								
23	0.114	1.8						7.0								
24	0.104	2.0						6.9								
25																
26	0.164	1.8						7.0								
27	0.096	2.4						6.9					ND			
28	0.104	2.5						6.9								
29	0.087	2.2						6.9								
30	0.093	2.8						7.0								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Brian E. Heath

Name (Please Type): Brian E. Heath

Company Name: Southern States Utilities/Sunshine Parkway

Date: 10-26-94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-7572

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.077
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.056
(19) Percent of permitted capacity	%	-	38%
(20) BOD5 Effluent	mg/L	80082	1.6
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	5.78
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

FORM NO. 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.072	2.1						7.0								
2																
3	0.173	2.5						7.0								
4	0.091	1.2						7.2								
5	0.079	1.5						7.3								
6	0.071	2.2						7.1								
7	0.089	0.8						7.6								
8	0.106	1.0														
9																
10	0.154	1.9						7.2								
11	0.077	1.8						7.2								
12	0.079	1.5		69	199	2.3	3.5	7.2			5.78		ND			
13	0.079	1.5						7.1								
14	0.088	1.2						7.2								
15	0.100	1.5														
16	0.101															
17	0.070	1.8						7.2								
18	0.084	1.5						7.1								
19	0.064	1.6						7.2								
20	0.062	2.0						7.3								
21	0.065	1.7						7.2								
22	0.068	2.2														
23																
24	0.132	2.2						7.1								
25	0.056	2.8						7.1								
26	0.052	2.8		90	830	0.9	3.5	7.2								
27	0.070	1.0						7.1								
28	0.077	1.6						7.2								
29	0.073	3.5														
30																
31	0.166	1.6						7.1								

Lead Operator: "I do certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate."

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities/Sunshine Parkway

Date: 11-17-94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 7113

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Mike Fontana B-7113

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.082
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.082
(19) Percent of permitted capacity	%	-	55%
(20) BOD5 Effluent	mg/L	80082	0.8
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	3.8
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	7.81
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			

FDEP FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
FDEP APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month November — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.079	1.2						7.1								
2	0.080	1.9						6.9								
3	0.097	1.6						7.1								
4	0.099	1.2						7.2								
5	0.106	1.5														
6																
7	0.161	1.4						7.2								
8	0.074	2.8						7.0								
9	0.083	1.0		40	248	0.6	2.5	7.2			7.81		ND			
10	0.088	1.6						7.2								
11	0.082	1.5						7.1								
12	0.051	1.2														
13																
14	0.146	1.0						7.1								
15	0.081	0.9						7.1								
16	0.067	1.5						7.0								
17	0.089	1.1						7.2								
18	0.084	0.8						7.2								
19	0.085	1.0						7.2								
20																
21	0.185	0.7						7.1								
22	0.092	2.1						7.1								
23	0.087	1.6		39	100	0.9	5.0	7.1								
24																
25	0.160	3.0						7.0								
26	0.084	2.5						7.0								
27		1.8						7.1								
28	0.143	1.6						7.1					ND			
29	0.084	2.3						7.2								
30	0.083	1.9						7.2								
31																

Land Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Will Fontaine — Date: 12-21-94

Name (Please Type): Will Fontaine — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities/Sunshine Parkway

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] 3-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.082
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.080
(19) Percent of permitted capacity	%	-	54%
(20) BOD5 Effluent	mg/L	80082	0.7
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.1
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	4.14
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant

Monthly Operating Report

Sunshine Parkway

Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (s.u.)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.085	2.1						7.1								
2	0.073	1.6						7.2								
3	0.083	2.8						7.1								
4																
5	0.147	2.5						7.1								
6	0.083	2.3						7.2								
7	0.079	2.5		54	228	0.7	5.0	7.2			4.14		ND			
8	0.073	1.5						7.2								
9	0.063	2.0						7.1								
10	0.076	1.8														
11																
12	0.148	2.5						7.2								
13	0.080	1.6						7.1								
14	0.072	2.1						7.1								
15	0.065	3.0						7.2								
16	0.071	1.7						7.1								
17	0.064	2.9						7.1								
18																
19	0.142	2.8		53	348	0.7	3.0	7.2					ND			
20	0.070	1.6						7.2								
21	0.069	1.0						7.1								
22	0.095	0.8						7.2								
23	0.069	0.8						7.1								
24	0.095	1.5						7.1								
25	0.112	1.2														
26	0.083	1.5						7.1								
27	0.068	0.8						7.1								
28	0.108	2.8						7.2								
29	0.116	2.3						7.1								
30	0.122	3.2						7.1								
31	0.107	1.2														

Signed: [signature]

Name (Please Type): [illegible]

Company Name: Southern States Utilities/Sunshine Parkway

Date: 1-19-95

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Numbe 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address Hwy 19 & 27 N of Minneola

(5) City Minneola

(6) County Lake

(7) Phone Number (407) 880-0058

(8) Permit Number DT-35-131150

(9) Plant Type 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class C Cert. No. 7522

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Lance D. Shreffler C-8058

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.078
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.077
(19) Percent of permitted capacity	%	-	51%
(20) BOD5 EFfluent	mg/L	80082	2.5
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	9.8
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	2.9
(33) Other Effluent Parameters			

DER FORM NO: 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1992
DER APPLICATION NO:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residue After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.219	1.5						6.9								
3																
4	0.145	2.0						6.8								
5	0.077	2.5						7.0								
6	0.078	2.5						6.9								
7	0.086	2.2						7.0								
8	0.076	1.8						6.9								
9																
10	0.187	1.9						7.0								
11	0.063	2.5						6.9								
12	0.064	2.0						6.9								
13	0.065	1.8		25	32	4.0	7.5	6.9								
14	0.062	2.8						6.9								
15	0.065	2.8						6.8								
16	0.102	2.0						6.9								
17																
18	0.132	2.2						6.8								
19	0.078	2.5						6.8								
20	0.076	2.5						6.8								
21	0.084	2.2						6.8								
22	0.070	2.2						6.8								
23	0.086	2.2						6.8								
24																
25	0.127	2.5						6.8								
26	0.077	2.2						6.9								
27	0.081	2.8		120	388	1.0	12.0	6.8								
28	0.076	2.8						6.8								
29	0.062	2.9						6.8								
30																
31	0.171	2.5						6.9								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Lance D. Shreffler — Date: 2/7/93

Name (Please Type): Lance D. Shreffler — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3035P000168

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S Hwy 27

(5) City: Groveland FL

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DT-35-131150 DC-35-174231

(9) Plant Type: 3-C

(10) Test Site Identification Number: N.A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N.A

(15) Plant Staffing

Day Shift Operator Class	C	Cert. No	8055
Evening Shift Operator Class	C	Cert. No	7522
Night Shift Operator Class		Cert. No	
Lead Operator	Original signed by Brian Heath		C-7522
	Signature		Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.083
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.079
(19) Percent of permitted capacity	%	-	53%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	8.0
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month February — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.058	2.8						6.8								
2	0.081	2.8						6.8								
3	0.079	2.2						6.6								
4	0.093	2.8						6.8								
5	0.075	2.8						6.8								
6	0.100	2.8						6.8								
7																
8	0.151	2.8						6.7								
9	0.088	2.8						6.7								
10	0.078	2.2		138	168	0.5	1.0	6.8								
11	0.077	2.8						6.7								
12	0.082	2.0						7.0			10.0					
13																
14	0.169	2.2						7.1								
15	0.073	2.8						6.9								
16	0.076	0.8						7.0								
17	0.080	1.5						6.9								
18	0.094	2.0						6.9								
19	0.082	2.8						6.8								
20																
21	0.186	2.5						6.9								
22	0.068	1.5						6.8								
23	0.095	2.5						6.9								
24	0.085	2.0		200	288	1.6	6.0	7.1								
25	0.089	1.8						6.9								
26	0.082	1.2						6.9			9.0					
27	0.098	2.0						7.0								
28																
29																
30																
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 3/13/93

Name (Please Type): — Telephone No. (Please Type)

Company Name: Southern States Utilities — (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Numbe 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S. Hwy 27

(5) City Groveland FL

(6) County Lake

(7) Phone Number (407) 880-0058

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class C Cert. No. 7522

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.083
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.081
(19) Percent of permitted capacity	%	-	55%
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Nitrate	mg/L	-	6.8
Fecal Coliform		-	ND

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE Jan 1, 199
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month March — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.157	1.8						7.0								
2	0.075	1.8						7.1								
3	0.081	1.2						6.9								
4	0.076	1.5						6.9								
5	0.081	1.8						6.9								
6	0.108	1.8						6.9								
7																
8	0.146	2.5						6.9								
9	0.091	1.8						7.0								
10	0.093	1.0		118	196	0.4	1.5	7.0								
11	0.084	1.2						7.0								
12	0.075	1.2						7.0			9.0					
13	0.132	1.8						6.9								
14																
15	0.102	2.0						7.0								
16	0.081	1.8						7.0								
17	0.088	2.2						6.9								
18	0.088	2.0						6.9								
19	0.073	2.0						7.0								
20	0.117	1.0						6.9								
21																
22	0.149	1.5						7.1								
23	0.081	1.0						7.2								
24	0.097	1.0		75	151	2.1	1.5	7.1								
25	0.080	1.0						7.1			4.5					
26	0.084	1.5						7.2								
27	0.097	1.2						7.2								
28																
29	0.151	1.0						7.1								
30	0.083	1.5						7.2								
31	0.076	1.0						7.2								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 4/22/93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Numbe 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S. Hwy 27

(5) City Groveland, FL

(6) County Lake

(7) Phone Number (407) 880-0056

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 8058

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.077
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.081
(19) Percent of permitted capacity	%	-	51%
(20) BOD5 Effluent	mg/L	80082	0.8
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	3.3
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 199[illegible]
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month April — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.080	2.0						7.2								
2	0.065	2.8						7.2								
3																
4	0.177	2.2						7.1								
5	0.063	2.2						7.1								
6	0.095	2.5						7.1								
7	0.108	1.2		195	124	0.6	1.0	7.2								
8	0.081	1.8						7.1								
9	0.101	1.0						7.2			1.8					
10	0.090	1.8						7.2								
11																
12	0.172	1.2						7.2								
13	0.079	1.2						7.1								
14	0.072	1.5						7.1								
15	0.074	1.0						7.2								
16	0.087	1.5						7.2								
17	0.093	1.5						7.2								
18																
19	0.135	2.2						7.1								
20	0.075	1.8						7.1								
21	0.077	2.2		24	70	1.0	5.0	7.1								
22	0.056	1.2						7.0			3.0					
23	0.057	2.8						7.0								
24																
25	0.149	2.0						7.1								
26	0.049	1.5						7.1								
27	0.066	1.5						7.1								
28	0.074	1.2						7.0			5.0					
29	0.074	1.8						7.1								
30	0.071	1.5						7.1								
31																

Lead Operator: "I do so certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate."

Signed: Original signed by Brian Heath — Date: 5/17/93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Numbe 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S Hwy 27

(5) City Clermont

(6) County Lake

(7) Phone Number (407) 880-0058

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.075
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.078
(19) Percent of permitted capacity	%	-	50%
(20) BOD5 Effluent	mg/L	80082	2.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	2.3
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	6.9
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month: May — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.077	1.5						7.1								
2																
3	0.106	1.5						7.1								
4	0.076	1.5						7.1								
5	0.077	2.1		26.5	24	0.4	3.5	7.2			10.0					
6	0.073	2.0						7.2								
7	0.061	2.0						7.2								
8	0.084	1.8						7.2								
9																
10	0.129	1.8						7.1								
11	0.069	1.8						7.2								
12	0.070	1.8						7.1			1.0					
13	0.077	1.0						7.0								
14	0.07[illegible]	2.0						7.1								
15	0.065	2.2						7.1								
16																
17	0.142	2.5						7.0								
18	0.076	2.2						6.9								
19	0.087	1.5		330	56	3.9	1.0	6.8								
20	0.090	1.0						6.9			8.5					
21	0.073	2.0						7.0								
22	0.087	1.2						7.0								
23																
24	0.124	1.8						6.8								
25	0.075	2.0						6.9								
26	0.077	2.5						6.9								
27	0.082	1.8						6.9			8.0					
28	0.076	2.0						6.8								
29	0.109	2.0						7.0								
30																
31	0.191	1.2						7.0								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 6/8/93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Numbe 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S. Hwy 27

(5) City Clermont

(6) County Lake

(7) Phone Number (407) 880-0058

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.073
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.075
(19) Percent of permitted capacity	%	-	49%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	3.9
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	9.9
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1992
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month June — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.057	2.0						6.8								
2	0.079	1.2		20	84	0.2	4.5	6.8								
3	0.079	2.0						6.9								
4	0.077	1.5						6.9			7.6					
5	0.096	1.8						6.9								
6																
7	0.116	1.0						7.0								
8	0.056	1.2						7.0								
9	0.061	1.8						7.0								
10	0.061	2.0						6.9			11.0					
11	0.076	1.8						7.0								
12	0.091	2.0						7.0								
13																
14	0.131	2.2						7.0								
15	0.070	2.2						6.8								
16	0.076	2.5		122	148	0.8	4.3	6.8			11.0					
17	0.070	2.0						6.8								
18	0.071	1.0						6.8								
19	0.074	1.0						7.0								
20																
21	0.135	1.0						6.8								
22	0.076	0.9						6.8								
23	0.076	1.8						6.8			10.0					
24	0.079	2.2						6.8								
25	0.081	2.0						6.9								
26																
27	0.165	1.6						7.0								
28	0.063	1.0						6.9					ND			
29	0.088	2.0						6.9								
30	0.078	1.8		99.7	44	2.2	3.0	6.9								
31																

Lead Operator: This is to certify that I am familiar with the information contained in the report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 7/12/93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0055

Company Name: Southern States Utilities

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Numbe 3035P000166

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S. Hwy 27

(5) City Clermont

(6) County Lake

(7) Phone Number (407) 880-0056

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.074
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.074
(19) Percent of permitted capacity	%	-	49%
(20) BOD5 Effluent	mg/L	80082	<1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	5.2
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			

DER FORM NO. 17-601.800 (1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1992
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month July — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.097	2.0						6.9								
2	0.080	1.2						6.8								
3	0.098	1.5						6.9								
4																
5	0.191	1.2						6.8								
6	0.075	1.0						6.8								
7	0.079	0.9						6.9								
8	0.076	1.0						6.9								
9	0.088	1.2						6.9			8.0					
10	0.107	1.2						7.0								
11																
12	0.139	0.8						6.9								
13	0.081	2.0						6.9								
14	0.086	1.5		70	80	1.0	1.5	7.0								
15	0.074	1.5						6.8			2.6					
16	0.077	1.2						6.9								
17																
18	0.153	1.5						7.0								
19	0.050	1.0						6.9								
20	0.079	1.0						6.9								
21	0.074	1.5						6.9								
22	0.068	1.2						7.0								
23	0.061	1.2						6.9								
24	0.058	1.5						6.9								
25																
26	0.126	1.0						6.9								
27	0.052	1.0		120	88	<1.0	1.0	7.0								
28	0.059	1.5						7.1								
29	0.047	1.2						7.0			5.0					
30	0.050	1.5						6.9								
31	0.074	1.2						7.0								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 10.1.93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0055

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Numbe 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S. Hwy 27

(5) City Clermont

(6) County Lake

(7) Phone Number (407) 880-0058

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.060
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.069
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	0.9
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	2.5
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			

DER FORM NO 17-600.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month August — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.114	1.0						6.8								
3	0.052	0.8						6.8								
4	0.062	1.5						6.9								
5	0.034	1.5						6.8								
6	0.060	1.8						6.8								
7																
8	0.147	1.5						6.9								
9	0.070	0.8						6.8								
10	0.069	1.5						6.8								
11	0.053	1.5		120	88	<1	1.5	6.8			2.2					
12	0.056	1.9						6.9								
13	0.055	1.2						6.9								
14	0.066	1.0						6.8								
15																
16	0.092	2.5						6.9								
17	0.049	1.0						6.8								
18	0.046	0.9						6.8								
19	0.055	0.8						6.8								
20	0.049	2.0						6.8								
21	0.046	2.0						7.0								
22																
23	0.084	1.0						6.8								
24	0.046	1.8						6.9								
25	0.072	2.5		62	48	0.7	4.5	6.8			2.8					
26	0.081	1.0						6.8								
27	0.074	1.8						6.9								
28																
29	0.155	2.0						6.8								
30	0.075	2.0						6.9								
31	0.090	1.2						6.9								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 9/10/93

Name (Please Type): Brian Heath — Telephone No. (Please Type)

Company Name: Southern States Utilities — (407) 880-0058

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S. Hwy 27

(5) City Clermont

(6) County Lake

(7) Phone Number (407) 880-0056

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 8058

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator [signature] Cert No C-7522

Signature

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.084
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.073
(19) Percent of permitted capacity	%	-	48%
(20) BOD5 Effluent	mg/L	80082	1.8
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	8.5
(30) Total Phosphorus	mg/L	000665	--
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Note: Totalizer meter out for repair.			
Flow determined by effluent lift station #2 meter readings			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway

Month September Year 1993

(3d)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.089	1.5						6.9								
2	0.078	1.0						6.9								
3	0.083	1.5						6.9								
4	0.102	1.5						7.0								
5																
6	0.163	1.8						6.9								
7	0.095	1.5						7.0								
8	0.084	1.5		68	28	1.3	2.0	7.0			8.5					
9	0.077	1.2						6.9								
10	0.066	1.5						6.8								
11	0.097	0.8						6.8								
12																
13	0.147	1.0						6.8								
14	0.089	0.9						6.8								
15	0.066	1.5						6.9								
16	0.075	2.5						7.0								
17	0.071	2.5						6.9								
18																
19	0.196	1.8						7.0								
20	0.079	1.8						7.0								
21	0.082	2.2						6.9								
22	0.077	2.5		34	40	2.2	7.0	6.9								
23	0.090	1.5						7.1					8			
24	0.086	1.2						7.0								
25	0.103	1.2						7.0								
26																
27	0.152	1.0						7.0								
28	0.088	1.2						6.9								
29	0.105	2.0						6.9								
30	0.087	1.8						7.0								
31																

Signed Brian Heath

Name (Please Type) Brian Heath

Company Name Southern States Utilities

Date 10/21/93

Telephone No (Please Type) (407) 880-0058

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S. Hwy 27

(5) City Clermont

(6) County Lake

(7) Phone Number (407) 880-0056

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 8056

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.088
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.077
(19) Percent of permitted capacity	%	-	52%
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	7.3
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.090	2.0						7.0								
2	0.087	1.5						6.9								
3																
4	0.211	1.8						6.9								
5	0.091	1.2						6.9								
6	0.100	1.8		70	100	1.0	4.5	6.9								
7	0.085	1.8						6.9								
8	0.088	1.5						6.9								
9																
10	0.197	1.8						7.0								
11	0.083	1.5						7.0								
12	0.080	2.0						7.2								
13	0.079	2.8						7.0								
14	0.077	1.0						7.2								
15	0.090	1.2						7.1								
16	0.112	1.2						7.0								
17																
18	0.153	1.2						7.0								
19	0.095	1.0						6.8								
20	0.100	0.9		494	56	1.6	10.0	6.9								
21	0.093	1.4						7.0								
22	0.103	1.0						7.0								
23																
24	0.231	1.5						7.2								
25	0.077	1.0						7.2								
26	0.078	1.2						7.3								
27	0.084	1.2						7.2								
28	0.090	1.0						7.3					ND			
29	0.081	1.8						7.2								
30	0.077	1.0														
31																

Lead Operator: This is to certify that I am familiar with the information contained in and found on this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed [signature] Date 11/20/93

Name (Please Type) Telephone No (Please Type) (407) 880-0055

Company Name Southern States Utilities

DER FORM NO	17-601.300(1),
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Numbe 3035P000168

(3) Plant Name Sunshine Parkway

(4) Plant Address 20364 S. Hwy 27

(5) City Clermont

(6) County Lake

(7) Phone Number (407) 880-0058

(8) Permit Number DT-35-131150 / DC-35-174231

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 8058

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator [signature] Cert No 7522

Signature

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.081
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.084
(19) Percent of permitted capacity	%	-	56%
(20) BOD5 Effluent	mg/L	80082	1.5
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	4.8
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	4.5
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			

DER FORM NO. (62R-[illegible])
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway — Month: November — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.095	1.1						7.3								
2	0.044	1.6						7.0								
3	0.050	1.2						7.1								
4	0.054	1.8						7.3								
5	0.051	2.2						6.9								
6	0.058	1.4						6.8								
7																
8	0.136	1.8						7.1								
9	0.056	0.9						7.1								
10	0.067	1.0		53	49	1.6	5.5	7.1								
11	0.059	1.2						7.0					N/D			
12	0.045	1.3						7.2								
13	0.058	1.5						7.1								
14																
15	0.105	1.8						7.0								
16	0.055	1.2						6.9								
17	0.062	1.4						7.0								
18	0.051	2.6						7.1								
19	0.055	1.2						7.1								
20																
21	0.131	1.5						7.0								
22	0.065	1.5						7.0								
23	0.056	2.8						7.3								
24	0.071	1.6						7.3								
25																
26	0.139	2.0						7.2								
27	0.065	1.6						7.0								
28																
29	0.140	2.5		72	412	1.4	4.0	7.1			4.5		N/D			
30	0.052	2.8						7.0								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] — Date: 12/2/93

Name (Please Type): — Telephone No. (Please Type): (407) 880-0051

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3035P10451

(3) Plant Name: Sunshine Parkway

(4) Plant Address: 20364 S. Hwy 27

(5) City: Clermont

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-220437

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) *Limited Wet Weather Discharge* Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2133

Evening Shift Operator Class Cert. No

Night Shift Operator Class Cert. No

Lead Operator: Dmitry C. Cavin C-11451

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.065
(17) Permitted capacity	mgd	-	0.15
(18) Three month average daily flow	mgd	-	0.079
(19) Percent of permitted capacity	%	-	53%
(20) BOD5 Effluent	mg/L	80082	1.4
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	6.8
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.6
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	7.7
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Sunshine Parkway

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.057	1.5						6.8								
2	0.057	1.3						6.9								
3	0.052	1.2						6.7								
4	0.067	1.5						6.8								
5																
6	0.116	2.0						6.8								
7	0.057	1.8						6.9								
8	0.061	1.2						6.8								
9	0.061	1.4						7.2								
10	0.066	1.2						6.8								
11	0.068	1.2														
12																
13	0.103	1.8						6.8								
14	0.059	1.4						6.6								
15	0.087	1.5						6.7								
16	0.051	1.4		130	32	1.2	9.5	6.7								
17	0.066	1.6						6.9								
18																
19	0.132	1.5														
20	0.059	2.2						7.0								
21	0.065	1.8						7.1								
22	0.064	1.5						7.0								
23	0.065	1.6						7.1					ND			
24	0.106	1.4														
25																
26	0.143	1.2														
27	0.109	1.0														
28	0.063	2.2						6.9								
29	0.087	1.0		153	452	1.5	4.0	7.0								
30	0.094	0.8						7.1			7.7		ND			
31	0.106	1.5														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed Donald B. Carder

Name (Please Type) Donald B. Carder

Company Name Southern States Utilities

Date 1-21-94

Telephone No. (Please Type) [illegible]

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: _____ _____

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	16%
(20) BOD5 Effluent	mg/L	80082	6.0
(21) BOD5 Effluent	lbs/day	-	0.5
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	0.2
(24) Minimum pH			6.5
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.030
(35) Gallons Hauled *	MG		0.018
* Sludge was lime stabalized prior to being hauled.			

DATE
MONTH
PERMIT NO.

DEP FORM NO. 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DEP APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gas Heated (MGD)	Sludge Gals Hauled (MGD)
1															
2	0.016														
3	0.016	3.0						6.7						0.0005	
4	0.009	3.5						6.7						0.0005	
5	0.009	3.5						7.1							
6	0.008	3.5		660	780	6.0	2.0	6.5					<1		
7	0.007	3.5						6.5						0.0020	0.0060
8															
9	0.019	3.5						6.7						0.0025	
10	0.010	3.5						6.7						0.0008	
11	0.011	3.5						6.5						0.0010	
12	0.010	3.5						6.8						0.0008	
13	0.008	3.5						6.6						0.0020	
14	0.013	3.5						7.2						0.0006	
15															
16	0.018	3.5						6.5							
17	0.011	3.5						6.5						0.0006	
18	0.010	3.5						6.7						0.0010	
19	0.009	3.5						6.6						0.0003	
20	0.009	3.5						6.7							
21	0.0002	3.5						6.7						0.0030	0.0060
22															
23	0.021	3.5						6.5						0.0030	
24	0.008	3.5						6.6						0.0020	
25	0.008	3.5						6.6						0.0030	0.0060
26	0.007	3.5						6.7						0.0010	
27	0.007	3.0						7.2						0.0010	
28	0.009	3.5						7.4						0.0020	
29															
30	0.022	2.5						7.1						0.0010	
31	0.010	3.5						7.4						0.0015	

Legal Opinion: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Eileen West

Name (Please Type): Eileen West

Company Name: Southern States Utilities / Tropical Isles

Date:

Telephone No.: (Please Type)
(407) 334-5581

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-187082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Signature Cert No C-6913

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.010
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	18%
(20) BOD5 Effluent	mg/L	80082	4.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.030
(35) Gallons Hauled *	MG		0.018
* Sludge was lime stabalized prior to being hauled.			

[illegible]
FORM TITLE [illegible]
EFFECTIVE DATE [illegible]
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles — Month February Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	F.E.Col. Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.012	1.2						7.0						0.0020	
2	0.013	2.0						7.0						0.0009	
3	0.011	1.0						6.8						0.0020	
4	0.010	1.9		445	664	4.0	1.0	6.7					<1	0.0010	
5															
6	0.010	1.0						7.0							
7	0.008	1.0						6.7						0.0030	0.0060
8	0.008	3.0						6.5						0.0020	
9	0.005	3.0						6.5						0.0010	
10	0.005	3.0						6.5						0.0009	
11	0.015	1.0						6.5						0.0020	0.0060
12															
13	0.019	3.5						6.9							
14	0.010	3.5						7.1						0.0015	
15	0.008	1.9						6.8						0.0018	
16	0.010	1.3						6.9						0.0025	
17	0.011	0.9						6.8						0.0008	
18	0.016	3.0						6.6						0.0020	
19															
20	0.023	1.0						6.9							
21	0.010	1.0						6.5						0.0015	
22	0.010	3.5						7.0						0.0010	
23	0.009	2.0						7.1						0.0005	
24	0.009	1.5						6.9						0.0005	
25	0.011	1.9						7.2						0.0015	0.0060
26															
27	0.022	1.5						7.0							
28	0.010	1.0						6.7						0.0020	
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: [signature] Date: 3-28-94

Name (Please Type): [illegible] Telephone No. (Please Type): (407) 334-5584

Company Name: Southern States Utilities / Tropical Isles

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

REVISED

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5564

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: George West C 6913
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.010
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	19%
(20) BOD5 Effluent	mg/L	80082	8.0
(21) BOD5 Effluent	lbs/day	-	0.6
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	-	0.3
(24) Minumum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	----
(27) TKN	mg/L	000625	----
(28) Ammonia (NH3 - N)	mg/L	000610	----
(29) Nitrate	mg/L	071850	----
(30) Total Phosphorus	mg/L	000665	----
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.029
(35) Gallons Hauled *	MG		
* Sludge was lime stabalized prior to being hauled.			

DER FORM NO. 17-601.900(4)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month March Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gas Flared (MGD)	Sludge Gals Hauled (MGD)
1	0.009	1.0						6.9						0.0015	
2	0.008	1.4						7.0						0.0020	
3	0.015	1.7						7.1						0.0020	
4	0.011	2.0		203	216	8.0	4.0	6.8					<1	0.0010	
5															
6	0.019	1.0						7.2							
7	0.008	1.0						6.7						0.0025	
8	0.008	1.4						6.6						0.0010	
9	0.009	1.0						6.8						0.0015	
10	0.012	2.0						7.1						0.0010	
11	0.012	2.3						6.8						0.0010	
12															
13	0.018	2.0						6.9						0.0008	
14	0.007	1.0						6.8						0.0010	
15	0.011	2.0						6.7						0.0015	
16	0.010	1.3						6.6							
17	0.009	1.3						6.7						0.0008	
18	0.010	2.0						6.6						0.0020	
19															
20	0.020	1.8						6.8							
21	0.009	3.6						7.0						0.0010	
22	0.008	3.5						7.0						0.0005	
23	0.007	3.5						6.9						0.0008	
24	0.008	1.2						6.6						0.0010	
25															
26	0.023	1.5						7.0							
27	0.006	1.8						6.7						0.0005	
28	0.011	1.0						6.6						0.0020	
29	0.011	1.0						6.8						0.0010	
30	0.011	1.0						6.5						0.0020	
31	0.011	1.0						6.6						0.0012	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: George West

Name (Please Type): George West

Company Name: Southern States Utilities - Tropical Isles

Date: 5-19-94

Telephone No. (Please Type): (407) 834-5564

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: George Watt CH913

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	18%
(20) BOD5 Effluent	mg/L	80082	5.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			0.9
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.020
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabalized prior to being hauled.			

[illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles — Month April — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1															
2	0.015	1.5						6.5							
3	0.009	1.0						6.5						0.0010	
4	0.009	2.1		307	216	5.0	1.0	6.5					<1	0.0010	
5	0.009	3.0						6.5							
6	0.009	3.0						6.8						0.0025	0.0060
7	0.006	3.5						6.5						0.0015	
8															
9	0.020	3.5						6.7							
10	0.005	3.5						6.8						0.0020	
11	0.007	3.5						6.7						0.0020	
12	0.008	3.5						6.5						0.0015	
13	0.008	3.5						6.5						0.0020	
14	0.012	3.5						6.9						0.0006	
15															
16	0.015	1.5						6.9							
17	0.006	2.0						6.7							
18	0.011	3.0						6.6						0.0012	
19		3.0						6.5							0.0060
20	0.006	3.0						6.7							
21															
22															
23	0.022	2.0						6.9							
24	0.010	1.5						0.9						0.0012	
25	0.007	2.0						6.6						0.0012	
26	0.005	3.5						6.7							
27	0.009	2.5						6.5						0.0012	
28	0.007	3.2						6.6						0.0015	
29															
30	0.009	1.5						7.0							
31															

[illegible]

Signed: George Watt
Name (Please Type): George Watt
Company Name: Southern States Utilities / Tropical Isles

Date: 5/24/94
Telephone No. (Please Type): (407) 334-5584

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by George West C-6913

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	15%
(20) BOD5 Effluent	mg/L	80082	15.0
(21) BOD5 Effluent	lbs/day	-	0.7
(22) TSS Effluent	mg/L	900201	8.0
(23) TSS Effluent	lbs/day	-	0.4
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.024
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabalized prior to being hauled.			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.007	3.0						7.0						0.0020	
2	0.006	2.5						6.9							
3	0.005	3.5		207	190	15.0	8.0	7.1					<1		0.0060
4	0.009	2.0						6.9						0.0015	
5	0.005	2.5						6.8						0.0010	
6															
7	0.010	1.8						6.6							
8	0.006	2.0						6.8						0.0025	
9	0.007	2.0						6.5						0.0020	
10	0.005	1.5						6.6						0.0010	
11	0.006	2.0						6.7						0.0010	
12	0.005	3.0						7.2						0.0010	
13															
14	0.010	2.5						7.0							
15	0.004	1.5						6.9						0.0008	
16	0.007	1.5						6.8						0.0009	
17	0.005	1.5						6.6						0.0003	
18	0.005	2.0						6.8						0.0010	
19	0.006	2.0						6.6						0.0010	
20															
21	0.013	1.1						6.7							
22	0.004	1.5						6.8						0.0009	
23	0.005	3.0						6.5						0.0010	
24	0.004	3.0						6.7						0.0010	
25	0.006	3.0						6.7						0.0009	
26	0.005	2.5						6.8						0.0010	
27															
28	0.007	3.5						6.5						0.0012	
29	0.006	3.5						6.5							
30	0.008	3.0						6.8							
31	0.005	3.5						6.7						0.0020	

Legal Operator: I/We to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by George West

Name (Please Type): George West

Company Name: Southern States Utilities / Tropical Isles

Date:

Telephone No. (Please Type): (407) 334-5584

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator George West C-6913

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	13%
(20) BOD5 Effluent	mg/L	80082	4.0
(21) BOD5 Effluent	lbs/day	-	0.2
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.0
(24) Minimum pH			6.0
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.010
(35) Gallons Hauled *	MG		
* Sludge was lime stabalized			
prior to being hauled.			

DER FORM NO. 17-[illegible]
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.008	3.5						6.7							
2	0.007	3.5		244	198	4.0	1.0	6.5					<1	0.0010	
3															
4	0.011	1.0						6.5							
5	0.007	3.0						6.8						0.0010	
6	0.005	2.0						6.7						0.0008	
7	0.005	3.0						6.8						0.0003	
8	0.007	3.0						7.0						0.0015	
9	0.006	3.5						6.5						0.0010	
10	0.005	3.5						6.8							
11	0.008	2.5						7.0							
12															
13	0.009	1.5						6.7						0.0020	
14	0.005	1.5						6.5						0.0015	
15	0.004	2.0						6.5						0.0005	
16	0.005	3.5						6.5							
17															
18	0.010	3.0						6.0							
19	0.012	3.5						6.5							
20	0.008	3.5						6.7							
21	0.006	3.5						6.5							
22	0.006	3.5						6.5							
23	0.010	3.5						6.5							
24															
25	0.012	3.5						6.8							
26	0.006	3.5						6.7							
27	0.006	2.5						6.8							
28	0.004	3.5						6.5							
29	0.005	3.5						6.5							
30	0.004	3.5						6.7							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: George West

Date: 7/28/94

Name (Please Type): George West C-6913

Telephone No. (Please Type): (407) 334-5584

Company Name: Southern States Utilities / Tropical Isles

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator George West C-6913
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	13%
(20) BOD5 Effluent	mg/L	80082	5.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.0
(25) Maximum pH			6.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.009
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabalized prior to being hauled.			

DER FORM NO. 17-620.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1995
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month July Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Wasted (MGD)
1															
2	0.011	3.5						6.3							
3	0.007	3.5						6.5							
4	0.007	3.5						6.5							
5	0.006	3.5						6.5							
6	0.005	3.5						6.5							
7	0.004	3.5		232	170	5.0	1.0	6.5					<1		
8															
9	0.008	3.5						6.1							
10	0.004	3.5						6.3							
11	0.006	3.5						6.5							
12	0.004	3.5						6.4							
13	0.004	3.5						6.5						0.0008	0.0060
14	0.005	3.5						6.5						0.0003	
15	0.004	3.5						6.4						0.0015	
16															
17	0.007	3.5						6.1							
18	0.005	3.0						6.6							
19	0.003	3.5						6.5							
20	0.004	3.5						6.4							
21	0.004	3.5						6.0							
22	0.006	3.5						6.0							
23															
24	0.010	3.5						6.4						0.0020	
25	0.005	3.5						6.5						0.0005	
26	0.003	3.5						6.3						0.0005	
27	0.023	3.5						6.5						0.0015	
28	0.022	3.5						6.4						0.0010	
29															
30	0.043	3.5						6.0							
31	0.022	3.5						6.8						0.0010	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: George West Date: 8/25/94

Name (Please Type): George West C-8913 Telephone No. (Please Type): (407) 334-5584

Company Name: Southern States Utilities / Tropical Isles

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator George Watt C-6913

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.026
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.013
(19) Percent of permitted capacity	%	-	26%
(20) BOD5 Effluent	mg/L	80082	4.0
(21) BOD5 Effluent	lbs/day	-	0.9
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.2
(24) Minimum pH			6.0
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.020
(35) Gallons Hauled *	MG		0.006

* Sludge was lime stabalized prior to being hauled.

DER FORM NO. 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	6205 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.027	3.0		202	194	4.0	1.0	6.4					<1	0.0015	
2	0.013	3.0						6.5							
3	0.025	3.0						6.4						0.0010	
4	0.024	3.0						6.4						0.0010	
5															
6	0.031	3.5						6.0							
7	0.031	3.5						6.4						0.0008	
8	0.028	1.5						6.0						0.0020	
9	0.031	1.5						6.5						0.0008	
10	0.032	2.0						6.4						0.0009	
11	0.025	3.0						6.4						0.0010	
12															
13	0.051	1.3						6.3							
14	0.037	2.0						6.3						0.0005	
15	0.025	1.9						6.6						0.0012	
16	0.031	2.0						7.0						0.0005	
17	0.027	1.5						7.1						0.0006	
18	0.034	1.0						7.0						0.0010	0.0060
19	0.045	1.0						7.1							
20															
21	0.027	1.5						7.0						0.0010	
22	0.028	2.0						6.8						0.0010	
23	0.023	3.5						6.7						0.0008	
24	0.025	3.5						7.0						0.0005	
25	0.026	3.5						7.1						0.0012	
26															
27	0.038	3.5						6.9							
28	0.026	3.5						6.9						0.0006	
29	0.029	3.0						6.7						0.0010	
30	0.026	2.7						7.1						0.0005	
31	0.021	3.0						7.1						0.0008	

Lead Operator: That is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: George West

Name (Please Type): George West

Company Name: Southern States Utilities / Tropical Isles

Date: 9/27/94

Telephone No. (Please Type): (407) 334-5554

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 11922

3) Plant Name: Tropical Isles

4) Plant Address: 5550 S. US Highway 1

5) City: Fort Pierce

6) County: St. Lucie

7) Phone Number: (407) 334-5584

8) Permit Number: DO-56-167082

9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator GEO WEST C-6913

Signature Cert No

Geo West C-6913

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.028
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.020
(19) Percent of permitted capacity	%	-	40%
(20) BOD5 Effluent	mg/L	80082	10.0
(21) BOD5 Effluent	lbs/day	-	2.3
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	-	1.4
(24) Minimum pH			6.6
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.015
(35) Gallons Hauled *	MG		
* Sludge was lime stabilized			
prior to being hauled.			

DER FORM NO 17-302.500(
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month Septem Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Decnlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Reused (MGD)	Sludge Gals Reused (MGD)
1	0.021	3.0						7.2						0.0006	
2															
3	0.037	2.0						7.1							
4	0.028	3.5						7.1						0.0008	
5	0.029	3.5						7.2						0.0005	
6	0.024	3.5						7.0						0.0010	
7	0.023	3.5		337	326	10.0	6.0	6.9					<1	0.0009	
8	0.020	3.5						6.8						0.0008	
9															
10	0.041	3.5						6.6							
11	0.024	3.5						6.8						0.0010	
12	0.032	3.5						6.7						0.0006	
13	0.031	3.5						6.7							
14	0.033	3.5						6.8						0.0012	
15	0.025	3.5						6.7						0.0009	
16															
17	0.040	3.5						6.6							
18	0.027	3.5						6.6						0.0008	
19	0.032	3.5						6.7						0.0005	
20	0.048	3.5						6.7						0.0009	
21	0.049	3.5						6.6						0.0012	
22	0.034	3.5						6.7						0.0005	
23															
24	0.043	1.1						7.1							
25	0.036	3.0						6.7						0.0009	
26	0.044	1.8						6.7						0.0015	
27	0.029	3.0						6.7						0.0006	
28	0.022	3.5						6.6							
29															
30	0.057	1.0						7.0							
31															

Plant Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Lowell T Folk FOR GEO WEST
Date: 10/27-94

Name (Please Type): George West
Telephone No. (Please Type): (407) 334-5584

Company Name: Southern States Utilities / Tropical Isles

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6913

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator George West C-6913
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.028
(19) Percent of permitted capacity	%	-	56%
(20) BOD5 Effluent	mg/L	80082	2.0
(21) BOD5 Effluent	lbs/day	-	0.5
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.3
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.012
(35) Gallons Hauled *	MG		
* Sludge was lime stabalized prior to being hauled			

DER FORM NO 17-601.300(7)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month October Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Wasted (MGD)
1	0.029	1.5						6.9							
2	0.037	2.5						6.5						0.0009	
3	0.032	3.5						6.8						0.0007	
4	0.027	3.5		200	188	2.0	1.0	6.8					<1		
5	0.028	3.5						6.7						0.0005	
6	0.026	3.5						6.8						0.0010	
7															
8	0.047	3.5						6.9						0.0006	
9	0.034	1.0						7.1						0.0006	
10	0.028	1.0						6.8						0.0004	
11	0.028	1.0						7.0						0.0005	
12	0.027	1.0						6.9						0.0010	
13	0.039	1.0						6.8						0.0008	
14															
15	0.085	1.0						6.9							
16	0.021	1.2						6.6						0.0008	
17	0.036	1.0						6.7						0.0009	
18	0.024	1.0						7.1						0.0010	
19	0.025	1.2						7.1							
20	0.018	1.5						7.2						0.0012	
21															
22	0.052	1.0						7.1							
23	0.026	1.0						7.0						0.0008	
24	0.033	1.0						6.8							
25	0.022	1.3						6.8							
26	0.027	1.6						6.8							
27	0.034	1.2						6.8							
28															
29	0.051	1.3						7.1							
30	0.042	1.0						6.8							
31	0.055	1.2						6.8							

Lead Operator: [illegible]

Signed George West

Date 11-23-94

Name (Please Type George West

Telephone No. (Please Type (407) 334-5581

Company Name Southern States Utilities / Tropical Isles

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: George West C-6913

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.035
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.031
(19) Percent of permitted capacity	%	-	62%
(20) BOD5 Effluent	mg/L	80082	9.0
(21) BOD5 Effluent	lbs/day	-	2.6
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.3
(24) Minimum pH			6.7
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.3
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.016
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabalized			
prior to being hauled.			

DER FORM NO. 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month Novemb Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.038	1.2		162	176	9.0	1.0	6.9					<1		
2	0.034	1.0						6.9						0.0010	0.0060
3	0.021	1.3						6.7						0.0012	
4	0.020	1.5						6.8							
5															
6	0.069	2.0						7.1						0.0008	
7	0.035	1.0						6.7						0.0010	
8	0.024	1.0						7.0						0.0007	
9	0.027	1.3						7.1						0.0005	
10	0.025	1.2						7.1						0.0008	
11															
12	0.048	2.3						6.9							
13	0.036	1.3						7.0						0.0006	
14	0.042	1.3						7.3						0.0010	
15	0.030	1.0						7.3						0.0005	
16	0.057	1.0						7.2						0.0008	
17	0.056	1.3						7.2						0.0010	
18															
19	0.059	1.0						7.4							
20	0.049	1.0						7.0						0.0005	
21	0.056	1.0						6.9							
22	0.041	1.4						6.9						0.0003	
23	0.041	1.0						7.4						0.0012	
24	0.026	1.0						7.5						0.0005	
25															
26	0.072	1.0						7.4							
27	0.044	1.0						7.2						0.0008	
28	0.040	1.0						7.0						0.0012	
29	0.030	1.0						7.1							
30	0.031	1.3						7.2						0.0020	
31															

Land Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information given is true, complete and accurate.

Signed: George West

Name (Please Type): George West

Company Name: Southern States Utilities / Tropical Isles

Date: 12/23/94

Telephone No. (Please Type): (407) 334-5584

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 11922

(3) Plant Name: Tropical Isles

(4) Plant Address: 5550 S. US Highway 1

(5) City: Fort Pierce

(6) County: St. Lucie

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-56-167082

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. ~~8013~~ 8494

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Lowell T Bell Signature ~~8013~~ 8494 Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.032
(19) Percent of permitted capacity	%	-	64%
(20) BOD5 Effluent	mg/L	80082	2.0
(21) BOD5 Effluent	lbs/day	-	0.52
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.26
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.011
(35) Gallons Hauled *	MG		0.012
* Sludge was lime stabalized			
prior to being hauled.			

DER FORM NO. 17-[illegible](1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month Decemb Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.021	1.0		300	208	2.0	1.0	7.1					<1	0.0003	
2															
3	0.060	1.0						7.3							
4	0.036	1.0						7.1						0.0005	
5	0.041	1.3						7.1							
6	0.026	1.0						7.2						0.0003	
7	0.029	2.0						7.1						0.0004	
8	0.027	1.4						7.2						0.0002	
9	0.034	1.0						7.0							0.0120
10	0.033	1.0						7.1							
11															
12	0.058	1.0						7.0							
13	0.029	1.5						7.0							
14	0.026	1.5						6.9						0.0010	
15	0.031	1.5						6.9						0.0012	
16															
17	0.045	1.2						7.2						0.0009	
18	0.032	2.5						6.9							
19	0.036	1.0						6.8						0.0009	
20	0.031	1.0						6.8						0.0009	
21	0.026	1.4						7.2						0.0005	
22	0.055	1.3						7.0						0.0012	
23															
24	0.070	1.0						7.3							
25	0.041	1.0						7.1						0.0006	
26	0.027	1.0						6.9						0.0003	
27	0.036	1.0						7.0						0.0009	
28	0.031	1.6						6.9						0.0005	
29	0.034	1.5						7.1						0.0003	
30															
31	0.056	2.0						7.1							

Land Operator: This is to certify that I am familiar with the information contained in the report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Lowell T Pull

Name (Please Type): George West LOWELL T PULL

Company Name: Southern States Utilities / Tropical Isles

Date: 1-26-95

Telephone No. (Please Type): (407) 334-5584

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Numbe 5156P00320

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class c Cert. No. 6913

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator (Original signed by Geroge West C-6913)

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	16%
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH			6.1
(25) Maximum pH			6.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.022
(35) Gallons Hauled *	MG		
* Sludge was lime stabalized prior to being hauled.			

DER FORM NO 17-601.900(
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 199
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.002	1.5						6.6						0.0018	
2														0.0016	
3	0.005	1.5						6.6						0.0006	
4	0.002	1.0						6.6						0.0006	
5	0.002	2.0						6.1							
6	0.016	2.0						6.5							
7	0.007	2.5						6.5						0.0006	
8	0.009	2.5						6.1						0.0003	
9	0.012	3.0						6.5						0.0018	
10														0.0010	
11	0.010	3.0						6.6						0.0018	
12	0.005	3.0						6.9							
13	0.005	1.5						6.5							
14	0.003	3.0						6.5							
15	0.002	2.0						6.5						0.0027	
16	0.004	1.0						6.9							
17														0.0020	
18	0.005	1.5						6.8							
19	0.003	1.5						6.5							
20	0.003	2.0						6.9							
21	0.008	1.5						6.5							
22	0.005	3.0						6.8						0.0027	
23	0.005	2.5						6.7							
24															
25	0.012	-1.0						6.7						0.0048	
26	0.008	2.0						6.8							
* 27	0.008	3.0						6.9							
28	0.008	3.0						6.6							
29	0.006	2.0						6.9							
30	0.008	3.5						6.5							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

* flow meter will have to be replaced per AWK Industries

Signed (Original signed by George West)

Date 2/19/93

Name (Please Type) George West

Telephone No (Please Type)

Company Name Southern States Utilities

(407) 880-0058

DER FORM NO	17.901.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Numbe 5156P00320

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by George West C-6913)

Signature Cert No

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.014
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.009
(19) Percent of permitted capacity	%	-	18%
(20) BOD5 Effluent	mg/L	80082	5
(21) BOD5 Effluent	lbs/day	-	0.6
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	-	0.3
(24) Minimum pH			6.5
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.026
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabalized prior to being hauled.			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles — Month Februar Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.010	3.0						6.8							
2	0.005	3.0						6.7						0.002	
3	0.007	3.0		250	220	8	4	7.0					<1	0.002	
4	0.007	3.0						6.8							
5	0.013	2.0						6.7						0.002	
6	0.010	1.0						6.7							
7															
8	0.028	1.0						6.7						0.002	
9	0.010	3.0						6.7							
10	0.015	1.1						6.7						0.002	
11	0.018	3.0						6.8							
12	0.017	1.0						6.7						0.003	
13	0.030	1.5						7.0							
14															
15	0.015	1.0						6.7							
16	0.015	2.0						6.8						0.004	0.006
17	0.014	3.0						6.9						0.002	
18	0.015	1.5						6.7						0.002	
19	0.017	3.0						6.7						0.001	
20	0.030	3.5						6.5							
21															
22	0.030	3.0						7.4						0.002	
23	0.015	3.0						7.3						0.002	
24	0.015	3.0						7.0							
25	0.011	3.0				2	1	6.9					<1		
26	0.012	3.0						6.6							
27	0.029	1.0						6.6							
28															
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: (Original signed by George West) Date: 3/24/93

Name (Please Type): George West Telephone No (Please Type): (407) 880-0058

Company Name: Southern States Utilites

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Numbe 5156P00320

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by George West C-6913)

Signature Cert No

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.009
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 EFfluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	0.2
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.8
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.0
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.011
(35) Gallons Hauled *	MG		
* Sludge was lime stabalized prior to being hauled.			

DER FORM NO. 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: January 1, 1995
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month March Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gas Wasted (MGD)	Sludge Gals Wasted (MGD)
1	0.010	1.5						6.7							
2	0.013	2.0						6.8						0.0003	
3	0.008	1.5						6.7						0.0007	
4	0.009	3.0		180	190	2	1	6.8					<1	0.0009	
5	0.012	2.0						6.7							
6	0.030	1.0						6.5							
7															
8	0.015	2.0						6.8						0.0015	
9	0.017	1.5						6.5						0.0011	
10	0.020	3.0						6.5						0.0005	
11	0.006	3.0						6.8							
12	0.008	2.5						6.9							
13	0.006	3.0						6.9							
14															
15	0.006	3.0						6.8							
16	0.008	2.5						6.7							
17	0.005	3.0						6.9						0.0011	
18	0.008	2.5						6.7						0.0011	
19	0.006	3.0						6.8							
20	0.005	3.0						6.7							
21															
22	0.008	2.0						7.0							
23	0.008	2.0						6.9							
24	0.008	1.3						7.0						0.0015	
25	0.005	2.0						7.0							
26	0.006	2.0						6.9						0.0015	
27	0.016	2.5						6.8							
28															
29	0.008	3.0						6.5							
30	0.008	3.0						6.8						0.0015	
31	0.010	2.5						6.7							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: (Original signed by George West) Date: 4/20/93

Name (Please Type): George West Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Numbe 5156P00320

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8494

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by Lowell T. Polk C-8494)

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.010
(19) Percent of permitted capacity	%	-	20%
(20) BOD5 Effluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	0.1
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.008
(24) Minimum pH			6.5
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.020
(35) Gallons Hauled *	MG		0.006

* Sludge was lime stabalized prior to being hauled.

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month April Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.010	1.5						6.9						0.0009	
2	0.008	1.5						6.9							
3	0.009	1.0						7.0							
4															
5	0.017	3.0						6.7						0.002	
6	0.014	3.0						7.0							
7	0.011	2.0						7.0						0.0009	
8	0.007	3.0						6.5						0.002	
9	0.006	1.4		200	150	2	1	7.1					<1		
10															
11	0.018	1.5						7.0						0.0014	
12	0.007	1.5						6.8						0.002	
13	0.010	1.0						7.0						0.0015	
14	0.007	2.0						6.7							
15	0.006	3.5						7.1						0.001	0.005
16	0.008	2.0						7.4							
17	0.009	3.5						6.8							
18														0.0008	
19	0.018	1.0						7.0							
20	0.011	3.0						6.8						0.001	
21	0.012	3.0						7.1						0.0008	
22	0.008	3.0						7.1						0.0009	
23	0.007	2.5						7.1							
24	0.005	3.5						6.6							
25														0.001	
26	0.018	3.5						6.6						0.001	
27	0.003	3.5						6.5						0.0008	
28	0.005	3.5						7.0						0.0008	
29	0.005	1.4						7.0						0.001	
30	0.006	2.5						7.0							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed (Original signed by Lowell T. Polk)

Name (Please Type) Lowell T. Polk

Company Name Southern States Utilities

Date: 5/15/93

Telephone No. (Please Type) (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Numbe 5156P00320

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by George West C-6913)

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	16%
(20) BOD5 Effluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	0.1
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.05
(24) Minimum pH			6.6
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.020
(35) Gallons Hauled *	MG		
* Sludge was lime stabalized prior to being hauled.			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles (341)

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.005	3.5						7.1							
2															
3	0.014	3.5						6.8						0.001	
4	0.004	1.5						7.2						0.001	
5	0.007	1.0						7.0						0.0008	
6	0.005	2.5						7.0						0.0008	
7	0.007	2.5		108	84	2	1	7.2					<1	0.001	
8	0.007	3.0						7.0							
9															
10	0.014	3.0						6.8						0.0008	
11	0.004	2.5						7.0						0.0015	
12	0.006	3.5						6.9							
13	0.002	3.5						7.1						0.001	
14	0.009	2.9						6.6						0.001	
15	0.005	3.5						6.6							
16															
17	0.013	3.0						7.0							
18	0.005	3.0						7.0						0.002	
19	0.007	3.5						7.1						0.002	
20	0.008	3.0						7.2							
21	0.007	3.5						7.2						0.0025	
22	0.007	3.5						7.0							
23															
24	0.011	3.5						7.3						0.001	
25	0.007	3.5						6.9						0.001	
26	0.006	3.5						7.0						0.001	
27	0.005	3.5						6.6						0.001	
28	0.008	3.5						7.1						0.001	
29	0.008	3.5						6.8							
30															
31	0.014	3.5						7.0							

Lead Operator - This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed (Original signed by George West) Date: 6/21/93

Name (Please Type) George West Telephone No. (Please Type)

Company Name Southern States Utilities (407) 880-0058

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Numbe 11922

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator (Original signed by George West C-7246)

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	12%
(20) BOD5 Effluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	0.08
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.04
(24) Minimum pH			6.7
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.002
(35) Gallons Hauled *	MG		0.006

* Sludge was lime stabalized prior to being hauled.

DER FORM NO. 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.007	3.5						6.7							
2	0.007	2.5						6.8							
3	0.004	3.0						6.8							
4	0.004	3.0						7.1							
5	0.005	3.0						6.8							
6															
7	0.011	2.5		230	174	2	1	7.0					<1		
8	0.005	3.5						7.0						0.001	
9	0.005	3.5						7.1							
10	0.004	1.5						6.8							
11	0.005	3.0						6.9							
12	0.003	1.0						7.1							
13															
14	0.007	1.0						7.1							0.006
15	0.004	3.5						7.1						0.0012	
16	0.003	3.5						7.0							
17	0.005	1.5						7.1							
18	0.003	3.5						7.1							
19	0.004	3.5						7.0							
20															
21	0.010	3.5						7.0							
22	0.004	3.5						6.9							
23	0.005	3.5						7.0							
24	0.004	3.5						7.0							
25	0.005	3.5						7.0							
26	0.006	3.5						6.9							
27															
28	0.010	3.5						6.9							
29	0.005	3.5						7.0							
30	0.007	3.5						7.0							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed (Original signed by George West)

Date: 7/21/93

Name (Please Type) George West

Telephone No. (Please Type) (407) 880-0058

Company Name Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Numbe 11922

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6913

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by George West C-6913)

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.006
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	34%
(20) BOD5 Effluent	mg/L	80082	7
(21) BOD5 Effluent	lbs/day	-	0.4
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	-	0.2
(24) Minimum pH			6.6
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.013
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabalized			
prior to being hauled.			

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles (34)

Month: July Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.003	3.5						7.3						0.0005	
2	0.005	3.5						7.0						0.0005	
3	0.006	3.5						6.8							
4															
5	0.002	3.5						6.8							
6	0.002	3.5						7.1						0.0025	
7	0.002	3.5						7.3						0.0005	
8	0.011	3.5		188	152	7	4	6.9					<1	0.0015	
9	0.008	1.5						7.0						0.0005	
10	0.007	2.0						6.9							
11															
12	0.010	3.5						7.0						0.0005	
13	0.006	3.5						7.1						0.0005	
14	0.006	1.6						6.7						0.0005	
15	0.005	3.5						6.6						0.0005	
16	0.006	3.5						6.7						0.0005	
17	0.005	3.5						6.6							
18															
19	0.011	3.5						6.6							
20	0.006	3.5						6.6						0.0005	
21	0.005	3.5						6.8						0.0008	
22	0.004	3.5						6.8						0.0008	
23	0.014	1.5						7.0						0.0005	
24	0.009	3.5						6.6							
25															
26	0.012	3.5						6.6							0.006
27	0.006	3.5						6.7						0.0005	
28	0.005	3.5						6.9						0.0005	
29	0.006	3.5						6.6						0.0005	
30	0.006	3.5						6.8						0.0005	
31	0.008	3.5						6.7							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: (Original signed by George West) Date: 8/27/93

Name (Please Type): George West Telephone No. (Please Type): (407) 850-0058

Company Name: Southern States Utilities

DER FORM NO	17.801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Numbe 11922

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DC-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by George West C-6913)

Signature Cert No

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.005
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.005
(19) Percent of permitted capacity	%	-	10%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effluent	lbs/day	-	0.1
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.04
(24) Minimum pH			7.1
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.010
(35) Gallons Hauled *	MG		
* Sludge was lime stabalized			
prior to being hauled.			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1															
2	0.012	3.5						7.5						0.0005	
3	0.006	3.5						7.3						0.0005	
4	0.006	3.5		180	178	3	1	7.2					<1	0.0005	
5	0.005	3.5						7.2						0.0005	
6	0.006	3.5						7.4						0.0005	
7															
8	0.009	3.5						7.2							
9	0.007	3.5						7.1						0.0005	
10	0.006	3.5						7.5							
11	0.005	3.5						7.5							
12	0.002	3.5						7.5						0.0005	
13	0.006	3.5						7.4							
14															
15	0.014	3.5						7.2							
16	0.003	3.5						7.5							
17	0.007	3.5						7.5						0.0005	
18	0.006	2.0						7.5						0.0005	
19	0.004	3.5						7.1						0.0005	
20	0.004	3.5						7.2						0.0005	
21															
22	0.009	1.0						7.4							
23	0.004	2.5						7.5						0.001	
24	0.005	3.5						7.4						0.0005	
25	0.007	3.5						7.5						0.0005	
26	0.006	3.5						7.5						0.0005	
27	0.005	3.5						7.3						0.0005	
28	0.001	3.5						7.9							
29															
30	0.014	3.5						7.3						0.0005	
31	0.009	3.5						7.5						0.0005	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed (Original signed by George West) Date 9/27/93

Name (Please Type) George West Telephone No. (Please Type)

Company Name Southern States Utilities (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Numbe 11922

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator (Original signed by George West C-6913)

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	12%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effluent	lbs/day	-	0.2
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	-	0.06
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.011
(35) Gallons Hauled *	MG		
* Sludge was lime stabalized prior to being hauled.			

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month Septem Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Wasted (MGD)
1	0.008	3.5						6.7						0.0005	
2	0.006	3.5						6.8							
3	0.006	3.5						7.0						0.0005	
4	0.004	1.3						7.0							
5															
6	0.011	1.3						6.9						0.0005	
7	0.011	3.5						7.0						0.0005	
8	0.008	3.5		166	178	3	1	7.0					<1	0.0005	
9	0.005	3.5						6.8						0.0005	
10	0.006	3.5						6.5						0.0005	
11	0.008	3.0						6.8							
12															
13	0.008	3.0						6.7						0.0006	
14	0.008	3.5						6.9						0.0005	
15	0.013	3.5						6.9						0.0005	
16	0.007	3.5						7.0						0.0005	
17	0.005	3.5						7.0						0.0005	
18															
19	0.012	3.5						6.5							
20	0.008	3.5						6.7						0.0006	
21	0.006	3.5						6.7						0.0006	
22	0.006	3.5						6.9						0.0006	
23	0.006	3.5						6.8						0.0006	
24	0.006	3.5						6.8						0.0006	
25															
26	0.010	3.5						6.5							
27	0.007	3.5						6.5							
28	0.008	3.5						6.6						0.0005	
29	0.008	3.5						6.7						0.0005	
30	0.007							6.9						0.0006	
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed (Original signed by George West)

Name (Please Type) George West

Company Name Southern States Utilities

Date: 10/27/93

Telephone No. (Please Type) (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Numbe 11922

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5564

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Numbe: N/A

(11) Fecal Coliform Sample Metnoc

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6913

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: (Original signed by George West C-6913)

Signature Cert No

Resubmitted January 1993

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.006
(19) Percent of permitted capacity	%	-	13%
(20) BOD5 Effluent	mg/L	80082	5.0
(21) BOD5 Effluent	lbs/day	-	0.3
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	0.3
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.012
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabalized prior to being hauled			

FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Hauled (MGD)
1	0.007	3.5						6.7						0.0006	
2															
3	0.017	3.5						6.5						0.0005	
4		3.5						6.5						0.0006	
5		3.5						6.8							
6	1.204	3.5						6.9						0.0005	0.0060
7	0.009	3.5						6.6						0.0009	
8	0.010	3.5		170	5	5	5	6.6					<1	0.0004	
9															
10	0.016	3.5						6.6							
11	0.007	3.5						6.7						0.0010	
12	0.006	3.5						6.8						0.0004	
13	0.006	3.5						6.7						0.0004	
14	0.009	3.5						6.9						0.0004	
15	0.011	3.5						6.9						0.0004	
16															
17	0.016	3.5						6.5							
18	0.008	3.5						6.9						0.0008	
19	0.005	3.5						6.9						0.0008	
20	0.007	3.5						6.9						0.0005	
21	0.006	3.5						6.8						0.0004	
22	0.007	3.5						6.6						0.0004	
23															
24	0.014	3.5						6.7							
25	0.005	3.5						6.5						0.0006	
26	0.009	3.0						7.0							
27	0.008	2.5						6.9						0.0006	
28	0.012	1.5						6.8						0.0008	
29	0.007	2.5						6.7						0.0008	
30															
31	0.013	2.0						6.6							

Last Observer: "I do so certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate."

Signed: Everett West

Name (Please Type): Everett West

Company Name: Southern States Utilities

Date: 11/1/93

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	January 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Numbe 11922

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5584

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7246

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator George West C7246

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.007
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.007
(19) Percent of permitted capacity	%	-	14%
(20) BOD5 Effluent	mg/L	80082	3.0
(21) BOD5 Effluent	lbs/day	-	0.2
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.4
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	---
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.016
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabalized prior to being hauled.			

DER FORM NO. 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE January 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles (34)

Month Novemb Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gals Wasted (MGD)	Sludge Gals Wasted (MGD)
1	0.010	1.5						6.7						0.0006	
2	0.008	2.5						6.6						0.0008	
3	0.007	2.0						6.8						0.0008	
4	0.008	3.0						6.6						0.0008	
5	0.007	2.0						6.8						0.0008	
6															
7	0.013	1.5						6.4							
8	0.009	2.5						6.6						0.0006	
9	0.008	1.5						6.8						0.0006	
10	0.007	2.5						6.7						0.0006	
11	0.007	3.0						6.7						0.0006	
12	0.008	1.5		234	152	3.0	1.0	6.5					<1	0.0007	
13															
14	0.013	3.5						7.1							
15	0.008	3.5						7.0						0.0007	
16	0.007	3.5						7.1						0.0007	
17	0.007	3.5						6.7							
18	0.007	3.5						6.7						0.0010	0.006
19	0.007	3.5						6.5						0.0012	
20															
21	0.012	3.5						7.0							
22	0.008	3.5						7.1						0.0010	
23	0.007	3.5						7.3						0.0010	
24	0.008	3.0						6.7						0.0012	
25	0.007	3.5						6.6							
26	0.012	3.5						6.7						0.0010	
27															
28	0.014	3.5						6.5						0.0008	
29	0.003	3.5						6.5							
30	0.012	3.5						6.5							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: George West

Name (Please Type) George West

Company Name Southern States Utilities

Date: 12/22/93

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Numbe 11922

(3) Plant Name Tropical Isles

(4) Plant Address 5550 S. US Highway 1

(5) City Fort Pierce

(6) County St. Lucie

(7) Phone Number (407) 334-5564

(8) Permit Number DO-56-167082

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain Field

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator [illegible] 16413

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.008
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.008
(19) Percent of permitted capacity	%	-	15%
(20) BOD5 Effluent	mg/L	80082	6.0
(21) BOD5 Effluent	lbs/day	-	0.4
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	0.1
(24) Minimum pH			6.4
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
(34) Gallons Wasted	MG		0.032
(35) Gallons Hauled *	MG		0.006
* Sludge was lime stabalized			
prior to being hauled.			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Tropical Isles

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Gate Washes (MGD)	Sludge Gate Hauled (MGD)
1	0.009	3.5						6.7							
2	0.005	3.5						6.8						0.0009	
3	0.008	3.5						6.6						0.0015	
4															
5	0.013	3.5						6.5							
6	0.008	3.5		240	192	6.0	1.0	6.5					<1	0.0020	
7	0.007	3.5						6.8						0.0015	
8	0.008	1.5						6.7						0.0020	
9	0.007	2.0						6.6						0.0015	
10	0.008	3.5						6.7						0.0020	0.0060
11															
12	0.014	3.5						6.5							
13	0.008	3.5						6.5						0.0020	
14	0.007	3.5						6.7						0.0015	
15	0.008	3.5						6.6						0.0015	
16	0.008	3.5						6.8						0.0009	
17	0.008	3.5						6.8						0.0010	
18															
19	0.015	3.5						6.4							
20	0.008	3.5						6.6						0.0010	
21	0.008	3.5						6.8						0.0015	
22	0.008	3.5						6.8						0.0010	
23	0.002	3.5						6.7						0.0010	
24	0.014	3.5						6.5						0.0020	
25															
26	0.018	3.5						7.0							
27	0.009	3.5						6.9						0.0020	
28	0.010	3.5						6.8						0.0015	
29	0.008	3.5						7.0						0.0030	
30	0.009	3.5						6.9							
31	0.002	3.5						7.4						0.0008	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: George West

Name (Please Type): George West

Company Name: Southern States Utilities

Date: 1/25/94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Repo
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name University Shores STP #1

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-187714

(9) Plant Type I-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600, 7762

Day Shift Operator Class C Cert. No 7623

Evening Shift Operator Cl B Cert. No 2995, 6659

Lead Operator [signature] B7762

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.240
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flo	mgd	-	0.218
(19) Percent of permitted capacity	%	-	79%
(20) BOD5 Effluent	mg/L	80082	3.98
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	9E 05	1.4
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.3
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	11.39
(27) TKN	mg/L	000625	2.88
(28) Ammonia (NH3 - N)	mg/L	000610	1.07
(29) Nitrate	mg/L	071850	6.14
(30) Total Phosphorus	mg/L	000665	0.99
(31) Minimum Chlorine Residual	mg/L	-	0.00
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.75
Organic Nitrogen	mg/L		1.81
Nitrite	mg/L		2.15
Dissolved Oxygen	mg/L		6.6
Temperature	C		23.1

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month January — Year 1994

Day of the month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Scrubber	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrog	NITRIT	ORTHO P	DO	Temp
1	0.256	1.8	0.01		148		1.8	6.9										6.8	24.0
2	0.263	1.2	0.00				0.1	6.9											
3	0.215	1.0	0.00					7.0										6.5	23.0
4	0.242	1.0	0.00					6.9										6.7	23.0
5	0.239	1.2	0.00	208	172	4.2	1.0	7.0										6.6	23.0
6	0.232	1.5	0.00					7.0	0.9	<0.03	6.3	0.22	<1.0	9.10	0.91	1.93	0.18		
7	0.233	2.4	0.00		192		1.0	7.0										6.8	23.0
8	0.267	1.5	0.00		88		1.0	6.9										6.8	23.0
9	0.227	1.0	0.00				1.5	7.0										6.4	23.0
10	0.242	1.2	0.00		200		3.5	7.0										6.5	23.0
11	0.283	1.1	0.00					7.1										6.1	24.0
12	0.237	1.0	0.01	209	100	4.8	2.0	6.9										6.1	24.0
13	0.268	1.5	0.00					6.9										6.2	24.0
14	0.133	1.5	0.00					6.5	4.8	0.35	10.7	1.63	<1.0	17.10	4.42	1.60	1.33		
15	0.320	1.7	0.00				1.5	6.3										6.3	21.0
16	0.234	1.6	0.01				2.0	7.0										6.5	23.0
17	0.218	2.0	0.00		280		1.0	6.9										6.2	24.0
18	0.249	1.5	0.00		216		1.0	7.1										6.9	22.0
19	0.264	1.5	0.00	279	232	3.3	2.0	6.9	1.9	0.70	0.9	0.34	<1.0	3.16	1.20	0.32	0.10	6.6	23.0
20	0.234	2.5	0.00		144		1.8	7.4										6.9	23.0
21	0.244	2.8	0.00		172		1.8	7.1										7.2	23.0
22	0.276	1.8	0.00		260		1.3	7.0										6.9	22.0
23	0.221	1.0	0.00		128		1.5	6.9										6.4	23.0
24	0.180	1.8	0.00					6.9										6.7	23.0
25	0.266	1.5	0.00		276		1.0	6.5											
26	0.256	1.8	0.00	229	96	3.6	1.0	6.6	3.9	3.24	6.7	1.78	<1.0	15.40	0.70	4.75	1.37	6.6	24.0
27	0.241	2.0	0.01					6.8											
28	0.235	3.4	0.00					6.9										6.9	23.0
29	0.273	1.5	0.00				1.5	6.9											
30	0.224	1.3	0.00				1.0	7.0										6.7	23.0
31	0.197	1.8	0.00					6.9										6.8	23.0

Signed: K. B. KEVIN BURGESS FOR — Date: 2-28-94

Name (Please Type): D. Richard Eck Jr. — Telephone No. (Please Type): (407) 621-2410

Company Name: Southern States Utilities

DER FORM NO	17-681.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Nu: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600, 7762

Day Shift Operator Class C Cert. No 7623

Evening Shift Operator Cl B Cert. No 2995, 6659

Lead Operator Ken Bay B7762 ~~B-4400~~

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.644
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flo	mgd	-	0.614
(19) Percent of permitted capacity	%	-	71
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	9E 05	1.8
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			7.2
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	6.34
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	5.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ponds, S. R. 50			0.139
Ponds, Trevarthon			0.099
Ponds, On-Site			0.061
FPE Drainfield			0.047
Chapel Hill Cemetery			0.298
Turbidity (NTU)			0.52

DEP Form 62-
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month January — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Calcium Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (SU/L)	TSS Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	POUNDS B.O. 30	POUNDS TRIV-ARTOOD	POUNDS ON SITE	F.P.E. BRAID FIELDS	CHAPEL HILL CEME-TERY	(PTU) TURBID ITY
1	0.752	1.8			148		1.5	7.5					<1.0	0.140	0.117	0.216	0.035	0.244	0.10
2	0.665	1.6					1.0	7.3					<1.0	0.176	0.146	0.000	0.044	0.299	0.06
3	0.605	5.9					1.7	7.2					<1.0	0.062	0.051	0.234	0.015	0.242	0.27
4	0.747	1.5			208		1.0	7.3					<1.0	0.133	0.111	0.172	0.033	0.298	0.16
5	0.619	2.5		208	172	1.6	1.3	7.9			11.7		<1.0	0.264	0.220	0.000	0.066	0.068	0.18
6	0.744	3.1					2.0	7.2					<1.0	0.128	0.107	0.156	0.032	0.321	0.15
7	0.628	2.2			192		0.1	7.4					<1.0	0.126	0.105	0.000	0.032	0.365	0.25
8	0.795	1.7			88		1.0	7.2					<1.0	0.207	0.173	0.000	0.052	0.364	0.20
9	0.673	1.2					1.4	7.2					<1.0	0.147	0.122	0.000	0.037	0.367	0.21
10	0.653	4.4			190		1.5	7.4					<1.0	0.151	0.126	0.000	0.038	0.335	0.30
11	0.672	3.7					2.5	7.4					<1.0	0.153	0.127	0.000	0.038	0.353	0.19
12	0.613	3.4		209	100	1.4	1.0	7.3			2.7		<1.0	0.124	0.103	0.000	0.031	0.355	0.21
13	0.676	1.3					1.3	7.3					<1.0	0.165	0.138	0.000	0.041	0.335	0.26
14	0.716	1.4					1.0	7.5					<1.0	0.097	0.081	0.148	0.024	0.365	0.26
15	0.697	2.0					0.5	7.2					<1.0	0.194	0.162	0.000	0.049	0.253	0.28
16	0.644	1.9					2.0	7.3					<1.0	0.109	0.090	0.095	0.027	0.323	0.47
17	0.722	2.0			280		1.0	7.4					<1.0	0.168	0.140	0.000	0.042	0.372	0.21
18	0.606	3.5			216		1.0	7.4					<1.0	0.117	0.097	0.000	0.029	0.362	0.20
19	0.359	1.5		279	232	1.2	1.5	7.4			2.1		<1.0	0.172	0.144	0.000	0.043	0.000	
20	0.327	1.2			144		16.5	7.5					<1.0	0.157	0.131	0.000	0.039	0.000	
21	0.628	3.5			272		2.0	7.8					<1.0	0.127	0.106	0.055	0.032	0.368	0.62
22	0.685	5.1			260		2.0	7.2					<1.0	0.149	0.124	0.000	0.037	0.375	0.85
23	0.603	4.8			128		2.0	7.3					<1.0	0.112	0.093	0.000	0.028	0.365	0.27
24	0.672	1.0					1.8	7.2					<1.0	0.144	0.120	0.000	0.036	0.372	0.28
25	0.661	3.4			276		1.0	7.5					<1.0	0.153	0.127	0.000	0.038	0.343	0.17
26	0.635	3.0		129	96	1.0	1.0	7.7			8.9		<1.0	0.170	0.000	0.000	0.151	0.315	0.18
27	0.574	2.0					0.1	7.2					<1.0	0.085	0.000	0.205	0.075	0.209	1.17
28	0.573	1.3					0.1	7.4					<1.0	0.041	0.000	0.198	0.036	0.298	1.19
29	0.687	3.4					1.0	7.6					<1.0	0.076	0.000	0.201	0.067	0.343	0.72
30	0.709	2.7					2.3	7.3					<1.0	0.076	0.000	0.215	0.067	0.349	0.32
31	0.656	1.5					1.3	7.4					<1.0	0.176	0.000	0.000	0.156	0.324	0.20

I hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: Kevin Burgess 87762- KEVIN BURGESS FOR Date: 2-28-94

Name (Please Type): D. Richard Eck Jr. Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Repo
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1. Month: February Year: 1996
2. Plant DER Identification Number: 3048P02944
3. Plant Name: University Shores STP #1
4. Plant Address: 2600 Harrell Road
5. City: Orlando
6. County: Orange
7. Phone Number: (407) 671-2430
8. Permit Number: D048-187714
9. Plant Type: 1-C
10. Test Site Identification Number:
11. Fecal Coliform Sample Method:

XX Membrane Filter [ ] Most Probable Number

12. Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Water

13. Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

14. Cumulative Days of Wet Weather Discharge

N/A

15. Plant Staffing

Day Shift Operator Class B Cert. No 7600, 7762

Evening Shift Operator Cl B Cert. No 2995, 6695

Night Shift Operator Class Cert. No.

Lead Operator: [signature] 87762

Signature Cert. No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.197
(17) Permitted capacity	mgd	-	1.375
(18) Three month average daily flo	mgd	-	1.033
(19) Percent of permitted capacity	%	-	77
(20) BOD5 Effluent	mg/L	80082	3.40
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	9E 05	...
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			
(25) Maximum pH			7.0
(26) Total N	mg/L	00600	5.04
(27) TKN	mg/L	00625	5.91
(28) Ammonia (NH3 - N	mg/L	00610	5.84
(29) Nitrate	mg/L	71850	...6
(30) Total Phosphorus	mg/L	00665	...1
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.0
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.15
Organic Nitrogen	mg/L		0.57
Nitrite	mg/L		
Dissolved Oxygen	mg/L		6.5
Temperature	C		22.1

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month February — Year 1994

Day of the Month	Flow MGD	Cl2 Residual After Contact	Chlorine Residual After Chamber	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	KJEDAHL Nitrog	NITRIT	OXYGEN DO P	Temp
1	0.202	1.3	0.00					6.8										21.9
2	0.236	1.8	0.00	144	156	3.4	1.0	6.9	9.0	8.39	0.2	0.22	<1.0	9.14	0.57	<0.20	6.5	22.0
3	0.247	1.7	0.00					7.0										22.1
4	0.206	2.0	0.00					6.9										22.3
5	0.212	3.0	0.00					6.8										22.4
6	0.191	1.2	0.00					7.0										22.4
7	0.180	1.1	0.00					6.5										23.2
8		3.5	*					*									*	*
9		3.6	*					*									*	*
10		3.6	*					*									*	*
11		3.5	*					*									*	*
12		3.6	*					*									*	*
13		3.6	*					*									*	*
14		3.6	*					*									*	*
15		3.6	*					*									*	*
16		3.6	*					*									*	*
17		3.6	*					*									*	*
18		3.5	*					*									*	*
19		3.5	*					*									*	*
20		3.6	*					*									*	*
21		3.6	*					*									*	*
22		3.6	*					*									*	*
23		3.6	*					*									*	*
24		3.6	*					*									*	*
25		3.6	*					*									*	*
26		3.6	*					*									*	*
27		3.6	*					*									*	*
28		3.6	*					*									*	*
29																		
30																		
31																		

I, the undersigned, do hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] KEVIN BURGESS — Date: March 28, 1994

Name (Please Type): KEVIN BURGESS — Telephone No. (Please Type): (407) 671-2435

Company Name: Southern States Utilities

DER FORM NO	17-687.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Repo
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Nu N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600,7762,6

Evening Shift Operator Cl B,C Cert. No 2995, 7623

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] B/87762 [redacted]

Signature Cert No.

FOR

D. Richard Eck Jr.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.893
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flo	mgd	-	0.687
(19) Percent of permitted capacity	%	-	79%
(20) BOD5 Effluent	mg/L	80082	0.8
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	9E 05	1.1
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			6.8
(25) Maximum pH			7.7
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N	mg/L	000610	-----
(29) Nitrate	mg/L	071850	7.46
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	17.0
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ponds, S. R. 50			0.136
Ponds, Treverthon			0.095
Ponds, On-Site			0.067
FPE Drainfield			0.109
Chapel Hill Cemetery			0.396
Turbidity (NTU)			0.76

DER Form 62-[illegible]
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July [illegible], 199[illegible]
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month February — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (s.u.)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.E. 36	PONDS TREV-ARTHUR	PONDS ON SITE	P.P.I. BRAIN FIELDS	CHAPEL HILL CEMETERY	MCC TURBIDITY
1	0.748	1.5			228		1.5	7.3					<1.0	0.088	0.062	0.300	0.070	0.229	0.22
2	0.727	1.6		164	156	1.9	1.0	7.3			9.5		<1.0	0.022	0.016	0.385	0.018	0.286	0.27
3	0.812	2.7					1.0	7.3					<1.0	0.088	0.062	0.380	0.07[illegible]	0.2[illegible]	0.26
4	0.766	1.1					0.1	7.3					<1.0	0.044	0.031	0.383	0.035	0.305	0.53
5	0.752	9.9					0.1	7.7					<1.0	0.020	0.015	0.427	0.018	0.31[illegible]	0.44
6	0.714	8.5					2.0	7.4					<1.0	0.180	0.126	C	0.144	0.263	0.53
7	0.740	3.7					1.3	7.5					<1.0	0.143	0.100	C	0.114	0.384	0.47
8	0.652	3.5			68		2.5	6.9					<1.0	0.112	0.078	C	0.089	0.373	0.34
9	0.573	5.8		224	112	1.1	1.0	7.4			3.4		<1.0	0.098	0.069	C	0.078	0.328	0.34
10	0.661	3.8					0.5	7.4					<1.0	0.126	0.088	C	0.101	0.346	0.33
11	0.794	3.8					1.5	7.0					<1.0	0.144	0.101	C	0.115	0.434	0.38
12	0.930	1.7					0.8	6.9					<1.0	0.255	0.179	C	0.204	0.292	0.43
13	0.665	2.7					2.3	6.9					<1.0	0.149	0.105	C	0.120	0.495	0.48
14	0.833	2.5					2.0	7.3					<1.0	0.146	0.102	C	0.117	0.465	0.47
15	0.[illegible]	1.2			188		1.5	7.5					<1.0	0.127	0.089	C	0.101	0.460	0.4[illegible]
16	0.800	1.7		216	172	1.0	1.0	6.8			9.4		<1.0	0.144	0.100	C	0.115	0.442	0.47
17	0.813	6.0					1.0	7.0					<1.0	0.149	0.104	C	0.119	0.443	0.48
18	0.804	1.1					1.0	6.8					<1.0	0.146	0.102	C	0.117	0.438	0.47
19	0.675	2.1					1.4	6.9					<1.0	0.173	0.121	C	0.138	0.543	0.65
20	0.756	3.0			132		2.0	6.9					<1.0	0.109	0.076	C	0.087	0.467	0.47
21	0.861	17.0			108		1.0	6.9					<1.0	0.206	0.144	C	0.164	0.347	0.28
22	0.828	6.6					0.5	7.0					<1.0	0.218	0.153	C	0.175	0.265	0.41
23	0.917	4.6			300		1.4	7.0					<1.0	0.108	0.076	C	0.086	0.447	0.60
24	0.805	1.8		132	160	2.3	1.0	7.0			7.6		<1.0	0.135	0.094	C	0.108	0.469	0.62
25	0.854	1.4					0.3	6.8					<1.0	0.166	0.116	C	0.133	0.439	0.63
26	0.982	1.2					0.8	6.8					<1.0	0.195	0.137	C	0.156	0.494	0.25
27	0.809	1.8					1.0	6.8					<1.0	0.148	0.103	C	0.118	0.440	0.54
28	0.870	3.6					1.0	6.9					<1.0	0.177	0.124	C	0.142	0.428	0.70
29																			
30																			
31																			

I, the undersigned, hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: K B R Kevin Burgess for — Date: 3/29/94

Name (Please Type): D. Richard Eck Jr. — Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO 17-601 800(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month March Year 1994

(2) Plant DER Identification Number 3048P02944

(3) Plant Name University Shores STP #1

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-187714

(9) Plant Type 1C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

(XX) Membrane Filter ( ) Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

( ) Yes ( ) No (XX) Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert No 6659, 7600

Evening Shift Operator Class ____ Cert No ____

Night Shift Operator Class ____ Cert No ____

Lead Operator _____ B-7762

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd		0.275
(18) Three month average daily flow	mgd		
(19) Percent of permitted capacity	%		
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day		----
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day		----
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L		
(32) Maximum Chlorine Residual	mg/L		
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #3 Month March Year 1994

(34)

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residua After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1								**											
2																			
3																			
4																			
5																			
6																			
7																			
8																			
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29																			
30																			
31																			

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed [signature] Date May 10, 1994

Name (Please Type) Kevin Burgess for D. Richard Eck Jr., Lead Operato Telephone No. (Please Type)

Company Name Southern States Utilities (407) 671-2430

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing B 7762

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class B Cert. No. 2995, 7434

Night Shift Operator Class Cert. No.

Lead Operator B7762 B-[illegible]KB

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.819
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.715
(19) Percent of permitted capacity	%	-	82%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH		-	6.8
(25) Maximum pH		-	7.7
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	3.43
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	12.5
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds S. R. 50			0.124
Ponds Trevarthon			0.094
Ponds On-Site			0.120
FPE Drainfield			0.107
Chapel Hill Cemetery			0.373
Turbidity (NTU)			0.37

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month March — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.R. 90	PONDS Transpiration	PONDS on site	F P E Dram Fields	CHAPEL HILL Cemetery	INTUR-TURBID-ITY
1	0.881	1.0					<0.1	6.8					<1	0.182	0.123	O	0.140	0.456	0.42
2	0.880	2.4					1.5	6.9					<1	0.157	0.120	O	0.136	0.468	0.29
3	0.790	3.6		147	140	0.2	1.0	6.8			6.2		<1	0.130	0.099	O	0.113	0.448	0.16
4	0.710	4.9					1.0	6.9					<1	0.022	0.017	0.406	0.019	0.247	0.21
5	0.897	2.1					0.5	6.8					<1	0.177	0.135	O	0.153	0.433	0.31
6	0.830	2.7					1.5	6.6					<1	0.133	0.101	O	0.115	0.481	0.27
7	0.803	2.5					0.6	7.2					<1	0.050	0.038	0.317	0.043	0.355	0.33
8	0.745	4.6			144		1.0	7.4					<1	0.144	0.110	O	0.125	0.366	0.25
9	0.845	10.9					1.0	7.0					<1	0.148	0.113	O	0.128	0.458	0.20
10	0.877	7.0		205	184	1.5	1.0	7.0			7.5		<1	0.167	0.128	O	0.145	0.437	0.15
11	0.760	6.5					1.0	7.1					<1	0.143	0.109	O	0.124	0.385	0.21
12	0.818	4.1					1.0	7.0					<1	0.146	0.112	O	0.127	0.433	0.17
13	0.835	3.1					1.0	7.0					<1	0.137	0.105	O	0.119	0.475	0.22
14	0.818	6.7					1.5	7.0					<1	0.140	0.107	O	0.122	0.449	0.25
15	0.826	12.5					1.0	7.0					<1	0.145	0.111	O	0.126	0.445	0.22
16	0.775	1.9			252		1.0	7.3					<1	0.136	0.104	O	0.118	0.416	0.19
17	0.818	1.3		228	276	1.6	2.5	7.7			0.9		<1	0.137	0.105	O	0.119	0.457	0.15
18	0.795	1.4					0.3	6.9					<1	0.131	0.100	O	0.114	0.451	1.13
19	0.915	6.3					1.1	7.0					<1	0.158	0.121	O	0.137	0.499	1.43
20	0.811	5.2					2.0	7.0					<1	0.101	0.077	0.159	0.088	0.385	0.20
21	0.795	3.4					1.0	7.0					<1	0.092	0.070	0.229	0.080	0.328	1.10
22	0.810	11.2					1.0	7.0					<1	0.108	0.082	0.174	0.093	0.353	0.26
23	0.820	4.6		166	132	1.6	1.5	7.0			2.6		<1	0.092	0.070	0.233	0.080	0.346	0.13
24	0.856	10.6					2.0	7.0					<1	0.101	0.077	0.201	0.087	0.390	0.12
25	0.844	3.2					1.3	7.0					<1	0.119	0.091	0.067	0.103	0.464	0.40
26	0.925	4.3					1.0	7.0					<1	0.185	0.141	O	0.161	0.440	0.36
27	0.868	1.0					2.3	7.0					<1	0.225	0.172	0.275	0.196	O	
28	0.735	0.6					1.0	7.2					<1	0.100	0.076	0.472	0.087	O	
29	0.753	1.1			184		2.5	7.3					<1	0.040	0.031	0.298	0.035	0.349	0.79
30	0.731	2.9		210	180	<0.1	3.0	7.2			<0.05		<1	0.076	0.058	0.496	0.066	0.035	0.41
31		4.5					1.0	6.9					<1	0.031	0.023	0.401	0.027	0.312	0.44

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: KEVIN BURGESS FOR D. Richard Eck JR. Date: MAY 10, 1994

Name (Please Type): D. Richard Eck JR. Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: 3C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert No. ____

Evening Shift Operator Class ____ Cert No ____

Night Shift Operator Class ____ Cert No ____

Lead Operator [signature] B7762 ~~B4100~~ CB

Signature Cert No

FOR

D. Richard Eck Jr.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd		0.275
(18) Three month average daily flow	mgd		
(19) Percent of permitted capacity	%		
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day		....
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day		....
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L		
(32) Maximum Chlorine Residual	mg/L		0.01
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

NO DISCHARGE TO SURFACE WATERS THIS MONTH. ALL EFFLUENT BEING DISPOSED AT STP #2 SITES

DEP FORM NO. 17-621-900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DEP APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — NO DISCHARGE TO SURFACE WATERS THIS MONTH — Month April — Year 1994

ALL EFFLUENT BEING DISPOSED AT STP #2 SITES

Day of the Month	Daily Flow MGD	Chlorine Residual After Contact	Chlorine Residual After Contact	BOD5 Influent mg/L	TSS Influent mg/L	BOD5 Effluent mg/L	TSS Effluent mg/L	pH Effluent mg/L	TKN Effluent mg/L	NH3-N Effluent mg/L	NITRATE Effluent mg/L	TOTAL P Effluent mg/L	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1													ND						
2													ND						
3													ND						
4													ND						
5													ND						
6													ND						
7													ND						
8													ND						
9													ND						
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25													ND						
26													ND						
27													ND						
28													ND						
29													ND						
30													ND						
31																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: KEVIN BURGESS FOR — Date: May 18, 1994

Name, Please Type: D. Richard Eckert — Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing B 7782

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class B Cert. No. 2995, 7434

Night Shift Operator Class Cert. No.

Lead Operator [signature] B7762 ~~B-4484~~ 167

Signature Cert No

FOR

D. RICHARD ECK JR

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.882
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.819
(19) Percent of permitted capacity	%	-	94%
(20) BOD5 Effluent	mg/L	80082	0.6
(21) BOD5 Effluent	lbs/day	-	.....
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	.....
(24) Minimum pH		-	6.7
(25) Maximum pH		-	7.5
(26) Total N	mg/L	000600	.....
(27) TKN	mg/L	000625	.....
(28) Ammonia (NH3 - N)	mg/L	000610	.....
(29) Nitrate	mg/L	071850	5.02
(30) Total Phosphorus	mg/L	000665	.....
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L		7.6
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds S. R. 50			0.183
Ponds Trevarthon			0.082
Ponds, On-Site			0.049
FPE Drainfield			0.117
Chapel Hill Cemetery			0.451
Turbidity (NTU)			0.82

DER FORM NO 17-601 (###)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month April — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS SR 50	PONDS Transpiration	PONDS on site	P P E Drain Fields	CHAPEL HILL Cemetery	INT. TURBIDITY
1	0.841	6.8					0.5	7.1					<1	0.083	0.034	0.417	0.072	0.255	1.01
2	0.824	3.9					0.8	6.9					<1	0.064	0.026	0.399	0.038	0.297	0.65
3	0.888	4.8					1.6	7.1					<1	0.167	0.104	0.087	0.143	0.386	1.12
4	0.837	5.8					1.3	7.1					<1	0.102	0.063	0.349	0.087	0.235	1.05
5	0.895	7.4					1.0	6.9					<1	0.268	0.089	0.209	0.172	0.157	1.75
6	0.950	2.5		353	100	0.1	1.0	6.9					<1	0.295	0.143	0	0.209	0.303	1.69
7	0.866	2.5					1.5	6.9			1.4		<1	0.275	0.133	0	0.195	0.263	1.73
8	0.833	7.6					1.0	6.8					<1	0.184	0.067	0	0.092	0.490	1.15
9	0.861	4.0					1.0	6.8					<1	0.190	0.078	0	0.121	0.472	1.20
10	1.001	4.9					0.3	6.9					<1	0.231	0.090	0	0.140	0.540	1.08
11	0.920	1.2					0.8	6.9					<1	0.139	0.083	0	0.111	0.588	0.76
12	0.851	1.3			300		0.5	6.8					<1	0.221	0.085	0	0.119	0.426	0.59
13	0.933	2.2		274	172	0.5	3.5	6.9					<1	0.214	0.084	0	0.130	0.505	0.53
14	0.931	3.1					0.8	6.9			4.6		<1	0.187	0.121	0	0.168	0.455	0.59
15	0.882	1.6					0.5	6.9					<1	0.150	0.079	0	0.106	0.547	0.56
16	1.046	1.7					0.5	7.1					<1	0.250	0.083	0	0.125	0.588	0.35
17	0.920	1.1					1.5	7.2					<1	0.202	0.092	0	0.119	0.508	0.48
18	0.887	2.8					3.3	7.5					<1	0.194	0.079	0	0.097	0.516	0.63
19	0.919	1.8			176		0.5	7.4					<1	0.165	0.082	0	0.110	0.562	0.31
20	0.861	4.4		257	176	0.7	5.0	7.0			9.9		<1	0.189	0.086	0	0.111	0.475	0.29
21	0.867	2.5					1.0	6.9					<1	0.190	0.087	0	0.113	0.478	0.24
22	0.808	1.2					3.3	6.7					<1	0.146	0.073	0	0.097	0.493	0.23
23	1.021	4.8					1.0	6.8					<1	0.225	0.102	0	0.133	0.560	0.98
24	0.881	1.6					3.0	6.9					<1	0.195	0.080	0	0.097	0.510	0.68
25	0.834	1.3					0.1	6.9					<1	0.200	0.067	0	0.100	0.467	0.68
26	0.761	1.7		147	140	1.0	1.0	6.9			4.2		<1	0.167	0.076	0	0.099	0.418	0.86
27	0.868	1.8					0.8	6.8					<1	0.208	0.069	0	0.104	0.486	0.81
28	0.870	2.0					0.5	6.9					<1	0.157	0.079	0	0.114	0.520	0.75
29	0.794	4.6					2.5	6.8					<1	0.143	0.064	0	0.095	0.492	0.89
30	0.809	2.5					3.8	6.9					<1	0.114	0.065	0	0.089	0.541	1.05
31														0	0	0	0	0	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: KEVIN BURGESS FOR C. Richard Eck Jr. — Date: May 18, 1994

Name (Please Type): C. Richard Eck Jr. — Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated:

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7600, 7762
Evening Shift Operator Class	B	Cert. No.	6659 2995
Night Shift Operator Class		Cert. No.	
Lead Operator			B-4404
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd		0.275
(18) Three month average daily flow	mgd		
(19) Percent of permitted capacity	%		
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day		....
(22) TSS Effluent	mg/L	80020	
(23) TSS Effluent	lbs/day		....
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	00600	
(27) TKN	mg/L	00625	
(28) Ammonia (NH3 - N)	mg/L	00610	
(29) Nitrate	mg/L	71850	
(30) Total Phosphorus	mg/L	00665	
(31) Minimum Chlorine Residual	mg/L		
(32) Maximum Chlorine Residual	mg/L		
(33) Other Effluent Parameters			
Fecal Coliform			
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

*** NO DISCHARGE DURING THIS REPORTING PERIOD. ALL EFFLUENT DISPOSED AT STP #2 PERMITTED DISPOSAL SITES

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: Jan. 1, 1989
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month: May — Year: 1994

Day of the Month	Flow MGD	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRATE	ORTHO P	DO	TEMP
1													IND						
2													IND						
3													IND						
4													IND						
5													IND						
6													IND						
7													IND						
8													IND						
9													IND						
10													IND						
11													IND						
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25													IND						
26													IND						
27													IND						
28													IND						
29													IND						
30													IND						
31													IND						

Certification: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: D Richard Eck

Date: JUNE 21, 1994

Name (Please Type): D RICHARD ECK JR

Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month May Year 1994

(2) Plant DER Identification Number 3048P00417

(3) Plant Name University Shores STP #2

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number 0048-193001

(9) Plant Type 2-B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing B 7762

Day Shift Operator Class B Cert. No. 7500, 6659

Evening Shift Operator Class B Cert. No. 2995, 7434

Night Shift Operator Class Cert. No.

Lead Operator [signature] 5-4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.905
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.853
(19) Percent of permitted capacity	%	-	98%
(20) CBOD5 Effluent	mg/L	80082	1.5
(21) CBOD5 Effluent	lbs/day	-	.....
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	.....
(24) Minimum pH		-	6.3
(25) Maximum pH		-	7.2
(26) Total N	mg/L	000600	.....
(27) TKN	mg/L	000625	.....
(28) Ammonia (NH3 - N)	mg/L	000610	.....
(29) Nitrate	mg/L	071850	3.63
(30) Total Phosphorus	mg/L	000665	.....
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	9.5
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds, S. R. 50			0.171
Ponds, Trevarthon			0.072
Ponds, On-Site			
FPE Drainfield			0.057
Chapel Hill Cemetery			0.565
Turbidity (NTU)			0.99

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month May — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S R 50	PONDS Trav-erthon	PONDS on site	F P E Orlando Ponds	CHAPEL HILL Company	IN-LINE TURBIDITY
1	0.789	9.1					1.5	6.9					<1	0.158	0.063	O	0.075	0.492	1.01
2	0.984	9.5			152		1.3	7.0					<1	0.197	0.098	O	0.143	0.543	1.55
3	1.011	5.3					1.0	7.0					<1	0.202	0.101	O	0.136	0.570	1.67
4	0.927	3.5		227	160	1.0	1.3	7.1			0.9		<1	0.185	0.093	O	0.121	0.527	0.86
5	0.869	9.1					1.5	7.1					<1	0.130	0.052	O	0.087	0.598	0.94
6	0.840	7.1					1.5	7.2					<1	0.143	0.050	O	0.071	0.577	0.92
7	0.994	2.9					1.8	6.9					<1	0.189	0.065	O	0.089	0.650	1.50
8	0.960	5.1					3.5	7.1					<1	0.192	0.086	O	0.115	0.569	1.84
9	0.963	3.0						7.0					<1	0.385	0.241	O	0.337	O	
10	0.910	1.8					1.6	6.9					<1	0.246	0.127	O	0.182	0.359	0.79
11	0.842	4.9		235	172	3.4	1.0	6.9			4.4		<1	0.126	0.051	O	0.067	0.601	0.62
12	0.890	4.2					1.5	6.9					<1	0.196	0.071	O	0.085	0.535	0.73
13	0.824	6.4					1.5	6.8					<1	0.082	0.025	O	0.037	0.662	1.07
14	0.986	1.2					1.0	6.8					<1	0.156	0.059	O	0.089	0.680	1.01
15	0.933	3.5					1.5	6.9					<1	0.196	0.075	O	0.093	0.571	0.76
16	0.924	1.8			176		1.5	6.8					<1	0.166	0.055	O	0.074	0.629	1.25
17	0.920	5.8					1.3	6.3					<1	0.184	0.069	O	0.087	0.580	0.82
18	0.943	1.3		257	164	1.0	1.0	6.8			4.5		<1	0.151	0.066	O	0.075	0.652	0.63
19	0.907	1.3					1.3	6.7					<1	0.141	0.054	O	0.073	0.639	1.67
20	0.836	4.2					1.0	6.9					<1	0.075	0.042	O	0.050	0.670	0.62
21	1.016	3.9					0.8	6.7					<1	0.203	0.061	O	0.081	0.667	0.61
22	0.911	1.5					1.7	6.9					<1	0.200	0.082	O	0.109	0.521	0.84
23	0.859	2.3					1.0	7.0					<1	0.129	0.052	O	0.069	0.612	1.05
24	0.859	1.1					1.3	6.9					<1	0.129	0.060	O	0.086	0.582	0.99
25	0.832	3.6					2.0	6.8			4.7		<1	0.141	0.050	O	0.058	0.582	0.72
26	0.899	3.5		277	250	0.6	1.0	6.8					<1	0.162	0.054	O	0.081	0.603	1.50
27	0.850	2.0					2.5	6.8					<1	0.093	0.034	O	0.051	0.672	0.44
28	0.959	1.7					2.3	6.7					<1	0.192	0.067	O	0.086	0.611	0.46
29	0.819	4.3					2.5	6.9					<1	0.154	0.074	O	0.082	0.498	0.93
30	0.972	2.8					0.5	6.9					<1	0.219	0.092	O	0.126	0.534	1.18
31	0.825	1.4					1.0	6.9					<1	0.165	0.066	O	0.078	0.517	0.83

Lessee/Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signed: D. Richard Eckert

Date: June 28, 1994

Name (Please Type): D. Richard Eckert Jr.

Telephone No. (Please Type): (407) 671-2400

Company Name: Southern States Utilities

DER FORM NC [illegible]
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month June Year 1994

(2) Plant DER Identification Number 3048P02944

(3) Plant Name University Shores STP #1

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number 0048-167714

(9) Plant Type II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

XX Membrane Filter ___ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

___ Yes ___ No XX Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing B 7762

Day Shift Operator Class B Cert. No 7600, 6659

Evening Shift Operator Class B Cert. No 2995, 7434

Night Shift Operator Class ___ Cert. No. ___

Lead Operator [signature] 13762 [illegible]

Signature Cert No

FOR D. RICHARD ECK JR

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd	-	0.075
(18) Three month average daily flow	mgd		
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	....
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	....
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L		
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

*** NO EFFLUENT DISCHARGED TO SURFACE WATER. PLANT INTERCONNECTED WITH STP #2. EFFLUENT BEING DISPO

AT STP #2 PERMITTED DISPOSAL SITES.

FDER FORM NO. 17-601.900(3)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
FDER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month June Year 1994

Day of Month	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC NITRITE Nitrogen	ORTHO P	DO	TEMP
1		<0.01										ND					
2		<0.01										ND					
3		<0.01										ND					
4		<0.01										ND					
5		<0.01										ND					
6		<0.01										ND					
7		<0.01										ND					
8		<0.01										ND					
9		<0.01										ND					
10		<0.01										ND					
11		<0.01										ND					
12		<0.01										ND					
13		<0.01										ND					
14		<0.01										ND					
15		<0.01										ND					
16		<0.01										ND					
17		<0.01										ND					
18		<0.01										ND					
19		<0.01										ND					
20		<0.01										ND					
21		<0.01										ND					
22		<0.01										ND					
23		<0.01										ND					
24		<0.01										ND					
25		<0.01										ND					
26		<0.01										ND					
27		<0.01										ND					
28		<0.01										ND					
29		<0.01										ND					
30		<0.01										ND					
31																	

Last Operator: "I have to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate."

Signed: Kevin Burgess FOR Date: June 28 1994

Name (Please Type): C. Richard Eck Jr. Telephone No. (Please Type):

Company Name: Southern States Utilities (407) 671-2430

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray Ponds Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing B 7762

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class B Cert. No. 2995, 7434

Night Shift Operator Class - Cert. No.

Lead Operator [signature] B7762 ~~B-7762 KD~~

Signature Cert No

For D. Richard Eck Jr.

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.931
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.890
(19) Percent of permitted capacity	%	-	102%
(20) BOD5 Effluent	mg/L	80082	1.9
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH		-	6.8
(25) Maximum pH		-	7.9
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	4.06
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	6.9
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds, S.R. 50			0.181
Ponds, Trevarthon			0.154
Ponds, On-Site			0.030
FPE Drainfield			0.151
Chapel Hill Cemetery			0.415
Turbidity (NTU)			1.00

DER FORM NO 17-601-900(...)
FORM TITLE Domestic Wastewater Treatment Plant Operation Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Facility Name Shawnee STP #2 Month June Year 1994

Day of the Month	Flow MGD	TC Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S R 50	PONDS Transmission	PONDS on site	F P E Dram Fields	CHAPEL HILL Company	NTU TURBID YY
1	0.831	1.7		334	204	0.8	1.3	6.8			5.1		<1	0.088	0.099	O	0.081	0.563	1.68
2	0.775	3.7					1.3	6.9					<1	0.097	0.081	O	0.065	0.532	0.69
3	0.698	1.2					1.3	6.9					<1	0.105	0.065	O	0.055	0.473	0.64
4	0.726	3.5						6.9					<1	0.275	0.162	O	0.289	O	
5	0.628	3.5						7.0					<1	0.219	0.155	O	0.254	O	
6	0.942	3.5						6.9					<1	0.376	0.203	O	0.363	O	
7	1.024	3.5			204		1.3	6.9					<1	0.460	0.225	O	0.339	O	
8	1.007	3.5		185	176	2.4	0.8	7.9			1.7		<1	0.184	0.124	O	0.103	0.590	1.85
9	0.991	3.8					1.0	7.9					<1	0.170	0.158	O	0.109	0.554	1.76
10	0.968	2.5					1.5	7.4					<1	0.096	0.067	O	0.096	0.709	1.69
11	0.918	2.1					1.3	7.4					<1	0.154	0.069	O	0.056	0.637	1.69
12	0.864	3.5					1.3	7.8					<1	0.084	0.184	O	0.093	0.503	1.59
13	0.819	3.9					1.0	7.7					<1	0.118	0.075	O	0.059	0.567	1.53
14	0.835	3.5					1.0	7.7					<1	0.139	0.099	O	0.137	0.460	1.35
15	0.939	3.5		256	188	2.1	1.0	6.9			1.3		<1	0.113	0.156	O	0.131	0.539	1.27
16	0.825	3.5					5.0	6.9					<1	0.133	0.105	O	0.059	0.528	0.72
17	0.963	6.9					1.0	7.1					<1	0.156	0.231	O	0.163	0.413	0.53
18	0.982	3.5					2.5	7.2					<1	0.100	0.055	0.390	0.063	0.374	1.02
19	0.815	3.5					1.3	7.1					<1	0.046	0.025	0.502	0.029	0.213	1.75
20	1.047	4.2					2.0	7.2					<1	0.197	0.083	O	0.131	0.636	0.69
21	1.113	3.5			120		1.0	7.2					<1	0.330	0.342	O	0.269	0.172	0.56
22	0.941	3.5		185	160	2.1	1.0	7.1			6.6		<1	0.318	0.350	O	0.273	O	
23	1.007	3.5					1.0	7.0					<1	0.392	0.271	O	0.344	O	
24	1.016	5.5					1.0	7.2					<1	0.195	0.162	O	0.063	0.596	0.42
25	1.158	5.9					1.5	7.3					<1	0.178	0.240	O	0.165	0.575	0.34
26	1.094	3.5					1.0	7.5					<1	0.124	0.190	O	0.195	0.585	0.48
27	0.985	2.3					1.5	7.3					<1	0.137	0.172	O	0.161	0.515	0.48
28	0.973	3.5					1.5	7.1					<1	0.132	0.160	O	0.113	0.568	0.35
29	0.995	3.5		219	124	2.3	1.5	6.9			5.6		<1	0.165	0.152	O	0.122	0.556	0.35
30	1.046	1.6					1.3	6.8					<1	0.147	0.171	O	0.146	0.582	0.59
31														O	O	O	O	O	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed KEVIN BURGESS Date July 28 1994

Name (Please Type) D. Richard Eckert Telephone NO (Please Type)

Company Name Southern States Utilities (407) 671-2430

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing B 7762

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class B, C Cert. No. 2995, 8772

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: [signature] 7762

Signature For Cert No

D. Richard Eric Jr. B4404

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	~~0.01~~ 12
(33) Other Effluent Parameters			
Fecal Coliform			~~>800~~ 12
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

*** ALL EFFLUENT BEING DISPOSED AT STP #2 PERMITTED DISPOSAL SITES.

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1

Month July Year 1994

Day of the Month	Flow MGD	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1			<0.01										ND						
2			<0.01										ND						
3			<0.01										ND						
4			<0.01										ND						
5			<0.01										ND						
6			<0.01										ND						
7			<0.01										ND						
8			<0.01										ND						
9			<0.01										ND						
10			<0.01										ND						
11			<0.01										ND						
12			<0.01										ND						
13			<0.01										ND						
14			<0.01										ND						
15			<0.01										ND						
16			<0.01										ND						
17			<0.01										ND						
18			<0.01										ND						
19			<0.01										ND						
20			<0.01										ND						
21			<0.01										ND						
22			<0.01										ND						
23			<0.01										ND						
24			<0.01										ND						
25			<0.01										ND						
26			<0.01										ND						
27			<0.01										ND						
28			<0.01										ND						
29			<0.01										ND						
30			<0.01										ND						
31			<0.01										ND						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed KEVIN M. BURGESS FOR

Name (Please Type) D. Richard Eckert

Company Name Southern States Utilities

Date August 18 1994

Telephone No. (Please Type) (407) 671-2430

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray Ponds Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing B 7762

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class B Cert. No. 2995, 7434

Night Shift Operator Class Cert. No.

Lead Operator [signature] B-4404

Signature Cert No.

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	1.000
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.913
(19) Percent of permitted capacity	%	-	105%
(20) BOD5 Effluent	mg/L	80082	2.1
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.2
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	6.03
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	11.9
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds, S. R. 50			0.133
Ponds, Trevarthon			0.193
Ponds, On-Site			7
FPE Drainfield			0.101
Chapel Hill Cemetery			0.573
Turbidity (NTU)			0.69

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month July — Year 1994

134

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S R 90	PONDS Trav-ersher	PONDS on site	F P E Drain Fields	CHAPEL HILL Cemetery	INTO TURBID ITY
1	0 962	1 6					0 5	7.0					<1	0.137	0.140	O	0.074	0 611	0 67
2	1 028	1 1					0.8	7.0					<1	0 009	0.022	O	O	0.997	0.31
3	0 892	1 2					2 0	6 9					<1	0 108	0.131	O	0 081	0 572	0.30
4	1 025	3 4					0 3	6 7					<1	0 151	0 197	O	0 109	0 568	0 50
5	1 018	3 5					1 5	6 8					<1	0 140	0 162	O	0 094	0 622	0 89
6	1 067	7 2					1 5	7 0					<1	0 158	0 211	O	0 080	0 618	1 03
7	1 034	7 2		121	216	2 1	1 0	7 2			9 0		<1	0 165	0 200	O	0 078	0 591	0 81
8	1 022	1 5					2 5	6 9					<1	0 187	0 173	O	0 067	0 595	0 70
9	1 024	4 0					0 5	6 9					<1	0 187	0 235	O	0 121	0 501	0 80
10	0 966	4 2					1 0	6 8					<1	0 111	0 166	O	0 120	0 569	0 50
11	1 053	3 5					3 5	6 4					<1	0 148	0 196	O	0 111	0 598	0 30
12	1 087	2 7					1 5	6 9					<1	0 146	0 230	O	0 115	0 596	0 40
13	0 930	6 4		193	236	2 0	1 5	6 9			7 5		<1	0 113	0 190	O	0 089	0 538	0 38
14	1 081	3 5					3 5	6 9					<1	0 157	0 183	O	0 129	0 612	0 80
15	0 947	3 5					2 0	7 2					<1	0 087	0 197	O	0 061	0 602	1 72
16	1 131	1 2					2 5	6 8					<1	0 298	0 377	O	0 225	0 233	0 72
17	0 875	3 5					1 5	7 1					<1	0 100	0 178	O	0 111	0 486	0 98
18	1 183	1 5					1 0	6 9					<1	0 208	0 271	O	0 166	0 536	1 40
19	0 762	8 9					1 3	6 9					<1	0 037	0 049	O	0 019	0 657	0 08
20	0 912	6 6					1 3	6 8			4 9		<1	0 122	0 200	O	0 095	0 495	0 07
21	0 812	1 6					1 5	6 8					<1	0 128	0 163	O	0 090	0 431	0 14
22	0 921	1 5					1 3	6 6					<1	0 088	0 146	O	0 091	0 596	0 50
23	1 152	3 2					2 0	6 7					<1	0 176	0 233	O	0 133	0 610	0 78
24	0 897	2 5					2 0	6 7					<1	0 129	0 177	O	0 105	0 486	0 13
25	1 193	1 1					2 5	7 0					<1	0 110	0 315	O	0 119	0 649	0 77
26	0 907	2 0					1 0	6 8					<1	0 137	0 162	O	0 112	0 496	0 81
27	1 090	4 6					1 3	6 8			2 7		<1	0 151	0 288	O	0 095	0 556	0 86
28	1 015	11 9					2 3	7 0					<1	0 121	0 248	O	0 099	0 547	1 18
29	0 986	2 4					0 8	7 0					<1	0 115	0 185	O	0 130	0 556	0 95
30	1 006	5 3					2 0	6 9					<1	0 096	0 172	O	0 105	0 633	0 95
31	1 028	1 2					1 3	6 9					<1	0 137	0 177	O	0 117	0 597	0 82

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed D. Richard Ede Jr

Name (Please Type) D Richard Ede Jr

Company name Southern States Utilities

Date August 18 1994

Telephone No (Please Type) (407) 671-2430

DER FORM NO	17-801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: ____ Cert. No.:

Evening Shift Operator Class: ____ Cert. No.:

Night Shift Operator Class: ____ Cert. No.:

Lead Operator: B-7782

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day		----
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

*** NOTE: ALL EFFLUENT BEING COMBINED WITH STP #2 EFFLUENT AND DISPOSED AT STP #2 PERMITTED SITES.

DEP FORM NO. 17-302.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DEP APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

...versity Shores STP #1 — Month: August — Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	*DO Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1			<0.01										ND						
2			<0.01										ND						
3			<0.01										ND						
4			<0.01										ND						
5			<0.01										ND						
6			<0.01										ND						
7			<0.01										ND						
8			<0.01										ND						
9			<0.01										ND						
10			<0.01										ND						
11			<0.01										ND						
12			<0.01										ND						
13			<0.01										ND						
14			<0.01										ND						
15			<0.01										ND						
16			<0.01										ND						
17			<0.01										ND						
18			<0.01										ND						
19			<0.01										ND						
20			<0.01										ND						
21			<0.01										ND						
22			<0.01										ND						
23			<0.01										ND						
24			<0.01										ND						
25			<0.01										ND						
26			<0.01										ND						
27			<0.01										ND						
28			<0.01										ND						
29			<0.01										ND						
30			<0.01										ND						
31			<0.01										ND						

Lead Operator: "This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate."

Signed: Kevin M. Burgess

Name (Please Type): Kevin M. Burgess

Company Name: Southern States Utilities

Date: September 27, 1994

Telephone No. (Please Type): (407) 671-2430

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2500 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 7600, 6659

Evening Shift Operator Class: B & C Cert. No. 2995, 6772

Night Shift Operator Class: Cert. No.

Lead Operator: B-7762

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.916
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.940
(19) Percent of permitted capacity	%	-	108%
(20) BOD5 Effluent	mg/L	80082	1.5
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH		-	6.8
(25) Maximum pH		-	7.1
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	3.86
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	10.9
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds, S R 50			0.088
Ponds, Trevarthon			0.100
Ponds, On-Site			0.079
FPE Drainfield			0.066
Chapel Hill Cemetery			0.671
Turbidity (NTU)			0.76

DEA FORM NO. 17 61-1999
FORM TYPE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE June 1, 1981
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Facility Sholes STP #2 — Month August — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.P. 50	PONDS Trav. arthen	PONDS on site	F.P.L. Drain Fields	CHAPEL HILL Cemetery	INT. TURBID ITY
1	1.031	1.0					1.5	6.9					<1	0.189	0.196	0	0.120	0.526	1.02
2	0.923	3.0					1.5	6.9					<1	0.146	0.146	0	0.106	0.523	0.78
3	0.955	4.8		149	188	1.5	1.0	6.9			4.2		<1	0.148	0.142	0	0.091	0.574	0.66
4	1.061	10.6					1.0	7.1					<1	0.177	0.203	0	0.126	0.555	0.77
5	0.837	3.3					1.0	7.0					<1	0.103	0.141	0.131	0.098	0.495	0.82
6	1.048	1.6					1.5	6.9					<1	0.166	0.138	0	0.102	0.636	0.55
7	1.050	3.4					1.0	6.9					<1	0.158	0.145	0	0.104	0.643	0.66
8	1.013	6.5					1.5	6.9					<1	0.122	0.130	0	0.107	0.654	0.84
9	1.056	7.3					2.5	6.9					<1	0.163	0.141	0	0.115	0.639	1.20
10	0.996	1.1		303	356	2.6	1.0	7.0			3.4		<1	0.142	0.156	0	0.089	0.609	1.14
11	0.953	2.0					1.8	7.1					<1	0.116	0.146	0	0.093	0.598	0.73
12	0.937	1.1					1.0	7.0					<1	0.119	0.144	0	0.101	0.573	0.65
13	1.149	3.0					1.3	7.1					<1	0.151	0.153	0	0.105	0.740	0.76
14	0.955	1.8					1.5	7.0					<1	0.088	0.092	0	0.058	0.719	0.62
15	0.961	5.4					1.5	7.0					<1	0.153	0.161	0	0.114	0.553	0.92
16	0.839	1.6					2.0	7.0					<1	0.063	0.058	0.120	0.046	0.672	0.65
17	0.755	1.0		189	168	1.0	1.0	6.9					<1	0.024	0.032	0.215	0	0.899	0.47
18	0.720	2.5					1.5	6.9			<0.5		<1	0	0.030	0.260	0	0.690	0.58
19	0.726	3.3					2.0	6.9					<1	0	0.005	0.311	0	0.731	0.56
20	0.876	2.1					2.4	6.8					<1	0.022	0.048	0.122	0.032	0.774	0.95
21	0.502	4.5					1.0	6.9					<1	0.043	0.045	0.483	0.051	0.363	1.46
22	0.508	4.1					1.0	6.9					<1	0.027	0.034	0.479	0.027	0.420	1.01
23	0.688	3.8					1.0	6.9					<1	0.085	0.094	0.329	0.053	0.456	1.55
24	1.029	1.4		87	132	1.8	2.0	6.9			6.7		<1	0.139	0.182	0	0.114	0.594	0.65
25	0.943	4.0					1.0	6.9					<1	0.071	0.086	0	0.060	0.726	0.43
26	0.935	1.8					1.7	6.8					<1	0	0.014	0	0	0.921	0.48
27	1.213	3.1					1.5	6.9					<1	0.066	0.130	0	0.074	0.943	0.43
28	0.970	10.9					2.3	7.0					<1	0	0.017	0	0	0.953	0.44
29	0.902	9.0					1.5	7.0			5.0		<1	0	0	0	0	0.928	0.46
30	0.947	2.2					1.5	6.9					<1	0	0.013	0	0	0.934	0.67
31	0.923	9.6		222	132	0.8	1.5	6.9					<1	0.049	0.067	0	0.050	0.757	0.56

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Kevin M. Burgess — Date: September 27, 1994

Name, Please Type: Kevin M. Burgess — Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2500 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 8-7762

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

*** NOTE: ALL EFFLUENT BEING DISPOSED AT STP #2 PERMITTED DISPOSAL SITES. FLOW READINGS REPORTED WITH ST

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 Month September Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual after Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
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28																			
29																			
30																			
31																			

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Kevin Burgess

Name (Please Type) Kevin M. Burgess

Company Name Southern States Utilities

Date October 28, 1994

Telephone No (Please Type) (407) 671-2430

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7600.6659

Evening Shift Operator Class B Cert. No. 2995.7434

Night Shift Operator Class Cert. No.

Lead Operator B-7782

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.882
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.933
(19) Percent of permitted capacity	%	-	107%
(20) BOD5 Effluent	mg/L	80082	2.5
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH		-	6.8
(25) Maximum pH		-	7.1
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	8.7
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds, S. R. 50			0.184
Ponds, Trevarthon			0.084
Ponds, On-Site			
FPE Drainfield			0.089
Chapel Hill Cemetery			0.525
Turbidity (NTU)			0.95

DER FORM NO 17-301 900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month September — Year 1994

(341)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.R. 30	PONDS Transmission	PONDS on site	F.P.E Drain Fields	CHAPEL HILL Company	(NTU) TURBIDITY
1	0.950	4.3						6.9					<1	0.220	0.101	O	0.106	0.522	0.39
2	0.908	4.9						6.9					<1	0.198	0.091	O	0.095	0.523	0.35
3	1.073	4.7						6.9					<1	0.241	0.111	O	0.118	0.605	0.35
4	0.857	5.9						6.9					<1	0.165	0.076	O	0.080	0.537	0.34
5	0.981	5.3						6.9					<1	0.165	0.076	O	0.080	0.660	0.75
6	0.795	2.5						6.9					<1	0.186	0.086	O	0.090	0.433	0.93
7	0.806	1.4		258	168	4.8	3.5	7.0					<1	0.147	0.068	O	0.071	0.520	0.92
8	0.791	1.5						7.0					<1	0.190	0.087	O	0.092	0.423	1.06
9	0.777	1.6						7.0					<1	0.136	0.062	O	0.066	0.514	0.56
10	0.932	2.6						7.0					<1	0.214	0.098	O	0.103	0.517	0.56
11	0.858	3.0						7.0					<1	0.193	0.089	O	0.093	0.483	0.59
12	0.678	4.6						7.0					<1	0.116	0.053	O	0.056	0.453	0.60
13	0.773	2.1						6.9					<1	0.136	0.062	O	0.066	0.509	0.80
14	0.822	2.1		246	164	0.2	0.1	6.9					<1	0.165	0.076	O	0.080	0.502	1.33
15	0.715	8.7						7.0					<1	0.172	0.079	O	0.083	0.380	0.90
16	0.820	6.4						6.9					<1	0.127	0.058	O	0.062	0.573	1.20
17	0.878	4.2						7.1					<1	0.289	0.133	O	0.140	0.316	1.60
18	0.730	5.5						7.0					<1	0.157	0.072	O	0.076	0.425	1.24
19	0.910	7.1						6.9					<1	0.404	0.186	O	0.196	0.124	1.47
20	0.932	6.0						6.8					<1	0.161	0.074	O	0.078	0.619	1.40
21	0.943	1.7						6.9			<0.5		<1	0.174	0.080	O	0.084	0.605	0.77
22	0.750	6.2						7.1					<1	0.184	0.085	O	0.089	0.392	1.67
23	0.869	2.8						6.9					<1	0.079	0.036	O	0.038	0.715	1.40
24	1.063	2.5						7.1					<1	0.185	0.085	O	0.089	0.704	0.72
25	1.024	6.2						7.0					<1	0.220	0.101	O	0.106	0.597	1.45
26	1.038	8.1						7.1					<1	0.211	0.097	O	0.102	0.627	1.87
27	1.088	1.6						7.1					<1	0.181	0.083	O	0.087	0.737	1.24
28	0.855	1.3						6.8					<1	0.156	0.072	O	0.075	0.552	0.75
29	0.910	5.6						6.8					<1	0.176	0.081	O	0.085	0.569	0.71
30	0.930	7.1						7.0					<1	0.159	0.073	O	0.077	0.620	0.66
31														O	O	O	O	O	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Kevin M. Burgess — Date: October 28 1994

Name (Please Type): Kevin M. Burgess — Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-7762

Signature Cert No.

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

DER Rule no	17-601-650(11)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No	

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 (34)

Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residue After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1													ND						
2													ND						
3													ND						
4													ND						
5													ND						
6													ND						
7													ND						
8													ND						
9													ND						
10													ND						
11													ND						
12													ND						
13													ND						
14													ND						
15													ND						
16													ND						
17													ND						
18													ND						
19													ND						
20													ND						
21													ND						
22													ND						
23													ND						
24													ND						
25													ND						
26													ND						
27													ND						
28													ND						
29													ND						
30													ND						
31													ND						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Kevin M. Burgess

Name (Please Type): Kevin M. Burgess

Company Name: Southern States Utilities

Date: November 22 1994

Telephone No (Please Type): (407) 671-2430

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2500 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-S

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class B Cert. No. 2995, 7434

Night Shift Operator Class Cert. No.

Lead Operator B-7762

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.888
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.895
(19) Percent of permitted capacity	%	-	103%
(20) BOD5 Effluent	mg/L	80082	1.5
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.7
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.7
(25) Maximum pH		-	7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	1.46
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	8.0
(33) Other Effluent Parameters			
Fecal Coliform		-	ND
Ponds, S. R. 50		-	0.154
Ponds, Trevarthon			0.134
Ponds, On-Site			
FPE Drainfield			0.097
Chapel Hill Cemetery			0.502
Turbidity (NTU)			1.22

DER FORM NO. 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month October — Year 1994

(34)

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.R. 50	PONDS Trevarthen	PONDS on site	F.P.E. Drain Fields	CHAPEL HILL Cemetery	(NTU) TURBIDITY
1	0.993	5.9					1.0	7.0					<1	0.177	0.154	O	0.111	0.551	0.63
2	1.085	7.9					2.0	7.1					<1	0.221	0.192	O	0.139	0.532	0.94
3	1.075	1.9					2.5	7.1					<1	0.430	0.374	O	0.271	O	
4	0.871	6.2					1.0	7.0					<1	0.129	0.113	O	0.082	0.547	1.10
5	0.959	3.4		139	144	1.5	1.5	6.8			<0.5		<1	0.152	0.132	O	0.096	0.579	0.81
6	0.867	3.0					1.7	7.0					<1	0.152	0.132	O	0.095	0.488	1.05
7	0.846	1.6					1.0	7.0					<1	0.140	0.122	O	0.088	0.495	0.80
8	0.912	1.2					0.6	6.9					<1	0.160	0.139	O	0.101	0.513	0.80
9	0.954	2.5					1.0	7.0					<1	0.170	0.148	O	0.107	0.530	1.20
10	0.990	7.7					1.5	7.0					<1	0.155	0.134	O	0.097	0.604	1.75
11	0.828	1.8					1.8	7.0					<1	0.152	0.133	O	0.096	0.447	1.60
12	0.793	1.9		147	160	0.9	2.0	7.0			1.2		<1	0.134	0.117	O	0.084	0.458	1.42
13	0.848	1.8					1.3	7.0					<1	0.131	0.114	O	0.083	0.520	1.69
14	0.751	1.3					1.0	7.0					<1	0.104	0.090	O	0.065	0.492	1.82
5	0.936	1.8					1.5	7.1					<1	0.140	0.121	O	0.088	0.587	1.29
16	0.927	3.5					1.5	7.1					<1	0.145	0.126	O	0.092	0.564	1.50
17	0.858	5.3					2.0	7.0					<1	0.135	0.117	O	0.085	0.522	1.15
18	0.625	2.7					3.0	6.7					<1	0.137	0.119	O	0.086	0.483	0.90
19	0.829	5.0		77	124	2.5	1.5	7.0			0.6		<1	0.133	0.116	O	0.084	0.497	1.49
20	0.753	6.0					1.5	7.2					<1	0.113	0.098	O	0.071	0.471	1.08
21	0.834	6.2					1.5	7.0					<1	0.127	0.111	O	0.080	0.516	1.05
22	0.850	5.4					1.0	6.8					<1	0.139	0.121	O	0.087	0.503	1.10
23	1.003	2.2					2.5	7.0					<1	0.154	0.134	O	0.097	0.619	1.39
24	0.931	5.0					4.0	7.1					<1	0.142	0.124	O	0.090	0.575	1.89
25	0.774	4.6					1.7	7.0					<1	0.138	0.120	O	0.087	0.429	1.40
26	0.834	3.4		228	144	1.0	2.0	7.0			4.0		<1	0.137	0.119	O	0.086	0.491	1.06
27	0.699	2.8					2.3	6.9					<1	0.148	0.129	O	0.093	0.328	1.60
28	0.971	2.5					1.3	6.9					<1	0.159	0.138	O	0.100	0.574	0.80
29	0.957	4.4					2.5	7.4					<1	0.162	0.141	O	0.102	0.553	0.83
30	0.896	5.0					1.0	6.9					<1	0.135	0.117	O	0.085	0.560	0.90
31	0.877	5.0					1.3	7.1					<1	0.140	0.122	O	0.088	0.527	1.66

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: [signature] Date: November 28, 1994

Name (Please Type): Kevin Burgess Telephone NO. (Please Type)

Company Name: Southern States Utilities (407) 671-2430

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: 1-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: ____ Cert. No.: ____

Evening Shift Operator Class: ____ Cert. No.: ____

Night Shift Operator Class: ____ Cert. No.: ____

Lead Operator: [signature] B-7762

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071650	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

DER FORM NO 17-601 (903) (1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 Month November Year 1994

34

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1			<0.01										ND						
2			<0.01										ND						
3			<0.01										ND						
4			<0.01										ND						
5			<0.01										ND						
6			<0.01										ND						
7			<0.01										ND						
8			<0.01										ND						
9			<0.01										ND						
10			<0.01										ND						
11			<0.01										ND						
12			<0.01										ND						
13			<0.01										ND						
14			<0.01										ND						
15			<0.01										ND						
16			<0.01										ND						
17			<0.01										ND						
18			<0.01										ND						
19			<0.01										ND						
20			<0.01										ND						
21			<0.01										ND						
22			<0.01										ND						
23			<0.01										ND						
24			<0.01										ND						
25			<0.01										ND						
26			<0.01										ND						
27			<0.01										ND						
28			<0.01										ND						
29			<0.01										ND						
30			<0.01										ND						
31																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Kevin M. Burgess Date: December 21, 1994

Name (Please Type): Kevin M. Burgess Telephone No. (Please Type):

Company Name: Southern States Utilities (407) 671-2430

DER FORM NO 17-661.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing C 7676

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class B Cert. No. 2995, 9772

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] B-7762

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.895
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.888
(19) Percent of permitted capacity	%	-	102%
(20) BOD5 Effluent	mg/L	80082	2.4
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.9
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.8
(25) Maximum pH		-	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	2.46
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	5.8
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds, S. R. 50			0.147
Ponds, Trevarthon			0.142
Ponds, On-Site			
FPE Drainfield			0.092
Chapel Hill Cemetery			0.514
Turbidity (NTU)			1.03

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month: November — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	CBOD5 Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PERIOD S.S. Gr	PERIOD Turbidity	PERIOD pH Gr	F.P.V. Daily Peak	CHAPEL HILL Chlorine	(RTU) TURBIDITY
1	0.837	1.7					1.0	7.0					<1	0.130	0.126	O	0.082	0.498	1.46
2	0.803	2.0		245		1.6	1.3	7.0			0.8		<1	0.069	0.067	O	0.043	0.624	1.60
3	0.727	2.8					1.0	7.0					<1	0.095	0.092	O	0.060	0.480	1.33
4	0.802	2.5					4.5	7.0					<1	0.158	0.153	O	0.099	0.393	1.84
5	0.827	3.5					5.0	6.9					<1	0.318	0.308	O	0.200	O	
6	0.794	1.4					5.0	7.2					<1	0.306	0.296	O	0.192	O	
7	0.833	1.9					1.5	7.2					<1	0.321	0.311	O	0.202	O	
8	0.791	1.5					3.5	7.1					<1	0.305	0.295	O	0.191	O	
9	0.798	2.4		210		2.5	1.8	6.9			5.4		<1	0.191	0.185	O	0.120	0.303	1.62
10	0.733	3.5					1.5	7.0					<1	0.097	0.094	O	0.061	0.481	1.50
11	0.771	1.9					1.0	7.0					<1	0.101	0.098	O	0.063	0.509	1.54
12	0.943	2.0					4.0	7.0					<1	0.088	0.085	O	0.055	0.715	1.12
13	0.895	5.2					1.5	7.0					<1	0.075	0.073	O	0.047	0.700	0.71
14	0.788	5.6					1.0	7.0					<1	0.081	0.079	O	0.051	0.577	1.03
15	1.061	5.2					2.0	7.0					<1	0.143	0.138	O	0.090	0.690	0.65
16	1.251	2.2		205		2.7	1.3	7.0			6.1		<1	0.119	0.116	O	0.075	0.941	0.85
17	0.956	3.5					1.0	7.0					<1	0.142	0.138	O	0.089	0.587	0.83
18	0.795	3.9					1.3	7.0					<1	0.080	0.078	O	0.050	0.587	0.91
19	1.310	3.1					1.0	7.0					<1	0.278	0.270	O	0.175	0.587	0.89
20	1.040	3.0					1.7	6.9					<1	0.135	0.131	O	0.085	0.689	0.86
21	0.876	2.1					1.3	6.8					<1	0.113	0.109	O	0.071	0.583	0.89
22	1.031	4.2		228		3.2	1.5	7.0			<0.5		<1	0.155	0.151	O	0.098	0.627	0.62
23	0.855	3.7					1.0	7.1					<1	0.111	0.108	O	0.070	0.566	0.74
24	0.954	2.5					3.5	7.3					<1	0.124	0.121	O	0.078	0.641	0.69
25	0.908	3.5					1.0	7.0					<1	0.094	0.091	O	0.059	0.663	0.75
26	0.900	3.5					3.5	7.0					<1	0.139	0.135	O	0.088	0.536	0.70
27	0.895	2.9					0.5	7.1					<1	0.114	0.110	O	0.072	0.599	0.81
28	0.850	4.0					1.3	7.2					<1	0.103	0.100	O	0.065	0.582	0.92
29	0.897	5.8		155		1.8	1.3	6.9			<0.5		<1	0.107	0.104	O	0.068	0.618	0.98
30	0.917	1.3					1.3	6.8					<1	0.105	0.101	O	0.066	0.645	1.01
31														O	O	O	O	O	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and correct to.

Signed: Kevin N Burgess

Name (Please Type): Kevin N Burgess

Company Name: Southern States Utilities

Date: December 20, 1994

Telephone No. (Please Type): (407) 871-2430

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method: _____

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: [signature] B-7762

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	
(19) Percent of permitted capacity	%	-	
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			
(25) Maximum pH			
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ortho Phosphorus	mg/L		
Organic Nitrogen	mg/L		
Nitrite	mg/L		
Dissolved Oxygen	mg/L		
Temperature	C		

DER FORM NO 17-601.200(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shorse STP #1

Month December Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1			<0.01										ND						
2			<0.01										ND						
3			<0.01										ND						
4			<0.01										ND						
5			<0.01										ND						
6			<0.01										ND						
7			<0.01										ND						
8			<0.01										ND						
9			<0.01										ND						
10			<0.01										ND						
11			<0.01										ND						
12			<0.01										ND						
13			<0.01										ND						
14			<0.01										ND						
15			<0.01										ND						
16			<0.01										ND						
17			<0.01										ND						
18			<0.01										ND						
19			<0.01										ND						
20			<0.01										ND						
21			<0.01										ND						
22			<0.01										ND						
23			<0.01										ND						
24			<0.01										ND						
25			<0.01										ND						
26			<0.01										ND						
27			<0.01										ND						
28			<0.01										ND						
29			<0.01										ND						
30			<0.01										ND						
31			<0.01										ND						

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed

Name (Please Type) Kevin M. Burgess

Company Name Southern States Utilities

Date: January 26, 1995

Telephone No. (Please Type) (407) 671-2430

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing C 7676

Day Shift Operator Class B Cert. No. 7600, 6659

Evening Shift Operator Class B,C Cert. No. 2995, 8772

Night Shift Operator Class Cert. No.

Lead Operator B-7762

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.850
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.878
(19) Percent of permitted capacity	%	-	101%
(20) BOD5 Effluent	mg/L	80082	1.5
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH		-	6.8
(25) Maximum pH		-	7.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071650	5.05
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	6.3
(33) Other Effluent Parameters			
Fecal Coliform			ND
Ponds, S. R. 50			0.151
Ponds, Trevarthon			0.147
Ponds, On-Site			
FPE Drainfield			0.095
Chapel Hill Cemetery			0.457
Turbidity (NTU)			0.65

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month: December — Year: 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	POND S.A. lbs	POND Tons Inches	POND on site	F.A.C. Rain Rate	CHAPEL HILL Correctory	SRTA TURBIDITY
1	0.930	2.6			324		1.0	6.9					<1	0.153	0.148	O	0.096	0.533	0.94
2	0.898	2.2					3.0	6.9					<1	0.198	0.192	O	0.124	0.184	1.77
3	0.864	3.6					2.5	6.9					<1	0.256	0.248	O	0.161	O	
4	0.890	6.3					2.0	6.9					<1	0.266	0.257	O	0.167	O	
5	0.899	4.1					1.0	7.0					<1	0.346	0.335	O	0.218	O	
6	0.872	5.5					1.0	7.0					<1	0.107	0.104	O	0.067	0.594	1.10
7	1.006	4.3		288		1.1	1.0	7.3			1.9		<1	0.126	0.122	O	0.079	0.880	0.91
8	0.945	3.8					1.5	7.3					<1	0.110	0.107	O	0.069	0.659	1.21
9	0.861	4.3					1.5	6.8					<1	0.098	0.095	O	0.062	0.606	1.05
10	0.925	3.5					2.0	6.9					<1	0.145	0.141	O	0.091	0.548	0.80
11	0.889	3.6					1.0	6.9					<1	0.124	0.120	O	0.078	0.568	0.97
12	0.830	2.5					2.0	7.0					<1	0.103	0.099	O	0.064	0.564	0.67
13	0.851	2.2					1.5	7.0					<1	0.157	0.152	O	0.099	0.443	0.89
14	0.792	1.3		145		1.1	1.3	7.8			15.0		<1	0.208	0.201	O	0.131	0.252	0.50
15	0.940	1.8					1.5	7.2					<1	0.287	0.278	O	0.180	0.195	0.61
16	0.772	3.5					2.0	7.2					<1	0.085	0.083	O	0.054	0.550	0.63
17	0.954	1.4					2.0	7.3					<1	0.178	0.172	O	0.112	0.492	0.90
18	0.910	1.2					2.0	7.0					<1	0.163	0.158	O	0.103	0.485	0.15
19	0.783	3.7					1.3	7.2					<1	0.127	0.123	O	0.080	0.453	0.29
20	0.793	3.0					1.5	7.1					<1	0.097	0.094	O	0.061	0.541	0.19
21	0.905	3.4		170		1.5	3.3	7.1					<1	0.134	0.130	O	0.085	0.557	0.58
22	0.907	2.9					1.5	7.2			3.3		<1	0.143	0.139	O	0.090	0.535	0.66
23	0.869	2.4					1.0	7.2					<1	0.139	0.135	O	0.088	0.507	1.15
24	0.920	2.8					1.0	7.0					<1	0.183	0.178	O	0.115	0.444	0.76
25	1.024	4.0					0.5	7.1					<1	0.193	0.187	O	0.122	0.521	1.47
26	0.614	3.6					1.0	7.1					<1	0.031	0.030	O	0.020	0.533	1.04
27	0.856	3.5					1.3	7.2					<1	0.117	0.113	O	0.073	0.552	1.76
28	0.906	3.4					0.5	7.1					<1	0.090	0.087	O	0.056	0.573	0.80
29	0.836	3.2		6.2		2.2	1.0	7.0		<0.5			<1	0.108	0.105	O	0.068	0.554	0.85
30	0.781	1.1					0.1	7.0					<1	0.101	0.098	O	0.063	0.519	0.67
31	0.841	2.4					0.8	7.0					<1	0.120	0.116	O	0.076	0.529	0.59

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Kevin M. Burgess

Name (Please Type): Kevin M. Burgess

Company Name: Southern States Utilities

Date: January 24, 1995

Telephone No. (Please Type): (407) 671-2430

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Barrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No 7600,7623,7762

Evening Shift Operator Class: B Cert. No 2995, 6659

Night Shift Operator Class: _____ Cert. No.

Lead Operator: Original signed by D Richard Eck Jr. B-4404
Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.117
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.154
(19) Percent of permitted capacity	%	-	56%
(20) BOD5 Effluent	mg/L	80082	3.75
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	8.15
(27) TKN	mg/L	000625	6.04
(28) Ammonia (NH3 - N)	mg/L	000610	3.95
(29) Nitrate	mg/L	071850	1.84
(30) Total Phosphorus	mg/L	000665	1.37
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		1.11
Organic Nitrogen	mg/L		2.09
Nitrite	mg/L		0.34
Dissolved Oxygen	mg/L		7.1
Temperature	C		22.8

DER FORM NO: 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: Jan 1, 19[illegible]
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month January — Year 1993

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Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGAN Nitroge	NITRITE	ORTHO P	DO	temp
1	0.084	1.3			128		1.0	7.0										7.5	22.0
2	0.078	1.1			148		<.1	7.0										6.9	22.5
3	0.077	1.5			116		1.5	7.0										6.8	22.0
4	0.047	0.5			80		1.0	6.9										6.9	22.0
5	0.059	0.7			172		<1	6.9										7.5	22.0
6	0.075	0.7	0.01	218	168	3.0	1.0	7.0	2.6	2.40	0.43	1.86	<1	3.29	0.20	0.691	0.75	6.9	25.0
7	0.083	2.1	0.01				<1	6.9										6.8	23.0
8	0.076	0.8			160		1.0	7.1										7.0	23.0
9	0.080	0.8	0.01				1.0	7.0										7.2	23.0
10	0.074	1.5	0.01		136		1.0	6.9										6.4	24.0
11	0.099	1.1			152		1.0	7.0										6.9	23.0
12	0.103	2.3					1.0	6.9										6.6	24.0
13	0.102	2.5	0.01	298	140	4.4	1.0	6.9	11.6	5.00	0.76	3.67	<1	12.80	6.60	0.312	3.61	6.8	24.0
14	0.099	2.2	0.01		148		2.5	7.3											24.0
15	0.097	2.3			184		1.0	6.9										7.2	22.3
16	0.098	2.2	0.01				1.5	7.1										7.2	22.4
17	0.083	0.7			168		<1	6.9										6.6	24.0
18	0.074	1.1			84		1.0	7.0											21.1
19	0.068	1.6	0.01	183	108	3.8	1.0	7.0	7.0	5.79	5.01	1.12	<1	12.14	1.21	0.134	1.06		23.5
20	0.099	0.6			124		1.0	7.0											23.0
21	0.064	1.6	<.01		164		<1	6.9	7.28	6.13	0.77	0.17	<1	8.24	1.15	0.191	0.14	7.2	22.0
22	0.120	3.5	0.01		160		2.0	6.8										7.4	22.0
23	0.105	2.9	0.01		208		<.1	7.1										7.0	23.0
24	0.084	2.8			152		<.1	7.0										7.0	23.0
25	0.116	1.1	0.01		60		1.0	7.0										7.2	22.1
26	0.092	0.6	0.01		140		<1	7.1										6.9	22.0
27	0.097	2.1		140	88	3.8	1.0	6.9	1.7	0.42	2.23	0.01	<1	4.28	1.28	0.353	<.01	7.6	21.0
28	0.116	2.5			132		1.5	6.9										7.5	22.5
29	0.098	1.6			172		1.5	7.3										7.2	23.0
30	0.113	2.5	<.01				4.0	7.0										7.0	22.5
31	0.088	1.0			200		1.5	6.9										7.6	23.0

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by D. Richard Eck Jr. — Date: 2-24-93

Name (Please Type): D. Richard Eck Jr. — Telephone No. (Please Type): (407) 671-2[illegible]

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing 7600.

Day Shift Operator Class	C	Cert. No.	7623,7762
Evening Shift Operator Class	B	Cert. No.	2995, 6659
Night Shift Operator Class		Cert. No.	
Lead Operator	Original signed by D. Richard Eck Jr.		B4404
	Signature		Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.768
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.720
(19) Percent of permitted capacity	%	-	83%
(20) BOD5 Effluent	mg/L	80082	2.1
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH			6.6
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	5.2
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	6.2
(33) Other Effluent Parameters			
Fecal Coliform			<1
Ponds, S. R. 50			0.115
Ponds, Trevarthon			0.114
Ponds, On-Site			0.042
FPE Drainfield			0.198
Chapel Hill Cemetery			0.312
Turbidity (NTU)			0.31

DWR FORM NO. 17-MR_Sss
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: Jun 1, 199
DWR APPLICATION #:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Facility: Silversides Shores STP #2 — Month: January — Year: 1993

(3MG)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.R. SC	PONDS TREV ARTHON	PONDS ON SITE	F.H.L. DRAIN FIELDS	CHAPEL HILL CEMETERY	INTU TURBIDITY
1	0.739	2.9			128		1.0	6.7					<1	0	0.100	0	0.201	0.438	0.75
2	0.817	3.1			148		<1	6.8					<1	0	0.088	0	0.175	0.554	0.69
3	0.887	2.1			116		<1	6.8					<1	0	0.116	0	0.235	0.536	0.68
4	0.819	1.8			80		1.0	7.0					<1	0	0.165	0	0.336	0.317	1.19
5	0.704	5.0			172		<1	6.9					<1	0	0.183	0	0.371	0.150	0.60
6	0.720	1.5		218	168	2.1	1.0	7.4			15.8		<1	0	0.141	0	0.281	0.297	0.22
7	0.700	2.2					<1	7.1					<1	0	0.191	0	0.382	0.128	0.21
8	0.705	2.3			160		<1	7.2					<1	0	0.198	0	0.396	0.112	0.22
9	0.865	0.9					1.5	6.6					<1	0.290	0.290	0.096	0.188	0	0.20
10	0.955	0.9			136		1.0	6.8			<.10		<1	0.222	0.222	0.255	0.255	0	0.21
11	0.993	1.4			152		1.0	7.0					<1	0.187	0.187	0.408	0	0.210	0.17
12	0.728	6.0					1.0	7.0					<1	0.218	0.218	0.136	0.156	0.280	0.13
13	0.658	3.5		296	160	1.2	1.0	6.8			2.1		<1	0.147	0.147	0.035	0.147	0.330	0.13
14	0.764	1.6			148		1.0	7.0					<1	0.078	0.078	0	0.155	0.453	0.14
15	0.729	2.9			184		1.0	7.0			11.7		<1	0.105	0	0	0.211	0.413	0.18
16	0.895	1.5					<1	7.3					<1	0.115	0	0	0.231	0.549	0.16
17	0.696	1.0			168		<1	7.1					<1	0.205	0	0	0.411	0.680	0.82
18	0.740	3.5			84		1.0	7.1					<1	0.142	0	0	0.289	0.309	0.19
19	0.658	2.1		183	196	3.2	1.5	7.1			1.6		<1	0.073	0	0	0.149	0.436	0.21
20	0.666	1.0			124		1.0	7.1					<1	0.067	0	0.168	0.130	0.281	0.17
21	0.540	1.4			164		2.5	7.1			3.9		<1	0.052	0	0.134	0.078	0.277	0.14
22	0.777	2.7			160		1.0	7.1					<1	0.123	0	0.082	0.185	0.386	0.14
23	0.762	2.2			208		1.5	7.0					<1	0.178	0	0	0.178	0.406	0.12
24	0.846	3.6			152		1.5	7.1					<1	0.192	0	0	0.192	0.461	0.15
25	0.771	1.2			60		1.0	7.0					<1	0.175	0	0	0.175	0.421	0.16
26	0.718	1.8			140		<1	7.1					<1	0	0.152	0	0.304	0.262	0.22
27	0.601	1.0		140	88	2.0	1.0	7.1			1.4		<1	0	0.084	0	0.167	0.350	0.26
28	0.882	1.1			132		2.5	7.0					<1	0.145	0.145	0	0.145	0.447	0.34
29	0.746	2.9			172		3.0	7.5					<1	0.183	0.183	0	0	0.380	0.42
30	0.824	6.2					4.0	6.9					<1	0.204	0.204	0	0	0.416	0.17
31	0.913	3.3			200		2.0	7.2					<1	0.457	0.457	0	0	0	0.36

Laboratory Chlorine: This is an average from the daily measurements at the plant effluent and the time of the sample was taken, that all effluent is free, available chlorine.

Signed: Original signed by D. Richard Eck Jr — Date: 2/25/93

Name (Please Type): D. Richard Eck Jr — Telephone No. (Please Type):

Company Name: Southern States Utilities — (407) 671-2427

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No 766.7623.7762

Evening Shift Operator Class: B Cert. No 2995, 6659

Night Shift Operator Class: _____ Cert. No.

Lead Operator: Original signed by D Richard Eck Jr B-4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.131
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.142
(19) Percent of permitted capacity	%	-	52%
(20) BOD5 Effluent	mg/L	80082	5.6
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.6
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	4.04
(27) TKN	mg/L	000625	3.38
(28) Ammonia (NH3 - N)	mg/L	000610	0.91
(29) Nitrate	mg/L	071850	1.99
(30) Total Phosphorus	mg/L	000665	0.25
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.22
Organic Nitrogen	mg/L		1.10
Nitrite	mg/L		0.05
Dissolved Oxygen	mg/L		7.3
Temperature	C		22.0

DER FORM NO. 17-601.900(...)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: Jan 1, 199...
DER APPLICATION NO.:

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1

Month February Year 1993

(34)

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGAN Nitrogen	NITRITE	ORTHO P	DO	temp
1	0.092	1.2						7.0										6.8	20.9
2	0.085	0.9						6.9										7.5	23.0
3	0.110	1.1						7.2	0.66	0.20	0.29	0.07	<1	0.95	0.44	<.005	<.01		21.0
4	0.094	1.1		170	160	3.2	<1	7.0										7.4	23.0
5	0.114	1.4						7.1										7.8	21.0
6	0.113	2.1	0.01					6.9											23.0
7	0.114	1.4						6.9										7.1	24.0
8	0.112	1.2	0.01					7.0											21.0
9	0.084	2.5	0.01					6.8										7.5	24.0
10	0.105	2.5						7.1	4.00	1.52	0.52	0.88	<1	4.53	2.48	0.011	0.87	7.1	24.0
11	0.111	0.5		260	240	3.2	<1	7.1											21.0
12	0.115	2.3	0.01					7.0										6.8	21.0
13	0.113	2.2	0.01					7.0										6.9	22.0
14	0.101	1.6						6.9										7.6	23.0
15	0.097	1.2	0.01					7.1										7.2	19.6
16	0.147	2.2						7.0											23.0
17	0.176	1.1			180		1.0	7.0	8.00	1.52	7.00	0.03	<1	9.70	1.00	0.182	0.01	7.9	24.0
18	0.180	1.1		278		4.5		7.1										7.3	20.0
19	0.171	0.8	0.01					7.1											17.1
20	0.162	2.2	0.01					7.1										6.8	20.5
21	0.145	1.0						7.0										8.2	23.0
22	0.141	0.7	0.01					7.3										7.2	22.0
23	0.154	0.9						6.6										6.2	24.0
24	0.169	1.3						7.0										8.2	22.5
25	0.177	1.2						7.2										7.1	22.0
26	0.110	1.7	0.01					7.1											21.7
27	0.150	1.2	0.01					7.0										7.4	22.8
28	0.212	1.1		493	112	11.4	<1	7.3	0.84	0.38	0.14	0.01	<1	0.98	0.46	<.005	<.01	8.0	21.0
29																			
30																			
31																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original Signed by D. Richard Eck Jr. Date: 3-22-93

Name (Please Type): D. Richard Eck Jr. Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name University Shores STF #2

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-193001

(9) Plant Type 2-B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7600, 7762

Evening Shift Operator Class B Cert. No 2995, 6659

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by D Richard Eck Jr B4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.721
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.731
(19) Percent of permitted capacity	%	-	84
(20) BOD5 Effluent	mg/L	80082	2.7
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.9
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			6.9
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	2.46
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	9.7
(33) Other Effluent Parameters			
Fecal Coliform			<1
Ponds, S. R. 50			0.209
Ponds, Trevarthon			0.205
Ponds, On-Site			
FPE Drainfield			0.003
Chapel Hill Cenetery			0.303
Turbidity (NTU)			0.23

DER FORM NO. 17-602, Rev.
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1992
DER APPLICATION NO.:

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month: February — Year: 1993

(3M)

Day of Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor.	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (s.u.)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Influent (mg/L)	FECAL Coliform	POND S.S. 30	POND TREATMENT	POND ON SITE	F.I.L. DRAIN FIELDS	CHAPEL HILL CEMETERY	INTU TURBIDITY
1	0.722	2.5			172		1.0	7.2					<1	0.246	0.246	O	O	0.230	0.21
2	0.763	2.2					3.0	7.3					<1	0.382	0.382	O	O	O	
3	0.696	6.7		170	176	3.6	2.5	7.4			0.17		<1	0.157	0.157	O	O	0.383	0.23
4	0.822	1.3			160		3.5	7.2					<1	0.225	0.225	O	O	0.371	0.34
5	0.706	2.5			100		1.5	7.4					<1	0.161	0.161	O	O	0.383	0.28
6	0.784	2.7					3.0	7.1					<1	0.163	0.163	O	O	0.459	0.35
7	0.730	4.4					2.0	7.1					<1	0.146	0.146	O	O	0.438	0.44
8	0.772	2.0			124		1.0	7.1					<1	0.213	0.213	O	O	0.345	0.18
9	0.728	2.5					1.0	7.0					<1	0.164	0.164	O	O	0.399	0.19
10	0.741	2.5			184		1.0	7.1			0.23		<1	0.153	0.153	O	O	0.435	0.22
11	0.761	7.3		260	240	1.2	1.5	7.3					<1	0.163	0.163	O	O	0.436	0.19
12	0.721	3.9			180		<1	7.0					<1	0.146	0.146	O	O	0.363	0.16
13	0.834	1.1					1.5	6.9					<1	0.199	0.199	O	O	0.436	0.17
14	0.682	2.4					<1	7.0					<1	0.147	0.147	O	O	0.388	0.16
15	0.715	2.1			260		1.5	7.2					<1	0.171	0.171	O	O	0.373	0.16
16	0.734	3.5					1.0	7.1					<1	0.194	0.194	O	O	0.347	0.18
17	0.703	9.7			132		<1	7.2			0.16		<1	0.134	0.134	O	O	0.436	0.16
18	0.730	9.2		278	180	2.6	1.0	7.1					<1	0.147	0.147	O	O	0.436	0.19
19	0.633	3.5			192		3.0	6.9					<1	0.128	0.128	O	O	0.377	0.20
20	0.747	3.5					2.0	7.2					<1	0.152	0.152	O	O	0.443	0.18
21	0.847	8.7			180		2.5	7.0					<1	0.170	0.170	O	O	0.507	0.18
22	0.848	3.0			116		1.5	7.2					<1	0.424	0.424	O	O	0.032	0.57
23	0.702	1.2			172		2.0	7.2					<1	0.288	0.288	O	O	0.125	0.14
24	0.575	3.1			160		6.5	7.3					<1	0.287	0.287	O	O	O	
25	0.639	6.9			140		2.5	7.3					<1	0.320	0.320	O	O	O	
26	0.696	3.5			212		2.5	7.1					<1	0.348	0.348	O	O	O	
27	0.643	3.5			160		2.0	7.1					<1	0.321	0.321	O	O	O	
28	0.527	4.4		493	112	3.4	2.5	7.1			9.27		<1	0.093	O	O	0.093	0.341	0.19
29														O	O	O	O	O	
30														O	O	O	O	O	
31														O	O	O	O	O	

Note/Comment: [illegible]

Signed: Original signed by D. Richard Eck Jr. — Date: 3-22-93

Name (Please Type): D. Richard Eck Jr. — Telephone No. (Please Type): (407) 671-2427

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name University Shores STP #1

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-187714

(9) Plant Type I-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7600,7634,7763

Evening Shift Operator Class B Cert. No 2995,6659

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Sam Sparks A948

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.138
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.129
(19) Percent of permitted capacity	%	-	47%
(20) BOD5 Effluent	mg/L	80082	2.95
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.8
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	4.02
(27) TKN	mg/L	000625	2.08
(28) Ammonia (NH3 - N)	mg/L	000610	0.83
(29) Nitrate	mg/L	071850	1.90
(30) Total Phosphorus	mg/L	000665	0.16
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.10
Organic Nitrogen	mg/L		1.29
Nitrite	mg/L		0.002
Dissolved Oxygen	mg/L		7.4
Temperature	C		21.8

DER FORM NO [illegible]
FORM TITLE [illegible]
EFFECTIVE DATE [illegible]
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Universality Shores STP #1

Month March Year 1993

(1):

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGAN Nitrogen	NITRITE	ORTHO P	DO	temp
1	0.139	1.6			176		1.0	7.2										7.4	21.0
2	0.175	1.2			120		<1	6.9										7.7	22.0
3	0.132	1.2			120		1.0	7.0											21.0
4	0.027	1.0	"				<1	7.0											22.0
5	0.120	1.8	"					7.0											22.0
6	0.130	2.5	"					6.9										7.3	22.0
7	0.120	3.5	"	75	140	<1	<1	6.8	1.90	0.36	13.2	1.30	<1	15.10	1.54	0.029	1.21	7	23.0
8	0.120	3.5	"		100		1.0	7.0	1.66	0.27	2.8	<.01		4.49	1.39	<.005	<.01	7.2	22.0
9	0.120	2.8	"					7.4	1.38	<.10	2.1	0.01		3.46	1.38	<.005	<.01	8	21.0
10	0.148	1.8	"	162	140	1.7	3.5	7.2	0.88	<.10	1.7	<.01	<1	2.60	0.80	<.005	<.01	7	22.0
11	0.183	3.5	"		52		1.0	7.2	1.00	<.10	<.10	0.02		1.00	1.00	<.005	0.02		
12	0.177	3.5	"		244		1.0	6.9	0.86	0.10	<.10	<.01		0.86	0.76	<.005	0.01		22.0
13	0.130	3.5	"		84		1.0	7.1	0.72	<.10	2.4	<.01		3.10	0.72	<.005	<.01	7.2	22.0
14	0.140	3.5	"		132		1.5	6.8	0.60	<.10	0.2	0.06		0.81	0.60	<.005	0.01	7.3	21.0
15	0.125	1.9	"		120		2.0	7.1	0.84	<.10	2.0	<.01		2.84	0.84	<.005	<.01	7.4	22.0
16	0.140	2.8	"		160		1.5	6.9										7.2	20.0
17	0.130	1.7	"	194	136	5.6	1.0	7.1	1.18	<.10	1.4	0.16	<1	2.61	1.18	<.005	0.07		
18	0.135	2.3	"		196		1.5	7.1	1.06	<.10	0.6	0.15	<1	1.62	1.06	<.005	0.07		
19	0.120	2.7	"		152		1.5	7.2	0.54	<.10	0.3	0.17	<1	0.85	0.54	<.005	0.06		22.0
20	0.125	2.6	"		108		1.0	7.2	0.50	<.10	0.6	0.18	<1	1.06	0.50	<.005	0.07	7.4	21.0
21	0.141	2.0	"				1.5	6.9	0.62	<.10	0.4	0.19	<1	1.06	0.62	<.005	0.09	7.4	20.0
22	0.108	2.0	"		172		1.0	7.1	5.60	2.60	2.0	0.19	<1	7.60	3.00	<.005	0.07		21.0
23	0.120	1.0	"				<1	7.1	9.08	5.10	1.8	0.21	<1	11.60	4.70	<.005	0.08	7.4	22.0
24	0.150	1.9	"	184	216	1.9	1.0	7.1										7.7	22.0
25	0.140	1.3	"		168		<1	6.9	1.64	0.21	1.1	0.23	<1	2.75	1.43	<.005	0.09		24.0
26	0.163	0.6					1.0	6.9										7.1	22.0
27	0.174	1.2	0.01				1.5	6.8										7.6	22.0
28	0.171	1.1			296		<1	6.9										7.6	23.0
29	0.164	0.9			152		1.0	7.2											22.0
30	0.118	2.5			156		<1	7.1											21.0
31	0.200	1.6		146	160	2.6	1.0	7.0	7.40	6.30	1.5	0.02		8.93	1.10	<.005	<.01		22.0

Lead Operator: [illegible]

Signed: Original signed by Sam Sparks

Name (Please Type):

Company Name: Southern States Utilities

Date: 4-27-93

Telephone No. (Please Type): [illegible]

DER FORM NO	17-901.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STF #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No 7600, 7623

Evening Shift Operator Class: B Cert. No 2995, 6655

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by Sam Sparks A948

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.830
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.773
(19) Percent of permitted capacity	%	-	89%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			6.9
(25) Maximum pH			7.9
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	5.46
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	6.5
(33) Other Effluent Parameters			
Fecal Coliform			<1
Ponds, S. R. 50			0.175
Ponds, Trevarthon			0.152
Ponds, On-Site			
FPE Drainfield			0.167
Chapel Hill Cenetery			0.334
Turbidity (NTU)			0.14

DER FORM NO: 17-601.900
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: Jan. 1, 19
DER APPLICATION NO:

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month: March — Year: 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor.	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (s.u.)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.A. Inc	PONDS TREV ARTHON	PONDS ON SITE	F.D. DRAIN FIELDS	CHAPEL HILL CEMETERY	INST. TURBIDITY
1	0.826	2.3			176		1.0	7.2					<1	0.214	0	0	0.214	0.397	0.26
2	0.753	3.1			120		<1	7.1					<1	0.238	0	0	0.238	0.277	0.25
3	0.742	1.3			120		1.5	7.0					<1	0.163	0	0	0.163	0.416	0.31
4	0.729	1.8					<1	6.9					<1	0.185	0	0	0.185	0.359	0.34
5	0.589	3.0					1.5	7.1					<1	0.214	0	0	0.213	0.162	0.15
6	0.911	1.5					2.0	7.0					<1	0.256	0	0	0.255	0.400	0.06
7	0.856	2.8		75	140	<1	<1	7.0			1.66		<1	0.206	0	0	0.206	0.443	0.11
8	0.907	2.2			100		1.0	7.0					<1	0.239	0	0	0.238	0.430	0.11
9	0.779	3.2					5.0	6.9					<1	0.228	0	0	0.227	0.324	0.09
10	0.823	2.6		162	140	<1	1.0	7.9					<1	0.214	0	0	0.214	0.395	0.11
11	0.846	2.0			52		1.0	7.1			5.54		<1	0.229	0	0	0.229	0.308	0.09
12	0.839	2.4			244		1.5	7.1					<1	0.215	0	0	0.215	0.409	0.08
13	0.972	2.0			84		1.0	7.0					<1	0	0.153	0	0.154	0.665	0.14
14	0.975	1.5			132		1.5	7.0					<1	0	0.272	0	0.272	0.431	0.17
15	0.861	2.8			120		2.0	7.2					<1	0	0.239	0	0.239	0.383	0.17
16	0.873	3.6			160		3.0	6.9					<1	0	0.221	0	0.221	0.331	0.16
17	0.871	1.7		194	136	3.5	1.0	7.1					<1	0	0.220	0	0.220	0.431	0.11
18	0.864	2.7			196		1.0	7.1			2.66		<1	0	0.432	0	0.432	0	
19	0.764	5.5			152		1.0	7.2					<1	0	0.215	0	0.215	0.334	0.13
20	0.963	1.8			108		1.5	7.2					<1	0	0.239	0	0.239	0.503	0.11
21	1.141	1.7					5.0	7.0					<1	0	0.380	0	0.381	0.380	0.11
22	0.872	2.4			172		1.0	7.1					<1	0.287	0.192	0	0	0.393	0.10
23	0.871	1.7					<1	7.1					<1	0.300	0.200	0	0	0.371	0.11
24	0.839	1.5		184	216	1.1	<1	7.1			3.13		<1	0.294	0.196	0	0	0.349	0.11
25	0.927	2.5			168		1.0	7.0					<1	0.344	0.230	0	0	0.353	0.11
26	0.591	0.6					1.0	7.1					<1	0.296	0.295	0	0	0	
27	0.865	6.5					1.0	7.2					<1	0.290	0.290	0	0	0.287	0.10
28	0.726	1.0			296		1.0	7.3					<1	0.368	0.368	0	0	0	
29	0.631	1.1			152		1.0	7.3					<1	0.211	0.140	0	0	0.280	0.45
30	0.733	0.8			156		1.0	7.0					<1	0.285	0.285	0	0.164	0	
31	0.757	4.5		146	160	0.7	1.5	7.0			14.2		<1	0.157	0.157	0	0.058	0.372	0.25

Signed: Original Signed by Sam Sparks — Date: 4-27-93

Name (Please Type): Sam Sparks — Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name University Shores STP #1

(4) Plant Address 2600 Barrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-187714

(9) Plant Type I-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600,7762

Evening Shift Operator Class B Cert. No 2995,6659

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Sam Sparks A-948

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.155
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.141
(19) Percent of permitted capacity	%	-	51%
(20) BOD5 Effluent	mg/L	80082	2.35
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.7
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	2.03
(27) TKN	mg/L	000625	1.57
(28) Ammonia (NH3 - N)	mg/L	000610	0.69
(29) Nitrate	mg/L	071850	1.01
(30) Total Phosphorus	mg/L	000665	0.09
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.04
Organic Nitrogen	mg/L		0.88
Nitrite	mg/L		<.005
Dissolved Oxygen	mg/L		7.2
Temperature	C		23.0

DER FORM NO. 17-601.900(3)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE Jan 1, 19[illegible]
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month April — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGAN Nitrogen	NITRITE	ORTHO P	DO	Temp
1	0.176	1.6			176		0.5	7.6										7.6	23.0
2	0.179	2.6			209		1.0	7.4											23.0
3	0.173	1.2					1.5	7.3											23.0
4	0.161	1.1					<1.0	7.0										7.6	23.0
5	0.160	2.2			140		2.0	7.2											21.0
6	0.160	2.4	0.01				<1.0	7.5										7.9	24.3
7	0.166	2.4	0.01	181	152	2.4	1.0	7.4	1.22	<.10	2.16	<.01	<1.0	1.22	1.22	<.005	<.01		23.0
8	0.164	1.8					1.0	7.1											24.0
9	0.165	1.3	0.01					7.2											22.0
10	0.154	1.3					1.0	7.1											23.0
11	0.157	1.2			124		1.0	7.2											21.5
12	0.154	1.2					1.0	6.9											22.0
13	0.129	1.5					1.5	7.1										7.9	23.0
14	0.160	2.8	0.01	154	108	3.3	2.5	7.0	2.80	2.04	<.10	0.15	<1.0	2.80	0.76	<.005	0.03		24.0
15	0.157	2.2	0.01				<1.0	7.3										7.5	24.0
16	0.153	1.3	0.01		216		1.0	7.2											21.0
17	0.159	1.3					1.0	6.9										7.9	23.0
18	0.146	1.0					<1.0	6.9										8.0	23.0
19	0.140	1.1	0.01		160		1.5	7.0											22.0
20	0.146	1.0		183	204	1.0	1.5	6.9	1.20	0.26	1.11	0.08	<1.0	2.31	0.94	<.005	0.03	6.7	24.5
21	0.154	1.2					2.5	7.0										6.9	24.5
22	0.153	1.2					<1.0	6.9										6.0	24.0
23	0.126	1.3	0.01				1.0	6.7										6.3	24.0
24	0.170	1.1	0.01				1.0	6.9										6.4	23.0
25	0.148	1.2			120		1.0	7.0											24.0
26	0.163	1.4			160		1.5	7.1											22.0
27	0.146	1.5					<1.0	7.1											24.0
28	0.147	1.3	0.01	141	224	2.7	<1.0	7.0	1.04	0.44	0.75	0.11	<1.0	1.79	0.60	<.005	0.09	6.9	24.0
29	0.166	1.2			176		1.2	7.2											21.0
30	0.138	0.9					1.0	7.2											21.0
31																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Sam Sparks

Name (Please Type): Sam Sparks

Company Name: Southern States Utilities

Date: 5-13-93

Telephone No. (Please Type): (407) 671-2430

DER FORM NO 17.601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3048P00617

(3) Plant Name University Shores STP #2

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-193001

(9) Plant Type 2-B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7600,7762

Evening Shift Operator Class B Cert. No 2995,6659

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by Sam Sparks A-948

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.718
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.756
(19) Percent of permitted capacity	%	-	87%
(20) BOD5 Effluent	mg/L	80082	0.98
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			6.9
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	8.24
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	8.4
(33) Other Effluent Parameters			
Fecal Coliform			<1
Ponds, S. R. 50			0.197
Ponds, Trevarthon			0.104
Ponds, On-Site			0.038
FPE Drainfield			0.035
Chapel Hill Cemetery			0.353
Turbidity (NTU)			0.11

DER FORM NO. 17-601.900
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: June 1, 1984
DER APPLICATION NO.:

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month: April — Year: 1993

(24)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	POND S.R. X	POND TREATMENT	POND ON SITE	PERC DRAIN FIELDS	CHLORINATION CHAMBERS	TURBIDITY
1	0.647	2.4			176		1.0	7.2					<1	0.187	0.187	O	O	0.274	0.34
2	0.740	2.5			200		2.0	7.1					<1	0.182	0.182	O	O	0.375	0.10
3	0.818	1.0					2.5	7.1					<1	0.236	0.236	O	O	0.345	0.09
4	0.803	2.0					1.5	7.3					<1	0.242	0.215	O	O	0.373	0.08
5	0.408	1.4			140		1.0	7.2					<1	0.043	0.043	O	O	0.321	0.53
6	0.700	1.1					<1	7.4					<1	0.174	0.174	O	O	0.351	0.08
7	0.700	1.7		181	152	1.1	1.0	7.4			16.4		<1	0.168	0.168	O	O	0.364	0.15
8	0.700	1.4					1.0	7.4					<1	0.164	0.164	O	O	0.373	0.13
9	0.700	2.1			140		1.5	7.2					<1	0.277	O	O	O	0.423	0.13
10	0.700	1.3					1.5	7.0					<1	0.151	O	O	O	0.549	0.12
11	0.700	8.3					1.5	7.2					<1	0.153	O	O	O	0.547	0.15
12	0.700	2.2			124		1.0	6.9					<1	0.316	O	O	O	0.384	0.09
13	0.700	2.1					1.0	7.0					<1	0.212	O	O	0.117	0.371	0.09
14	0.700	3.0		154	188	1.2	<1	7.0			2.7		<1	0.128	O	O	0.117	0.455	0.07
15	0.700	2.2					<1	7.2					<1	0.171	O	O	0.117	0.412	0.08
16	0.712	1.6			216		1.0	7.2			3.5		<1	0.260	O	O	0.117	0.336	0.07
17	0.774	1.0					1.5	7.0						0.124	O	O	0.209	0.441	0.04
18	0.794	2.5					1.0	7.0						0.216	O	O	0.168	0.409	0.04
19	0.760	1.1			160		1.0	7.0					<1	0.375	O	0.200	0.168	0.197	0.05
20	0.786	3.2		183	204	1.0	1.0	7.1			<.10		<1	0.326	O	0.350	O	0.110	0.17
21	0.784	8.4					1.0	7.2					<1	0.191	0.191	0.000	O	0.364	0.17
22	0.698	1.9					3.5	7.0					<1	0.137	0.137	O	O	0.424	0.05
23	0.685	2.3					<1	7.0					<1	0.127	0.127	O	O	0.434	0.08
24	0.809	1.7					<1	7.0					<1	0.186	0.186	O	O	0.437	0.11
25	0.788	1.5			120		2.0	7.0					<1	0.180	0.180	O	O	0.428	0.05
26	0.720	3.5			160		1.0	7.1					<1	0.102	0.102	0.346	O	0.169	0.05
27	0.685	2.5					1.0	6.9					<1	0.215	0.215	O	O	0.268	0.07
28	0.676	2.2		141	224	0.6	1.0	7.2			18.6		<1	0.264	0.264	O	O	0.268	0.06
29	0.805	2.1			176		1.2	7.2					<1	0.269	0.269	0.061	O	0.206	0.06
30	0.650	3.5					1.0	7.2					<1	0.202	0.132	0.089	0.035	0.192	0.08
31														O	O	O	O	O	

Signature: Original signed by Sam Sparks — Date: 5-13-93

Name (Please Type): Sam Sparks — Telephone No. (Please Type): (407) 871-2430

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name University Shores STF #1

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-187714

(9) Plant Type I-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7800,7762,6659

Evening Shift Operator Class B&C Cert. No 2995, 7623

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by D Richard Eck Jr. B-4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.136
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.141
(19) Percent of permitted capacity	%	-	51%
(20) BOD5 EFfluent	mg/L	80082	1.73
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.4
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	5.84
(27) TKN	mg/L	000625	3.09
(28) Ammonia (NH3 - N)	mg/L	000610	1.88
(29) Nitrate	mg/L	071850	1.68
(30) Total Phosphorus	mg/L	000665	0.09
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.03
Organic Nitrogen	mg/L		1.23
Nitrite	mg/L		1.057
Dissolved Oxygen	mg/L		7.0
Temperature	C		23.2

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month May — Year 1993

(34)

Day of Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGAN Nitroge	NITRITE	ORTHO P	DO	temp
1	0.150	0.5					1.5	6.9										6.5	24.0
2	0.129	1.0			780		1.0	7.0										6.9	24.0
3	0.144	1.5			100		<1.0	7.1											
4	0.119	1.2					<1.0	7.0											
5	0.133	1.1	0.01	164	132	2.2	1.0	6.9	0.81	0.24	2.29	<.01	<1.0	3.10	0.57	<.005	<.01		
6	0.123	1.0					1.0	7.0											24.0
7	0.138	1.1			64		<1.0	7.0											
8	0.147	1.5					2.0	6.9											
9	0.132	0.6					2.0	6.9										7.5	23.0
10	0.135	1.1			108		1.0	7.1											22.0
11	0.129	1.4					<1.0	6.9											24.0
12	0.122	1.2	0.01	215	104	2.5	1.5	6.9	6.80	5.54	2.14	0.15	<1.0	12.30	1.30	3.350	0.09		22.0
13	0.123	1.2			132		1.0	6.9											22.0
14	0.135	0.9			188		3.5	6.9											
15	0.132	1.6						7.1											
16	0.136	0.7			184		1.0	6.9										7.0	23.5
17	0.129	2.0			160		1.0	6.9											23.0
18	0.128	0.7					<1.0	6.9										6.8	24.0
19	0.136	0.5		172	152	1.2	1.5	6.4	3.00	1.72	1.84	0.11	<1.0	5.71	1.28	0.873	0.02	7.2	24.0
20	0.139	1.7			56		<1.0	6.9										7.5	23.0
21	0.149	1.2			64		1.0	7.1											23.0
22	0.136	1.9					1.0	7.0											
23	0.146	1.5					1.0	7.0										6.9	24.0
24	0.121	1.1			120		1.5	7.2											23.0
25	0.144	1.3	0.01		112		1.5	7.0											23.0
26	0.155	2.3	0.01	152	60	1.0	1.0	6.9	1.76	<.10	0.46	0.11	<1.0	2.23	1.76	0.005	<.02		23.0
27	0.148	1.3			100		1.0	6.8											
28	0.145	1.8	0.01					7.0											
29	0.140	1.7					1.0	7.0											
30	0.148	1.2			32		1.0	6.6											23.0
31	0.130	1.5			88		1.5	7.1											23.0

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by D. Richard Eck Jr. — Date: 6-24-93

Name (Please Type): D. Richard Eck Jr. — Telephone No. (Please Type)

Company Name: Southern States Utilities — (407) 671-2430

DER FORM NO 17.901.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name University Shores STP #2

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-193001

(9) Plant Type 2-B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7600,7762

Evening Shift Operator Class B Cert. No 2995,6659

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by D. Richard Eck Jr. B4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.722
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.757
(19) Percent of permitted capacity	%	-	87%
(20) BOD5 Effluent	mg/L	80082	0.9
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			0.1
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	9.82
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	7.0
(33) Other Effluent Parameters			
Fecal Coliform			<1
Ponds, S. R. 50			0.108
Ponds, Trevarthon			0.066
Ponds, On-Site			0.060
FPE Drainfield			0.164
Chapel Hill Cemetery			0.326
Turbidity (NTU)			0.09

DER FORM NO. [illegible]
FORM TITLE [illegible]
EFFECTIVE DATE [illegible]
DER APPLICATION NO. [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Treasure Shores STP #2 — Month May — Year 1993

(DMR)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (su)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.B. #	PONDS TREATMENT	PONDS ON SITE	P.E. DRAIN FIELDS	CHAPEL HILL CEMETERY	INTL TURBIDITY
1	0.809	1.9					<1	6.9					<1	0.274	0.112	0.031	0	0.392	0.06
2	0.822	2.6					2.0	7.1					<1	0.425	0.295	0	0	0.102	0.07
3	0.782	2.8					1.0	7.1					<1	0	0.111	0.065	0.319	0.29*	0.05
4	0.671	2.5					<1	7.1					<1	0	0.110	0	0.206	0.355	0.07
5	0.663	2.7		164	132	0.4	2.5	6.8			19.6		<1	0	0.094	0	0.22*	0.343	0.08
6	0.6**	2.2					1.0	6.8					<1	0	0.109	0	0.171	0.39*	0.07
7	0.669	3.0					<1	7.0					<1	0	0.103	0	0.161	0.405	0.09
8	0.72*	4.*					2.5	6.9					<1	0	0.119	0	0.18*	0.421	0.10
9	0.681	1.8					1.0	6.9					<1	0	0.085	0	0.171	0.425	0.15
10	0.664	2.5					1.0	0.1					<1	0	0.224	0	0.440	0	0.10
11	0.622	2.0					<1	6.9			18.6		<1	0	0.058	0	0.563	0	0.08
12	0.701	2.4		215	104	1.8	1.0	6.9			18.8		<1	0.314	0.310	0	0.0**	0	0.24
13	0.700	3.5					1.5	6.9					<1	0.328	0	0	0.372	0	
14	0.659	2.5					3.0	6.9					<1	0.028	0	0	0.315	0.316	0.10
15	0.840	1.4					2.4	6.9					<1	0.263	0.15*	0	0	0.420	0.13
16	0.783	3.2					1.5	6.9					<1	0.214	0.145	0	0	0.424	0.10
17	0.756	1.5					1.0	6.9					<1	0.168	0	0	0.210	0.378	0.06
18	0.724	5.*					<1	6.9					<1	0.139	0	0	0.155	0.450	0.22
19	0.733	1.8		172	152	0.6	1.5	6.8			0.*		<1	0.173	0	0	0.236	0.324	0.06
20	0.695	6.3					<1	6.4			0.5		<1	0.210	0	0	0.173	0.312	0.06
21	0.685	3.5					1.0	7.1					<1	0.123	0	0	0.180	0.382	0.04
22	0.801	7.0					1.0	7.2					<1	0.153	0	0	0.215	0.433	0.09
23	0.721	1.5					1.5	7.0					<1	0.142	0	0	0.191	0.388	0.07
24	0.802	3.5					1.0	7.2					<1	0.019	0	0.258	0.145	0.380	0.07
25	0.690	2.2					1.0	7.1					<1	0.072	0	0.223	0.036	0.358	0.03
26	0.659	2.5		152	60	0.9	1.0	6.9			10.5		<1	0.055	0	0.192	0.036	0.376	0.05
27	0.696	2.2					1.0	6.9					<1	0.024	0	0.219	0.089	0.364	0.05
28	0.680	1.4					<1	6.*					<1	0.060	0	0.208	0.045	0.364	0.06
29	0.724	2.1					1.5	6.9					<1	0.020	0	0.221	0.035	0.445	0.06
30	0.761	5.0					1.0	6.8					<1	0.051	0	0.241	0.053	0.416	0.0*
31	0.78*	3.5					1.0	7.1			<.10		<1	0.09*	0	0.19*	0.060	0.432	0.0*

[illegible]

Signed: Original signed by D. Richard Eck Jr.
Name (Please Type): D. Richard Eck Jr.
Company Name: Southern States Utilities

Date: 6-24-93
Telephone No. (Please Type): (407) 671-2430

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name University Shores STP #1

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-187714

(9) Plant Type I-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600,7762,6659

Evening Shift Operator Class B, C Cert. No 2995, 7623

Night Shift Operator Class Cert. No.

Lead Operator Original signed by D. Richard Eck Jr. B4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.142
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.144
(19) Percent of permitted capacity	%	-	52%
(20) BOD5 Effluent	mg/L	80082	1.82
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.6
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	8.04
(27) TKN	mg/L	000625	1.84
(28) Ammonia (NH3 - N)	mg/L	000610	0.33
(29) Nitrate	mg/L	071850	4.78
(30) Total Phosphorus	mg/L	000665	0.09
(31) Minimum Chlorine Residual	mg/L	-	
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.03
Organic Nitrogen	mg/L		1.53
Nitrite	mg/L		1.39
Dissolved Oxygen	mg/L		7.1
Temperature	C		23.8

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE Jan 1, 19..
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month June — Year 1993

(34)

Day of the Mon	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGAN Nitroge	NITRITE	ORTHO P	DO	temp
1	0.128	1.2			136		2.0	6.9										7.6	23.5
2	0.122	1.0		133	128	0.9	1.5	6.9	0.8	0.15	1.4	0.01	<1	2.16	0.61	0.02	0.03	7.9	24.0
3	0.119	1.2			140		1.0	6.6										7.5	24.0
4	0.147	0.8			44		1.0	7.0											22.0
5	0.149	1.4	0.01				1.5	7.1										7.2	23.0
6	0.126	1.0			160		0.5	6.9										7.6	24.0
7	0.104	1.0			96		1.8	7.2											23.0
8	0.109	0.9			244		1.5	6.6										7.8	24.0
9	0.136	0.9	0.01	260	64	1.5	2.0	7.0	1.8	0.30	2.6	0.07	<1	4.90	1.46	0.53	0.01	7.5	24.0
10	0.140	0.7			80		0.5	7.0											
11	0.146	0.9			20		1.0	7.2											
12	0.147	1.1	0.01				1.8	7.2											23.0
13	0.149	1.0			52		1.3	7.2											23.0
14	0.133	1.3			136		0.5	7.2											
15	0.180	1.0	0.01		100		0.5	7.0										7.4	24.8
16	0.147	1.1		157	112	1.5	0.5	6.9	2.0	0.09	4.3	0.14	<1	7.85	2.00	1.55	0.03	7.2	24.5
17	0.146	0.9			80		0.5	6.9										7.6	24.0
18	0.163	1.2	0.01		80		0.5	7.0											
19	0.161	1.1					0.5	7.1											
20	0.140	1.0			204		1.0	6.7										7.5	24.0
21	0.174	1.6	0.01		44		0.5	6.7										6.7	24.0
22	0.146	1.0			90		0.5	6.9										6.5	
23	0.166	0.7		198	44	2.2	0.5	7.2	3.6	0.99	9.4	0.11	<1	18.00	2.61	4.85	0.04	6.5	24.0
24	0.162	1.1			48		0.5	7.0										6.6	
25	0.160	1.1			152		1.0	7.0											
26	0.171	0.9					1.3	7.3											
27	0.160	1.3			144		1.0	6.8										6.5	24.0
28	0.138	1.3	0.01		60		0.5	6.9										6.4	
29	0.176	1.6	0.01		304		1.5	6.8										6.2	25.0
30	0.019	1.1		240	92	3.0	1.0	6.8	1.1	0.11	6.2	0.13	<1	7.29	0.99	0.01	0.06	6.7	
31																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by D. Richard Jr — Date: Revised 9-13-93

Name (Please Type): D. Richard Jr — Telephone No. (Please Type): (407) 671-24..

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name University Shores STP #2

(4) Plant Address 2600 Barrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-193001

(9) Plant Type 2-B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600,7762,6659

Evening Shift Operator Class B,C Cert. No 2995, 7623

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by D. Richard Eck Jr B4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.751
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.730
(19) Percent of permitted capacity	%	-	84%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			6.9
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	2.69
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	7.5
(33) Other Effluent Parameters			
Fecal Coliform			<1
Ponds, S. R. 50			0.152
Ponds, Trevarthon			0.118
Ponds, On-Site			0.050
FPE Drainfield			0.084
Chapel Hill Cemetery			0.348
Turbidity (NTU)			0.29

DEER FORM NO.
FORM TITLE
EFFECTIVE DATE
DEER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Eastern Shores STP #2 — Month June — Year 1993

Day of Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlorination	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	POND S.A. %	POND TREATMENT	POND ON SITE	F.L.L. DRAIN FIELDS	CHAPEL HILL GOLF COURSE	INT. TURBIDITY
1	0.702	2.5			136		1.5	7.1					<1	O	0.055	0.203	0.055	0.389	0.10
2	0.784	3.2		133	128	0.1	2.0	7.0			2.3		<1	O	0.090	0.214	0.090	0.390	0.32
3	0.714	2.1			140		2.0	7.0					<1	O	0.096	0.177	0.064	0.377	0.16
4	0.719	3.9			44		1.5	7.0					<1	O	0.047	0.186	0.057	0.430	0.15
5	0.899	2.3					1.0	7.1					<1	O	0.101	0.302	0.083	0.413	0.09
6	0.740	2.0			160		2.0	7.3					<1	O	0.081	0.430	0.054	0.175	0.13
7	0.735	3.5			96		1.5	7.2					<1	O	0.187	O	0.153	0.395	0.24
8	0.637	4.7			244		1.0	7.1					<1	O	0.192	O	0.203	0.243	0.22
9	0.722	2.0		260	64	0.6	1.5	7.1					<1	0.101	0.152	O	0.092	0.387	0.10
10	0.702	4.9			80		1.5	7.1			2.2		<1	0.336	0.132	O	0.092	0.152	0.10
11	0.700	2.0			20		2.0	7.2					<1	0.133	0.052	O	0.122	0.392	0.09
12	0.778	7.5					2.0	7.2					<1	0.103	0.095	O	0.128	0.453	0.35
13	0.869	3.5			52		1.3	7.2					<1	0.183	0.140	O	0.090	0.396	0.67
14	0.729	3.6			136		<1	7.3					<1	0.255	0.097	O	0.038	0.349	0.69
15	0.841	4.8			100		1.5	7.1					<1	0.251	0.108	O	0.029	0.423	0.23
16	0.765	3.2		157	112	2.4	<1	7.1			<.10		<1	0.060	0.094	O	0.138	0.474	0.35
17	0.749	6.9			80		2.0	7.3					<1	0.024	0.095	O	0.190	0.440	0.56
18	0.817	3.0			80		1.0	7.3					<1	0.113	0.056	O	0.091	0.557	0.26
19	0.813	6.4					1.3	7.2					<1	0.358	0.058	O	O	0.396	0.34
20	0.688	3.6			204		1.0	7.0					<1	0.284	0.043	O	O	0.361	0.30
21	0.765	4.1			44		1.8	7.0					<1	0.257	0.099	O	O	0.309	0.66
22	0.717	3.2			90		<1	7.2					<1	O	O	O	0.301	0.416	0.36
23	0.586	4.4			44		<1	7.1					<1	O	O	O	0.227	0.359	0.11
24	0.614	2.3		198	48	0.9	<1	7.1			8.5		<1	O	O	O	0.239	0.375	0.20
25	0.750	2.5			152		1.0	7.2					<1	0.275	0.200	O	O	0.275	0.58
26	0.853	2.4					2.3	7.1					<1	0.369	0.232	O	O	0.252	0.50
27	0.792	3.9			144		2.0	7.0					<1	0.316	0.231	O	O	0.245	0.31
28	0.705	3.3			60		<1	6.9					<1	0.339	0.247	O	O	0.122	0.44
29	0.804	2.7			304		2.0	7.0					<1	0.323	0.235	O	O	0.247	0.09
30	0.909	4.3		240	92	1.1	2.0	7.1			0.9		<1	0.441	0.322	O	O	0.146	0.08
31														O	O	O	O	O	

Load Calculation: [illegible]

** All results for chlorine residual and fecal coliform were obtained from samples collected while sending effluent from the chapel hill golf course [illegible]

Signed: Original signed by D. Richard Eck Jr. — Date: 7-26-93

Name (Please Type): D. Richard Eck Jr. — Telephone No. (Please Type): (407) 671-2427

Company Name: Southern States Utilities

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name University Shores STP #1

(4) Plant Address 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Number D048-187714

(9) Plant Type I-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600, 7762

Evening Shift Operator Class B Cert. No 2995, 6659

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Original signed by D. Richard Eck Jr. B4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.153
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.142
(19) Percent of permitted capacity	%	-	52%
(20) BOD5 Effluent	mg/L	80082	3.1
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	<1.0
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	12.68
(27) TKN	mg/L	000625	5.84
(28) Ammonia (NH3 - N)	mg/L	000610	3.81
(29) Nitrate	mg/L	071850	6.77
(30) Total Phosphorus	mg/L	000665	0.37
(31) Minimum Chlorine Residual	mg/L	-	0.0
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.27
Organic Nitrogen	mg/L		2.03
Nitrite	mg/L		0.05
Dissolved Oxygen	mg/L		6.5
Temperature	C		24.2

DER FORM NO. 17-601.900(
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE Jan 1 19
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1

Month July Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGAN Nitroge	NITRITE	ORTHO P	DO	Temp
1	0.017	1.2			92		1.0	6.9										7.1	23.5
2	0.044	0.9			88		1.0	7.0											
3	0.133	2.1					1.0	7.0											
4	0.070	1.2					<1	7.0										7.6	24.0
5	0.016	1.0	0.01				<1	7.0										7.5	24.0
6	0.128	1.2			80		<1	7.3										6.5	
7	0.156	1.5		80	156	2.4	1.0	7.2	2.5	1.87	4.84	1.17	<1.0	7.32	0.61	<.03	1.03	6.2	24.0
8	0.137	1.0			68		<1	7.1										6.1	24.0
9	0.146	1.4			88		1.0	7.0										6.6	24.0
10	0.159	1.5					1.0	7.0											
11	0.146	1.5	0.01		180		<1	6.9										6.3	25.0
12	0.154	1.1			200		1.0	6.9										6.3	24.0
13	0.173	1.3			80		<1	6.9										6.5	24.0
14	0.179	1.3		179	136	1.3	1.0	6.9	2.1	1.21	7.63	0.08	<1.0	9.89	0.87	0.18	0.05	6.4	24.0
15	0.148	1.0			64		1.5	6.9										6.1	24.0
16	0.124	1.3			92		<1	6.9										6.2	
17	0.190	0.8					1.0	6.9											
18	0.218	1.0			160		1.5	6.9										6.8	24.0
19	0.181	1.1					<1	6.9										6.8	24.0
20	0.239	1.9	0.01		116		2.5	6.9											
21	0.194	1.1		207	76	3.6	1.0	6.8	14.1	8.70	5.86	0.11	<1.0	20.00	5.40	<.001	<.05	6.4	23.7
22	0.220	1.3			116		<1	7.0										6.2	23.5
23	0.196	0.8	0.01		40		2.3	7.1											
24	0.072	0.9			192		<1	7.0											
25	0.182	1.0	0.01		112		2.5	6.9										6.2	25.0
26	0.165	1.0			92		1.0	7.0										6.5	25.0
27	0.199	1.2		169	100	5.0	1.0	6.9	4.7	3.45	8.76	0.11	<1.0	13.50	1.25	3.53	<.05	6.3	24.5
28	0.183	1.4	0.01		56		1.0	7.0										5.5	24.5
29	0.189	0.7			88		1.5	7.0											25.0
30	0.210	1.5			88		1.0	6.9											
31	0.176	1.2			74		<1	7.0											

Last Section: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by D. Richard Eck Jr. Date: 8-16-93

Name (Please Type): D. Richard Eck Jr. Telephone No. (Please Type): (407) 671-2434

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No 7600,7762

Evening Shift Operator Class: B Cert. No 2995,6659

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by D. Richard Eck Jr. B-4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.785
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.753
(19) Percent of permitted capacity	%	-	87%
(20) BOD5 Effluent	mg/L	80082	<1.0
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N)	mg/L	000610	-----
(29) Nitrate	mg/L	071850	5.27
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	9.7
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ponds, S. R. 50			0.187
Ponds, Trevarthon			0.066
Ponds, On-Site			0.096
FPE Drainfield			0.097
Chapel Hill Cemetery			0.344
Turbidity (NTU)			0.21

DER FORM NO. 17-###-###
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: Jun 1991
DER APPLICATION NO.:

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month July — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dosing	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.S. 30	PONDS TREV ARTHON	PONDS ON SITE	F.F. DRAIN FIELDS	CHAPEL HILL CEMETERY	(NTU) TURBIDITY
1	1.216	2.9			92		1.5	7.0					<1.0	0.417	0.304	0.366	0	0.128	0.06
2	0.875	2.5			88		<1.0	7.1					<1.0	0.236	0.172	0	0	0.467	0.05
3	0.793	2.3					1.0	7.2					<1.0	0.199	0.145	0	0	0.449	0.10
4	0.880	2.8					<1.0	7.3					<1.0	0.241	0.176	0	0	0.463	0.16
5	1.022	1.3					<1.0	7.2					<1.0	0.315	0.230	0	0	0.478	0.20
6	0.823	3.4			80		<1.0	7.3					<1.0	0.208	0.152	0	0	0.463	0.30
7	0.787	9.7		80	156	1.3	2.0	7.2			0.1		<1.0	0.163	0	0	0.205	0.419	0.13
8	0.727	3.5			68		3.5	7.3					<1.0	0.151	0	0	0.189	0.388	0.42
9	0.743	3.1			88		<1.0	7.1					<1.0	0.208	0.151	0	0	0.384	0.02
10	1.001	1.3					1.0	6.9					<1.0	0.311	0.226	0	0	0.465	0.12
11	0.812	2.7			180		<1.0	7.0					<1.0	0.234	0.170	0	0	0.407	0.22
12	0.746	2.2			200		1.0	7.0					<1.0	0.174	0	0	0.152	0.420	0.13
13	1.021	3.6			80		1.0	7.1					<1.0	0.211	0	0.256	0.205	0.349	0.10
14	1.060	1.3		179	136	<1.0	2.0	7.2			1.2		<1.0	0.051	0	0.620	0.117	0.253	0.28
15	0.667	1.2			64		2.5	7.1					<1.0	0.088	0	0	0.235	0.345	0.08
16	0.524	3.7			92		2.0	7.1					<1.0	0.032	0	0	0.166	0.327	0.34
17	0.796	2.5					1.5	7.0					<1.0	0.277	0	0	0.114	0.406	0.27
18	0.871	2.8			160		3.0	7.0					<1.0	0.160	0	0.161	0.114	0.436	0.19
19	0.490	2.8					2.0	7.1					<1.0	0	0	0	0.150	0.344	0.04
20	0.721	2.3			116		3.0	7.3					<1.0	0.237	0	0	0.150	0.334	0.09
21	0.774	2.8		207	76	<1.0	<1.0	6.9					<1.0	0.215	0	0	0.165	0.394	0.10
22	0.739	3.8			116		1.0	7.0			6.3		<1.0	0.27**	0	0	0.060	0.402	0.09
23	0.835	2.9			40		<1.0	7.1					<1.0	0.409	0	0	0.060	0.366	0.15
24	0.643	1.3			192		1.0	6.8					<1.0	0.037	0	0.302	0.105	0.200	0.22
25	0.579	1.1			112		4.0	7.1					<1.0	0.040	0	0.270	0.075	0.195	0.12
26	0.727	3.5			92		2.5	7.0					<1.0	0.178	0	0.206	0.105	0.238	1.46
27	0.785	3.5		169	160	<1.0	1.5	7.0					<1.0	0.317	0	0.365	0.075	0.028	0.08
28	0.981	3.2			56		4.0	7.1			13.5		<1.0	0.146	0	0.443	0.135	0.256	0.19
29	0.420	3.5			88		3.0	7.0					<1.0	0.041	0.072	0	0.150	0.157	0.21
30	0.661	1.8			88		1.5	7.1					<1.0	0.139	0.111	0	0.135	0.278	0.58
31	0.793	2.1			74		<1.0	7.0					<1.0	0.074	0.133	0	0.150	0.437	0.09

Last Column: This is an entry that has been lost as an obvious deviation or the result was lost or has been of an operational and lower the effectiveness of the treatment has ceased.

** All results for chlorine residuals and fecal coliforms were obtained from samples collected while sending effluent flow to the Chapel Hill Reuse System.

Signed: Original signed by D. Richard Eck Jr. — Date: 8-16-93

Name (Please Type): — Telephone No. (Please Type): (407) 671-2432

Company Name: Southern States Utilities

DEP Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: DO48-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Water

(13) Limited Wet Weather Discharge Activated:

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No: 7600, 7762

Evening Shift Operator Cla: B Cert. No: 2935, 6659

Night Shift Operator Class: / Cert. No.:

Lead Operator: [signature] B - 4404

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.162
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.150
(19) Percent of permitted capacity	%	-	55%
(20) BOD5 Effluent	mg/L	80082	2.18
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	00020	1.1
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.6
(25) Maximum pH			7.2
(26) Total N	mg/L	00600	5.31
(27) TKN	mg/L	00625	1.01
(28) Ammonia (NH3 - N	mg/L	00610	0.08
(29) Nitrate	mg/L	07856	4.02
(30) Total Phosphorus	mg/L	00665	0.24
(31) Minimum Chlorine Residual	mg/L	-	0.0
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		<0.05
Organic Nitrogen	mg/L		0.93
Nitrite	mg/L		0.13
Dissolved Oxygen	mg/L		6.7
Temperature	C		24.7

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month August — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Declor	BOD Influent (mg/L)	TSS Influent (mg/L)	BOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrog	NITRITE	ORTHO P	DO	TEMP
1	0.214	1.7	0.01				0.1	6.9											
2	0.204	1.2	0.0				1.0	7.0											
3	0.168	1.0	0.01					6.9										7.3	25.0
4	0.168	1.1	0.0	219		1.9		7.0	0.6	<0.10	3.3	0.17	<1.0	4.51	0.62	<0.03	<0.05	6.9	24.0
5	0.280	0.9	0.0				3.5	7.0										6.3	24.0
6	0.277	1.1	0.0		141		2.6	6.9											
7	0.213	1.1	0.0				0.2	7.1											
8	0.150	1.1	0.0		90		0.5	7.0										6.5	24.0
9	0.164	1.0	0.0		401		4.5	7.0										6.8	24.0
10	0.164	1.2	0.0		87		0.2	6.9										6.9	24.0
11	0.168	1.0	0.0	228		2.7		6.6	0.9	<0.10	6.3	0.10	<1.0	7.14	0.86	<0.03	<0.05	6.8	25.5
12	0.395	1.0	0.0		124		1.0	6.8											23.7
13	0.196	1.1	0.0				1.0	6.8											
14	0.170	1.0	0.0				0.1	7.0											
15	0.152	1.2	0.0				1.0	6.9										6.7	24.5
16	0.164	1.0	0.0					6.7										6.2	24.0
17	0.163	1.1	0.0		172		3.0	6.8										6.4	24.0
18	0.163	1.0	0.0	203		2.7		6.9	0.8	<0.10	3.6	0.23	<1.0	4.88	1.73	<0.03	<0.05	6.3	24.5
19	0.160	0.7	0.0		96		1.0	7.1										6.8	23.5
20	0.154	1.1	0.0		88		0.1	7.0											
21	0.157	0.7	0.0				2.0	6.8											
22	0.156	1.1	0.0		168		1.5	7.2										6.3	24.0
23	0.147	1.1	0.0					7.0											
24	0.137	0.1	0.0				1.4	6.8										6.4	
25	0.148	1.3	0.0	231		2.4		6.8	1.9	0.31	2.6	0.07	<1.0	4.90	1.41	0.53	<0.05	6.3	26.3
26	0.044	2.1	0.0		116		1.4	6.9										7.4	23.5
27	0.146	1.5	0.0				0.1	6.9											
28	0.135	1.2	0.0				1.2	6.8											
29	0.146	1.2	0.0		156		0.7	6.8										7.2	23.5
30	0.126	1.7	0.0		116		0.1	6.9										7.0	24.0
31	0.053	2.2	0.0		96		1.0	6.8										7.2	24.5

I hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: D. Richard Fox Jr. Date: 9-21-93

Name (Please Type): D. Richard Fox Jr. Telephone No. (Please Type): 877 [illegible]

Company Name: Southern States Utilities

DER FORM NO	17-601.900(4)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3048PC0417

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-5

(10) Test Site Identification Num: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Public Access Spray, Ponds, Drainfield

(13) Limited Wet Weather Discharge Activated:

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No: 7600, 7762

Evening Shift Operator Cla: B Cert. No: 2955, 6659

Night Shift Operator Class: Cert. No.:

Lead Operator: Signature B - 4404 Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.758
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.765
(19) Percent of permitted capacity	%	-	88%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	------
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	------
(24) Minimum pH			6.5
(25) Maximum pH			7.3
(26) Total N	mg/L	000601	------
(27) TKN	mg/L	000625	------
(28) Ammonia (NH3 - N)	mg/L	000610	------
(29) Nitrate	mg/L	071850	3.28
(30) Total Phosphorus	mg/L	000665	------
(31) Minimum Chlorine Residue	mg/L	-	1.0
(32) Maximum Chlorine Residue	mg/L	-	4.5
(33) Other Effluent Parameters			
Fecal Colifor			<1.00
Ponds, S. R. 50			0.233
Ponds, Trevarthen			0.108
Ponds, On-Site			0.000
FPE Drainfield			0.031
Chapel Hill Cemetery			0.387
Turbidity (NT			0.16

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month August — Year 1993

(24)

Day of the Month	Flow MGD	Chlorine Residual, After Contact, mg/L	Dechlorination Chemical, After Chlorine,	CBOD (5-day) 100 mg/L	TSS Influent mg/L	CBOD Effluent mg/L	TSS Effluent mg/L	pH Effluent SU	TKN Effluent mg/L	Nitrite Effluent mg/L	Nitrate Effluent mg/L	Total P Effluent mg/L	Fecal Coliform	Ammonia as N mg/L	Nitrate Nitrogen mg/L	Number of Bins	F.A.S. Daily Pumps	Chlorine Amount Used kg/day	TSP Effluent mg/L
1	0.852	3.5					6.8	7.0					<1.0	0.158	0.144	0	0.165	0.386	0.15
2	0.545	3.5					2.0	7.0					<1.0	0.347	0.094	0	0.105	0	
3	0.621	3.5					1.5	6.5					<1.0	0.266	0.103	0	0.050	0.264	0.14
4	0.756	1.6		214	164	1.2	1.5	7.1			5.0		<1.0	0.234	0.060	0	0.072	0.390	0.21
5	0.715	1.7					1.8	7.1					<1.0	0.307	0.055	0	0.058	0.396	0.19
6	0.656	3.5			148		1.5	7.0					<1.0	0.223	0.071	0	0.105	0.330	0.22
7	0.767	2.1					0.1	7.0					<1.0	0.221	0.054	0	0.070	0.452	0.27
8	0.734	3.5			200		1.3	7.1					<1.0	0.216	0.058	0	0.064	0.396	0.24
9	0.655	1.3			400		0.1	7.2					<1.0	0.382	0.069	0	0.054	0.370	0.17
10	0.748	3.5			80		0.1	7.1					<1.0	0.476	0.127	0	0.141	0.004	0.01
11	0.716	3.5		218	132	0.6	1.5	7.2			3.6		<1.0	0.193	0.069	0	0.054	0.430	0.21
12	0.675	3.5			124		1.0	7.2					<1.0	0.182	0.103	0	0	0.385	0.22
13	0.659	3.5					0.8	7.2					<1.0	0.165	0.093	0	0	0.400	0.17
14	0.818	1.3					0.2	7.2					<1.0	0.226	0.127	0	0	0.465	0.17
15	0.785	2.0					1.0	7.1					<1.0	0.221	0.124	0	0	0.462	0.21
16	0.685	3.5					1.3	6.9					<1.0	0.154	0.086	0	0	0.448	0.25
17	0.726	3.5			172		2.0	7.1					<1.0	0.236	0.132	0	0	0.358	0.15
18	0.774	3.5		221	164	2.4	2.5	7.1			1.8		<1.0	0.226	0.121	0	0	0.437	0.23
19	0.741	1.5			96		1.2	7.2					<1.0	0.309	0.118	0	0	0.414	0.23
20	0.697	1.7			88		0.2	7.2					<1.0	0.166	0.093	0	0	0.438	0.25
21	0.804	1.9					0.7	7.2					<1.0	0.215	0.127	0	0	0.468	0.23
22	0.864	1.6			168		1.0	7.2					<1.0	0.241	0.135	0	0	0.510	0.28
23	0.615	2.4					1.5	7.1					<1.0	0.216	0.121	0	0	0.478	0.27
24	0.724	2.4					1.5	7.1					<1.0	0.259	0.144	0	0	0.325	0.21
25	0.631	1.7		22	224	1.1	2.1	7.1			2.5		<1.0	0.243	0.136	0	0	0.457	0.23
26	0.827	1.6			124		1.5	7.2					<1.0	0.28	0.180	0	0	0.356	0.21
27	0.831	3.5					0.1	7.2					<1.0	0.255	0.243	0	0	0.435	0.23
28	0.914	1.9					0.5	7.2					<1.0	0.275	0.155	0	0	0.484	0.42
29	0.877	1.9			156		1.3	7.1					<1.0	0.236	0.132	0	0	0.509	0.44
30	0.785	0.5			116		0.7	7.2					<1.0	0.249	0.139	0	0	0.396	0.23
31	0.841	2.1			96		1.0	7.1					<1.0	0.234	0.131	0	0	0.478	0.21

Signed: [signature] Date: 9-21-93

Name (Please Type): S. Richards Eng. II Telephone (Please Type): (407) 671-2431

Company Name: Southern States Utilities

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3048P012944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Herrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600,7742

Day Shift Operator Class C Cert. No 7623

Evening Shift Operator Cl B Cert. No 2995,6655

Lead Operator: [signature] B-4403

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.202
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.164
(19) Percent of permitted capacity	%	-	60%
(20) BOD5 Effluent	mg/L	80082	1.62
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.6
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	3.48
(27) TKN	mg/L	000625	1.17
(28) Ammonia (NH3 - N)	mg/L	000610	0.09
(29) Nitrate	mg/L	071850	2.05
(30) Total Phosphorus	mg/L	000665	0.06
(31) Minimum Chlorine Residual	mg/L	-	0.00
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.04
Organic Nitrogen	mg/L		1.07
Nitrite	mg/L		0.27
Dissolved Oxygen	mg/L		6.5
Temperature	C		23.8

EPA Form No. 37.661.991
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
NPDES Application No.:

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrog	NITRIT	ORTHO P	DO	Temp
1	0.130	1.3	0.00	213	86	1.6	0.5	7.1	0.8	<0.10	0.2	0.05	<1.0	0.96	0.78	<0.00	0.04	6.6	24.6
2	0.221	1.3	0.00		102		1.0	6.9										6.3	24.0
3	0.212	0.9	0.00		78		1.8	6.9											
4	0.207	0.8	0.00				0.7	6.7											
5	0.206	2.1	0.01				0.3	6.9											
6	0.215	1.5	0.00				1.3	6.6											
7	0.223	1.1	0.00		200		0.7	7.0										6.2	21.5
8	0.205	2.2	0.00	227	130	2.1	2.0	7.1	1.6	0.21	1.6	0.06	<1.0	3.56	1.42	0.38	0.02	6.0	26.5
9	0.212	1.1	0.00		160		0.5	6.9										6.1	25.5
10	0.195	1.4	0.00		176		0.5	7.2										6.5	24.0
11	0.208	2.3	0.00				1.8	6.6											
12	0.169	1.2	0.00				2.0	6.9										6.2	24.5
13	0.205	1.0	0.01		100		1.0	7.5										6.0	24.0
14	0.206	1.2	0.00		126		0.2	6.9											
15	0.207	1.1	0.00	195	168	1.2	1.0	7.4	1.1	<0.10	0.5	0.03	<1.0	1.64	1.13	<0.00	<0.02	7.0	24.0
16	0.203	1.2	0.00		78		1.0	6.9										6.2	24.5
17	0.231	2.5	0.00		116		1.0	7.2										6.8	
18	0.149	2.3	0.00		100		0.2	6.6											
19	0.257	1.2	0.00				4.0	6.9										6.3	24.5
20	0.208	1.0	0.00		92		0.7	7.3										6.9	23.0
21	0.225	1.2	0.00		156		1.0	7.1										6.8	
22	0.196	2.3	0.00	92	170	1.8	1.0	7.1	1.0	0.25	3.7	0.16	<1.0	5.70	0.79	0.96	0.14	6.9	23.0
23	0.205	2.5	0.00		102		1.3	7.2										6.2	25.0
24	0.194	2.4	0.00		110		1.0	7.1										6.8	23.0
25	0.206	2.7	0.00				1.0	7.1											
26	0.181	1.8	0.00		138		1.0	7.1											23.1
27	0.139	1.3	0.00		94		1.5	7.0										6.9	23.0
28	0.203	2.2	0.00		102		1.0	ERR										6.9	23.0
29	0.202	1.8	0.00	256	106	1.4	1.0	7.2	1.3	<0.10	4.3	0.01	<1.0	5.55	1.26	<0.00	0.00	6.4	24.0
30	0.210	2.5	0.00		140		1.3	6.9										6.5	
31																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: D. Richard Eckl Jr.

Name (Please Type): D. Richard Eckl Jr.

Company Name: Southern States Utilities

Date: 10-26-93

Telephone No. (Please Type): (4[illegible] 671-24[illegible]

[illegible] Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Num: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No: 7600,7762

Day Shift Operator Class: C Cert. No: 7623

Evening Shift Operator Class: A Cert. No: 2995,6659

Lead Operator: [illegible] Cert No.: B-4404

Signature

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.737
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.752
(19) Percent of permitted capacity	%	-	86%
(20) BOD5 Effluent	mg/L	80082	1.6
(21) BOD5 Effluent	lbs/day	-	------
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	-	------
(24) Minimum pH			6.9
(25) Maximum pH			8.1
(26) Total N	mg/L	000600	------
(27) TKN	mg/L	000625	------
(28) Ammonia (NH3 - N)	mg/L	000610	------
(29) Nitrate	mg/L	071850	0.82
(30) Total Phosphorus	mg/L	000665	------
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	5.3
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ponds, S. R. 50			0.000
Ponds, Trevarthon			0.135
Ponds, On-Site			0.027
FPE Drainfield			0.236
Chapel Hill Cemetery			0.340
Turbidity (NTU)			0.22

Domestic Wastewater Treatment Plant

Monthly Operating Report

University Shores STP #1 Month September Year 1993

(36)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (SU)	TKN Effluent (mg/L)	Nitrate Effluent (mg/L)	Nitrate + Nitrite Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Fecal Coliform Bact. In Chlorine Contact	Fecal Coliform Bact. In Chlorine Contact Effluent	F.A.S. Chlorine Residual Effluent	Chlorine Residual After Dechlorination	Ammonia Nitrogen Effluent
1	0.879	5.0		213	86	0.7	1.0	7.4			0.4		<1.0	0	0.142	0	0.267	0.470	0.07
2	0.776	4.6			102		1.5	7.3					<1.0	0	0.167	0	0.198	0.471	0.27
3	0.640	5.3			78		1.3	7.3					<1.0	0	0.072	0	0.133	0.435	0.34
4	0.718	1.0					2.7	7.0					<1.0	0	0.260	0	0.371	0.167	0.01
5	0.690	4.5					0.8	7.3					<1.0	0	0.116	0	0.215	0.359	0.20
6	0.819	5.3					2.5	6.9					<1.0	0	0.125	0	0.231	0.463	0.09
7	0.800	1.5			200		3.5	7.4					<1.0	0	0.280	0	0.520	0	
8	0.614	1.9		227	130	1.5	2.7	7.3			<0.10		<1.0	0	0.163	0.169	0.302	0	
9	0.621	1.2			160		3.5	7.3					<1.0	0	0.159	0.162	0.296	0.004	0.16
10	0.630	4.0			176		1.3	7.2					<1.0	0	0.112	0	0.209	0.309	0.10
11	0.799	2.2					1.8	7.1					<1.0	0	0.129	0	0.239	0.431	0.06
12	0.763	1.7					2.0	7.1					<1.0	0	0.101	0	0.187	0.475	0.40
13	0.837	2.1			180		1.3	8.1					<1.0	0	0.127	0	0.236	0.474	0.42
14	0.791	2.1			126		2.5	7.3					<1.0	0	0.110	0	0.204	0.477	0.45
15	0.827	1.5		199	46	3.3	3.5	7.7			0.2		<1.0	0	0.113	0	0.211	0.503	0.39
16	0.620	0.8			168		1.3	7.3					<1.0	0	0.086	0.375	0.159	0	
17	0.581	1.1			136		2.5	7.3					<1.0	0	0.164	0.125	0.267	0.025	0.22
18	0.636	1.5			180		0.1	6.9					<1.0	0	0.107	0	0.181	0.348	0.12
19	0.989	1.4					2.0	7.1					<1.0	0	0.209	0	0.353	0.428	0.50
20	0.753	1.3			92		0.7	7.3					<1.0	0	0.138	0	0.226	0.389	0.37
21	0.703	1.2			156		1.3	7.2					<1.0	0	0.104	0	0.184	0.415	0.33
22	0.732	1.1		92	170	0.2	1.5	7.2			2.2		<1.0	0	0.145	0	0.218	0.369	0.27
23	0.704	2.0			102		1.5	6.9					<1.0	0	0.119	0	0.195	0.390	0.16
24	0.705	3.0			110		1.3	7.2					<1.0	0	0.097	0	0.166	0.442	0.10
25	0.822	2.2					1.0	7.1					<1.0	0	0.158	0	0.227	0.437	0.18
26	0.904	1.0			138		1.5	7.1					<1.0	0	0.166	0	0.293	0.445	0.13
27	0.703	1.4			94		1.0	7.2					<1.0	0	0.133	0	0.208	0.362	0.12
28	0.748	1.2			102		1.8	7.1					<1.0	0	0.145	0	0.178	0.425	0.13
29	0.635	1.7		256	104	2.1	1.0	7.1			1.2		<1.0	0	0.105	0	0.202	0.328	0.14
30	0.683	1.1			140		1.5	7.0					<1.0	0	0.115	0	0.197	0.371	0.19
31																			

[illegible] that to the best of my knowledge the information contained in this report is true to the best of my knowledge and belief. This information is true, complete and accurate.

Signed: D. Richard Eck Date:

Name (Please Type): Telephone No. (Please Type):

Company Name: Southern States Utilities (407) 121-1437

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: DO48-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 7600, 7762

Day Shift Operator Class C Cert. No 7623

Evening Shift Operator Cla B Cert. No 2995, 6659

Lead Operator [signature] B7762

Signature Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.212
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.193
(19) Percent of permitted capacity	%	-	70%
(20) BOD5 Effluent	mg/L	80082	1.85
(21) BOD5 Effluent	lbs/day	-	----
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	----
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	8.20
(27) TKN	mg/L	000625	1.52
(28) Ammonia (NH3 - N)	mg/L	000610	0.24
(29) Nitrate	mg/L	071850	6.66
(30) Total Phosphorus	mg/L	000665	0.44
(31) Minimum Chlorine Residual	mg/L	-	0.00
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.17
Organic Nitrogen	mg/L		1.28
Nitrite	mg/L		0.03
Dissolved Oxygen	mg/L		6.7
Temperature	C		23.7

DER FORM #: [illegible]
FORM TITLE: Domestic Wastewater Treatment Plant
EFFECTIVE DATE: July 1, 199[illegible]
DER APPLICATION #:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Chiverney Shores STP #1 — Month October — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANI Nitrog	NITRIT	ORTHO P	DO	Temp
1	0.200	1.6	0.00		106		1.3	7.0										6.9	23.0
2	0.211	1.8	0.00				1.5	7.1										6.5	22.5
3	0.199	2.8	0.01		368		1.0	6.9										6.6	
4	0.216	1.5	0.00		84		2.0	7.2										6.5	23.5
5	0.201	2.5	0.00		100		3.0	6.7										6.4	
6	0.209	1.0	0.00	224	102	1.2	2.0	7.0	1.7	0.29	5.9	0.11	<1.0	7.74	1.41	0.31	0.04	6.5	23.0
7	0.219	2.2	0.00		208		1.5	7.0											
8	0.203	2.0	0.00		120		2.5	7.0											
9	0.204	2.8	0.00				1.5	7.0											
10	0.197	1.2	0.01		150		0.7	7.0										6.4	23.5
11	0.196	1.5	0.00		58		0.5	7.0										6.8	23.0
12	0.197	1.9	0.01		94		1.0	7.0										6.8	23.0
13	0.189	1.6	0.00	188	66	1.4	1.0	6.9	2.0	<0.10	5.0	0.29	<1.0	7.01	2.00	<0.00	0.27		
14	0.197	1.1	0.00		120		1.0	7.0											27.0
15	0.195	1.9	0.01				1.0	7.1										6.5	23.0
16	0.144	2.2	0.00				1.3	6.9										6.7	24.0
17	0.306	1.2	0.00		532		1.0	6.8										6.2	25.8
18	0.211	1.5	0.01		98		0.5	7.1										6.8	23.0
19	0.170	3.5	0.00		132		0.1	6.6										6.2	24.5
20	0.222	1.5	0.00	234	168	2.6	0.8	6.6											25.1
21	0.228	3.5	0.01		372		1.3	6.9	1.5	<0.10	7.6	0.56	<1.0	9.40	1.50	<0.00	0.30	6.9	23.0
22	0.217	1.8	0.01		206		0.7	7.0										6.8	24.0
23	0.213	1.4	0.00		156		1.5	7.0										6.8	23.0
24	0.237	1.1	0.00				1.0	7.1										6.4	25.0
25	0.201	1.5	0.01		240		1.0	6.5										6.9	23.0
26	0.240	1.8	0.01		116		2.0	6.9										6.9	23.0
27	0.229	1.6	0.00	308	176	2.0	2.3	6.8	0.9	0.66	7.8	0.81	<1.0	8.66	0.22	0.01	0.05	6.9	24.0
28	0.209	1.8	0.00					7.0										6.9	24.0
29	0.225	1.9	0.00		188		1.3	7.0										6.5	23.0
30	0.256	0.9	0.00				1.0	6.9										6.5	
31	0.227	1.1	0.01					6.9										6.3	24.0

[illegible] Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Kevin Burgess — Date: 11-25-93

Name (Please Type): ~~K. Richard Bowers~~ J KEVIN BURGESS — Telephone No. (Please Type): [illegible]

Company Name: Southern States Utilities — [illegible]

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Num: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No: 7600, 7762

Day Shift Operator Class: C Cert. No: 7623

Evening Shift Operator Cla: B Cert. No: 2955, 6559

Lead Operator: [signature] Signature 87762 Cert No.

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.665
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.710
(19) Percent of permitted capacity	%	-	82%
(20) BOD5 Effluent	mg/L	80082	1.6
(21) BOD5 Effluent	lbs/day	-	-----
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	-----
(24) Minimum pH			6.3
(25) Maximum pH			7.3
(26) Total N	mg/L	000601	-----
(27) TKN	mg/L	000625	-----
(28) Ammonia (NH3 - N	mg/L	000610	-----
(29) Nitrate	mg/L	071850	2.15
(30) Total Phosphorus	mg/L	000665	-----
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	4.2
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ponds, S. R. 50			0.000
Ponds, Trevarthon			0.201
Ponds, On-Site			0.049
FPE Drainfield			0.157
Chapel Hill Cemetery			0.298
Turbidity (NTU			0.28

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month October — Year 1993

Day of the month	Flow MGD	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PERCENT S.S. 30	PERCENT REMOVAL ANTHON	PERCENT CBOD SITE	C.B.O.D. Grams Yielded	CHAPEL HILL CONSUMPTION	CHTL TURBIDITY
1	0.675	2.6			106		1.7	7.1					<1.0	0	0.188	0	0.110	0.377	0.10
2	0.709	2.7					0.5	7.2					<1.0	0	0.182	0	0.117	0.410	0.03
3	1.160	2.0			368		2.0	7.0					<1.0	0	0.349	0	0.341	0.470	0.43
4	0.787	2.7			84		1.3	7.0					<2.0	0	0.067	0.330	0.033	0.357	0.52
5	0.680	3.0			100		2.0	7.2					<1.0	0	0.199	0	0.139	0.342	0.80
6	0.711	3.5		224	102	1.0	2.0	7.2			6.3		<1.0	0	0.207	0	0.116	0.388	0.70
7	0.620	4.2			78		1.0	6.9					<1.0	0	0.153	0	0.106	0.361	0.74
8	0.615	3.1			120		0.1	6.9					<1.0	0	0.025	0.380	0.017	0.193	0.26
9	0.605	2.9					1.3	7.1					<1.0	0	0.039	0.400	0.017	0.149	0.26
10	0.637	4.0			150		2.7	7.0					<1.0	0	0.032	0.395	0.015	0.195	0.26
11	0.703	3.5			56		2.8	7.3					<1.0	0	0.195	0	0.308	0	0.47
12	0.720	2.8			94		3.0	6.9					<1.0	0	0.313	0	0.191	0.216	0.72
13	0.613	1.6		188	66	0.9	0.1	7.0			2.1		<1.0	0	0.243	0	0.370	0	0.45
14	0.647	1.3			120		1.0	7.0					<2.0	0	0.140	0	0.193	0.308	0.14
15	0.828	2.8					0.5	6.9					<2.0	0	0.164	0	0.216	0.448	0.30
16	0.805	2.6					0.8	7.0					<1.0	0	0.234	0	0.144	0.427	0.22
17	0.723	2.0			532		2.0	7.0					<1.0	0	0.227	0	0.348	0.353	0.38
18	0.653	2.5			98		1.0	7.1					<1.0	0	0.192	0	0.134	0.327	0.05
19	0.696	3.5			132		1.5	6.8					<1.0	0	0.188	0	0.143	0.365	0.03
20	0.702	3.6		234	168	2.1	1.0	7.1			<0.10		<1.0	0	0.165	0	0.146	0.371	0.23
21	0.626	3.7			372		1.3	7.0					<1.0	0	0.263	0	0.363	0	0.19
22	0.782	2.8			206		1.0	7.1					<1.0	0	0.254	0	0.178	0.350	0.10
23	0.683	2.6			156		3.0	7.1					<1.0	0	0.385	0	0.254	0	0.06
24	0.847	3.5					0.3	7.0					<1.0	0	0.162	0	0.151	0.534	0.02
25	0.516	2.3			240		1.3	6.3					<1.0	0	0.375	0	0.122	0.015	0.10
26	0.678	3.3			116		0.8	7.1					<1.0	0	0.162	0	0.127	0.389	0.15
27	0.669	3.5		308	176	1.5	1.5	7.0			0.2		<1.0	0	0.184	0	0.258	0.327	0.05
28	0.609	3.5					1.0	7.0					<1.0	0	0.151	0	0.111	0.367	0.28
29	0.645	2.8			188		1.0	7.0					<1.0	0	0.157	0	0.110	0.378	0.40
30	0.842	1.5					1.0	6.9					<1.0	0	0.251	0	0.162	0.426	0.21
31	0.669	2.1					2.5	7.1					<1.0	0	0.157	0	0.086	0.426	0.02

I certify under penalty of law that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete and accurate.

Signed: KEVIN BURGESS — Date: 11-25-93

Name (Please Type): KEVIN BURGESS — Telephone No. (Please Type): (407) 671-2421

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3048P02944

(3) Plant Name: University Shores STP #1

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-187714

(9) Plant Type: I-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7600, 7762

Day Shift Operator Class C Cert. No. 7623

Evening Shift Operator Class B Cert. No. 2995, 6659

Lead Operator: Orig. signed by D. Richard Eck Jr. B-4404

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.214
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily flow	mgd	-	0.168
(19) Percent of permitted capacity	%	-	61%
(20) BOD5 Effluent	mg/L	80082	2.08
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.5
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	2.50
(27) TKN	mg/L	000625	1.47
(28) Ammonia (NH3 - N)	mg/L	000610	0.11
(29) Nitrate	mg/L	071850	1.03
(30) Total Phosphorus	mg/L	000665	0.58
(31) Minimum Chlorine Residual	mg/L	-	0.0
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.42
Organic Nitrogen	mg/L		1.36
Nitrite	mg/L		<0.005
Dissolved Oxygen	mg/L		6.7
Temperature	C		23.3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month November — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrogen	ORGANIC Nitrogen	NITRITE	ORTHO P	DO	TEMP
1	0.220	1.2	0.00					6.9										6.2	25.0
2	0.231	1.0	0.01		294		2.8	6.8										6.4	22.0
3	0.244	1.1	0.00	189	157	2.0	2.0	6.9	0.9	0.37	2.9	0.44	<1.0	3.83	0.55	<0.005	0.44	6.5	23.0
4	0.200	1.0	0.00		228		0.2	7.0										6.4	23.5
5	0.220	1.8	0.00		268		1.0	6.9										6.4	
6	0.244	1.6	0.00		156		1.0	6.9										6.8	
7	0.226	1.0	0.00		244		1.0	7.1										6.5	24.0
8	0.243	1.8	0.00		304		1.0	7.0										6.8	24.0
9	0.198	1.5	0.00		188		1.5	6.9										6.3	
10	0.223	1.1	0.00	271	204	2.4	1.0	6.7	0.8	0.03	<0.10	1.20	<1.0	0.82	0.79	<0.005	1.03	6.5	23.0
11	0.202	1.8	0.00		160		1.0	6.8										6.8	24.0
12	0.208	1.8	0.00				1.0	6.8										6.7	23.0
13	0.230	1.7	0.00		156		1.0	6.9										6.9	23.0
14	0.234	1.2	0.00				1.3	6.5										6.9	24.8
15	0.217	1.9	0.00		264		1.0	7.3										6.9	23.0
16	0.166	1.6	0.00		148		1.3	7.1										6.7	23.0
17	0.242	1.8	0.00	150	52	1.8	2.0	6.9	0.6	0.03	1.2	0.30	>1.0	1.83	0.60	<0.005	0.22	6.9	23.0
18	0.188	1.8	0.00		172		1.0	7.1										6.9	23.0
19	0.230	1.2	0.00		180		0.8	7.0										6.5	24.0
20	0.200	1.0	0.00				2.3	6.9											23.0
21	0.206	1.8	0.01		104		2.0	7.1										6.9	23.0
22	0.196	1.5	0.00		196		1.5	6.9										6.9	23.0
23	0.180	1.8	0.00		280		1.5	7.5										7	23.0
24	0.198	1.2	0.00	325	280	2.1	1.3	7.3											23.4
25	0.205	1.8	0.00		68		1.0	7.3	3.5	<0.10	<0.10	0.36	<1.0	3.51	3.51	<0.005	<0.05	6.8	23.0
26	0.215	1.6	0.00		192		1.0	7.8										6.8	23.0
27	0.230	1.5	0.00				1.0	7.0											23.0
28	0.220	1.7	0.00		92		1.0	7.1										6.7	23.0
29	0.195	1.8	0.01		196		1.3	7.1										7	23.0
30	0.206	1.5	0.01		164		1.5	6.9										6.2	22.4
31																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signed: (Original signed by D. Richard Eck, Jr.) Date: 12-28-93

Name (Please Type): D. Richard Eck, Jr. Telephone No. (Please Type):

Company Name: Southern States Utilites (407) 671-2430

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3048P00417

(3) Plant Name: University Shores STP #2

(4) Plant Address: 2600 Harrell Road

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 671-2430

(8) Permit Number: D048-193001

(9) Plant Type: 2-B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7600, 7762
Day Shift Operator Class	C	Cert. No.	7623
Evening Shift Operator Class	B	Cert. No.	2995, 6659
Lead Operator	Orig. signed by Kevin Burgess		B-7762
	Signature		Cert No

For: D. Richard Eck Jr. B-4404

Lead Operator

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.619
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily flow	mgd	-	0.674
(19) Percent of permitted capacity	%	-	77%
(20) BOD5 Effluent	mg/L	80082	2.0
(21) BOD5 Effluent	lbs/day	-	---
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	---
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.6
(26) Total N	mg/L	000600	---
(27) TKN	mg/L	000625	---
(28) Ammonia (NH3 - N)	mg/L	000610	---
(29) Nitrate	mg/L	071850	2.96
(30) Total Phosphorus	mg/L	000665	---
(31) Minimum Chlorine Residual	mg/L	-	0.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ponds, S. R. 50			0.117
Ponds, Trevarthon			0.194
Ponds, On-Site			0.070
FPE Drainfield			0.087
Chapel Hill Cemetery			0.222
Turbidity (NTU)			0.46

DER FORM NO. 17-601.900(1)
FORM TITLE: Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 (34)

Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	PONDS S.R. 60	PONDS Trans-arthon	PONDS on site	F.P.E. Drain Fields	CHAPEL HILL Cemetery	(NTU TURBID-ITY
1	0.665	3.5					1.5	7.2					<1.0	0.122	0.204	O	0.062	0.257	0.26
2	0.645	3.5			294		1.0	7.0					<1.0	0.057	0.143	O	0.086	0.359	1.06
3	0.739	2.0		189		4.1	2.0	7.2			0.2		<1.0	0.145	0.241	O	0.096	0.257	0.05
4	0.566	0.8					9.5	6.4					<1.0	0.206	0.223	O	0.137	O	
5	0.730	2.8			268		6.3	7.1					<1.0	0.172	0.254	0.180	0.134	0.170	1.20
6	0.506	2.9			156		1.0	7.1					<1.0	0.058	0.092	0.288	0.038	0.318	1.40
7	0.285	2.5			244		2.5	7.0					<1.0	0.037	0.061	0.312	0.024	0.163	0.69
8	0.639	2.5			304		1.0	7.1					<1.0	0.185	0.325	0.027	0.129	O	0.60
9	0.624	1.5			47		1.5	7.4					<1.0	0.124	0.188	O	0.089	0.223	0.68
10	0.790	1.5		271	176	<1.0	1.0	6.8			<0.10		<1.0	0.104	0.155	O	0.078	0.453	0.35
11	0.649	2.5			160		3.3	7.5					<1.0	0.094	0.125	O	0.080	0.350	0.85
12	0.625	3.5					3.0	7.5					<1.0	0.073	0.115	O	0.047	0.390	0.44
13	0.686	2.8			156		1.0	7.5					<1.0	0.080	0.147	O	3.067	0.392	0.13
14	0.748	3.0					1.8	7.3					<1.0	0.255	0.308	O	0.185	O	
15	0.782	3.5			264		6.0	6.8					<1.0	0.227	0.352	O	0.203	O	
16	0.765	3.0			148		2.8	6.8					<1.0	0.158	0.243	O	0.106	0.258	0.18
17	0.251	3.5		150	180	1.2	2.0	6.8			6.1		<1.0	0.035	0.051	0.162	0.024	0.141	0.17
18	0.233	3.3			172		1.0	7.3					<1.0	0.067	0.121	0.275	0.045	O	
19	0.324	0.6			180		2.1	7.1					<1.0	0.088	0.178	0.300	0.058	O	
20	0.420	2.9					12.5	7.2					<1.0	0.122	0.214	0.290	0.084	O	
21	0.392	3.4			104		2.5	7.3					<1.0	0.045	0.092	0.265	0.034	0.221	0.14
22	0.730	2.8			196		3.3	7.3					<1.0	0.139	0.232	O	0.075	0.284	0.50
23	0.804	3.5			280		1.5	7.1					<1.0	0.136	0.237	O	0.092	0.339	0.11
24	0.719	1.5		325	280	2.7	3.8	7.6			5.5		<1.0	0.082	0.168	O	0.067	0.402	0.11
25	0.769	4.6			100		2.3	7.1					<1.0	0.096	0.176	O	0.067	0.430	0.24
26	0.611	3.4			192		2.8	7.3					<1.0	0.090	0.144	O	0.068	0.309	0.30
27	0.699	3.0					2.5	7.3					<1.0	0.055	0.169	O	0.057	0.418	0.04
28	0.817	3.1			92		1.3	7.4					<1.0	0.086	0.240	O	0.074	0.417	0.97
29	0.693	3.4			196		4.0	7.4					<1.0	0.168	0.291	O	0.112	0.122	0.11
30	0.666	0.5			164		3.0	7.2					<1.0	0.190	0.319	O	0.157	O	
31														O	O	O	O	O	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Kevin Burgess

Date: 12-28-93

Name (Please Type): Kevin Burgess

Telephone No. (Please Type): (407) 671-2430

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Numb 3048P02944

(3) Plant Name University Shores STP #1

(4) Plant Addres 2600 Harrell Road

(5) City Orlando

(6) County Orange

(7) Phone Number (407) 671-2430

(8) Permit Numbe D048-187714

(9) Plant Type I-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. N 7600, 7762

Day Shift Operator Class C Cert. N 7623

Evening Shift Operator Cl B Cert. N 2995, 6659

Lead Operator [signature] B-4404

Signature Cert No.

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.201
(17) Permitted capacity	mgd	-	0.275
(18) Three month average daily f	mgd	-	0.209
(19) Percent of permitted capaci	%	-	76%
(20) BOD5 Effluent	mg/L	80082	1.97
(21) BOD5 Effluent	lbs/da	-	----
(22) TSS Effluent	mg/L	9E 05	1.4
(23) TSS Effluent	lbs/da	-	----
(24) Minimum pH			6.5
(25) Maximum pH			7.2
(26) Total N	mg/L	00060	3.14
(27) TKN	mg/L	00062	1.92
(28) Ammonia (NH3 - N)	mg/L	00061	0.48
(29) Nitrate	mg/L	07185	1.12
(30) Total Phosphorus	mg/L	00066	0.35
(31) Minimum Chlorine Residual	mg/L	-	0.00
(32) Maximum Chlorine Residual	mg/L	-	0.01
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ortho Phosphorus	mg/L		0.21
Organic Nitrogen	mg/L		1.44
Nitrite	mg/L		0.11
Dissolved Oxygen	mg/L		6.8
Temperature	C		23.3

Rule Number 62- 17.601.300(2).
Form TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DEP APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #1 — Month December — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Doubler	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (SU)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	TOTAL Nitrog	ORGANIC Nitrog	NITRIT	ORTHO P	DO	Temp
1	0.208	1.1	0.00	179	296	1.5	1.3	7.0	2.0	0.20	3.1	0.11	<1.0	5.12	1.80	0.01	0.09	6.1	24.0
2	0.189	1.5	0.01		172		1.5	6.9										6.4	24.5
3	0.196	1.5	0.00		260		1.0	7.0										6.9	24.0
4	0.233	2.3	0.00					6.8										6.5	23.5
5	0.172	2.5	0.00		136		1.5	6.9										6.2	24.0
6	0.193	2.0	0.00				2.3	7.0										6.4	23.5
7	0.190	0.7	0.00		116		1.0	6.9										10	23.0
8	0.128	1.6	0.00	202	440	2.4	1.3	7.0	1.9	0.70	<0.10	0.45	<1.0	1.90	1.20	0.01	0.42	6.9	23.0
9	0.184	3.0	0.00		132		1.8	7.0											
10	0.186	1.8	0.00		76		1.0	7.1										6.9	23.0
11	0.213	2.2	0.00				1.5	7.0											
12	0.200	1.2	0.00		136		1.5	7.2										6.4	23.0
13	0.171	1.5	0.00		216		1.3	7.0										6.9	23.0
14	0.165	1.5	0.00		120		1.0	6.9										7	23.0
15	0.219	1.5	0.00	164	180	2.7	2.3	7.2	2.3	0.60	0.6	0.39	<1.0	2.90	1.70	<0.00	0.39	6.9	23.0
16	0.184	2.8	0.00		340		1.0	7.1											
17	0.185	1.0	0.00				1.5	7.1											
18	0.191	1.5	0.00				1.5	6.9										6.9	23.0
19	0.148	1.0	0.00		288		1.3	7.1										6.2	24.2
20	0.182	3.5	0.00		408		1.3	6.5										6.9	23.0
21	0.227	1.4	0.01		156		2.3	7.0										6.5	23.0
22	0.205	1.2	0.00	186	216	1.8	1.5	7.1										6.4	23.0
23	0.213	1.5	0.00		204		1.0	7.0	1.5	0.20	0.9	0.46	<1.0	2.60	1.30	0.24	0.08	6.5	23.0
24	0.235	2.8	0.00		124		2.0	6.9										6.5	
25	0.220	2.5	0.00		60		1.0	6.9											
26	0.209	1.8	0.00		108		1.0	6.8										6.9	23.0
27	0.218	1.9	0.00		140		1.3	6.8										6.9	23.0
28	0.224	1.5	0.00					6.9											
29	0.222	2.8	0.00					6.9											
30	0.266	3.0	0.01					6.8											
31	0.271	2.8	0.01	176	144	1.5	1.0	6.9	1.9	0.70	0.9	0.34	<1.0	3.16	1.20	0.32	0.10	6.7	22.0

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: D. Richard Eck Jr. Date: 1-27-94

Name (Please Type): D. Richard Eck Jr. Telephone No. (Please Type): (407) 671-2431

Company Name: Southern States Utilities

DEP Form No. 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1992
DEP Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993
(2) Plant DER Identification Numb 3048P00417
(3) Plant Name University Shores STP #2
(4) Plant Address 2600 Harrell Road
(5) City Orlando
(6) County Orange
(7) Phone Number (407) 671-2430
(8) Permit Numbe D048-193001
(9) Plant Type 1-B
(10) Test Site Identification Numbe N/A
(11) Fecal Coliform Sample Method
[XX] Membrane Filte [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Public Access Spray, Ponds, Drainfields

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharg
N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. N 7600, 7762
Day Shift Operator Class C Cert. N 7623
Evening Shift Operator Cla C Cert. N 2995, 6659
Lead Operator [signature] B-4404
Signature Cert No.

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.686
(17) Permitted capacity	mgd	-	0.870
(18) Three month average daily	mgd	-	0.657
(19) Percent of permitted capac	%	-	75%
(20) BOD5 Effluent	mg/L	80082	1.4
(21) BOD5 Effluent	lbs/da	-	------
(22) TSS Effluent	mg/L	90020	3.0
(23) TSS Effluent	lbs/da	-	------
(24) Minimum pH			6.5
(25) Maximum pH			8.0
(26) Total N	mg/L	00600	------
(27) TKN	mg/L	00625	------
(28) Ammonia (NH3 - N	mg/L	00610	------
(29) Nitrate	mg/L	07185	7.98
(30) Total Phosphorus	mg/L	00666	------
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.9
(33) Other Effluent Parameters			
Fecal Coliform			<1.0
Ponds, S. R. 50			0.30%
Ponds, Treverthor			0.22%
Ponds, On-Site			0.00%
FPE Drainfield			0.00%
Chapel Hill Cemetery			0.14%
Turbidity (NTU)			0.39

Domestic Wastewater Treatment Plant
Monthly Operating Report

University Shores STP #2 — Month December — Year 1993

(36)

Day of the month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD Influent (mg/L)	TSS Influent (mg/L)	CBOD Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (SU)	TKN Effluent (mg/L)	Nitrite Effluent (mg/L)	Ammonia Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Oil & Grease Monthly Average	Oil & Grease Daily Maximum	F.R.S. Daily Flow	Chlorine Mass Emission Rate	TRC Monthly Average
1	0.761	2.0		179	296	1.6	5.0	7.1			7.9		<1.0	0.441	0.320	0.000	0.000	0.000	
2	0.650	1.5			172		5.7	7.3					<1.0	0.377	0.273	0.000	0.000	0.000	
3	0.583	1.8			260		2.8	7.4					<1.0	0.338	0.245	0.000	0.000	0.000	
4	0.816	2.5						7.3					<1.0	0.473	0.343	0.000	0.000	0.000	
5	0.693	3.5			136		2.5	7.8					<1.0	0.402	0.291	0.000	0.000	0.000	
6	0.725	1.9						7.3					<1.0	0.420	0.305	0.000	0.000	0.000	
7	0.589	0.7			116			7.4					<1.0	0.297	0.292	0.000	0.000	0.000	
8	0.605	1.0		202	440	0.4	1.3	7.4			5.9		<1.0	0.308	0.297	0.000	0.000	0.000	
9	0.776	1.1			132		1.0	7.3					<1.0	0.465	0.311	0.000	0.000	0.000	
10	0.709	1.5			76		1.8	8.0					<1.0	0.426	0.283	0.000	0.000	0.000	
11	0.789	1.2					1.0	7.2					<1.0	0.366	0.241	0.000	0.000	0.182	0.45
12	0.777	1.7			136		4.5	7.4					<1.0	0.454	0.323	0.000	0.000	0.000	
13	0.764	1.8			216		6.7	7.7					<1.0	0.443	0.321	0.000	0.000	0.000	
14	0.675	2.3			120		2.8	7.8					<1.0	0.400	0.275	0.000	0.000	0.000	
15	0.798	1.8		164	180	1.5	2.3	6.9			13.0		<1.0	0.368	0.266	0.000	0.000	0.164	0.24
16	0.764	1.1			160		1.8	7.3					<1.0	0.382	0.277	0.000	0.000	0.085	0.22
17	0.615	1.1					1.5	7.2					<1.0	0.357	0.258	0.000	0.000	0.000	
18	0.802	1.0					7.8	7.3					<1.0	0.465	0.337	0.000	0.000	0.000	
19	0.712	1.5			288		16.8	7.4					<1.0	0.413	0.299	0.000	0.000	0.000	
20	0.573	2.7			408		2.0	7.3					<1.0	0.167	0.121	0.000	0.000	0.285	0.12
21	0.708	2.2			136		4.5	7.0					<1.0	0.244	0.177	0.000	0.000	0.283	0.13
22	0.599	3.5		186	216	1.3	3.0	7.5			5.9		<1.0	0.227	0.164	0.000	0.000	0.297	0.11
23	0.629	1.6			304		1.0	7.1					<1.0	0.142	0.103	0.000	0.000	0.384	0.61
24	0.726	1.8			124		2.7	7.5					<1.0	0.163	0.118	0.000	0.000	0.445	1.53
25	0.653	3.9			60		0.5	7.3					<1.0	0.139	0.144	0.000	0.000	0.310	0.87
26	0.640	1.4			108		1.3	7.5					<1.0	0.145	0.105	0.000	0.000	0.390	0.20
27	0.641	2.5			140		1.5	7.1					<1.0	0.136	0.099	0.000	0.000	0.406	0.09
28	0.669	1.1					0.1	7.1					<1.0	0.102	0.074	0.195	0.000	0.298	0.09
29	0.603	1.6					0.5	7.2					<1.0	0.135	0.098	0.000	0.000	0.370	0.40
30	0.639	2.2					0.1	7.4					<1.0	0.143	0.106	0.000	0.000	0.389	0.77
31	0.610	3.5		176	164	2.0	2.0	7.5			7.2		<1.0	0.168	0.121	0.000	0.000	0.321	0.03

[illegible] This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signed: D. Richard Eck Jr. Date: 1-31-94

Name (Please Type): D. Richard Eck Jr. Telephone No. (Please Type): [illegible]

Company Name: Southern States Utilities

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

ENTERED FEB 24 1994

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month Jan Year 94
2) Plant's DER Identification Number 3035P03026
3) Plant Name Valencia Terrace/Lake Utilities
4) Plant Address Picciola Cut-off
5) City Leesburg
6) County Lake
7) Phone Number 813-647-1581
8) Permit Number D035-179459
9) Plant Type 3C
10) Test Site Identification Number N/A
11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap/Perc Ponds
13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable
14) Cumulative Days of Wet Weather Discharge
n/A
15) Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Joseph M Kuhn (Signature) C 7207 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.018
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.025
(19) Percent of permitted capacity	%	—	26
(20) $CBOD_5$ Effluent	mg/L	080082	3
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	7
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	1.4
(33) Other Effluent Parameters			

DER Form 17-6715(001)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Valencia Terrace Month Jan Year 94

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.086	/						/					
2	.086	/						/					
3	.086	1.0						7.2					
4	.0810	1.2						7.2					
5	.086	1.4						7.2					
6	.084	1.2				3	6	7.2			9.31		41
7	.078	1.2						7.2					
8	.078	/						/					
9	.079	/						/					
10	.078	1.0						7.2					
11	.084	1.2						7.2					
12	.080	1.2						7.2					
13	.090	1.4						7.2					
14	.079	1.2						7.2					
15	.074	/						/					
16	.074	/						/					
17	.074	1.0						7.2					
18	.084	1.4						7.2					
19	.072	1.2						7.2					
20	.072	1.0						7.2					
21	.074	1.2						7.2					
22	.078	/						/					
23	.078	/						/					
24	.078	1.2						7.2					
25	.074	1.2						7.2					
26	.072	1.4						7.2					
27	.072	1.2						7.2					
28	.080	1.2						7.2					
29	.080	/						/					
30	.080	/						/					
31	.080	1.0						7.2					

FEB 1994 RECEIVED DEP ASSISTANT SECRETARY

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th information is true, complete and accurate.

Signed: Joseph M Kuhns Date: 2-10-94

Name (Please Type) Joe Kuhns

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

ENTERED MAR 28 1994

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month Feb Year 94

Plant's DER Identification Number 3035P03026

Plant Name Valencia Terrace/Lake Utilities

Plant Address Picciola Cut-off

City Leesburg

County Lake

Phone Number 813-647-1581

Permit Number D035-179459

Plant Type 3C

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge

n/A

Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph M Kuhns (Signature) C 7207 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.077
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.077
(19) Percent of permitted capacity	%	—	78
(20) $CBOD_5$ Effluent	mg/L	080082	3
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.8
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Valencia Terrace Month Feb Year 94

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	076	1.4						7.3					
2	074	1.4				3	4	7.2			8.4		21
3	078	1.2						7.2					
4	067	1.4						7.3					
5	078	/						/					
6	078	/						/					
7	078	1.0						7.2					
8	080	1.4						7.2					
9	074	1.2						7.2					
10	076	1.4						7.3					
11	073	1.4						7.2					
12	080	/						/					
13	080	/						/					
14	076	1.2						7.2					
15	086	1.0						7.2					
16	084	1.2						7.2					
17	072	1.2						7.2					
18	080	1.2						7.2					
19	076	/						/					
20	078	/						/					
21	080	1.2						7.2					
22	086	1.4						7.2					
23	080	1.4						7.2					
24	074	1.2						7.2					
25	076	1.0						7.2					
26	078	/						/					
27	078	/						/					
28	082	1.0						7.2					
29													
30													
31													



Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Joseph M Kuhns Date: 3-10-94

Name (Please Type) Joe Kuhns

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

ENTERED MAY 0 4 1994

Part II - General Information

Month March Year 94

Plant's DER Identification Number 3035P008226

Plant Name Valencia Terrace/Lake Utilities

Plant Address Picciola Cut-off

City Leesburg

County Lake

Phone Number 813-647-1581

) Permit Number D035-179459

) Plant Type 3C

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

) Cumulative Days of Wet Weather Discharge

n/A

) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph Mathews (Signature) C-7201 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.077
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.027
(19) Percent of permitted capacity	%	—	28
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.0
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.4
(33) Other Effluent Parameters			
Fecal			4

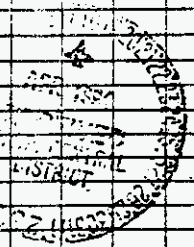
DEA Form 17-60\L90011
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

4) Valencia Terrace

Month March Year 94

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.004	1.4						7.3					
.012	1.6						7.3					
.042	1.3						7.3					
.002	1.7						7.3					
.040	/						/					
.040	/						/					
.050	1.6						7.3					
.046	1.4						7.2					
.044	1.2				< 5	< 5	7.3			9.2		< 1
.018	1.4						7.3					
.015	1.4						7.2					
.034	/						/					
.032	/						/					
.032	1.6						7.2					
.012	1.4						7.3					
.034	1.2						7.2					
.014	1.6						7.3					
.021	1.4						7.2					
.032	/						/					
.030	/						/					
.032	1.2						7.3					
.012	1.4						7.3					
.028	1.2						7.3					
.022	1.6						7.3					
.014	1.4						7.3					
.015	/						/					
.032	/						/					
.040	1.6						7.2					
.032	1.4						7.3					
.032	1.2						7.3					
.022	1.6						7.3					
.014	1.4						7.3					
.015	/						/					
.032	/						/					
.040	1.6						7.2					
.032	1.4						7.3					
.026	1.2						7.3					
.018	1.4						7.2					



ed Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Joseph M Kuhns Date: 4-5-94

Name (Please Type) Joe Kuhns

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED JUN 1 0 1994

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month April Year 94

(2) Plant's DER Identification Number 3035P03026

(3) Plant Name Valencia Terrace/Lake Utilities

(4) Plant Address Picciola Cut-off

(5) City Leesburg

(6) County Lake

(7) Phone Number 813-647-1581

(8) Permit Number D035-179459

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

n/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph M Kuhno (Signature) C 7207 (Cert. No.)

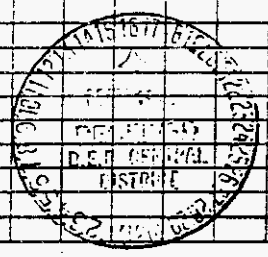
Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.073
(17) Permitted capacity	mgd	–	0.099
(18) Three-month average daily flow	mgd	–	0.07
(19) Percent of permitted capacity	%	–	76
(20) $CBOD_5$ Effluent	mg/L	080082	9
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	11
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.2
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.4
(33) Other Effluent Parameters			
fecal			<1

DER Form 17-6010(3)(a)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Valencia Terrace — Month April Year 94

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.078	1.0						7.2					
2	.084	/						/					
3	.084	/						/					
4	.084	1.0						7.2					
5	.074	1.4						7.3					
6	.060	1.4				9	11	7.3			8.9		41
7	.072	1.0						7.3					
8	.070	1.4						7.3					
9	.076	/						/					
10	.076	/						/					
11	.076	1.0						7.2					
12	.082	1.4						7.2					
13	.078	1.4						7.2					
14	.066	1.0						7.2					
15	.078	1.4						7.2					
16	.076	/						/					
17	.076	/						/					
18	.076	1.0						7.2					
19	.086	1.4						7.3					
20	.082	1.4						7.3					
21	.076	1.0						7.2					
22	.074	1.4						7.2					
23	.070	/						/					
24	.084	/						/					
25	.078	1.0						7.2					
26	.060	1.4						7.2					
27	.076	1.0						7.2					
28	.072	1.0						7.2					
29	.076	1.4						7.2					
30	.076												
31													



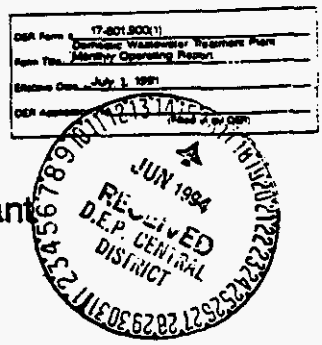
I, as Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Joseph M Kubns Date: 5-9-94

Name (Please Type) Joe Kubns

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED JUN 2 4 1994



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month May Year 94

Plant's DER Identification Number 3035P03026

Plant Name Valencia Terrace/Lake Utilities

Plant Address Picciola Cut-off

City Leesburg

County Lake

Phone Number 813-647-1581

Permit Number D035-179459

Plant Type 3C

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge

n/A

Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph M Kuhns (Signature) C 7207 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.066
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.022
(19) Percent of permitted capacity	%	—	23
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.4
(33) Other Effluent Parameters			
Fecal Coliform			41

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Valencia Terrace

Month May Year 94

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.080							7.2					
2	.080	1.0				1	2	7.2			10.1		< 1
3	.072	1.4						7.2					
4	.086	1.2						7.2					
5	.062	1.0						7.2					
6	.062	1.2						7.2					
7	.062	/						/					
8	.062							/					
9	.062	1.0						7.2					
10	.064	1.4						7.2					
11	.068	1.2						7.2					
12	.060	1.2						7.2					
13	.062	1.4						7.2					
14	.064							/					
15	.064	/						/					
16	.064	1.2						7.2					
17	.082	1.4						7.2					
18	.062	1.2						7.2					
19	.060	1.2						7.2					
20	.064	1.4						7.2					
21	.062	/						/					
22	.062	/						/					
23	.062	1.0						7.2					
24	.062	1.2						7.2					
25	.060	1.2						7.2					
26	.060	1.0						7.2					
27	.060	1.2						7.2					
28	.064	/						/					
29	.064	/						/					
30	.064	1.0						7.2					
31	.060	1.4						7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, t information is true, complete and accurate.

Signed: Joseph M Kuhns Date: 6-6-94

Name (Please Type) Joe Kuhns

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED AUG 2 5 1994

DER Form # 17-601.300(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month June Year 94
2) Plant's DER Identification Number 3035P03026
3) Plant Name Valencia Terrace/Lake Utilities
4) Plant Address Picciola Cut-off
5) City Leesburg
6) County Lake
7) Phone Number 813-647-1581
8) Permit Number DO35-179459
9) Plant Type 3C
10) Test Site Identification Number N/A
11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap/Perc Ponds
13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable
14) Cumulative Days of Wet Weather Discharge
n/A
15) Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Joseph [signature] Signature C 7207 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.067
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	[illegible]
(19) Percent of permitted capacity	%	—	69
(20) $CBOD_5$ Effluent	mg/L	080082	8
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	9
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.0
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.4
(33) Other Effluent Parameters			
fecal Coliform			<1

DEA Form 17-60(L900(1)
Form Title Domestic Wastewater Treatment Plan Monthly Operating Report
Effective Date July 1, 1991
DEA Application No _____ (Filled in by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Valencia Terrace

Month June Year 94

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.066	1.2						7.2					
2	.068	1.2						7.3					
3	.070	1.0						7.2					
4	.070	/						/					
5	.070	/						/					
6	.070	1.0						7.2					
7	.062	1.4						7.2					
8	.060	1.2				8	9	7.2			9.0		<1
9	.076	1.2						7.2					
10	.068	1.4						7.2					
11	.072	/						/					
12	.070	/						/					
13	.070	1.0						7.2					
14	.062	1.4						7.2					
15	.068	1.2						7.2					
16	.060	1.0						7.2					
17	.076	1.4						7.2					
18	.078	/						/					
19	.078	/						/					
20	.078	1.0						7.2					
21	.078	1.4						7.2					
22	.062	1.4						7.2					
23	.072	1.0						7.2					
24	.070	1.2						7.2					
25	.068	/						/					
26	.068	/						/					
27	.068	1.0						7.2					
28	.066	1.4						7.2					
29	.068	1.4						7.2					
30	.066	1.2						7.2					
31													

JUL 1994
RECEIVED
D.E.P. DISTRICT

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Joseph M Kuhns Date: 7-10-94

Name (Please Type) Joe Kuhns

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED SEP 0 9 1994

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month July Year 94

) Plant's DER Identification Number 3035P03026

) Plant Name Valencia Terrace/Lake Utilities

) Plant Address Picciola Cut-off

) City Leesburg

) County Lake

) Phone Number 813-647-1581

) Permit Number DO35-179459

) Plant Type 3C

) Test Site Identification Number N/A

) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

) Cumulative Days of Wet Weather Discharge

n/A

) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph M Kuhno (Signature) C 7207 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.020
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.067
(19) Percent of permitted capacity	%	—	70
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	11.4
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.4
(33) Other Effluent Parameters			
FECAL			47

DER Form 17-6015(3)(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Valencia Terrace

Month July Year 94

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
.056	1.2						7.2													
.068	/						/													
.068	/						/													
.063	1.0						7.2													
.097	1.4						7.2													
.068	1.2						7.2													
.076	1.0						7.2													
.070	1.2						7.2													
.074	/						/													
.074	/						/													
.074	1.0						7.2													
.078	1.0						7.2													
.078	1.2				1	1	7.2			11.8		<1								
.070	1.4						7.2													
.068	1.4						7.2													
.096	/						/													
.096	/						/													
.096	1.0						7.2													
.084	1.4						7.2													
.070	1.2						7.2													
.066	1.4						7.2													
.068	1.2						7.2													
.064	/						/													
.064	/						/													
.064	1.0						7.2													
.058	1.4						7.2													
.062	1.2						7.2													
.062	1.0						7.2													
.064	1.2						7.2													
.060	/						/													
.060	/						/													

: Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this nation is true, complete, and accurate.

ed: Joseph M Kuhns Date: 8-5-94

e (Please Type) Joe Kuhns

pany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED SEP 2 8 1994

DER Form 17-601.900(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month Aug Year 94

Plant's DER Identification Number 3035P03026

Plant Name Valencia Terrace/Lake Utilities

Plant Address Picciola Cut-off

City Leesburg

County Lake

Phone Number 813-647-1581

Permit Number D035-179459

Plant Type 3C

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge

n/A

Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph M Kubeno (Signature) C 7207 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.063
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.067
(19) Percent of permitted capacity	%	—	67
(20) $CBOD_5$ Effluent	mg/L	080082	4
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.4
(33) Other Effluent Parameters			
fecal coliform			<1

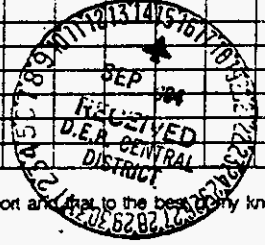
Page 2 of 3

DEA Form 17-801(900)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Valencia Terrace — Month Aug Year 94

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.056	1.0						7.2					
2	.062	1.4						7.2					
3	.064	1.2						7.2					
4	.062	1.4				4	6	7.2					<1
5	.056	1.2						7.2					
6	.066	/						/					
7	.066	/						/					
8	.066	1.0						7.2					
9	.056	1.4						7.2					
10	.064	1.2						7.2					
11	.066	1.2						7.2					
12	.064	1.0						7.2					
13	.068	/						/					
14	.068	1.1						/					
15	.068	1.0						7.2					
16	.064	1.2						7.2					
17	.064	1.2						7.2					
18	.062	1.4						7.2					
19	.068	1.2						7.2					
20	.068	/						/					
21	.068	/						/					
22	.068	1.0						7.2					
23	.064	1.2						7.2					
24	.068	1.4						7.2					
25	.056	1.0						7.2					
26	.064	1.0						7.2					
27	.074	/						/					
28	.074	/						/					
29	.074	1.0						7.2					
30	.068	1.0						7.2					
31	.060	1.2						7.2					



I, the Operator. This is to certify that I am familiar with the information contained in this report and that, to the best of my knowledge and belief, the information is true, complete, and accurate.

Signed: Joseph M Kuhns — Date: 9-10-94

Name (Please Type) Joe Kuhns

Company Name Southeast Utilities, Inc. — Telephone No. (Please Type) 407-889-9755

ENTERED DEC 0 1 1994

DER Form 4 (17-601.300(1)) Domestic Wastewater Treatment Plant Monthly Operating Report Effective Date: July 1, 1991 DER Application No. (Place # by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month Septmbr Year 1994

2) Plant's DER Identification Number 3035P03026

3) Plant Name Valencia Terrace/Lake Utilities

4) Plant Address Picciola Cut-off

5) City Leesburg

6) County Lake

7) Phone Number 813-647-1581

8) Permit Number D035-179459

9) Plant Type 3C

0) Test Site Identification Number N/A

1) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

3) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

4) Cumulative Days of Wet Weather Discharge

n/A

5) Plant Staffing

Day Shift Operator Class C Cert. No. 7345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph S. Byk (Signature) C-7345 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.054
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	.0062
(19) Percent of permitted capacity	%	—	63
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

A) Valencia Terrace — Month Sept Year 1994

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.068	1.2						7.2					
.068	1.0						7.2					
.066	1.0						7.2					
.068	1.2						7.2					
.056	1.2						7.2					
.070	1.0						7.2					
.068	1.0						7.2					
.060	1.2						7.2					
.068	1.2						7.2					
.072	1.0						7.2					
.068	1.0						7.2					
.068	1.0						7.2					
.066	1.4						7.2					
.064	1.2						7.2					
.066	1.4						7.2					
.086	1.4						7.2					
.056	1.5						7.2					
.155	1.5						7.2					
.072	1.5						7.2					
.072	1.5						7.2					
.072	1.5						7.2					
.097	1.3						7.2					

RECEIVED OCT 1994 D.E.P. CENTRAL DISTRICT

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mation is true, complete and accurate.

ed: Joseph S. Byk Date: 10-6-94

e (Please Type) Joseph Byk

pany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED DEC 3 0 1994

DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Please fill in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month October Year 1994

2) Plant's DER Identification Number 3035P03026

3) Plant Name Valencia Terrace/Lake Utilities

4) Plant Address Picciola Cut-off

5) City Leesburg

6) County Lake

7) Phone Number 813-647-1581

8) Permit Number DO35-179459

9) Plant Type 3C

10) Test Site Identification Number N/A

11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

14) Cumulative Days of Wet Weather Discharge

n/A

15) Plant Staffing

Day Shift Operator Class C Cert. No. 7345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph S. Bk (Signature) C-7345 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.068
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	.062
(19) Percent of permitted capacity	%	—	63
(20) $CBOD_5$ Effluent	mg/L	080082	11.2
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6.4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	2.4
(33) Other Effluent Parameters			
fecal Coliform			<1

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(4) Valencia Terrace

Month October Year 1994

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.085	1.5						7.2					
.072												
.074	1.0						7.2					
.074	1.5						7.2					
.077	1.0						7.2					
.052	1.0						7.2					
.100	1.0						7.2					
.052	1.3						7.2					
.092												
.095	1.3						7.2					
.034	1.3						7.2					
.088	1.4						7.3					
.038	2.4				11.2	6.4	7.2			10.4		< 1
.090	2.0						7.2					
.052												
.052	2.0						7.2					
.095	2.0						7.2					
.068	1.9						7.2					
.067	1.5						7.2					
.058	1.0						7.2					
.067	1.4						7.2					
.036	1.4						7.2					
.067												
.066	1.6						7.2					
.050	1.3						7.2					
.083	1.0						7.2					
.072	1.3						7.2					
.065	1.3						7.2					
.055												
.055	1.3						7.3					
.072	1.5						7.3					

RECEIVED NOV 1994 DEP CENTRAL DISTRICT

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Joseph S. Byk Date: 11-6-94

Name (Please Type) Joseph Byk

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form 4 17-601.300(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

ENTERED MAR

Part II - General Information

1) Month November Year 1994

2) Plant's DER Identification Number 3035P03026

3) Plant Name Valencia Terrace/Lake Utilities

4) Plant Address Picciola Cut-off

5) City Leesburg

6) County Lake

7) Phone Number 813-647-1581

8) Permit Number DO35-179459

9) Plant Type 3C

0) Test Site Identification Number N/A

1) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

3) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

4) Cumulative Days of Wet Weather Discharge

n/A

5) Plant Staffing

Day Shift Operator Class C Cert. No. 7345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph Roth (Signature) C-7345 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.072
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.065
(19) Percent of permitted capacity	%	—	66
(20) $CBOD_5$ Effluent	mg/L	080082	8.8
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4.7
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.9
(33) Other Effluent Parameters			

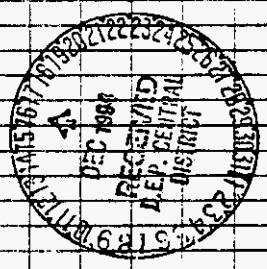
DEA Form: 17-801.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.: (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Valencia Terrace

Month November Year 199

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.072	1.5						7.3												
2	.068	1.4						7.3												
3	.061	1.0						7.2												
4	.085	1.3																		
5	.074	1.0						7.2												
6	.075																			
7	.075	1.0						7.2												
8	.063	1.3						7.2												
9	.050	1.4						7.2												
10	.069	1.4						7.2												
11	.073	1.0						7.2												
12	.061	1.8						7.2												
13	.069	1.8						7.2												
14	.052	1.8				8.8	4.7	7.2												
15	.086	1.9						7.2												
16	.100	1.5						7.2												
17	.045	1.5						7.2												
18	.094	1.5						7.2												
19	.071																			
20	.071	1.0						7.3												
21	.076	1.3						7.2												
22	.083	1.3						7.2												
23	.086	1.5						7.3												
24	.061	1.5						7.2												
25	.079	1.5						7.2												
26	.059	1.3						7.2												
27	.081																			
28	.081	1.2						7.2												
29	.043	1.6						7.3												
30	.110	1.5						7.3												
31																				



Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Joseph Byk

Name (Please Type): Joseph Byk

Company Name: Southeast Utilities, Inc.

Date: 12-5-94

Telephone No. (Please Type): 407-889-9755

DER Form # 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month December Year 1994

Plant's DER Identification Number 3035P03026

Plant Name Valencia Terrace/Lake Utilities

Plant Address Picciola Cut-off

City Leesburg

County Lake

Phone Number 813-647-1581

Permit Number DO35-179459

Plant Type 3C

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge

n/A

Plant Staffing

Day Shift Operator Class C Cert. No. 2345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph Bole (Signature) C-2345 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.072
(17) Permitted capacity	mgd	–	0.099
(18) Three-month average daily flow	mgd	–	0.071
(19) Percent of permitted capacity	%	–	72
(20) $CBOD_5$ Effluent	mg/L	080082	3.8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2.2
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.8
(33) Other Effluent Parameters			

DER Form 17-6?1.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Valencia Terrace

Month December Year 1994

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
.040	1.6						7.2													
.090	1.4						7.2													
.067																				
.068	1.5						7.2													
.077	1.5				3.8	2.7	7.2													
.074	1.0						7.2													
.054	1.0						7.2													
.106	1.3						7.2													
.059	1.3						7.2													
.090																				
.090	1.3						7.2													
.040	1.2						7.2													
.052	1.5						7.2													
.049	1.5						7.2													
.090	1.5						7.2													
.056	1.3						7.2													
.090	1.3						7.2													
.059	1.2						7.2													
.060	1.0						7.2													
.080	1.4						7.2													
.063	1.4						7.2													
.074	1.4						7.2													
.076	1.4						7.2													
.088	1.3						7.2													
.074																				
.075	1.7						7.1													
.059	1.8						7.1													
.090	1.8						7.1													
.060	1.7						7.1													
.106	1.3						7.1													
.063	1.5						7.1													

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Joseph Byk Date: 1-3-94

Name (Please Type) Joseph Byk

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755



DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

ENTERED FEB 1993

Month January Year 1993

Plant's DER Identification Number 3035P03026

Plant Name Valencia Terrace/Lake Utilities

Plant Address Picciola Cut-off

City Leesburg

County Lake

Phone Number 813-647-1581

Permit Number DO35-138706

Plant Type 3C

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge

n/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph S. Bzh (Signature) C-7345 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.052
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.049
(19) Percent of permitted capacity	%	—	49
(20) $CBOD_5$ Effluent	mg/L	080082	4
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.6
(25) Maximum pH		—	6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	0.9
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Issued in the DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month Jan Year 93

Valencia Terrace

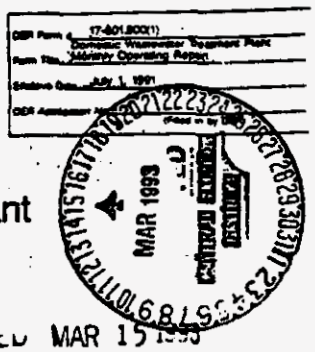
Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.104	0.7						6.7					
.053	0.6						6.7					
.052	0.9						6.7					
.047	0.8				4	2	6.7			8.9		1
.051	0.7						6.7					
.052	0.7						6.7					
.052	0.8						6.7					
.060	0.5						6.6					
.049	0.9						6.6					
.041	0.5						6.6					
.046	0.9						6.7					
.038	0.9						6.7					
.050	0.8						6.7					
.109	0.9						6.7					
.057	0.7						6.6					
.049	0.7						6.6					
.041	0.8						6.7					
.043	0.8						6.7					
.047	0.7						6.7					
.061	0.6						6.7					
.104	0.5						6.7					
.041	0.9						6.7					
.052	0.5						6.7					
.055	0.6						6.8					
.047	0.6						6.8					
.070	0.9						6.8		•			
.070	0.7						6.7					
.052	0.6						6.7					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Joseph S. Byk Date: 2-10-93

Name (Please Type) Joseph S. Byk

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755



Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information ENTERED MAR 15 1993

1) Month February Year 1993

2) Plant's DER Identification Number 3035P03026

3) Plant Name Valencia Terrace/Lake Utilities

4) Plant Address Picciola Cut-off

5) City Leesburg

6) County Lake

7) Phone Number 813-647-1581

8) Permit Number DO35-138706

9) Plant Type 3C

0) Test Site Identification Number N/A

1) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

3) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

4) Cumulative Days of Wet Weather Discharge

n/A

15) Plant Staffing

Day Shift Operator Class C Cert. No. 2345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph S. Bak (Signature) C-2345 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.049
(17) Permitted capacity	mgd	–	0.099
(18) Three-month average daily flow	mgd	–	0.049
(19) Percent of permitted capacity	%	–	50
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.6
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	1.7
(33) Other Effluent Parameters			

DER Form 17-6079000(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Valencia Terrace

Month February Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.1039	0.5						6.7													
2	.1032	0.9						6.7													
3	.1058	0.8						6.8													
4	.1053	0.7						6.7													
5	.1055	0.7						6.7													
6	.1052	0.6						6.7													
7	.1048	0.5						6.6													
8	.1044	0.9				5	7	6.7			9.1										
9	.1058	0.9						6.7													
10	.1053	0.9						6.7													
11	.1056	1.3						6.7													
12	.1053	1.0						6.7													
13	.1052	0.7						6.7													
14	.1050	1.7						6.7													
15	.1059	1.0						6.7													
16	.1043	0.8						6.7													
17	.1043	0.9						6.7													
18	.1037	0.9						6.6													
19	.1046	0.7						6.6													
20		0.5						6.7													
21	.1111	0.5						6.7													
22	.1050	0.6						6.7													
23	.1055	0.7						6.7													
24	.1045	0.8						7.1													
25	.1046	0.8						7.4													
26	.1053	1.0						7.4													
27	.1047	1.0						7.4													
28	.1043	1.0						7.4													
29																					
30																					
31																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signed: Joseph S. Byk Date: 3-10-93

Name (Please Type) Joseph S. Byk

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form No. 17-601(900)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)



Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month March Year 93

2) Plant's DER Identification Number 3035P03026

3) Plant Name Valencia Terrace/Lake Utilities

4) Plant Address Picciola Cut-off

5) City Leesburg

6) County Lake

7) Phone Number 813-647-1581

8) Permit Number D035-138706

9) Plant Type 3C

10) Test Site Identification Number N/A

11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

14) Cumulative Days of Wet Weather Discharge

n/A

15) Plant Staffing

Day Shift Operator Class C Cert. No. 7345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph S. Byl (Signature) C7345 (Cert. No.)

ENTERED APR 21 1993

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.044
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.048
(19) Percent of permitted capacity	%	—	49
(20) $CBOD_5$ Effluent	mg/L	080082	12
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	9
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			

DEA Form 17-801.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DEA Application No. (Filled in by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

4) Valencia Terrace

Month March Year 93

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
	.040	0.5						7.4					
	.057	0.9						7.4					
	.041	0.8				12	9	7.4			10.3		
	.047	0.9						7.4					
	.066	0.4						7.4					
	.041	1.0						7.3					
	.040	0.8						7.3					
	.038	0.7						7.3					
	.041	0.8						7.3					
2	.043	0.5						7.2					
1	.054	0.7						7.2					
2	.050	0.7						7.2					
3													
4		0.9						7.2					
5	.118	0.9						7.2					
6	.044	1.0						7.2					
7	.046	0.9						7.2					
8	.061	0.9						7.2					
9	.053	0.9						7.2					
0													
1	.077	0.6						7.0					
2	.055	0.9						7.0					
3	.038	0.8						7.0					
4	.039	0.9						7.0					
5	.032	0.9						7.0					
6	.048	0.7						7.0					
7	.049	0.8						7.0					
8	.044	0.7						7.0					
9	.048	0.7						7.0					
0	.034	0.8						7.0					
1	.038	0.7						6.9					

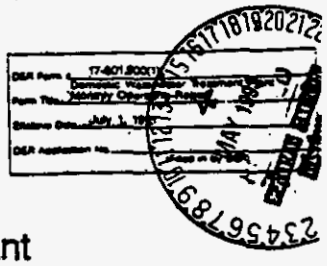
ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, it ormation is true, complete and accurate.

gned: Joseph S. Byk Date: 4-7-93

me (Please Type) Joseph S. Byk

ompany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED JUN 0 8 1993



Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

) Month April Year _____

) Plant's DER Identification Number 3035P03026

) Plant Name Valencia Terrace/Lake Utilities

) Plant Address Picciola Cut-off

) City Leesburg

) County Lake

) Phone Number 813-647-1581

) Permit Number D035-138706

) Plant Type 3C

) Test Site Identification Number N/A

) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

3) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

:4) Cumulative Days of Wet Weather Discharge

n/A

:5) Plant Staffing

Day Shift Operator Class C Cert. No. 7345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph S. Byrd C-7345
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.040
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.04
(19) Percent of permitted capacity	%	—	45
(20) $CBOD_5$ Effluent	mg/L	080082	16
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	13
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.7
(25) Maximum pH		—	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.06
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month April Year 1993

Valencia Terrace

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.051	0.9						6.9					
2	.049	0.7						6.9					
3													
4	.064	0.9						6.9					
5	.046	0.8						6.9					
6	.045	0.9						6.8					
7	.055	1.0						6.7					
8	.037	0.9						6.8					
9	.035	0.8						6.8					
10	.032	0.9						6.7					
11	.053	1.0						6.7					
12	.034	0.8						6.7					
13													
14	.100	0.7						6.7					
15	.032	0.9						6.7					
16	.037	0.9						6.7					
17	.038	0.8						6.7					
18	.044	0.7						6.7					
19	.037	0.7						6.7					
20	.055	0.6						6.7					
21	.029	0.9				16.0	13	6.7			10.5		21
22	.049	0.9						6.7					
23	.047	0.7						6.9					
24	.032	0.8						6.9					
25	.041	0.7						6.9					
26	.034	0.9						6.9					
27	.031	0.7						6.9					
28	.037	0.7						6.9					
29	.035	0.7						6.9					
30	.031	0.7						6.9					
31													

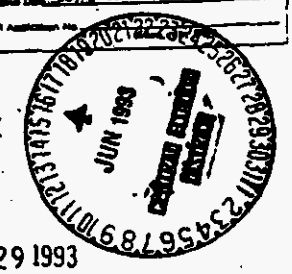
ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, t
ormation is true, complete and accurate.

gned: Joseph S Byk Date: 5-5-93

ame (Please Type) Joseph S. Byk

ompany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.



Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

RECEIVED JUN 29 1993

Month May Year 1993

Plant's DER Identification Number 3035P03026

Plant Name Valencia Terrace/Lake Utilities

Plant Address Picciola Cut-off

City Leesburg

County Lake

Phone Number 813-647-1581

Permit Number D035-138706

Plant Type 3C

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge

n/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph S. Byl Signature C-7345 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.034
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.039
(19) Percent of permitted capacity	%	—	40
(20) $CBOD_5$ Effluent	mg/L	080082	8
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.3
(33) Other Effluent Parameters			

DEP Form 17-60(L800(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Valencia Terrace

Month May Year 199

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.047	0.5						7.0													
2	.039	0.9						7.0													
3	.033	0.8						7.0													
4	.036	0.7						7.0													
5	.034	0.6						7.0													
6	.035	0.5						7.0													
7	.036	0.9						7.0													
8	.035	1.0						7.0													
9	.029	1.2						7.0													
10	.029	1.0						7.0													
11	.037	1.0				8	6	7.0			9.6										
12	.029	1.0						7.0													
13	.047	1.1						7.0													
14	.037	1.2						6.9													
15	.023	1.0						7.0													
16	.013	0.9						7.0													
17	.028	0.9						7.0													
18	.038	0.9						7.0													
19	.032	0.9						6.9													
20	.031	0.8						7.0													
21	.043	0.9						7.1													
22	.035	0.9						7.1													
23	.035	0.8						7.1													
24	.035	1.2						7.0													
25	.029	1.3						7.0													
26	.029	1.0						7.0													
27	.031	0.9						7.0													
28	.031	0.7						7.0													
29	.031	0.7						7.0													
30																					
31	.099	0.8						7.1													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Joseph Byk Date: 6-6-93

Name (Please Type) Joseph S. Byk

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

RECEIVED JUL 1993 D.E.P. CENTRAL DISTRICT

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

ENTERED JUL 22 1993

1) Month June Year 1993
2) Plant's DER Identification Number 3035P03026
3) Plant Name Valencia Terrace/Lake Utilities
4) Plant Address Picciola Cut-off
5) City Leesburg
6) County Lake
7) Phone Number 813-647-1581
8) Permit Number D035-138706
9) Plant Type 3C
0) Test Site Identification Number N/A
1) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number
2) Type of Effluent Disposal or Reclaimed Water Reuse
Evap/Perc Ponds
3) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable
4) Cumulative Days of Wet Weather Discharge
n/A
5) Plant Staffing
Day Shift Operator Class C Cert. No. 2345
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Joseph S. Byl Signature C-7345 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.036
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	.0037
(19) Percent of permitted capacity	%	—	37
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	1.3
(33) Other Effluent Parameters			

DER Form 17-601(8)(001)
Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Valencia Terrace

Month June Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
.053	0.7						7.0														
.035	0.8						7.0														
.037	0.7						7.0														
.037	0.9						7.0														
	1.0						7.0														
.058	0.7						7.0														
.040	0.9						7.1														
.027	0.9				2	4	7.1			9.6											
.034	1.0						7.1														
.039	1.0						7.1														
.027	0.8						7.1														
.020	0.9						7.1														
.029	1.0						7.0														
.037	0.8						7.0														
.035	0.9						7.0														
.035	1.0						7.1														
.036	1.0						7.1														
.035	1.1						7.1														
.040	0.9						7.1														
.040	0.7						6.9														
.031	1.2						7.0														
.041	1.0						7.0														
.035	0.9						7.0														
.037	0.9						7.0														
.027	1.2						6.9														
.037	1.0						6.9														
	1.3						6.9														
.071	1.0						6.9														
.033	1.0						6.9														
.035	0.9						6.9														

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: Joseph S Byk Date: 7-7-93

(Please Type) Joseph S. Byk

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report



Part II - General Information

ENTERED AUG 27 1993

1) Month July Year 1993
2) Plant's DER Identification Number 3035P03026
3) Plant Name Valencia Terrace/Lake Utilities
4) Plant Address Picciola Cut-off
5) City Leesburg
6) County Lake
7) Phone Number 813-647-1581
8) Permit Number D035-138706
9) Plant Type 3C
10) Test Site Identification Number N/A
11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap/Perc Ponds
13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable
14) Cumulative Days of Wet Weather Discharge
n/A
15) Plant Staffing
Day Shift Operator Class C Cert. No. 2345
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Joseph S. Byk (Signature) C-7345 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.035
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.035
(19) Percent of permitted capacity	%	—	35
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.7
(25) Maximum pH		—	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.3
(33) Other Effluent Parameters			

DEA Form 17-807.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DEP Application No. (Please fill in by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Valencia Terrace

Month July Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
.033	0.7						6.9														
.029	0.7						6.9														
.037	0.7						6.9														
.031	0.7						6.9														
.037	1.2						6.9														
.037	1.0						6.9														
.035	0.9				6	4	6.9			9.7		41									
.035	1.0						6.9														
.048	0.9						6.9														
.085	0.7						6.7														
.019	0.7						6.7														
.019	0.7						6.7														
.042	0.7						6.7														
.029	0.9						6.9														
.047	0.8						6.9														
.041	0.7						6.9														
.040	0.5						6.7														
.035	0.5						6.7														
.035	0.7						6.7														
.049	0.9						6.8														
.040	1.3						6.7														
.037	1.2						6.7														
.032	0.9						6.8														
.033	0.7						6.8														
.046	0.7						6.8														
.029	0.7						6.8														
.032	0.6						6.8														
.037	0.7						6.8														

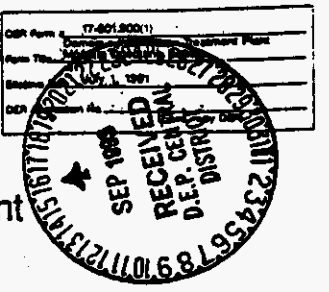
Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ation is true, complete and accurate.

Signature: Joseph S. Byk Date: 8-1-93

(Please Type) Joseph S. Byk

any Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED SEP 24 1993



Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month August Year 1993

Plant's DER Identification Number 3035P03026

Plant Name Valencia Terrace/Lake Utilities

Plant Address Picciola Cut-off

City Leesburg

County Lake

Phone Number 813-647-1581

Permit Number D035-138706

Plant Type 3C

Test Site Identification Number N/A

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge

n/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7345

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph S. Byrd Signature C-7345 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.041
(17) Permitted capacity	mgd	—	0.099
(18) Three-month average daily flow	mgd	—	0.037
(19) Percent of permitted capacity	%	—	38
(20) $CBOD_5$ Effluent	mg/L	080082	3
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	1.3
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Valencia Terrace

Month August Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
	.090	0.7						6.8														
	.036	0.7						6.8														
	.033	0.9						6.9														
	.046	0.8						6.9														
	.038	0.7						6.9														
	.036	0.9						6.9														
	.079	0.9						6.9														
	.039	0.7						6.9														
0	.058	0.9						6.9														
1	.034	0.9						6.9														
2	.037	0.9						6.9														
3	.049	0.9						6.9														
4	.044	1.3						7.0														
5																						
6	.068	1.0						7.0														
7	.039	1.0						7.0														
8	.045	1.1				3	3	7.1			2.4											
9	.035	1.0						7.1														
0	.050	0.8						7.1														
1	.043	0.7						7.1														
2	.042	0.7						7.0														
3	.030	0.9						7.0														
4	.031	1.3						7.0														
5	.046	1.0						7.0														
6	.041	1.0						6.9														
7	.044	1.0						6.9														
8																						
9	.069	0.7						7.0														
0	.029	0.8						7.0														
1	.035	0.9						7.0														

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th
ormation is true, complete and accurate.

gned: Joseph S. Byk Date: 9-7-93

me (Please Type) Joseph S. Byk

ompany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED OCT 30 1993

DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month September Year 1993
2) Plant's DER Identification Number 3035P03026
3) Plant Name Valencia Terrace/Lake Utilities
4) Plant Address Picciola Cut-off
5) City Leesburg
6) County Lake
7) Phone Number 813-647-1581
8) Permit Number D035-179459
9) Plant Type 3C
10) Test Site Identification Number N/A
11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap/Perc Ponds
13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable
14) Cumulative Days of Wet Weather Discharge
n/A
15) Plant Staffing
Day Shift Operator Class C Cert. No. 7345
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Joseph S. Bak C-7345
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.054
(17) Permitted capacity	mgd	–	0.099
(18) Three-month average daily flow	mgd	–	0.043
(19) Percent of permitted capacity	%	–	44
(20) $CBOD_5$ Effluent	mg/L	080082	7
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.6
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.7
(32) Maximum Chlorine Residual	mg/L	–	1.3
(33) Other Effluent Parameters			

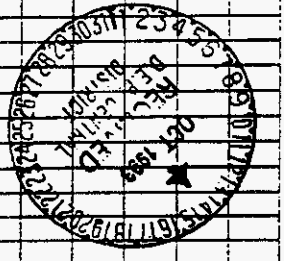
DEA Form: 17-607L900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Valencia Terrace

Month September Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
.057	0.8						7.0														
.050	0.7						6.8														
.044	0.9						6.7														
.035	1.2						6.7														
	1.3						6.7														
.104	1.0						6.7														
.052	1.0						6.7														
.035	1.0						6.7														
.044	0.9						6.6														
	0.9						6.6														
.119	0.8						6.6														
.062	0.9				7	5	6.9			8.9											
.048	0.9						6.8														
.050	0.9						6.7														
.097	0.9						6.9														
.077	0.9						6.9														
.189	0.7						7.1														
.056	0.9						7.1														
.065	0.9						7.1														
.056	0.9						7.0														
.056	0.9						7.0														
	0.9						7.0														
.103	0.7						7.1														
.050	0.8						7.1														
.056	0.9						7.1														
.067	0.9						7.1														
.059	0.9						7.1														



I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mation is true, complete and accurate.

ed: Joseph S. Byk Date: 10-5-93

e (Please Type) Joseph S. Byk

pany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

ENTERED SEP 13 '93

Domestic Wastewater Treatment Plant Monthly Operating Report

Page II - General Information

1) Month October Year 1993
2) Plant's DER Identification Number 3035P03026
3) Plant Name Valencia Terrace/Lake Utilities
4) Plant Address Picciola Cut-off
5) City Leesburg
6) County Lake
7) Phone Number 813-647-1581
8) Permit Number D035-138706
9) Plant Type 3C
10) Test Site Identification Number N/A
11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap/Perc Ponds
13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable
14) Cumulative Days of Wet Weather Discharge
n/A
15) Plant Staffing
Day Shift Operator Class C Cert. No. 7345
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Joseph S. Bell C-7345
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.066
(17) Permitted capacity	mgd	–	0.099
(18) Three-month average daily flow	mgd	–	0.054
(19) Percent of permitted capacity	%	–	55
(20) $CBOD_5$ Effluent	mg/L	080082	3
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.7
(32) Maximum Chlorine Residual	mg/L	–	2.0
(33) Other Effluent Parameters			

DER Form 17-601(8000)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

) Valencia Terrace

Month October Year 1993

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.1067	0.7						7.0					
.1119	0.7						7.0					
.1068	0.9						7.0					
.1058	2.0						7.1					
.1065	2.0						7.1					
.1059	2.0						7.1					
.1059	2.0						7.1					
	2.0						7.0					
.1137	2.0						7.0					
.1065	1.4				3	2	7.0			8.8		<1
.1081	1.3						7.0					
.1067	1.3						7.0					
.1047	1.2						7.0					
.1070	1.3						7.0					
.1155	1.3						7.0					
.1081	1.2						7.0					
.1052	1.2						7.0					
.1081	1.2						7.0					
.1056	1.0						7.0					
.1074	1.0						7.0					
.1135	1.1						7.0					
.1068	0.9						7.0					
.1070	1.3						7.0					
.1043	1.4						7.0					
.1058	1.5						7.0					
.1074	1.5						7.0					
.1146	1.5						7.0					

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this rmation is true, complete and accurate.

ned: Joseph S. Byk Date: 10-31-93

me (Please Type) Joseph S. Byk

mpany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER Form # 17-601.800(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

ENTERED JAN 7 1994

Part II - General Information

(1) Month November Year 1993

(2) Plant's DER Identification Number 3035P03026

(3) Plant Name Valencia Terrace/Lake Utilities

(4) Plant Address Picciola Cut-off

(5) City Leesburg

(6) County Lake

(7) Phone Number 813-647-1581

(8) Permit Number D035-179459

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap/Perc Ponds

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge
n/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7345
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Joseph E. Bk (Signature) C-7345 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.073
(17) Permitted capacity	mgd	–	0.099
(18) Three-month average daily flow	mgd	–	0.064
(19) Percent of permitted capacity	%	–	65
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	9
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.7
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Valencia Terrace

Month November Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.070	1.0						7.0													
2	.058	1.3						7.1													
3	.097	1.3						7.1													
4	.059	1.2						7.1													
5	.058	2.0						7.1													
6		3.0						7.1													
7		2.6						7.1													
8	.207	2.3				5	9	7.1													
9	.068	2.2						7.1													
10	.059	2.0						7.1													
11	.088	1.5						7.0													
12	.061	0.9						7.0													
13	.076	0.9						7.0													
14	.081	0.9						7.0													
15	.065	2.1						7.0													
16	.079	2.0						7.0													
17	.061	2.0						7.0													
18	.083	2.0						7.0													
19	.077	0.7						7.0													
20	.067	0.9						7.0													
21																					
22	.146	1.3						7.1													
23	.070	1.0						7.1													
24	.068	1.0						7.0													
25																					
26	.146	0.9						7.0													
27	.097	0.9						7.1													
28	.088	0.7						7.1													
29	.058	1.3						7.1													
30	.072	1.3						7.1													
31																					

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th ormation is true, complete and accurate.

gned: Joseph S. Byk Date: 12-7-93

ame (Please Type) Joseph S. Byk

ompany Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

ENTERED JAN 94

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month Dec Year 93

2) Plant's DER Identification Number 3035P03026

3) Plant Name Valencia Terrace/Lake Utilities

4) Plant Address Picciola Cut-off

5) City Leesburg

6) County Lake

7) Phone Number 813-647-1581

8) Permit Number D035-179459

9) Plant Type 3C

10) Test Site Identification Number N/A

11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap/Perc Ponds

13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

14) Cumulative Days of Wet Weather Discharge

n/A

15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Joseph M Kuhn Signature Cert. No. 7207

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	076
(17) Permitted capacity	mgd	–	0.099
(18) Three-month average daily flow	mgd	–	0.071
(19) Percent of permitted capacity	%	–	72
(20) $CBOD_5$ Effluent	mg/L	080082	9
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	13
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	1.4
(33) Other Effluent Parameters			

DEP Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Valencia Terrace

Month Dec Year 93

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.076	1.4						7.1													
2	.072	1.2						7.1													
3	.068	1.4						7.2													
4	/	/						/													
5	/	/						/													
6	.069	1.0						7.3													
7	.060	1.0						7.2													
8	.063	1.4						7.2													
9	.076	1.2						7.2													
10	.072	1.2						7.2													
11	/	/						/													
12	/	/						/													
13	.074	0.8						7.2													
14	.094	1.2				9	13	7.2			6.8		<1								
15	.080	1.4						7.2													
16	.076	1.2						7.2													
17	.072	1.0						7.2													
18	/	/						/													
19	/	/						/													
20	.078	1.0						7.2													
21	.076	1.4						7.2													
22	.080	1.2						7.2													
23	.076	1.4						7.2													
24	.072	1.2						7.2													
25	/	/						/													
26	/	/						/													
27	.064	1.0						7.2													
28	.076	1.4						7.2													
29	.084	1.4						7.2													
30	.077	1.2						7.2													
31	.076	1.0						7.2													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Joseph M Kuhns Date: 1-10-94

Name (Please Type) Joe Kuhns

Company Name Southeast Utilities, Inc. Telephone No. (Please Type) 407-889-9755

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.019
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	48%
(20) BOD5 Effluent	mg/L	80082	2.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	15.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.6
(32) Maximum Chlorine Residual	mg/L	-	31.8
(33) Other Effluent Parameters			
Fecal Coliform			

Domestic Wastewater Treatment Plant

Monthly Operating Report

Venetian Village

Month January Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.045	1.5														
3	0.024	2.2						7.0								
4	0.021	1.2						6.9								
5	0.018	1.6						7.0								
6	0.017	1.0						7.2								
7	0.017	1.4						7.2								
8	0.013	1.2						7.2								
9																
10	0.041	2.5						7.0								
11	0.017	2.9						7.2								
12	0.012	3.0		103	960	2.2	15.0	7.0								
13	0.017	31.6						7.1								
14	0.018	1.1						7.3								
15	0.014	1.5														
16																
17	0.038	1.8						7.2								
18	0.016	2.8						7.0								
19	0.018	1.0						6.9								
20	0.016	1.2						7.2								
21	0.018	1.8						7.0								
22	0.012	1.4						7.1								
23																
24	0.038	2.4						7.1								
25	0.018	1.2						7.3								
26	0.014	0.9						7.1								
27	0.019	1.2						7.3								
28	0.019	1.9						7.1								
29																
30	0.036	1.0														
31	0.040	0.6						7.2								

Lead Operator: The o le verify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath

Date: 2/24/94

Name (Please Type): Brian Heath

Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities / Venetian Village

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian Hester C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.018
(19) Percent of permitted capacity	%	-	51%
(20) BOD5 Effluent	mg/L	80082	5.3
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	10.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.7
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER Form No. 17-624 (Page 1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month February — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.023	3.5						7.0								
2	0.021	1.4						7.2								
3	0.019	1.0						7.2								
4	0.019	2.6						7.1								
5	0.018	2.5														
6																
7	0.041	1.6						7.3								
8	0.020	0.9						6.9								
9	0.019	1.2		223	196	5.3	10.0	6.8								
10	0.020	2.2						6.7								
11	0.021	1.6						6.7								
12	0.017	1.8														
13																
14	0.042	3.5						6.9								
15	0.019	0.8						6.8								
16	0.018	2.4						6.9								
17	0.019	1.2						7.0								
18	0.023	1.8						7.0								
19	0.018	3.2														
20																
21	0.044	1.4						7.1								
22	0.022	1.8						7.0								
23	0.014	1.0						6.9								
24	0.024	1.6						7.0								
25	0.021	2.4						7.1								
26	0.019	2.0														
27																
28	0.038	1.2						7.0								
29																
30																
31																

Legal Statement: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities / Venetian Village

Date: 3/23/94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Heath C-7522

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.019
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.019
(19) Percent of permitted capacity	%	-	54%
(20) BOD5 Effluent	mg/L	80082	2.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	7.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

FDER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
FDER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month March — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.020	1.2						7.2								
2	0.021	1.8						7.0								
3	0.026	3.2						7.1								
4	0.024	1.1						7.1								
5	0.017	1.6														
6																
7	0.044	1.8						7.0								
8	0.023	1.2						7.0								
9	0.015	2.7		201	384	2.2	7.5	7.1					ND			
10	0.025	1.6						7.1								
11	0.018	1.0						7.2								
12	0.017	1.2						7.1								
13																
14	0.037	0.9						7.0								
15	0.021	2.8						7.0								
16	0.018	1.3						7.1								
17	0.019	3.5						7.0								
18	0.018	2.2						7.0								
19	0.014	2.0						7.0								
20																
21	0.041	1.1						7.1								
22	0.018	2.0						7.1								
23	0.016	1.2						7.2								
24	0.020	1.9						7.0								
25	0.018	2.3						7.0								
26	0.014	2.0														
27																
28	0.043	1.6						7.1								
29	0.019	3.2						7.1								
30	0.017	2.1						7.0								
31	0.016	1.2						7.0								

Legal Disclaimer: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath — Date: 4/21/94

Name (Please Type): — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities / Venetian Village

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Donald B. Corder C-2451

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.019
(19) Percent of permitted capacity	%	-	52%
(20) BOD5 Effluent	mg/L	80082	1.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			-1.0

DER FORM NO	17-[illegible]
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month April — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.018	1.4						7.0								
2	0.014	1.2														
3																
4	0.039	2.4						7.1								
5	0.019	1.6						7.0								
6	0.013	2.0						7.1								
7	0.021	1.4						7.0								
8	0.016	1.0						7.2								
9	0.021	1.0						7.2								
10																
11	0.032	2.4						7.1								
12	0.017	3.5						7.0								
13	0.015	2.4		367	384	1.2	4.5	7.0					-1			
14	0.021	1.1						6.9								
15	0.017	1.6						7.0								
16	0.018	1.5						7.0								
17																
18	0.034	2.0						7.0								
19	0.015	1.4						7.0								
20	0.015	1.2						7.1								
21	0.017	1.9						7.0								
22	0.017	3.4						7.2								
23	0.016	1.5						7.0								
24																
25	0.034	0.8						7.0								
26	0.017	1.2						7.1								
27	0.020	3.4						7.1								
28	0.018	2.0						7.2								
29	0.016	1.8						7.1								
30	0.011	1.7														
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and correct.

Signed: Donald B. Corder

Name (Please Type): Donald B. Corder

Company Name: Southern States Utilities / Venetian Village

Date:

Telephone No. (Please Type): (407) 880-0058

Page 3 of 3

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.035
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	48%
(20) BOD5 Effluent	mg/L	80082	2.9
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal Coliform			MNF

Domestic Wastewater Treatment Plant

Monthly Operating Report

Venetian Village

Month May Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.035	1.0						7.2								
3	0.012	2.4						7.1								
4	0.021	1.6						7.3								
5	0.018	1.2						7.0								
6	0.017	1.9						6.9								
7	0.012	2.0														
8																
9	0.039	0.9						7.0								
10	0.018	2.7						7.1								
11	0.016	1.4		255	224	2.9	1.0	7.1					<80			
12	0.015	3.2						7.1								
13	0.016	1.8						7.2								
14	0.016	1.0														
15																
16	0.034	1.4						7.1								
17	0.015	1.6						7.0								
18	0.015	2.8						6.8								
19	0.017	1.1						6.9								
20	0.015	2.0						6.9								
21	0.014	1.5						7.0								
22																
23	0.029	1.9						7.0								
24	0.014	1.6						6.9								
25	0.016	1.2						6.9								
26	0.016	1.9						6.9								
27	0.018	2.8						7.0								
28	0.010	1.4														
29																
30	0.039	1.2						6.9								
31	0.022	1.0						7.0								

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities / Venetian Village

Date: 6-21-94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian E. Heath C-7522

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.022
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.018
(19) Percent of permitted capacity	%	-	51%
(20) BOD5 Effluent	mg/L	80082	2.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.3
(33) Other Effluent Parameters			
Fecal Coliform			ND

[illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month June Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.017	2.4						7.0								
2	0.019	2.6						7.0								
3	0.017	1.3						7.0								
4	0.013	1.5						7.0								
5																
6	0.039	1.2						7.2								
7	0.015	3.3						7.1								
8	0.023	2.8		491	836	2.2	5.0	7.3								
9	0.038	1.0						6.9								
10	0.027	1.6						7.1								
11																
12	0.037	1.8														
13	0.026	1.2						7.2								
14	0.020	3.2						7.0								
15	0.021	2.4						7.1								
16	0.020	1.0						7.1								
17	0.027	1.6						7.0								
18	0.026	1.2														
19																
20	0.054	1.4						7.0								
21	0.032	2.7						7.0								
22	0.021	1.8						7.1					ND			
23	0.024	2.1						7.3								
24	0.023	1.6						7.2								
25	0.024	1.5						7.2								
26																
27	0.044	1.6						7.1								
28	0.021	0.9						7.2								
29	0.023	2.2						7.2								
30	0.024	1.2						7.1								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian E Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities / Venetian Village

Date: 7-19-94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Gwen Heath C-7572

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.022
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.020
(19) Percent of permitted capacity	%	-	56%
(20) BOD5 Effluent	mg/L	80082	1.7
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.6
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-624.302(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE June 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month July — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.020	1.4						7.0								
2	0.023	1.8														
3	-															
4	0.043	2.0						7.2								
5	0.029	0.9						7.1								
6	0.020	1.2						7.3								
7	0.016	2.0						7.2								
8	0.025	3.2						7.1								
9	0.021	1.8						7.2								
10																
11	0.048	0.7						6.6								
12	0.022	2.3						7.3								
13	0.022	1.2		120	108	1.7	1.0	7.2								
14	0.024	1.0						7.0								
15	0.023	2.6						7.2								
16	0.018	1.8						7.2								
17																
18	0.062	2.0						7.1								
19	0.026	1.7						7.1								
20	0.019	1.2						7.2								
21	0.025	0.8						7.1								
22	0.021	1.4						7.0								
23	0.025	1.2						7.0								
24																
25	0.042	1.0						7.0								
26	0.024	0.7						6.9								
27	0.025	0.7						6.9								
28	0.024	1.0						6.9								
29	0.025	0.8						6.9								
30	0.017	1.2														
31																

Least Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed: [signature] Date: 8-23-94

Name (Please Type): Telephone No. (Please Type):

Company Name: Southern States Utilities / Venetian Village (407) 880-0058

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 7113

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.033
(17) Permitted capacity	mgd	-	0.038
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	71%
(20) BOD5 Effluent	mg/L	80082	
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.7
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			

FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1994
DEP APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month August Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.065	1.0						7.0								
2	0.027	1.4						6.7								
3	0.030	2.8						7.0								
4	0.028	0.9						7.1								
5	0.030	1.8						7.0								
6	0.029	1.5						7.0								
7																
8	0.059	1.2		1.6	5			7.1								
9	0.045	0.9						7.0								
10	0.035	1.4						7.2								
11	0.030	1.1						7.0								
12	0.044	1.8						6.9								
13	0.029	0.7														
14																
15	0.079	1.6						7.0								
16	0.039	2.0						7.1								
17	0.038	1.3						7.0								
18	0.034	1.5						7.0								
19	0.035	2.8						6.9								
20	0.024	1.5						6.9								
21																
22	0.066	1.4						6.9								
23	0.034	0.9						7.0								
24	0.025	1.2						7.0								
25	0.033	2.5						6.9								
26	0.031	1.4						7.0								
27	0.027	1.8						7.0								
28																
29	0.054	1.0						6.9								
30	0.027	2.8						7.0								
31	0.023	2.2						7.0								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original Pg 2 of 3 signed by Will Fontaine

Date:

Name (Please Type): Will Fontaine

Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities / Venetian Village

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3035P01258

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Hatch C-7532

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.031
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.029
(19) Percent of permitted capacity	%	-	79%
(20) BOD5 Effluent	mg/L	80082	1.6
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			69.0
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	3.2
(33) Other Effluent Parameters			
Fecal Coliform			ND

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month September Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.024	1.2						7.0								
2	0.025	1.4						6.9								
3	0.022	1.0						69.0								
4																
5	0.048	1.6						7.0								
6	0.027	1.4						7.0								
7	0.021	1.2						6.9								
8	0.021	2.8						7.0								
9	0.030	0.9						6.9								
10	0.023	2.6						7.0								
11																
12	0.078	1.3						7.1								
13	0.034	2.8						7.0								
14	0.037	1.6		77	44	1.6	1.0	7.0								
15	0.032	2.1						7.0								
16	0.032	1.7						7.2								
17	0.035	1.8						7.2								
18																
19	0.059	1.1						7.1								
20	0.026	3.2						7.1								
21	0.031	1.4						7.0								
22	0.025	1.5						7.0								
23	0.023	1.9						7.0								
24	0.036	2.2						7.0								
25																
26	0.074	1.1						7.0								
27	0.046	1.4						6.9								
28	0.040	1.0						7.0					IND			
29	0.036	2.4						7.1								
30	0.034	2.3						7.0								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities / Venetian Village

Date: 10-19-94

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Heath C-7522

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.031
(19) Percent of permitted capacity	%	-	87%
(20) BOD5 Effluent	mg/L	80082	0.6
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month October — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.025	2.3						7.2								
2																
3	0.089	1.6						7.1								
4	0.037	2.4						7.1								
5	0.031	1.3						7.0								
6	0.033	1.0						6.9								
7	0.029	1.6						7.0								
8	0.030	1.5														
9																
10	0.065	1.2						7.0								
11	0.031	3.2						7.1								
12	0.042	3.5		61	44	0.6	4.5	7.0								
13	0.031	2.0						7.1								
14	0.031	1.4						7.0								
15																
16	0.063	1.0														
17	0.026	1.4						7.1								
18	0.024	3.5						7.2								
19	0.027	1.6						7.1								
20	0.022	1.8						7.1								
21	0.023	1.2						6.9								
22	0.018	2.4														
23																
24	0.059	1.3						7.0								
25	0.027	2.0						7.0								
26	0.022	1.4						6.9								
27	0.026	3.3						7.0								
28	0.029	1.6						7.0								
29	0.024	2.0														
30																
31	0.056	1.2						6.9								

Lead Operator: The o ar certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Brian Heath — Date: 11-17-94

Name (Please Type): Brian Heath — Telephone No. (Please Type)

Company Name: Southern States Utilities / Venetian Village — (407) 880-0058

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7113

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Ralph Fontana B-7113

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.034
(17) Permitted capacity	mgd	-	0.038
(18) Three month average daily flow	mgd	-	0.032
(19) Percent of permitted capacity	%	-	88%
(20) BOD5 Effluent	mg/L	80082	2.4
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071650	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DEP APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month November — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (su/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.025	2.3						6.9								
2	0.022	1.7						7.0								
3	0.024	1.4						7.1								
4	0.022	0.8						7.1								
5	0.021	1.2														
6																
7	0.042	1.6						6.8								
8	0.025	1.4						7.0								
9	0.021	2.0		179	460	2.4	3.0	7.0					ND			
10	0.024	0.9						6.9								
11	0.025	1.6						7.0								
12	0.018	1.2														
13																
14	0.058	1.3						6.9								
15	0.022	1.6						7.0								
16	0.046	1.2						6.9								
17	0.086	3.5						6.9								
18	0.061	1.6						7.0								
19	0.046	1.5						7.0								
20																
21	0.085	2.6						6.9								
22	0.043	1.4						7.0								
23	0.040	1.8						6.9								
24																
25	0.073	2.3						6.9								
26	0.039	2.0						7.0								
27	0.040	1.8						7.0								
28	0.039	1.8						6.9								
29	0.039	2.1						7.0								
30	0.036	1.3						6.9								
31																

Local Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Will Fontaine — Date: 12-21-94

Name (Please Type): Will Fontaine — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities / Venetian Village

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N.A.

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] 7552

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.036
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.033
(19) Percent of permitted capacity	%	-	92%
(20) BOD5 Effluent	mg/L	80082	1.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	3.4
(33) Other Effluent Parameters			
Fecal Coliform			ND

FORM NO 17-620.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1994
DEP APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month December — Year 1994

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.036	1.7						6.9								
2	0.035	2.0						7.0								
3	0.030	1.9						7.0								
4																
5	0.060	1.4						6.9								
6	0.035	2.3						7.0								
7	0.037	1.7		104	60	1.2	1.5	6.8					ND			
8	0.036	0.9						6.9								
9	0.033	2.4						7.0								
10	0.042	1.2														
11																
12	0.073	1.6						7.0								
13	0.034	2.0						6.9								
14	0.031	2.3						7.0								
15	0.035	2.0						7.0								
16	0.037	1.7						7.0								
17	0.025	1.0						7.0								
18																
19	0.073	1.4						7.2								
20	0.032	2.0						7.1								
21	0.030	3.4						7.2								
22	0.038	1.7						7.2								
23	0.041	2.2						7.1								
24	0.038	1.7						7.1								
25																
26	0.077	1.3						7.1								
27	0.038	1.9						7.1								
28	0.036	1.6						7.2								
29	0.038	2.2						7.0								
30	0.033	1.2						7.1								
31	0.026	0.8														

Legal Disclaimer: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities / Venetian Village

Date: 1-12-95

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-141059

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class C Cert. No. 7522

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Lance D. Shreffler 8058

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.026
(19) Percent of permitted capacity	%	-	72%
(20) BOD5 Effluent	mg/L	80082	<1
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month January Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.050	0.9						6.9								
3																
4	0.047	1.0						6.8								
5	0.025	1.0						6.8								
6	0.025	1.0						6.9								
7	0.029	2.0						6.8								
8	0.023	0.9						6.9								
9	0.025	1.0						7.0								
10																
11	0.060	2.0						6.9								
12	0.022	1.8						7.0								
13	0.027	1.8		186	232	<1	<1	6.9								
14	0.024	1.5						6.9								
15	0.027	1.2						7.0								
16	0.038	0.8						6.9								
17																
18	0.054	0.8						6.8								
19	0.029	1.8						6.8								
20	0.022	1.5						6.9								
21	0.029	0.7						6.8								
22	0.026	1.0						6.8								
23	0.026	1.0						6.8								
24																
25	0.052	0.9						6.8								
26	0.027	0.8						6.9								
27	0.035	0.7						6.8								
28	0.029	1.2						7.0								
29	0.030	0.9						7.0								
30	0.028	1.0						7.1								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Lance D. Shreffler

Date: 2-7-93

Name (Please Type): Lance D. Shreffler

Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

General Offices
1000 Color Place
Apopka, FL 32703
(407) 880-0058

S S U

January 11, 1994

State of Florida
Department of Environmental Protection
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803-3767
Attn: Mr. Joseph McNamara

Subject: Venetian Village / ID # 3059P01268

Dear Mr. McNamara:

Enclosed is a **corrected** copy of the **February 1993** Monthly Operating Report for the above system.

When the report was sent to you in March the BOD Effluent data was put where the TSS Effluent data should be and vice versa. This is on page 2 of 3 of the MOR. page 3 of 3 is correct.

Please replace the original with the resubmitted copy in your file.

Sincerely,

Donald B. Corder

Donald B. Corder
Area Supervisor

c: Clara S. Dozier
Operations File

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DER FORM NO [illegible]
FORM TITLE [illegible]
EFFECTIVE DATE [illegible]
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Resubmitted January 1994

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-141059

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class C Cert. No. 7522

Night Shift Operator Class ____ Cert. No. ____

Lead Operator (Original signed by Brian Heath C-7522)

Signature Cert No

Donald B Corder C-2451

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.030
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	75%
(20) BOD5 Effluent	mg/L	80082	3.5
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	0.7
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	1.8
(33) Other Effluent Parameters			
Fecal Coliform			

FORM NO.
ITEM TITLE
EFFECTIVE DATE
APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Jeneman Village — Month February — Year 1993

Day of Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent mg/L	TSS Influent mg/L	BOD5 Effluent mg/L	TSS Effluent mg/L	pH Effluent mg/L	NH3-N Effluent mg/L	NO3-N Effluent mg/L	TN (NITRATE) Effluent mg/L	TOTAL P Effluent mg/L	FECAL Coliform
1	0.057	1.2						7.0					
2	0.026	1.2						6.9					
3	0.025	1.2						6.8					
4	0.025	1.8						7.0					
5	0.023	0.9						7.0					
6	0.032	1.2						7.0					
7													
8	0.055	0.8						7.0					
9	0.027	1.2						6.8					
10	0.027	1.2		85	112	3.5	0.7	6.9					
11	0.026	1.5						6.9					
12	0.037	0.7						7.0					
13	0.034	1.2						7.0					
14													
15	0.059	1.2						7.1					
16	0.029	1.5						7.1					
17	0.030	1.2						7.0					
18	0.027	1.2						6.9					
19	0.024	0.8						6.9					
20	0.027	1.0						7.1					
21													
22	0.057	0.9						6.9					
23	0.045	1.0						7.0					
24	0.026	1.2						7.0					
25	0.026	1.2						7.1					
26	0.029	0.9						7.1					
27	0.037	1.0						7.0					
28													
29													
30													
31													

Comments: I do hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge such report, and all attachments or other supporting documents,

Signed: (Original signed by Brian Heath) Date: 3/23/93

Name (Please Type): Brian E. Heath Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-141059

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class C Cert. No. 7522

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.033
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	92%
(20) BOD5 Effluent	mg/L	80082	8.9
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	1.5
(33) Other Effluent Parameters			
Fecal Coliform	mg/L		ND

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1992
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month March Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.060	1.2						7.0								
2	0.019	1.5						7.1								
3	0.029	1.2						7.0								
4	0.037	1.0						6.9								
5	0.031	0.9						6.9								
6	0.033	1.2						7.0								
7																
8	0.054	1.0						6.9								
9	0.027	1.2						7.0								
10	0.026	1.2		131	96	8.9	0.5	7.0								
11	0.022	1.2						7.0								
12	0.026	1.5						6.8								
13																
14																
15	0.090	0.9						7.0								
16	0.031	0.9						7.0								
17	0.031	0.8						7.0								
18	0.036	1.0						7.1								
19	0.036	1.0						7.0								
20	0.034	1.2						7.0								
21																
22	0.069	0.9						7.0								
23	0.031	1.0						7.1								
24	0.040	1.2						7.0								
25	0.051	0.8						7.0								
26	0.043	1.0						7.0								
27	0.051	1.0						7.0								
28																
29	0.072	1.2						7.1								
30	0.038	1.0						7.1								
31	0.038	0.8						7.0								

Lead Operator: The u to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 4/22/93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-141059

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.028
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.030
(19) Percent of permitted capacity	%	-	78%
(20) BOD5 Effluent	mg/L	80082	9.3
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.7
(32) Maximum Chlorine Residual	mg/L	-	2.0
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1992
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.045	0.8						7.0								
2	0.038	0.9						7.1								
3	0.036	1.0						7.1								
4																
5	0.064	1.5						7.0								
6	0.033	1.2						7.0								
7	0.031	1.0		110	108	9.3	<1	7.0								
8	0.031	1.2						7.0								
9	0.028	1.2						7.2								
10	0.032	1.0						7.1								
11																
12	0.061	0.6						7.1								
13	0.027	0.9						7.2								
14	0.027	1.0						7.0								
15	0.028	1.0						7.1								
16	0.031	1.2						7.1								
17	0.032	1.5						7.0								
18																
19	0.049	1.2						7.0								
20	0.025	1.0						7.0								
21	0.019	1.5						7.3								
22	0.021	1.0						7.2								
23	0.024	1.0						6.9								
24																
25	0.047	1.0						7.0								
26	0.022	0.7						7.0								
27	0.025	1.2						7.1								
28	0.020	1.5						7.1								
29	0.020	2.0						7.1								
30	0.020	1.5						7.0								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Brian Heath

Date: 5/17/93

Name (Please Type): Brian Heath

Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO 17.601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-141059

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.027
(19) Percent of permitted capacity	%	-	55%
(20) BOD5 Effluent	mg/L	80082	1.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month May — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.022	2.2						7.1								
2																
3	0.040	1.8						7.2								
4	0.021	1.0						7.1								
5	0.027	1.2		148	136	1.2	1.0	7.1								
6	0.024	1.2						7.0								
7	0.018	1.5						7.2								
8	0.025	1.2						7.2								
9																
10	0.043	1.0						7.1								
11	0.018	0.9						7.0								
12	0.020	2.5						7.1								
13	0.008	2.5						7.0								
14	0.029	1.0						7.1								
15	0.017	1.5						7.1								
16																
17	0.041	0.9						7.0								
18	0.019	1.0						6.9								
19	0.019	1.2						7.1								
20	0.019	1.2						7.1								
21	0.018	1.2						7.0								
22																
23	0.027	1.8						7.0								
24	0.025	1.5						7.0								
25	0.018	1.2						7.0								
26	0.019	1.8						7.1								
27	0.018	2.0						7.0								
28	0.016	1.5						7.0								
29	0.024	1.8						7.1								
30																
31	0.048	2.8						7.0								

Lead Operator: The u to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 6/8/93

Name (Please Type): Brian Heath — Telephone No. (Please Type)

Company Name: Southern States Utilities — (407) 880-0058

DER FORM NO	17-601.800(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0056

(8) Permit Number: DO35-141059

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8058

Evening Shift Operator Class: _____ Cert. No. _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.019
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	53%
(20) BOD5 Effluent	mg/L	80082	0.4
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	0.5
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month June Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.016	1.5						7.0								
2	0.018	2.2		19.4	60	0.4	0.5	7.0								
3	0.022	1.8						7.0								
4	0.018	1.5						6.9								
5	0.018	1.2						6.9								
6																
7	0.039	1.5						7.0								
8	0.016	0.8						7.0								
9	0.019	1.2						7.0								
10	0.018	1.5						7.0								
11	0.016	1.2						7.1								
12	0.021	1.5						7.0								
13																
14	0.030	1.8						7.1								
15	0.020	2.5						7.1								
16	0.016	1.2						7.0								
17	0.026	1.5						7.1								
18	0.019	1.2						7.2								
19	0.015	1.8						7.1								
20																
21	0.037	1.5						7.1								
22	0.018	1.2						7.0								
23	0.016	1.8						7.1								
24	0.017	1.5						7.1								
25	0.017	1.2						7.0								
26	0.017	1.0						7.2								
27																
28	0.038	1.8						7.1					ND			
29	0.030	1.5						7.1								
30	0.024	1.2						7.2								
31																

Lead Operator: I am to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities

Date: 7/12/93

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-141059

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No: 8058

Evening Shift Operator Class: Cert. No:

Night Shift Operator Class: Cert. No:

Lead Operator: Original Signed by Brian Heath C-7522

Signature Cert No

Paramater	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.021
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.020
(19) Percent of permitted capacity	%	-	58%
(20) BOD5 Effluent	mg/L	80082	0.4
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO 17-601(XX)(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month July — Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.020	1.8						7.1								
2	0.019	1.5						7.0								
3	0.025	1.2						7.1								
4																
5	0.044	1.5						7.1								
6	0.018	1.2						7.1								
7	0.019	1.8						7.2								
8	0.034	1.2						7.1								
9	0.033	1.5						7.1								
10	0.021	1.5						7.2								
11																
12	0.046	0.9						6.9								
13	0.024	1.2						6.9								
14	0.019	1.5		129	88	0.4	1.0	7.0								
15	0.016	1.2						7.0								
16	0.018	1.0						7.0								
17	0.023	1.2						7.1								
18																
19	0.035	1.5						7.1								
20	0.019	1.5						7.0								
21	0.020	1.5						7.1								
22	0.020	2.2						7.0								
23	0.018	2.0						7.0								
24	0.016	2.2						7.1								
25																
26	0.045	1.0						7.0								
27	0.021	1.2						7.0								
28	0.018	1.2						7.1								
29	0.017	1.5						7.1								
30	0.017	1.2						6.9								
31	0.019	1.2						7.0								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 10/1/93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-141059

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 8058

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Original signed by Brian Heath C-7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.019
(19) Percent of permitted capacity	%	-	47%
(20) BOD5 Effluent	mg/L	80082	4.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.8
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			

DER FORM NO. 17-601.300 (
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village — Month August — Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1																
2	0.032	1.5						7.0								
3	0.017	1.2						7.0								
4	0.019	1.8						7.1								
5	0.013	1.0						7.0								
6	0.014	2.0						7.0								
7	0.016	1.5						7.1								
8																
9	0.032	1.2						7.1								
10	0.017	1.0						7.1								
11	0.016	1.5		277	200	4.0	1.0	7.0								
12	0.014	1.2						7.0								
13	0.017	1.8						7.0								
14																
15	0.026	2.0						7.1								
16	0.023	2.5						6.9								
17	0.017	1.8						7.0								
18	0.019	2.0						6.9								
19	0.015	2.0						7.0								
20	0.016	1.5						7.0								
21	0.019	1.8						7.0								
22																
23	0.037	2.0						7.1								
24	0.017	1.0						6.9								
25	0.012	0.9						6.9								
26	0.018	1.5						6.9								
27	0.016	1.2						6.8								
28																
29	0.036	1.2						6.8								
30	0.022	2.0						6.9								
31	0.020	2.0						7.0								

Land Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Brian Heath — Date: 9/10/93

Name (Please Type): Brian Heath — Telephone No. (Please Type): (407) 880-0058

Company Name: Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Veneban Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-15537

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8068

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Hatch

Signature Cert No C-7522

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.038
(18) Three month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	43%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	0071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.2
(33) Other Effluent Parameters			

[illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month September Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	AMMONIA Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.012	1.2						7.0								
2	0.022	1.0						7.0								
3	0.016	1.5						6.9								
4	0.020	1.2						7.0								
5																
6	0.040	1.0						7.0								
7	0.019	1.5						6.9								
8	0.018	1.0		234	132	1.0	1.0	6.9								
9	0.018	1.2						6.8								
10	0.017	1.5						6.9								
11	0.021	1.0						7.0								
12																
13	0.036	1.2						7.0								
14	0.017	1.5						6.9								
15	0.015	1.0						6.9								
16	0.018	1.2						6.9								
17	0.017	1.5						7.0								
18																
19	0.032	1.2						7.1								
20	0.017	1.0						7.0								
21	0.018	1.8						7.1								
22	0.014	1.0						7.1								
23	0.012	1.8						7.0					ND			
24	0.017	2.0						7.0								
25	0.017	1.8						7.0								
26																
27	0.031	2.2						6.9								
28	0.015	1.0						6.9								
29	0.016	1.5						7.0								
30	0.014	1.5						6.9								
31																

[illegible]

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: Southern States Utilities

Date: 10/21/93

Telephone No. (Please Type): (407) 880-0058

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-15537

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No _____

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Brian Heath C 7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	46%
(20) BOD5 Effluent	mg/L	80082	1.0
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.8
(33) Other Effluent Parameters			
Fecal Coliform			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Veneroan Village

Month October Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.014	1.8						7.0								
2	0.016	2.0						6.9								
3																
4	0.036	2.5						7.0								
5	0.015	2.2						7.1								
6	0.018	2.0		189	148	1.0	2.0	7.1								
7	0.017	2.5						7.0								
8	0.017	2.5						7.0								
9	0.016	2.1						7.1								
10																
11	0.041	1.8						7.0								
12	0.014	2.8						7.0								
13	0.015	2.5						7.0								
14	0.017	2.5						7.0								
15	0.015	2.0						7.0								
16	0.021	2.0						7.0								
17																
18	0.035	0.9						6.8								
19	0.015	1.0						6.9								
20	0.016	0.9						6.9								
21	0.018	1.2						7.1								
22	0.015	1.4						6.9								
23	0.017	1.5						7.0								
24																
25	0.032	1.5						7.0								
26	0.016	1.2						6.9								
27	0.016	2.2						7.0								
28	0.016	0.9						7.0								
29	0.014	2.8						7.0								
30	0.015	2.2						7.0								
31																

Signed Brian Heath

Name (Please Type)

Company Name Southern States Utilities

Date 11/24/93

Telephone No (Please Type)

(407) 880-0058

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3059P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 28339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-15537

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method:

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: B Cert. No. 7113

Evening Shift Operator Class: Cert. No.

Night Shift Operator Class: Cert. No.

Lead Operator: Eric Heath C 7522

Signature Cert No

Parameter	UNITS	STORE Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.017
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.017
(19) Percent of permitted capacity	%	-	46%
(20) BOD5 Effluent	mg/L	80082	1.6
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.9
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	0.9
(32) Maximum Chlorine Residual	mg/L	-	2.4
(33) Other Effluent Parameters			

DER FORM NO 17-625.900(1)
FORM 7777.8 Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month November Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 Influent (mg/L)	TSS Influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.037	2.2						7.1								
2	0.015	1.8						7.0								
3	0.016	1.6						7.1								
4	0.014	2.4						7.1								
5	0.015	1.2						7.0								
6	0.009	1.6						7.0								
7																
8	0.039	1.0						7.0								
9	0.015	1.2						7.1								
10	0.014	2.4		156	52	1.6	1.0	7.0								
11	0.015	1.5						7.1								
12	0.014	2.0						6.9								
13																
14	0.030	1.8						6.9								
15	0.022	2.2						7.0								
16	0.015	1.6						7.0								
17	0.017	1.8						7.0								
18	0.014	1.4						7.0								
19	0.017	1.2						7.1								
20	0.017	1.2						7.0								
21																
22	0.033	1.8						7.1								
23	0.016	1.4						7.0								
24	0.017	0.9						7.2								
25																
26	0.033	1.2						7.1								
27	0.018	1.6						7.2								
28																
29	0.042	2.2						7.1								
30	0.017	1.2						7.1								
31																

Land Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Susan Heath

Name (Please Type)

Company Name: Southern States Utilities

Date: 12/2/93

Telephone No. (Please Type)
(407) 880-0058

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3035P01268

(3) Plant Name: Venetian Village

(4) Plant Address: 26339 Tammi Drive

(5) City: Tavares

(6) County: Lake

(7) Phone Number: (407) 880-0058

(8) Permit Number: DO35-155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[XX] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No 2113

Evening Shift Operator Class ____ Cert. No ____

Night Shift Operator Class ____ Cert. No ____

Lead Operator Ronald B. Cook C-2451

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.016
(17) Permitted capacity	mgd	-	0.036
(18) Three month average daily flow	mgd	-	0.016
(19) Percent of permitted capacity	%	-	46%
(20) BOD5 Effluent	mg/L	80082	1.2
(21) BOD5 Effluent	lbs/day	-	—
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	-	—
(24) Minimum pH			6.8
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	2.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

DER FORM NO 17-605.900(1)
FORM TITLE Domestic Wastewater Treatment Plant Monthly Operating Report
EFFECTIVE DATE Jan 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Venetian Village

Month December Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	BOD5 influent (mg/L)	TSS influent (mg/L)	BOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (pH/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.014	1.6						7.2								
2	0.016	1.0						7.1								
3	0.015	2.3						7.2								
4	0.016	2.0						7.1								
5																
6	0.037	1.8						7.0								
7	0.027	1.4						6.8								
8	0.009	2.6						7.2								
9	0.014	1.6						7.1								
10	0.015	2.4						7.1								
11	0.013	2.0														
12																
13	0.034	1.6						7.3								
14	0.016	2.4						7.3								
15	0.013	1.8						7.2								
16	0.023	1.8		155	160	1.2	5.0	7.1								
17	0.013	2.2						7.0								
18	0.015	2.0														
19																
20	0.031	1.1						6.8								
21	0.017	1.6						6.8								
22	0.013	2.2						6.9								
23	0.019	1.8						7.0					NO			
24	0.013	1.6						7.0								
25																
26	0.039	2.0														
27	0.019	2.6						7.1								
28	0.017	2.4						7.0								
29	0.015	1.8						7.2								
30	0.011	1.4						7.2								
31	0.018	1.8						7.2								

Last Operator: The undersigned certifies that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signature: Donald P Carder

Name (Please Type): Donald P Carder

Company Name: Southern States Utilities

Date: 1-13-94

Telephone No. (Please Type): (407) 880-0058

SSU
Southern States Utilities • Jacksonville Office • P.O. Box 8931 • Jacksonville, FL 32239 • (904) 743-1868

3/22/94
Kristen Smeltzer
D.E.P.
7825 Baymeadows Way
Suite B200
Jacksonville, Fla.
32256-7577

RE: Corrected Monthly Operating Reports for Woodmere Waste Water Plant
ID# 3116P02312.

Dear MS. Smeltzer,

Per my phone conversation with Charles Houriet on 3/22/94 regarding the mistake made on the January 1994 and February 1994 Monthly Operating Reports, storet code 900244 maximum chlorine residual.

Our reports are input on a computer system which is supposed to bring the average of each colum over to the first page of the report from the second page, however it did not complete this function properly. This mistake was not caught before the reports were sent out. After in house reviews of reports were made the mistake was found. We have since went into the computer program and corrected this problem so that it won't happen again. We will check our reports closer in the future.

If you have any further questions regarding this matter, please don't hesitate to call me at 904-744-6999.

Sincerely
Patrick Garrett
Patrick Garrett

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method:

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	7804
Night Shift Operator Class	B	Cert. No.	7612
Lead Operator			B-7781
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.250
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.248
(19) Percent of permitted capacity	%	-	50%
(20) CBOD5 Effluent	mg/L	80082	3.9
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	5.3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	12.8
(27) TKN	mg/L	000625	2.48
(28) Ammonia (NH3 - N)	mg/L	000610	1.48
(29) Nitrate	mg/L	000620	10.6
(30) Total Phosphorus	mg/L	000665	2.85
(31) Minimum Chlorine Residual	mg/L	900243	1.2
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			17
Nitrite	mg/L		0.03
Organic Nitrogen	mg/L		1.99
Orthophosphates	mg/L		2.29

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	7804
Night Shift Operator Class	B	Cert. No.	7612
Lead Operator	Patrick Hanett		B-7781
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.250
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.246
(19) Percent of permitted capacity	%	-	50%
(20) CBOD5 Effluent	mg/L	80082	3.9
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	5.3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	12.8
(27) TKN	mg/L	000625	2.48
(28) Ammonia (NH3 - N)	mg/L	000610	1.48
(29) Nitrate	mg/L	000620	10.6
(30) Total Phosphorus	mg/L	000665	2.65
(31) Minimum Chlorine Residual	mg/L	900243	1.2
(32) Maximum Chlorine Residual	mg/L	900244	2.4
(33) Other Effluent Parameters			
Fecal Coliform			17
Nitrite	mg/L		0.03
Organic Nitrogen	mg/L		1.99
Orthophosphates	mg/L		2.29

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month January Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphates (mg/L)
1	0.308	1.9	<0.01					7.0									
2	0.362	2.3	<0.01					6.9									
3	0.287	2.4	<0.01					7.0									
4	0.251	1.6	<0.01	142	132	3.0	4.4	6.9	2.48								
5	0.221	1.9	<0.01					6.8					50				
6	0.251	1.6	<0.01					6.7									
7	0.256	2.4	<0.01					6.8									
8	0.270	2.2	<0.01					6.9									
9	0.277	1.9	<0.01					6.9									
10	0.258	2.0	<0.01					6.9									
11	0.264	1.4	<0.01	122	134	3.9	5.5	6.9		0.189	10.6	2.65		0.03	1.986	12.8	2.29
12	0.287	1.7	<0.01					6.8					<2				
13	0.253	1.4	<0.01					6.8									
14	0.272	1.5	<0.01					6.8									
15	0.280	1.7	<0.01					6.8									
16	0.265	2.2	<0.01					6.6									
17	0.321	2.2	<0.01					6.8		2.77							
18	0.229	2.1	<0.01	90	73	5.4	3.8	6.9					14				
19	0.159	1.2	<0.01					6.8									
20	0.186	1.6	<0.01					6.8									
21	0.179	1.3	<0.01					6.7									
22	0.230	1.8	<0.01					6.8									
23	0.249	1.6	<0.01					6.8									
24	0.168	1.6	<0.01					6.8									
25	0.170	1.9	<0.01	106	123	3.4	7.3	6.9					<2				
26	0.179	1.8	<0.01					6.8									
27	0.189	1.8	<0.01					6.8									
28	0.194	1.8	<0.01					6.8									
29	0.310	2.1	<0.01					6.8									
30	0.365	1.7	<0.01					6.8									
31	0.270	1.5	<0.01					6.8									

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Patrick Garrett Date February 10 1994

Name (Please Type) Patrick W. Garrett Telephone No. (Please Type) 904-744-6999

Company Name Southern States Utilities

SSU
Southern States Utilities • Jacksonville Office • P.O. Box 8931 • Jacksonville, FL 32239 • (904) 743-1888

3/22/94
Kristen Smeltzer
D.E.P.
7825 Baymeadows Way
Suite B200
Jacksonville, Fla.
32256-7577

RE: Corrected Monthly Operating Reports for Woodmere Waste Water Plant
ID# 3116P02312.

Dear MS. Smeltzer,

Per my phone conversation with Charles Houriet on 3/22/94 regarding the mistake made on the January 1994 and February 1994 Monthly Operating Reports, storet code 900244 maximum chlorine residual.

Our reports are input on a computer system which is supposed to bring the average of each colum over to the first page of the report from the second page, however it did not complete this function properly. This mistake was not caught before the reports were sent out. After in house reviews of reports were made the mistake was found. We have since went into the computer program and corrected this problem so that it won't happen again. We will check our reports closer in the future.

If you have any further questions regarding this matter, please don't hesitate to call me at 904-744-6999.

Sincerely
Patrick Garrett
Patrick Garrett

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method:

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	7804
Night Shift Operator Class	B	Cert. No.	7612
Lead Operator			B-7781

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	0 236	0.236
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.248
(19) Percent of permitted capacity	%	-	50%
(20) CBOD5 Effluent	mg/L	80082	2.2
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	00530	3.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.6
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	1.12
(28) Ammonia (NH3 - N)	mg/L	000610	10.62
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			25
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No	7804
Night Shift Operator Class	B	Cert. No	7612
Lead Operator	Patrick Jarrett		B-7781
	Signature		Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	0.236	0.236
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.248
(19) Percent of permitted capacity	%	-	50%
(20) CBOD5 Effluent	mg/L	80082	2.2
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	00530	3.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.6
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	1.12
(28) Ammonia (NH3 - N)	mg/L	000610	10.42
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	2.3
(33) Other Effluent Parameters			
Fecal Coliform			25
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month February Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphates (mg/L)
1	0.246	1.4	<0.01	87	96	1.2	2.8	6.8	1.12								
2	0.219	1.3	<0.01					6.8					17				
3	0.231	1.3	<0.01					6.7									
4	0.210	1.3	<0.01					6.8									
5	0.248	1.5	<0.01					6.8									
6	0.270	1.8	<0.01					6.9									
7	0.286	2.1	<0.01					6.9		10.42							
8	0.291	1.8	<0.01	103	106	1.8	4.6	6.9					<2				
9	0.247	1.9	<0.01					7.0									
10	0.239	2.3	<0.01					6.8									
11	0.242	1.5	<0.01					6.9									
12	0.248	1.5	<0.01					6.8									
13	0.275	1.9	<0.01					6.8									
14	0.196	1.9	<0.01					6.8									
15	0.215	1.6	<0.01	119	124	3.7	4.2	6.8									
16	0.207	1.5	<0.01					6.8									
17	0.211	2.1	<0.01					6.7					80				
18	0.207	0.9	<0.01					6.8									
19	0.250	1.3	<0.01					6.8									
20	0.262	1.2	<0.01					6.8									
21	0.245	1.6	<0.01					6.8									
22	0.213	0.7	<0.01	133	124	2.2	2.2	6.9									
23	0.258	1.6	<0.01					6.8					2				
24	0.189	1.0	<0.01					6.6									
25	0.211	1.8	<0.01					6.7									
26	0.244	1.4	<0.01					6.7									
27	0.249	1.2	<0.01					6.7									
28	0.214	1.8	<0.01					6.8									
29																	
30																	
31																	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signed: Patrick W. Garrett

Name (Please Type): Patrick W. Garrett

Company Name: Southern States Utilities

Date: MAR 8 1994

Telephone No (Please Type): 904-744-6999

DER FORM NO	17-601 900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	7804
Night Shift Operator Class	B	Cert. No.	7812
Lead Operator	Patrick Hazlett		B-7781
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.236
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.241
(19) Percent of permitted capacity	%	-	48%
(20) CBOD5 Effluent	mg/L	80082	3.0
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	4.9
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	2.77
(28) Ammonia (NH3 - N)	mg/L	000610	2.94
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	* 1.5
(33) Other Effluent Parameters			
Fecal Coliform			25
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

* See attached letter

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month March Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphate (mg/L)
1	0.202	0.7	<0.01	147	151	2.5	3.0	6.8	2.77	1.11							
2	0.239	1.2	<0.01					6.8					110				
3	0.231	0.7	<0.01					6.7									
4	0.211	1.0	<0.01					6.8									
5	0.253	1.3	<0.01					6.8									
6	0.258	1.7	<0.01					6.9									
7	0.236	1.2	<0.01					6.9									
8	0.216	1.3	<0.01	159	168	2.0	2.0	6.9		0.57							
9	0.233	1.0	<0.01					6.8					17				
10	0.209	1.2	<0.01					6.8									
11	0.171	0.9	<0.01					6.7							a		
12	0.261	1.1	<0.01					6.8									
13	0.258	0.7	<0.01					6.8									
14	0.200	1.4	<0.01					6.8									
15	0.204	1.3	* 1.5 /	119	136	3.5	8.8	6.8		1.33							
16	0.200	0.7	<0.01					6.9					4				
17	0.228	1.0	<0.01					6.7									
18	0.272	1.1	<0.01					6.8									
19	0.253	1.8	<0.01					6.9									
20	0.282	1.8	<0.01					7.0									
21	0.274	1.6	<0.01					7.0									
22	0.209	1.5	<0.01	139	238	5.0	8.0	7.1		8.74							
23	0.248	1.2	<0.01					7.0					<2				
24	0.234	1.8	<0.01					7.0									
25	0.238	0.9	<0.01					7.1									
26	0.271	1.7	<0.01					7.0									
27	0.305	1.3	<0.01					7.1									
28	0.254	1.6	<0.01					7.1									
29	0.204	0.8	<0.01	102	154	2.0	2.8	7.1									
30	0.232	0.8	<0.01					6.9					<2				
31	0.232	0.9	<0.01					6.8									

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Patrick W. Garrett Date 4/13/94

Name (Please Type) Patrick W. Garrett Telephone No. (Please Type)

Company Name Southern States Utilites 904-744-6999

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	7804
Night Shift Operator Class	B	Cert. No.	7612
Lead Operator	Patrick Jarrett		B-7781
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.254
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.242
(19) Percent of permitted capacity	%	-	48%
(20) CBOD5 Effluent	mg/L	80082	1.7
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	2.1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	11.8
(27) TKN	mg/L	000625	6.22
(28) Ammonia (NH3 - N)	mg/L	000610	2.68
(29) Nitrate	mg/L	000620	5.4
(30) Total Phosphorus	mg/L	000665	3.06
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			8
Nitrite	mg/L		0.16
Organic Nitrogen	mg/L		1.10
Orthophosphates	mg/L		2.37

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month April Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphates (mg/L)
1	0.218	1.0	<0.01					6.8									
2	0.239	1.0	<0.01					6.8									
3	0.267	1.6	<0.01					6.9									
4	0.270	1.7	<0.01					7.0									
5	0.237	1.3	<0.01	88	141	1.5	2.8	7.0	6.22	5.12	5.41	3.08		0.16	1.1	11.8	
6	0.251	1.2	<0.01					7.0					4				2.37
7	0.220	1.2	<0.01					7.0									
8	0.228	1.2	<0.01					6.9									
9	0.250	0.9	<0.01					6.9									
10	0.299	1.2	<0.01					6.9									
11	0.243	0.8	<0.01					6.8							a		
12	0.257	1.1	<0.01	140	121	1.7	1.0	6.9		0.23							
13	0.252	0.9	<0.01					6.8					4				
14	0.270	0.8	<0.01					6.9									
15	0.278	0.7	<0.01					6.8									
16	0.315	0.9	<0.01					6.8									
17	0.284	0.7	<0.01					6.8									
18	0.216	1.2	<0.01					6.9									
19	0.240	1.2	<0.01	149	144	2.0	1.0	6.8									
20	0.296	1.0	<0.01					6.8					17				
21	0.213	1.2	<0.01					6.8									
22	0.260	1.1	<0.01					6.8									
23	0.235	1.0	<0.01					6.9									
24	0.275	1.3	<0.01					6.9									
25	0.243	1.3	<0.01					7.0									
26	0.220	1.5	<0.01	116	122	1.6	3.5	7.0									
27	0.270	1.4	<0.01					6.9					8				
28	0.213	0.8	<0.01					6.9									
29	0.265	0.9	<0.01					6.9									
30	0.273	0.7	<0.01					6.9									
31																	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Patrick W. Garrett Date 5/13/94

Name (Please Type) Patrick W. Garrett Telephone No (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	7804
Night Shift Operator Class	B	Cert. No.	7612
Lead Operator	Patrick Jarrett		B-7781
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.266
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.252
(19) Percent of permitted capacity	%	-	50%
(20) CBOD5 Effluent	mg/L	80082	2.1
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	4.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	5.50
(28) Ammonia (NH3 - N)	mg/L	000610	1.29
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			3
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

DER FORM NO	17-301.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month May Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	N-nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphate (mg/L)
1	0.299	0.8	<0.01					7.0									
2	0.244	0.7	<0.01					7.0									
3	0.263	0.8	<0.01	149	156	3.0	5.0	6.9	5.5	4.65							
4	0.258	1.0	<0.01					7.0					4				
5	0.245	0.8	<0.01					7.0									
6	0.214	0.7	<0.01					6.8									
7	0.282	1.3	<0.01					6.8									
8	0.276	1.0	<0.01					6.9									
9	0.272	1.1	<0.01					6.9									
10	0.258	1.2	<0.01	146	152	2.0	8.0	6.9									
11	0.279	0.9	<0.01					6.9					4				
12	0.283	1.2	<0.01					6.9									
13	0.268	0.9	<0.01					6.8									
14	0.279	0.8	<0.01					6.9									
15	0.313	0.9	<0.01					7.0									
16	0.290	1.1	<0.01					6.8									
17	0.256	0.9	<0.01	118	128	1.4	2.5	6.9		0.26							
18	0.261	0.8	<0.01					6.9					2				
19	0.211	1.2	<0.01					6.8									
20	0.192	0.8	<0.01					6.9									
21	0.210	1.8	<0.01					7.0									
22	0.291	1.9	<0.01					7.1									
23	0.259	1.7	<0.01					7.1									
24	0.265	1.0	<0.01	130	116	1.5	4.7	6.9		0.12							
25	0.260	0.9	<0.01					6.9					2				
26	0.274	0.8	<0.01					6.8									
27	0.272	0.8	<0.01					6.8									
28	0.268	1.3	<0.01					6.9									
29	0.268	0.7	<0.01					6.9									
30	0.329	1.2	<0.01					6.9									
31	0.296	1.3	<0.01	145	136	2.4	2.2	7.0		0.12			4				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Patrick W. Garrett Date: 6/13/94

Name (Please Type): Patrick W Garrett Telephone No (Please Type): 904-744-6999

Company Name: Southern States Utilities

DER FORM NO 17-301.500(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-8999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7781

Evening Shift Operator Class C Cert. No. 7804

Night Shift Operator Class B Cert. No. 7812

Lead Operator Patrick Nanett B-7781

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.308
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.278
(19) Percent of permitted capacity	%	-	55%
(20) CBOD5 Effluent	mg/L	80082	2.1
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	2.0
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	1.02
(28) Ammonia (NH3 - N)	mg/L	000610	0.47
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.6
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			27
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Wcoomere (34) Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphate (mg/L)
1	0.301	1.1	<0.01					6.9									
2	0.288	0.9	<0.01					6.8									
3	0.295	1.1	<0.01					6.8									
4	0.301	0.8	<0.01					6.9									
5	0.298	1.5	<0.01					7.0									
6	0.279	1.2	<0.01					6.9									
7	0.265	1.2	<0.01	130	134	1.5	1.0	6.9	1.16	0.21							
8	0.261	1.4	<0.01					6.8					17				
9	0.286	1.3	<0.01					6.8									
10	0.274	0.9	<0.01					6.8									
11	0.333	0.8	<0.01					6.8									
12	0.337	0.6	<0.01					6.8									
13	0.288	1.2	<0.01					6.8									
14	0.292*	1.0	<0.01					6.8									
15	0.304*	1.2	<0.01	104	108	1.8	1.2	6.8	0.87				8				
16	0.324*	1.2	<0.01					6.9									
17	0.302*	1.3	<0.01					6.9									
18	0.341*	0.8	<0.01					6.8									
19	0.371*	0.7	<0.01					6.8									
20	0.335*	0.8	<0.01					6.8									
21	0.312*	1.0	<0.01	107	139	2.9	2.4	6.8		0.27							
22	0.316*	1.5	<0.01					6.9					80				
23	0.299*	1.0	<0.01					6.8									
24	0.305*	0.9	<0.01					6.8									
25	0.334*	0.8	<0.01					6.8									
26	0.359*	0.9	<0.01					6.8									
27	0.330*	1.2	<0.01					6.9									
28	0.296*	1.4	<0.01	114	125	2.3	3.4	6.9		0.94							
29	0.299*	1.0	<0.01					6.8					4				
30	0.301*	1.0	<0.01					6.8									
31																	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

NOTE : * Flows are estimated calculations / Meter is out of service

Signed: Patrick W. Garrett Date: 7/15/94

Name (Please Type): Patrick W. Garrett Telephone No. (Please Type): 904-744-6999

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No	7781
Evening Shift Operator Class	C	Cert. No	8173
Night Shift Operator Class	B	Cert. No	7612
Lead Operator	Patrick Hamett		B-7781
	Signature		Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.314
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.295
(19) Percent of permitted capacity	%	-	59%
(20) CBOD5 Effluent	mg/L	80082	2.8
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	3.2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	14.5
(27) TKN	mg/L	000625	1.25
(28) Ammonia (NH3 - N)	mg/L	000610	0.23
(29) Nitrate	mg/L	000620	14.0
(30) Total Phosphorus	mg/L	000665	2.44
(31) Minimum Chlorine Residual	mg/L	900243	0.6
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			14
Nitrite	mg/L		<0.01
Organic Nitrogen	mg/L		0.47
Orthophosphates	mg/L		2.30

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month July Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphate (mg/L)
1	0.256*	1.2	<0.01					6.9									
2	0.297*	1.1	<0.01					6.9									
3	0.310*	1.2	<0.01					6.9									
4	0.332*	1.6	<0.01					7.0									
5	0.293*	1.0	<0.01	101	131	1.4	3.0	6.9	1.93	0.37							
6	0.338*	0.9	<0.01					6.8					2				
7	0.331*	0.9	<0.01					6.9									
8	0.289*	0.7	<0.01					6.6									
9	0.314*	0.7	<0.01					6.8									
10	0.361*	0.9	<0.01					6.9									
11	0.307*	1.0	<0.01					6.8									
12	0.277*	1.3	<0.01	79	105	2.9	3.1	6.8	0.56	0.09	14	2.44		<0.01	0.47	14.5	
13	0.310*	1.0	<0.01					6.8					23				2.3
14	0.331*	1.3	<0.01					6.6									
15	0.281*	1.2	<0.01					6.8									
16	0.332*	0.8	<0.01					6.6									
17	0.361*	0.9	<0.01					6.7									
18	0.324*	1.1	<0.01					6.8									
19	0.268*	1.2	<0.01	138	120	6.0	4.0	6.8					8				
20	0.323*	1.0	<0.01					6.8									
21	0.301*	1.1	<0.01					6.8									
22	0.294*	0.8	<0.01					6.7									
23	0.323*	0.8	<0.01					6.8									
24	0.350*	0.8	<0.01					6.8									
25	0.313*	1.5	<0.01					6.8									
26	0.317*	1.1	<0.01					6.6									
27	0.332*	0.9	<0.01	87	112	1.0	2.7	6.9					23				
28	0.303*	1.4	<0.01					6.8									
29	0.310	1.1	<0.01					6.9									
30	0.335	1.1	<0.01					6.8									
31	0.311	0.6	<0.01					6.9									

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

NOTE * Flows are estimated calculations / Meter was out of service 7/01/94 - 7/26/94

Signed Patrick W. Garrett Date 8/11/94

Name (Please Type) Patrick W. Garrett Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16 194530

(9) Plant Type: 3 C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert No	7781
Evening Shift Operator Class	C	Cert No.	8173
Night Shift Operator Class	B	Cert No.	7612
Lead Operator	Patrick Jarrett		B-7781
	Signature		Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.359
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.327
(19) Percent of permitted capacity	%	-	65%
(20) CBOD5 Effluent	mg/L	80082	1.8
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	2.3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	0.96
(28) Ammonia (NH3 - N)	mg/L	000610	0.20
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			56
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month August Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphate (mg/L)
1	0.328	0.8	<0.01					6.8									
2	0.309	0.8	<0.01	165	135	2.3	1.8	6.8					2				
3	0.318	0.9	<0.01					6.8									
4	0.357	0.7	<0.01					6.8									
5	0.356	1.1	<0.01					6.8									
6	0.421	1.0	<0.01					6.8									
7	0.449	1.0	<0.01					6.8									
8	0.361	0.8	<0.01					6.8									
9	0.353	1.0	<0.01	126	130	1.2	2.1	6.8		0.2							
10	0.393	0.8	<0.01					6.8					2				
11	0.341	0.9	<0.01					6.8									
12	0.398	1.1	<0.01					6.9									
13	0.373	1.3	<0.01					6.8									
14	0.392	1.3	<0.01					6.8									
15	0.361	1.1	<0.01					6.8									
16	0.331	0.8	<0.01	173	116	1.7	3.5	6.8	0.95								
17	0.326	1.4	<0.01					6.8					27				
18	0.317	0.9	<0.01					6.8									
19	0.364	0.7	<0.01					6.9									
20	0.367	1.2	<0.01					6.9									
21	0.389	1.4	<0.01					6.9									
22	0.348	1.1	<0.01					6.9									
23	0.326	1.1	<0.01	142	124	2.0	2.4	6.9									
24	0.391	0.7	<0.01					6.9					240				
25	0.335	0.8	<0.01					6.9									
26	0.308	0.9	<0.01					6.9									
27	0.350	0.9	<0.01					7.0									
28	0.397	1.1	<0.01					7.1									
29	0.345	0.8	<0.01					7.0									
30	0.336	0.8	<0.01	126	118	1.9	1.5	6.9					8				
31	0.368	0.8	<0.01					7.0									

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed: Patrick W. Garrett Date: 9/8/94

Name (Please Type): Patrick W. Garrett Telephone No. (Please Type): 904 744 6999

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	8173
Night Shift Operator Class	B	Cert. No	7612
Lead Operator	Patrick Hewett		B-7781
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.388
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.354
(19) Percent of permitted capacity	%	-	71%
(20) CBOD5 Effluent	mg/L	80082	1.5
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	2.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	0.89
(28) Ammonia (NH3 - N)	mg/L	000610	0.14
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			16
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere

(34)

Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Metals (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphates (mg/L)
1	0.351	0.9	<0.01					7.0									
2	0.385	0.8	<0.01					7.0									
3	0.372	1.0	<0.01					7.0									
4	0.368	0.9	<0.01					6.9									
5	0.383	1.0	<0.01					6.9									
6	0.332	0.9	<0.01	88	122	2.0	1.3	6.9	0.89	0.14							
7	0.347	1.0	<0.01					7.0					8				
8	0.326	0.8	<0.01					7.0									
9	0.342	1.0	<0.01					6.9									
10	0.369	1.0	<0.01					6.9									
11	0.385	0.9	<0.01					7.0									
12	0.333	0.8	<0.01					7.0									
13	0.314	0.9	<0.01	112	117	1.5	1.6	7.0					2				
14	0.313	1.0	<0.01					6.9									
15	0.361	1.2	<0.01					6.9									
16	0.347	0.7	<0.01					6.9									
17	0.399	1.2	<0.01					6.9									
18	0.427	0.8	<0.01					6.9									
19	0.338	1.2	<0.01					6.9									
20	0.531	1.1	<0.01	67	119	1.2	4.3	6.9									
21	0.515	1.0	<0.01					6.8					23				
22	0.416	1.2	<0.01					6.9									
23	0.411	1.2	<0.01					6.9									
24	0.455	1.0	<0.01					6.9									
25	0.455	0.8	<0.01					6.9									
26	0.387	1.4	<0.01					6.9									
27	0.408	1.0	<0.01	86	98	1.2	2.9	7.0									
28	0.534	0.9	<0.01					6.9					30				
29	0.343	0.9	<0.01					6.9									
30	0.405	1.1	<0.01					6.9									
31																	

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Patrick W. Garrett Date 10/12/94

Name (Please Type) Patrick W. Garrett Telephone No (Please Type)

Company Name Southern States Utilities 904-744-6999

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	8173
Night Shift Operator Class	B	Cert. No.	7612
Lead Operator	Patrick Harnett		B-7781
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.466
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.404
(19) Percent of permitted capacity	%	-	81%
(20) CBOD5 Effluent	mg/L	80082	2.0
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	3.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	9.7
(27) TKN	mg/L	000625	5.91
(28) Ammonia (NH3 - N)	mg/L	000610	5.54
(29) Nitrate	mg/L	000620	2.8
(30) Total Phosphorus	mg/L	000665	1.63
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			11
Nitrite	mg/L		1.01
Organic Nitrogen	mg/L		0.37
Orthophosphates	mg/L		0.91

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month October Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphate (mg/L)
1	0.399	1.0	<0.01					6.9									
2	0.507	1.5	<0.01					7.0									
3	0.421	1.3	<0.01					6.9									
4	0.459	1.1	<0.01	98	86	2.0	2.0	6.9					30				
5	0.415	1.1	<0.01					6.8									
6	0.401	1.1	<0.01					6.8									
7	0.417	0.7	<0.01					6.9									
8	0.451	0.9	<0.01					6.9									
9	0.421	0.9	<0.01					6.9									
10	0.468	1.7	<0.01					6.9									
11	0.855	0.8	<0.01	44	120	2.9	7.2	7.0	5.91	5.54	2.78	1.63		1.01	0.37	9.7	
12	0.703	1.8	<0.01					6.9					4				0.91
13	0.647	1.0	<0.01					6.9									
14	0.565	1.5	<0.01					6.9									
15	0.503	1.0	<0.01					6.9									
16	0.574	1.2	<0.01					6.9									
17	0.469	1.5	<0.01					6.9									
18	0.434	1.1	<0.01	55	93	1.0	2.0	6.9					2				
19	0.441	1.0	<0.01					6.8									
20	0.418	1.4	<0.01					6.9									
21	0.414	1.1	<0.01					6.9									
22	0.460	1.3	<0.01					7.0									
23	0.453	1.4	<0.01					7.0									
24	0.418	1.0	<0.01					6.9									
25	0.363	1.3	<0.01	103	105	2.2	2.9	6.9					8				
26	0.409	1.3	<0.01					6.9									
27	0.361	1.2	<0.01					6.9									
28	0.381	1.1	<0.01					6.8									
29	0.407	1.1	<0.01					6.8									
30	0.421	1.6	<0.01					6.9									
31	0.398	1.2	<0.01					6.9									

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Patrick W. Garrett Date: 11/14/94

Name (Please Type): Patrick W. Garrett Telephone No. (Please Type): 904-744-6999

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month November Year 1994

(2) Plant DER Identification Number 3116PO2312

(3) Plant Name Woodmere

(4) Plant Address 5710 Eisenhower Road

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-744-6995

(8) Permit Number DO16-194530

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert No.	7781
Evening Shift Operator Class	C	Cert No.	8173
Night Shift Operator Class	B	Cert No.	7612
Lead Operator	Signature	Cert No	B-7781

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.397
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.417
(19) Percent of permitted capacity	%	-	83%
(20) CBOD5 Effluent	mg/L	80082	2.9
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	2.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	0.96
(28) Ammonia (NH3 - N)	mg/L	000610	0.28
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.8
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			47
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere
(34)

Month November Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphate (mg/L)
1	0.342	1.1	<0.01	101	117	1.7	2.8	6.9	1.05	0.28							
2	0.366	1.4	<0.01					6.8					2				
3	0.334	1.1	<0.01					7.0									
4	0.350	1.3	<0.01					6.9									
5	0.374	0.9	<0.01					6.8									
6	0.495	1.3	<0.01					6.9									
7	0.257	1.0	<0.01					6.8									
8	0.346	1.6	<0.01	100	129	5.3	2.1	6.9	0.86								
9	0.352	1.3	<0.01					6.8					220				
10	0.395	1.3	<0.01					6.9									
11	0.395	1.2	<0.01					6.8									
12	0.442	1.0	<0.01					6.8									
13	0.458	1.4	<0.01					6.8									
14	0.399	1.7	<0.01					6.9									
15	0.419	1.2	<0.01	90	123	2.5	2.6	6.9									
16	0.495	1.3	<0.01					6.9					11				
17	0.426	1.1	<0.01					6.8									
18	0.419	1.4	<0.01					6.8									
19	0.433	1.1	<0.01					6.8									
20	0.485	1.2	<0.01					6.9									
21	0.440	1.3	<0.01					6.9									
22	0.387	0.8	<0.01	64	114	2.5	1.9	6.8					2				
23	0.419	1.2	<0.01					6.8									
24	0.408	1.3	<0.01					6.8									
25	0.372	0.8	<0.01					6.8									
26	0.383	1.0	<0.01					6.8									
27	0.433	1.1	<0.01					6.8									
28	0.387	0.8	<0.01					6.9									
29	0.349	0.9	<0.01	81	124	2.3	3.3	6.9									
30	0.344	1.1	<0.01					6.8					2				
31																	

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed Patrick W. Garrett Date 12/12/94

Name (Please Type) Patrick W. Garrett Telephone No (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-744-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No	7781
Evening Shift Operator Class	C	Cert. No.	8173
Night Shift Operator Class	B	Cert. No.	7812
Lead Operator	Patrick Hamett		B-7781
	Signature	Cert No	

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.346
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.403
(19) Percent of permitted capacity	%	-	81%
(20) CBOD5 Effluent	mg/L	80082	4.3
(21) CBOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	6.3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	1.57
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			44
Nitrite	mg/L		
Organic Nitrogen	mg/L		
Orthophosphates	mg/L		

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere

(34)

Month December Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Orthophosphate (mg/L)
1	0.337	1.1	<0.01					6.8									
2	0.307	1.0	<0.01					6.8									
3	0.406	1.5	<0.01					6.8									
4	0.414	1.5	<0.01					6.8									
5	0.402	1.2	<0.01					6.8									
6	0.351	1.2	<0.01	162	112	3.7	5.0	6.8	1.57								
7	0.321	1.3	<0.01					6.8					2				
8	0.355	1.2	<0.01					6.8									
9	0.339	0.8	<0.01					6.7									
10	0.364	1.5	<0.01					6.8									
11	0.402	1.6	<0.01					6.8									
12	0.322	1.0	<0.01					6.7									
13	0.307	1.5	<0.01	104	125	3.0	5.9	6.8									
14	0.292	1.0	<0.01					6.7					170				
15	0.311	1.4	<0.01					6.7									
16	0.278	0.8	<0.01					6.7									
17	0.351	1.4	<0.01					6.7									
18	0.347	1.0	<0.01					6.7									
19	0.341	0.7	<0.01					6.8									
20	0.306	1.7	<0.01	100	137	5.9	6.9	6.8					2				
21	0.350	0.9	<0.01					6.9									
22	0.366	1.3	<0.01					6.8									
23	0.378	1.9	<0.01					6.8									
24	0.431	0.8	<0.01					6.9									
25	0.352	1.7	<0.01					6.9									
26	0.364	1.7	<0.01					6.9									
27	0.309	1.3	<0.01	128	134	4.4	7.2	6.9					2				
28	0.308	1.7	<0.01					6.9									
29	0.334	1.7	<0.01					6.9									
30	0.317	1.7	<0.01					6.9									
31	0.363	1.7	<0.01					6.8									

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Patrick W. Garrett Date 1/11/95

Name (Please Type) Patrick W. Garrett Telephone No (Please Type) 904-744-8995

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO	17.901.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 7781

Evening Shift Operator Class: B Cert. No. 4370

Night Shift Operator Class: C Cert. No. 7710

Lead Operator: Original Signed by Daniel Sherwood B-4370

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.424
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.452
(19) Percent of permitted capacity	%	-	90%
(20) BOD5 Effluent	mg/L	80082	2
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	6
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	18.0
(27) TKN	mg/L	000625	1.34
(28) Ammonia (NH3 - N)	mg/L	000610	0.13
(29) Nitrate	mg/L	000620	16.6
(30) Total Phosphorus	mg/L	000665	2.56
(31) Minimum Chlorine Residual	mg/L	900243	1.1
(32) Maximum Chlorine Residual	mg/L	900244	1.9
(33) Other Effluent Parameters			
Fecal Coliform		AVG.	2

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month January Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Organic Nitrogen	Total Nitrogen	Ortho Phosphate
1	0.438	1.5	<0.01					6.9								
2	0.407	1.4	<0.01					6.9								
3	0.473	1.9	<0.01					6.9								
4	0.465	1.5	<0.01					6.9								
5	0.420	1.5	<0.01					6.9								
6	0.434	1.4	<0.01	77	117	1.1	6.2	6.9								
7	0.418	1.1	<0.01					6.8								
8	0.462	1.3	<0.01					6.9								
9	0.453	1.3	<0.01					6.9								
10	0.468	1.4	<0.01					6.9								
11	0.436	1.4	<0.01					6.9								
12	0.409	1.2	<0.01	74	110	1.5	5	6.9								
13	0.453	1.4	<0.01					6.9								
14	0.406	1.3	<0.01					6.9					2			
15	0.363	1.6	<0.01					6.9								
16	0.508	1.2	<0.01					6.9								
17	0.464	1.2	<0.01					6.9								
18	0.419	1.4	<0.01					6.8								
19	0.329	1.3	<0.01	78	134	2.4	4	6.9								
20	0.407	1.8	<0.01					6.8								
21	0.420	1.6	<0.01					6.8					<2			
22	0.409	1.6	<0.01					6.7								
23	0.389	1.3	<0.01					6.8								
24	0.480	1.4	<0.01					6.9								
25	0.403	1.2	<0.01					6.9								
26	0.450	1.9	<0.01	85	124	2.1	7	7.0								
27	0.386	1.5	<0.01					6.9	1.43	0.13	16.6	2.56	2	1.30	18.0	2.38
28	0.390	1.7	<0.01					6.9								
29	0.326	1.9	<0.01					6.8								
30	0.411	1.1	<0.01					6.7								
31	0.459	1.4	<0.01					6.8								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Daniel Sherwood Date: 2/8/93

Name (Please Type) Daniel Sherwood Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	C	Cert. No.	7781
Evening Shift Operator Class	B	Cert. No.	4370
Night Shift Operator Class	C	Cert. No.	7710

Lead Operator: Original Signed by Daniel Sherwood B-4370

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.401
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.422
(19) Percent of permitted capacity	%	-	84%
(20) BOD5 Effluent	mg/L	80082	1.6
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	12
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	1.96
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	mg/L	900244	<1
(33) Other Effluent Parameters			
Fecal Coliform			17

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.408	1.7	<.01					6.9								
2	0.389	1.7	<.01	94	133	1	15	6.9	1.96				<2			
3	0.414	1.4	<.01					6.9								
4	0.340	1.4	<.01					6.8								
5	0.325	1.4	<.01					6.8								
6	0.413	1.0	<.01					6.8								
7	0.485	1.4	<.01					6.9								
8	0.397	1.8	<.01					7								
9	0.328	1.3	<.01	91	128	2	11	6.9								
10	0.332	1.7	<.01					6.8					50			
11	0.417	1.4	<.01					6.7								
12	0.381	1.5	<.01					6.8								
13	0.416	1.2	<.01					6.9								
14	0.447	1.4	<.01					6.9								
15	0.399	1.4	<.01					6.9								
16	0.401	1.4	<.01	59	130	2.5	13	6.9					13			
17	0.400	1.4	<.01					6.9								
18	0.389	1.6	<.01					6.9								
19	0.391	1.5	<.01					6.9								
20	0.381	1.4	<.01					6.9								
21	0.365	1.4	<.01					7								
22	0.441	1.2	<.01					6.8								
23	0.391	1.4	<.01	82	169	1	7	6.9					4			
24	0.443	1.5	<.01					6.8								
25	0.383	1.9	<.01					6.7								
26	0.395	1.5	<.01					6.8								
27	0.460	1.6	<.01					6.8								
28	0.497	1.5	<.01					6.9								
29																
30																
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Daniel Sherwood Date: 3/1/93

Name (Please Type) Daniel Sherwood Telephone No. (Please Type)

Company Name Southern States Utilities 904-743-6999

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method:

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	C	Cert. No.	7781
Evening Shift Operator Class	B	Cert. No.	4370
Night Shift Operator Class	C	Cert. No.	7710

Lead Operator: Original Signed by Daniel Sherwood B-4370

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.429
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.418
(19) Percent of permitted capacity	%	-	84%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	1.81
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.3
(32) Maximum Chlorine Residual	mg/L	900244	<1
(33) Other Effluent Parameters			
Fecal Coliform			4

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month March Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Organic Nitrogen	Total Nitrogen	Ortho Phosphate
1	0.454	1.5	<.01					6.8								
2	0.401	1.8	<.01					6.9								
3	0.425	1.6	<.01	88	137	1	8.5	6.8	1.81				<2			
4	0.391	1.7	<.01					6.8								
5	0.381	1.8	<.01					6.8								
6	0.414	1.5	<.01					6.9								
7	0.434	1.8	<.01					6.9								
8	0.407	2.4	<.01					6.9								
9	0.412	2	<.01	74	130	1	5.3	6.9					<2			
10	0.397	1.6	<.01					6.9								
11	0.387	1.4	<.01					6.8								
12	0.401	1.4	<.01					6.8								
13	0.465	1.5	<.01					6.8								
14	0.508	1.9	<.01					6.9								
15	0.433	1.7	<.01					6.9								
16	0.382	1.9	<.01	77	111	1.5	2.8	6.9					6			
17	0.391	1.7	<.01					6.9								
18	0.444	1.9	<.01					6.7								
19	0.477	2	<.01					6.8								
20	0.384	1.8	<.01					6.8								
21	0.409	1.5	<.01					6.9								
22	0.429	1.3	<.01					6.9								
23	0.435	1.5	<.01	99	201	<1	4.9	6.9					4			
24	0.419	1.4	<.01					6.8								
25	0.434	1.4	<.01					6.8								
26	0.493	1.5	<.01					6.8								
27	0.458	1.3	<.01					6.9								
28	0.486	1.7	<.01					6.9								
29	0.448	1.7	<.01					6.9								
30	0.447	1.8	<.01					6.9					2			
31	0.486	1.5	<.01	95	122	1	3.3	6.8								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Daniel Sherwood Date: 4/19/93

Name (Please Type) Daniel Sherwood Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	C	Cert. No.	7781
Evening Shift Operator Class	B	Cert. No.	4370
Night Shift Operator Class	C	Cert. No.	7710
Lead Operator	Original Signed by Glen Whitcomb		A-6035
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.401
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.410
(19) Percent of permitted capacity	%	-	82%
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	3
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.1
(26) Total N	mg/L	000600	10.2
(27) TKN	mg/L	000625	0.90
(28) Ammonia (NH3 - N)	mg/L	000610	0.24
(29) Nitrate	mg/L	000620	9.27
(30) Total Phosphorus	mg/L	000666	2.53
(31) Minimum Chlorine Residual	mg/L	900243	1.2
(32) Maximum Chlorine Residual	mg/L	900244	<1
(33) Other Effluent Parameters			
Fecal Coliform			4
Nitrite	mg/L		0.01
Organic Nitrogen	mg/L		0.70

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month April Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite (mg/L)	Organic Nitrogen (mg/L)	
1	0.469	1.6	<.01					6.8								
2	0.443	1.7	<.01					6.7								
3	0.461	1.7	<.01					6.9								
4	0.467	1.4	<.01					6.8								
5	0.432	1.4	<.01					6.9								
6	0.369	1.8	<.01					6.9					8			
7	0.371	1.6	<.01	140	126	<2	6	6.8	0.90							
8	0.399	1.4	<.01					6.8								
9	0.429	1.7	<.01					6.8								
10	0.423	1.6	<.01					6.9								
11	0.444	1.4	<.01					6.9								
12	0.397	1.3	<.01					6.9								
13	0.399	1.5	<.01	90	133	1.3	2.8	6.9					2			
14	0.411	1.7	<.01					6.9								
15	0.390	2	<.01					6.9								
16	0.376	1.8	<.01					6.9								
17	0.397	1.2	<.01					6.9								
18	0.410	1.4	<.01					6.9								
19	0.376	1.4	<.01					7								
20	0.387	1.8	<.01	92	146	1	3.2	7		0.24	9.27	2.53	<2	0.01	0.70	
21	0.376	1.4	<.01					6.9								
22	0.365	1.6	<.01					6.9								
23	0.348	1.2	<.01					6.9								
24	0.410	1.5	<.01					6.9								
25	0.405	1.8	<.01					7								
26	0.398	1.7	<.01					7.1								
27	0.362	1.4	<.01	116	129	1	1	7.1					<2			
28	0.356	1.7	<.01					7								
29	0.372	0.9	<.01					6.9								
30	0.378	1.1	<.01					7								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Glen J. Whitcomb Date: 5/14/93

Name (Please Type) Glen J. Whitcomb Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO 17-301.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name Woodmere

(4) Plant Address 5710 Edenfield Road

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-743-6999

(8) Permit Number DO16-194530

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7781

Evening Shift Operator Class C Cert. No. 7804

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Original Signed by Glen Whitcomb A-6035

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.413
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.414
(19) Percent of permitted capacity	%	-	83%
(20) BOD5 Effluent	mg/L	80082	1
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	2.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	1.01
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	900243	1.1
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			39

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Organic Nitrogen	Total Nitrogen	Ortho Phosphate
1	0.409	1.4	<.01					6.9								
2	0.442	1.1	<.01					6.9								
3	0.410	1.4	<.01					6.9								
4	0.414	1.3	<.01	122	124	1.0	1.5	7.0	1.01				70			
5	0.432	1.1	<.01					6.9								
6	0.401	1.1	<.01					6.9								
7	0.394	1.5	<.01					6.9								
8	0.419	1.3	<.01					6.9								
9	0.443	1.5	<.01					6.9								
10	0.401	1.6	<.01					7.0								
11	0.418	1.6	<.01	89	132	1.0	1.8	7.0					4			
12	0.423	1.7	<.01					6.9								
13	0.397	1.4	<.01					7.0								
14	0.390	1.9	<.01					6.9								
15	0.413	1.5	<.01					6.8								
16	0.435	1.4	<.01					6.9								
17	0.402	1.5	<.01					6.9								
18	0.395	1.7	<.01	122	99	1.2	2.8	7.0					<2			
19	0.406	1.6	<.01					6.9								
20	0.392	1.9	<.01					6.9								
21	0.399	2.1	<.01					7.0								
22	0.420	1.6	<.01					6.8								
23	0.443	1.7	<.01					6.9								
24	0.400	1.9	<.01					6.9								
25	0.407	1.5	<.01	115	147	1	3.8	7.1					80			
26	0.411	2	<.01					7.0								
27	0.391	1.8	<.01					7.0								
28	0.399	1.8	<.01					6.9								
29	0.434	1.5	<.01					6.9								
30	0.424	1.6	<.01					6.9								
31	0.425	1.5	<.01					7.0								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Glen Whitcomb Date: 6/17/93

Name (Please Type) Glen Whitcomb Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-5999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class: C Cert. No. 7781

Evening Shift Operator Class: C Cert. No. 7804

Night Shift Operator Class: C Cert. No. 8720

Lead Operator: Original Signed by Glen Whitcomb A-6035

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.438
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.417
(19) Percent of permitted capacity	%	-	88%
(20) BOD5 Effluent	mg/L	80082	1.5
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	2.5
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	0.80
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	900243	1.2
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			2.4

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month June Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (su/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform			
1	0.429	1.8	<.01	108	127	1.0	3.9	7.0	0.80				2			
2	0.433	1.8	<.01					6.9								
3	0.436	1.7	<.01					6.8								
4	0.429	1.9	<.01					6.9								
5	0.474	1.6	<.01					7.0								
6	0.460	1.2	<.01					7.0								
7	0.435	1.3	<.01					7.0								
8	0.421	1.7	<.01	137	120	<2	3	7.0					<2			
9	0.441	2.0	<.01					6.9								
10	0.439	1.9	<.01					6.9								
11	0.420	1.9	<.01					6.8								
12	0.459	1.8	<.01					7.0								
13	0.451	1.1	<.01					6.9								
14	0.422	1.6	<.01					6.9								
15	0.429	2.0	<.01	91	122	1.0	1.8	6.9					<2			
16	0.400	1.7	<.01					6.9								
17	0.406	2.1	<.01					6.8								
18	0.412	1.8	<.01					6.8								
19	0.449	1.5	<.01					6.9								
20	0.450	1.4	<.01					6.8								
21	0.446	1.6	<.01					6.9								
22	0.450	1.8	<.01	102	139	1.4	1.8	6.9					4			
23	0.428	1.5	<.01					6.9								
24	0.410	1.8	<.01					6.8								
25	0.421	1.7	<.01					6.8								
26	0.459	1.7	<.01					6.8								
27	0.492	1.4	<.01					6.9								
28	0.440	1.3	<.01					6.9								
29	0.447	1.8	<.01	115	106	<2	2	6.9					<2			
30	0.444	2.0	<.01					6.8								
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Glen Whitcomb Date: 7/15/93

Name (Please Type) Glen Whitcomb Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO 17.801.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name Woodmere

(4) Plant Address 5710 Edenfield Road

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-743-6999

(8) Permit Number DO16-194530

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7781

Evening Shift Operator Class C Cert. No. 7804

Night Shift Operator Class C Cert. No. 8720

Lead Operator: Original Signed by Glen Whitcomb A-6035

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.461
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.437
(19) Percent of permitted capacity	%	-	87%
(20) BOD5 Effluent	mg/L	80082	1.3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	1.7
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	15.56
(27) TKN	mg/L	000625	0.88
(28) Ammonia (NH3 - N)	mg/L	000610	0.12
(29) Nitrate	mg/L	000620	14.87
(30) Total Phosphorus	mg/L	000665	2.0
(31) Minimum Chlorine Residual	mg/L	900243	1.2
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			3
Nitrite	mg/L		<0.01
Organic Nitrogen	mg/L		0.86
Orthophosphates	mg/L		1.20

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform	Nitrite Eff (mg/L)	Organic Nitrogen (mg/L)	Total Nitrogen (mg/L)	Ortho Phosphates (mg/L)
1	0.451	1.4	<.01					6.8									
2	0.493	1.2	<.01					6.9									
3	0.474	1.4	<.01					6.9									
4	0.472	1.2	<.01					6.9									
5	0.456	1.4	<.01					6.9									
6	0.484	2.3	<.01	80	137	1.0	1.8	7					4				
7	0.490	2.3	<.01					6.9									
8	0.460	2.2	<.01					6.8									
9	0.464	2.3	<.01					6.9									
10	0.500	2.2	<.01					6.9									
11	0.516	1.7	<.01					6.9									
12	0.454	2.2	<.01					6.8									
13	0.452	2.1	<.01	89	99	1.0	2.3	6.9	0.68	0.12	14.87	2.0	<2	<0.01	0.56	15.56	1.20
14	0.440	2	<.01					6.9									
15	0.467	2	<.01					6.8									
16	0.446	1.8	<.01					6.8									
17	0.481	2.1	<.01					6.8									
18	0.504	2.1	<.01					6.9									
19	0.426	1.5	<.01					6.8									
20	0.427	1.9	<.01					6.9									
21	0.410	2.1	<.01	131	110	<2	1	6.9					2				
22	0.444	2.1	<.01					6.8									
23	0.430	2.6	<.01					6.8									
24	0.445	1.9	<.01					6.8									
25	0.488	2.3	<.01					6.8									
26	0.466	1.8	<.01					6.8									
27	0.445	1.7	<.01	91	101	1.3	1.8	6.9					2				
28	0.434	2.3	<.01					6.8									
29	0.478	1.8	<.01					6.8									
30	0.443	2	<.01					6.8									
31	0.456	1.8	<.01					6.8									

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Glen Whitcomb Date: 08/13/93

Name (Please Type) Glen Whitcomb Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7781

Evening Shift Operator Class C Cert. No. 7804

Night Shift Operator Class C Cert. No. 8720

Lead Operator Original Signed by Patrick Garrett B-776
Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.358
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900236	0.419
(19) Percent of permitted capacity	%	-	84%
(20) BOD5 Effluent	mg/L	80082	1.1
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	1.9
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	1.01
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	900243	1.2
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			3.6

DER FORM NO. 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere

Month August Year 1993

(34)

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform				
1	0.477	2.0	<.01					7.0									
2	0.402	2.0	<.01					6.9									
3	0.404	2.2	<.01					6.9	1.01				<2				
4	0.412	2.0	<.01	56	95	1.0	1.0	6.9									
5	0.428	2.3	<.01					6.8									
6	0.423	1.8	<.01					6.8									
7	0.444	2.4	<.01					6.8									
8	0.473	2.2	<.01					6.8									
9	0.370	1.9	<.01					6.9									
10	0.377	2.2	<.01	107	90	1.0	1.8	6.9					4				
11	0.344	2.1	<.01					6.9									
12	0.381	1.9	<.01					6.8									
13	0.362	2.0	<.01					6.8				2.0					
14	0.406	2.0	<.01					6.9									
15	0.422	2.1	<.01					6.8									
16	0.360	1.7	<.01					6.8									
17	0.393	2.3	<.01	96	209	1.0	2.7	6.9					2				
18	0.392	2.4	<.01					6.8									
19	0.346	2.4	<.01					6.8									
20	0.384	1.6	<.01					6.8									
21	0.420	1.4	<.01					6.8									
22	0.331	1.2	<.01					6.8									
23	0.239	1.6	<.01					7.0									
24	0.269	1.9	<.01	60	106	1.1	2	7.0					8				
25	0.255	1.6	<.01					6.8									
26	0.253	1.8	<.01					6.8									
27	0.239	1.7	<.01					6.8									
28	0.277	2.1	<.01					6.8									
29	0.303	1.8	<.01					6.8									
30	0.243	1.7	<.01					6.9									
31	0.266	2.1	<.01	138	136	1.3	2	6.9					<2				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Original signed by Patrick W. Garrett Date: 9/13/93

Name (Please Type): Patrick W. Garrett Telephone No. (Please Type): 904-744-6999

Company Name: Southern States Utilites

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	7804
Night Shift Operator Class	C	Cert. No.	8720

Lead Operator: Original Signed by Patrick Garrett B-778*

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.263
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.361
(19) Percent of permitted capacity	%	-	72%
(20) BOD5 Effluent	mg/L	80082	1.5
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	3.2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	0.63
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	900243	1.2
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			6

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month September Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform				
1	0.252	2.1	<0.01					6.8									
2	0.273	1.9	<0.01					6.8									
3	0.261	2.1	<0.01					6.8									
4	0.297	1.7	<0.01					6.8									
5	0.276	1.5	<0.01					6.8									
6	0.310	1.6	<0.01					6.9									
7	0.279	0.9	<0.01	145	133	2	1.5	7.1									
8	0.272	2.0	<0.01					6.9	0.83				2				
9	0.274	2.0	<0.01					6.8									
10	0.260	1.9	<0.01					6.8									
11	0.296	1.6	<0.01					6.8									
12	0.328	1.5	<0.01					6.8									
13	0.242	1.8	<0.01					6.9									
14	0.269	1.8	<0.01	112	159	1.9	3.6	6.9					<2				
15	0.256	1.5	<0.01					6.9									
16	0.272	1.5	<0.01					6.8									
17	0.255	1.7	<0.01					6.8									
18	0.284	1.4	<0.01					6.8									
19	0.299	1.3	<0.01					6.8									
20	0.238	1.4	<0.01					6.9									
21	0.236	1.7	<0.01	147	134	1.2	4.6	6.9					8				
22	0.239	1.8	<0.01					6.7									
23	0.222	1.4	<0.01					6.9									
24	0.253	1.9	<0.01					6.8									
25	0.283	1.3	<0.01					6.8									
26	0.296	1.8	<0.01					6.8									
27	0.218	1.3	<0.01					6.8									
28	0.200	1.4	<0.01	152	130	1	2.9	6.9					13				
29	0.231	1.2	<0.01					6.8									
30	0.187	1.3	<0.01					6.9									
31																	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Original signed by Patrick W. Garrett Date 10/07/93

Name (Please Type) Patrick W. Garrett Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10623

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7781

Evening Shift Operator Class C Cert. No. 7804

Night Shift Operator Class C Cert. No. 8720

Lead Operator: Original signed by Patrick Garrett B-7781

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.223
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.281
(19) Percent of permitted capacity	%	-	56%
(20) BOD5 Effluent	mg/L	80082	1.6
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	5.1
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.8
(25) Maximum pH		900242	7.1
(26) Total N	mg/L	000600	13.47
(27) TKN	mg/L	000625	1.57
(28) Ammonia (NH3 - N)	mg/L	000610	0.09
(29) Nitrate	mg/L	000620	11.9
(30) Total Phosphorus	mg/L	000665	2.59
(31) Minimum Chlorine Residual	mg/L	900243	0.9
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			11.5
Nitrate	mg/L		<0.01
Organic Nitrogen	mg/L		1.66
Orthophophates	mg/L		1.62

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere

(34)

Month October Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	Nitrite Effluent (mg/L)	Org Nitrogen (mg/L)	Total Nitrogen (mg/L)	Ortho Phosphates (mg/L)
1	0.188	2.1	<0.01					6.8									
2	0.240	1.8	<0.01					6.8									
3	0.275	1.3	<0.01					6.9									
4	0.230	1.2	<0.01					6.9									
5	0.210	1.2	<0.01	114	143	1	2.2	7.0					8				
6	0.297	1.4	<0.01					6.8									
7	0.200	1.6	<0.01					6.8									
8	0.179	2.2	<0.01					6.8									
9	0.264	1.7	<0.01					6.8									
10	0.294	1.7	<0.01					6.8									
11	0.200	1.4	<0.01					7.0									
12	0.186	1.9	<0.01	156	174	<2	6	6.9	1.57	0.09	11.9	2.59		<0.01	1.66	13.47	1.62
13	0.189	1.7	<0.01					6.8					<2				
14	0.179	1.9	<0.01					6.8									
15	0.210	1.6	<0.01					6.8									
16	0.269	1.3	<0.01					6.8									
17	0.282	0.9	<0.01					6.8									
18	0.228	1.4	<0.01					6.9									
19	0.232	1.8	<0.01	136	152	<2	8	6.9									
20	0.213	1.4	<0.01					6.8					13				
21	0.208	1.8	<0.01					6.8									
22	0.190	1.4	<0.01					6.8									
23	0.205	0.9	<0.01					6.8									
24	0.249	1.1	<0.01					6.8									
25	0.218	1.5	<0.01					7.0									
26	0.201	1.6	<0.01	112	148	1.3	4	7.1					23				
27	0.209	2.2	<0.01					6.8									
28	0.188	1.9	<0.01					6.8									
29	0.167	1.9	<0.01					6.9									
30	0.310	1.9	<0.01					6.8									
31	0.203	1.6	<0.01					6.9									

Lead Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Patrick W. Garrett Date 11/12/93

Name (Please Type) Patrick W. Garrett Telephone No. (Please Type)

Company Name Southern States Utilities 904-744-6999

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name Woodmere

(4) Plant Address 5710 Edenfield Road

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-743-6999

(8) Permit Number DO16-194530

(9) Plant Type 3-C

(10) Test Site Identification Number 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 7781

Evening Shift Operator Class C Cert. No. 7804

Night Shift Operator Class C Cert. No. 8720

Lead Operator Original signed by Patrick Garrett B-7781

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.234
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	240
(19) Percent of permitted capacity	%	-	48%
(20) BOD5 Effluent	mg/L	80082	3
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	11
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	2.73
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.5
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			48

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34) Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform				
1	0.222	2.0	<0.01					6.7									
2	0.190	2.2	<0.01	120	110	5	12	6.8	2.73								
3	0.205	2.2	<0.01					6.8					70				
4	0.221	2.2	<0.01					6.8									
5	0.226	1.8	<0.01					6.8									
6	0.260	1.6	<0.01					6.8									
7	0.265	1.9	<0.01					6.9									
8	0.209	2.0	<0.01					6.9									
9	0.183	2.3	<0.01	74	131	2.3	12	7.0									
10	0.196	2.0	<0.01					6.8					30				
11	0.221	1.9	<0.01					6.8									
12	0.192	2.1	<0.01					6.9									
13	0.272	2.1	<0.01					6.9									
14	0.271	1.9	<0.01					7.0									
15	0.243	1.8	<0.01					7.0									
16	0.242	1.6	<0.01					6.9									
17	0.242	2.0	<0.01	106	85	2.0	8	6.9					11				
18	0.228	1.8	<0.01					6.8									
19	0.209	2.1	<0.01					6.8									
20	0.212	2.2	<0.01					6.8									
21	0.230	1.9	<0.01					6.8									
22	0.212	2.0	<0.01					6.8									
23	0.196	1.6	<0.01	112	133	2.6	12	6.9					80				
24	0.180	1.5	<0.01					6.8									
25	0.236	2.1	<0.01					6.8									
26	0.337	2.1	<0.01					6.9									
27	0.319	2.4	<0.01					6.9									
28	0.288	1.9	<0.01					6.9									
29	0.252	1.9	<0.01					6.8									
30	0.272	2.2	<0.01					6.8									
31																	

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Patrick W. Garrett Date 12/6/93

Name (Please Type) Patrick W. Garrett Telephone No (Please Type)

Company Name Southern States Utilities 904-744-6999

Page 3 of 3

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 3116PO2312

(3) Plant Name: Woodmere

(4) Plant Address: 5710 Edenfield Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: 904-743-6999

(8) Permit Number: DO16-194530

(9) Plant Type: 3-C

(10) Test Site Identification Number: 3116X10823

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class	B	Cert. No.	7781
Evening Shift Operator Class	C	Cert. No.	7804
Night Shift Operator Class	C	Cert. No.	8720
Lead Operator	Original signed by Patrick Garrett		B-7781
	Signature		Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.259
(17) Permitted capacity	mgd	-	0.500
(18) Three month average daily flow	mgd	900238	0.239
(19) Percent of permitted capacity	%	-	48%
(20) BOD5 Effluent	mg/L	80082	2.9
(21) BOD5 Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	000530	5.2
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		900241	6.7
(25) Maximum pH		900242	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	2.58
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	900243	1.6
(32) Maximum Chlorine Residual	mg/L	900244	<0.01
(33) Other Effluent Parameters			
Fecal Coliform			9

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Woodmere (34)

Month December Year 1993

Day of the Mont	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual After Dechlor	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE Effluent (mg/L)	TOTAL P Effluent (mg/L)	FECAL Coliform				
1	0.246	2.0	<0.01	137	132	2.6	5.6	6.9	2.58				<2				
2	0.299	2.1	<0.01					6.8									
3	0.259	1.8	<0.01					6.8									
4	0.321	1.6	<0.01					6.8									
5	0.305	1.7	<0.01					6.9									
6	0.247	2.2	<0.01					6.8									
7	0.242	2.0	<0.01	139	160	1.6	5.3	6.9					8				
8	0.267	2.0	<0.01					6.8									
9	0.272	1.8	<0.01					6.8									
10	0.235	1.6	<0.01					6.8									
11	0.264	1.8	<0.01					6.8									
12	0.234	1.9	<0.01					6.8									
13	0.264	1.9	<0.01					6.9									
14	0.245	1.9	<0.01	115	115	3.7	5.5	6.8					<2				
15	0.256	1.9	<0.01					6.8									
16	0.217	2.2	<0.01					6.7									
17	0.242	2.1	<0.01					6.9									
18	0.281	1.9	<0.01					6.8									
19	0.276	1.8	<0.01					6.8									
20	0.265	2.0	<0.01					6.9									
21	0.248	2.3	<0.01	147	140	5.2	8.2	6.8					30				
22	0.254	1.8	<0.01					6.8									
23	0.236	1.8	<0.01					6.8									
24	0.254	1.9	<0.01					6.8									
25	0.244	2.1	<0.01					6.8									
26	0.240	1.9	<0.01					7.0									
27	0.290	2.1	<0.01					6.9									
28	0.274	2.2	<0.01	112	131	1.3	1.2	6.8					2				
29	0.280	1.8	<0.01					6.8									
30	0.208	2.4	<0.01					6.8									
31	0.248	1.9	<0.01					6.8									

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Original signed by Partick W. Garrett Date 1/4/94

Name (Please Type) Patrick W. Garrett Telephone No. (Please Type) 904-744-6999

Company Name Southern States Utilities

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-856-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Bruce Batte 7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.024
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	27.42%
(20) CBODs EFFLUENT	mg/L	80082	0.5
(21) CBODs EFFLUENT	lbs/day	-	0.1
(22) TSS EFFLUENT	mg/L	900201	16.0
(23) TSS EFFLUENT	lbs/day	-	2.9
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			< 2.0

DEP Form No. 17-601 (Eff. 1)
Form Title: Domestic Wastewater Treatment Plant
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month: January — Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.021	3.5						7.00							
2	0.020	3.5						7.10							
3	0.021	3.5						7.00							
4	0.016	3.5						7.04							
5	0.017	3.5						7.02							
6	0.019	3.5						7.31							
7	0.018	3.5						7.34							
8	0.019	3.5						7.30							
9	0.023	3.5						7.30							
10	0.029	3.5						7.20							
11	0.016	3.5						7.41							
12	0.022	3.5	370	668	0.5	18		7.38			1.2		< 2		
13	0.020	3.5						7.36							
14	0.016	3.5						7.16							
15	0.021	3.5						7.18							
16	0.023	3.5						7.20							
17	0.033	3.5						7.20							
18	0.017	3.5						7.16							
19	0.023	3.5						7.18							
20	0.023	3.5						7.34							
21	0.026	3.5						7.20							
22	0.022	3.5						7.30							
23	0.025	3.5						7.30							
24	0.093	2.0						7.20							
25	0.015	3.5						7.18							
26	0.025	3.5						7.38							
27	0.034	3.5						7.33							
28	0.031	3.5						7.36							
29	0.035	3.5						7.32							
30	0.032	3.5						7.40							
31	0.045	3.5						7.30							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed: Bruce Batten — Date: 2/2/94

Name (Please Type): Bruce Batten — Telephone No. (Please Type): 813-858-2504

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Bill Bate 7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.022
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	27.44%
(20) CBODs EFFLUENT	mg/L	80082	8.9
(21) CBODs EFFLUENT	lbs/day	-	1.6
(22) TSS EFFLUENT	mg/L	900201	8.4
(23) TSS EFFLUENT	lbs/day	-	1.5
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			49.0

DEP FORM NO	17-[illegible]
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month: February — Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.015	3.5						7.12							
2	0.024	2.0						7.44							
3	0.024	1.5						7.42							
4	0.023	3.5						7.40							
5	0.019	3.5						7.40							
6	0.025	3.5						7.40							
7	0.027	3.5						7.30							
8	0.015	3.5						7.29							
9	0.020	1.0	1600	130	8.9	8.4		7.08			2.2		49		
10	0.024	3.5						7.04							
11	0.017	3.5						7.12							
12	0.020	3.5						7.10							
13	0.024	3.5						7.10							
14	0.022	3.5						7.30							
15	0.021	3.5						7.28							
16	0.022	3.5						7.30							
17	0.022	3.5						7.30							
18	0.023	1.5						7.25							
19	0.021	3.5						7.20							
20	0.025	3.0						7.20							
21	0.030	3.5						7.10							
22	0.022	3.5						7.20							
23	0.015	3.5						7.26							
24	0.022	3.5						7.25							
25	0.023	3.5						7.20							
26	0.022														
27	0.021	3.0						7.30							
28	0.024	3.5						7.30							
29															
30															
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed: Bruce Batten

Name (Please Type): Bruce Batten

Company Name: Southern States Utilities

Date: 3/3/94

Telephone No. (Please Type): 813-858-2504

Page 3 of 3

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part I - General Information

(1) Month: March Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Bruce Batten 7631

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	27.61%
(20) CBODs EFFLUENT	mg/L	80082	2.9
(21) CBODs EFFLUENT	lbs/day	-	0.5
(22) TSS EFFLUENT	mg/L	900201	2.6
(23) TSS EFFLUENT	lbs/day	-	0.5
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			< 2.0

DER FORM NO 17-601.200 (1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month March — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.023	3.5						7.30							
2	0.023	3.5						7.35							
3	0.026	3.5						7.36							
4	0.022	3.5						7.30							
5	0.019	3.5						7.30							
6	0.022	3.5						7.40							
7	0.027	3.5						7.30							
8	0.024	3.5						7.30							
9	0.020	3.5	360	272	2.9	2.6		7.17			0.09		< 2		
10	0.024	3.5						7.16							
11	0.022	3.5						7.23							
12	0.023	3.5						7.20							
13	0.022	3.5						7.20							
14	0.025	3.5						7.20							
15	0.017	3.5						7.26							
16	0.022	3.5						7.21							
17	0.017	3.5						7.20							
18	0.017	3.5						7.20							
19	0.019	3.5						7.29							
20	0.018	3.5						7.25							
21	0.023	3.5						7.30							
22	0.015	3.5						7.15							
23	0.017	3.5						7.18							
24	0.024	3.5						7.00							
25	0.017	3.5						7.10							
26	0.010	3.5						7.10							
27	0.021	3.0						7.10							
28	0.019	3.5						7.10							
29	0.018	3.5						7.10							
30	0.016	3.5						7.18							
31	0.018	3.5						7.10							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed Bruce Batten — Date 4/5/94

Name (Please Type) Bruce Batten — Telephone No. (Please Type) 813-858-2504

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54. West of US 301. Zephyrhills. Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Actvated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [signature] 7631

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.023
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	27.13%
(20) CBODs EFFLUENT	mg/L	80082	7.5
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	10.0
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			< 2.0

DER FORM NO 17-601 (3)(b) #1
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month April — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.019	3.5						7.16							
2	0.018	1.5						7.15							
3	0.020	3.5						7.10							
4	0.024	3.5						7.10							
5	0.010	3.5						7.25							
6	0.022	1.5						7.32							
7	0.023	2.0						7.34							
8	0.028	3.5						7.30							
9	0.022	3.5						7.30							
10	0.024	3.5						7.30							
11	0.038	3.5						7.30							
12	0.015	3.5						7.20							
13	0.022	3.5	350	280	7.5	10		7.22			0.08		< 2		
14	0.024	3.5						7.24							
15	0.024	3.5						7.21							
16	0.022	2.0						7.20							
17	0.035	3.5						7.20							
18	0.028	3.5						7.10							
19	0.011	3.0						7.10							
20	0.025	1.0						7.10							
21	0.025	1.0						7.10							
22	0.026	1.0						7.10							
23	0.023	1.0						7.20							
24	0.027	1.0						7.30							
25	0.027	3.5						7.10							
26	0.025	3.5						7.20							
27	0.023	3.5						7.25							
28	0.025	3.5						7.32							
29	0.024	3.5						7.21							
30	0.014	3.5						7.20							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Bruce Batten — Date 5/4/94

Name (Please Type) Bruce Batten — Telephone No (Please Type) 813-658-2504

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17.601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-225970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [signature] 7631

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.019
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.021
(19) Percent of permitted capacity	%	-	25.78%
(20) CBODs EFFLUENT	mg/L	80082	12.0
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	6.0
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			30.0

DER FORM NO (17-601.300(1))
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month May — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.021	3.5						7.20							
2	0.019	3.5						7.10							
3	0.016	3.5						7.10							
4	0.017	3.5						7.20							
5	0.015	3.5						7.20							
6	0.030	3.5						7.20							
7	0.013	3.5						7.10							
8	0.020	3.5						7.20							
9	0.015	3.5						7.20							
10	0.017	3.5						7.10							
11	0.020	3.5						7.10							
12	0.019	3.5						7.13							
13	0.019	3.5						7.13							
14	0.017	3.5						7.10							
15	0.023	3.5						7.10							
16	0.016	3.5						7.20							
17	0.017	3.5						7.10							
18	0.014	3.5						7.10							
19	0.018	3.5						7.10							
20	0.021	3.5						7.10							
21	0.021	3.5						7.10							
22	0.024	3.5						7.10							
23	0.032	2.0						7.10							
24	0.009	1.5						7.10							
25	0.017	2.0						7.10							
26	0.018	3.5	300	78	12	6		7.47			0.06		30		
27	0.017	3.5						7.30							
28	0.018	3.5						7.30							
29	0.022	3.5						7.40							
30	0.016	3.5						7.30							
31	0.024	3.5						7.60							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed: Bruce Batten — Date: 6/6/94

Name (Please Type): Bruce Batten — Telephone No (Please Type): 813-858-2504

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54 West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ 6-76-31

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.022
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.021
(19) Percent of permitted capacity	%	-	26.54%
(20) CBODs EFFLUENT	mg/L	80082	6.6
(21) CBODs EFFLUENT	lbs/day	-	--
(22) TSS EFFLUENT	mg/L	900201	12.0
(23) TSS EFFLUENT	lbs/day	-	--
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			<2.0

DER FORM NO 17-601 (903) 1
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores

Month June Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.015	3.5						7.30							
2	0.017	1.0						7.50							
3	0.017	3.5						7.07							
4	0.017	3.5						7.10							
5	0.023	3.0						7.00							
6	0.020	3.5						7.10							
7	0.016	3.5						7.10							
8	0.017	1.0						7.40							
9	0.018	3.5						7.27							
10	0.023	3.5						7.25							
11	0.017	3.5						7.20							
12	0.020	3.5						7.20							
13	0.022	1.0						7.40							
14	0.011	3.5						7.20							
15	0.015	1.0						7.30							
16	0.027	1.0						7.30							
17	0.019	1.0						7.40							
18	0.029	3.5						7.40							
19	0.030	3.4						7.30							
20	0.021	3.0						7.30							
21	0.034	3.5						7.30							
22	0.028	3.5	200	202	6.6	12		7.23			0.35		< 2		
23	0.027	3.5						7.40							
24	0.026	3.5						7.30							
25	0.024	3.5						7.30							
26	0.027	3.5						7.30							
27	0.038	3.5						7.30							
28	0.016	3.5						7.40							
29	0.019	3.5						7.50							
30	0.018	3.5						7.40							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed: Bruce Batter

Date: 7/11/94

Name (Please Type): Bruce Batter

Telephone No. (Please Type): 813-858-2504

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part B - General Information

(1) Month: July Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54. West of US 301. Zephyrhills. Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 76.31

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.025
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	27.35%
(20) CBODs EFFLUENT	mg/L	80082	9.0
(21) CBODs EFFLUENT	lbs/day	-	--
(22) TSS EFFLUENT	mg/L	900201	1.5
(23) TSS EFFLUENT	lbs/day	-	--
(24) Minimum pH			6.6
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			<2

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month July — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.012	3.5						7.30							
2	0.024	3.5						7.00							
3	0.022	3.5						7.20							
4	0.032	3.5						7.10							
5	0.026	3.5						7.30							
6	0.032	3.5						7.20							
7	0.033	3.5						6.80							
8	0.038	3.5						6.80							
9	0.019	3.5						7.00							
10	0.024	3.5						7.10							
11	0.035	3.5						7.00							
12	0.019	3.5						7.00							
13	0.031	3.5						7.00							
14	0.024	3.5	180	134	9	1.5		6.76			0.53		<2		
15	0.024	1.0						6.87							
16	0.031	3.5						6.90							
17	0.030	3.0						7.00							
18	0.039	3.5						7.10							
19	0.026	3.5						7.00							
20	0.033	3.5						6.80							
21	0.026	3.5						6.80							
22	0.017	3.5						6.80							
23	0.014	3.5						6.80							
24	0.019	3.5						7.00							
25	0.022	3.5						6.90							
26	0.020	3.5						6.80							
27	0.018	3.5						6.92							
28	0.017	3.5						7.00							
29	0.018	3.5						7.00							
30	0.018	3.5						7.00							
31	0.019	3.5						7.00							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed: Bruce Sette — Date: 8/3/94

Name (Please Type): Bruce Sette — Telephone No. (Please Type): 813-858-2504

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 7631

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.022
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.023
(19) Percent of permitted capacity	%	-	28.72%
(20) CBODs EFFLUENT	mg/L	80082	8.7
(21) CBODs EFFLUENT	lbs/day	-	--
(22) TSS EFFLUENT	mg/L	900201	7.2
(23) TSS EFFLUENT	lbs/day	-	--
(24) Minimum pH			6.8
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.0
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			8.0

DER FORM 40- 17-601.300(1)
FORM TITLE: Domestic Wastewater Treatment Plant
EFFECTIVE DATE: July 1, 1991
DER APPLICATION NO:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month: August — Year: 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.022							7.00							
2	0.015	3.5						7.00							
3	0.012	3.5						6.75							
4	0.018	3.5						7.38							
5	0.018	2.0						7.42							
6	0.020	1.0						7.50							
7	0.020	2.0						7.20							
8	0.020	3.5						7.60							
9	0.019	3.5						7.00							
10	0.022	3.0						7.00							
11		3.0						7.00							
12	0.008	3.5						7.00							
13	0.012	3.5						7.00							
14	0.024	3.5						7.10							
15	0.023	3.5						7.00							
16	0.021	3.5						7.00							
17	0.011	3.5						7.10							
18	0.015	3.5						7.10							
19	0.015	3.5						7.20							
20	0.025	3.5						7.20							
21	0.035	3.5						7.20							
22	0.037	3.5						7.10							
23	0.042	3.5						7.33							
24	0.029	3.5						7.31							
25	0.026	3.5						7.04							
26	0.033	3.5						7.05							
27	0.035	3.5						7.00							
28	0.030	3.5						7.40							
29	0.035	3.5	200	247	8.7	7.2		7.30			2		8		
30	0.011	3.5						7.20							
31	0.027	3.5						7.20							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed: Bruce Betten — Date: 9/9/94

Name (Please Type): Bruce Betten — Telephone No. (Please Type): 813-856-2524

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.800(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 199*
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator _____

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.025
(19) Percent of permitted capacity	%	-	30.74%
(20) CBODs EFFLUENT	mg/L	80082	0.8
(21) CBODs EFFLUENT	lbs/day	-	--
(22) TSS EFFLUENT	mg/L	900201	4.0
(23) TSS EFFLUENT	lbs/day	-	--
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			< 2.0

DER FORM NO 17-601-900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores Month September Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.021	3.5						7.28							
2	0.019	3.5						7.26							
3	0.022	3.5						7.20							
4															
5	0.040	3.5						7.24							
6	0.022	3.5						7.22							
7	0.017	3.5	150	210	0.8	4		7.09			0.4		< 2		
8	0.019	3.5						7.07							
9	0.020	3.5						7.10							
10	0.023	3.5						7.00							
11															
12	0.040	3.5						7.12							
13	0.020	3.5						7.31							
14	0.024	3.5						7.20							
15	0.023	3.5						7.32							
16	0.029	3.5						7.36							
17	0.012	3.5						7.20							
18															
19	0.082	3.5						7.20							
20	0.038	3.5						7.38							
21	0.034	3.5						7.32							
22	0.031	3.5						7.30							
23	0.038	3.5						7.26							
24	0.028	3.5						7.30							
25															
26	0.054	2.0						7.26							
27	0.031	3.5						7.23							
28	0.034	3.5						7.22							
29	0.033	1.0						7.26							
30	0.039	3.5						7.40							
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed [signature] Date 10/5/94

Name (Please Type) Bruce Setter Telephone No. (Please Type) 813-858-2504

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name: Zephyr Shores

(4) Plant Address: 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City: Zephyrhills

(6) County: Pasco

(7) Phone Number: 813-858-2504

(8) Permit Number: DO51-226970

(9) Plant Type: 3C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8170

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] 11-5-94

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.027
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.025
(19) Percent of permitted capacity	%	-	31.77%
(20) CBODs EFFLUENT	mg/L	80082	10.0
(21) CBODs EFFLUENT	lbs/day	-	-
(22) TSS EFFLUENT	mg/L	900201	< 0.2
(23) TSS EFFLUENT	lbs/day	-	-
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			<2.0

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month October — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.039	3.5						7.20							
2															
3	0.045	3.5						7.14							
4	0.022	3.5						7.06							
5	0.022	3.5						7.05							
6	0.016	3.5						7.07							
7	0.025	3.5						7.08							
8	0.019	3.5						7.10							
9															
10	0.032	3.5						7.06							
11	0.018	3.5						7.06							
12	0.012	3.5	180	214	10	< 0.2		6.96			2.7		< 2		
13	0.035	3.5						7.09							
14	0.028	3.5						7.14							
15															
16	0.064	3.0						7.30							
17	0.035	2.0						7.30							
18	0.022	3.0						7.30							
19	0.036	3.5						7.32							
20	0.042	3.0						7.20							
21	0.021	3.5						7.29							
22															
23	0.069	3.5						7.40							
24	0.031	3.0						7.30							
25	0.032	3.5						7.37							
26	0.036	3.5						7.34							
27	0.041	3.5						7.32							
28	0.035	3.0						7.34							
29	0.024	3.0						7.30							
30	0.022	3.0						7.40							
31	0.022	3.0						7.30							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed: Ed Eberle

Name (Please Type): Ed Eberle

Company Name: Southern States Utilities

Date: 11/9/94

Telephone No. (Please Type): 813-858-2504

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 8170

Evening Shift Operator Class Cert. No

Night Shift Operator Class Cert. No

Lead Operator [signature] 8170

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.018
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.024
(19) Percent of permitted capacity	%	-	29.85%
(20) CBODs EFFLUENT	mg/L	80082	3.4
(21) CBODs EFFLUENT	lbs/day	-	0.5
(22) TSS EFFLUENT	mg/L	900201	2.4
(23) TSS EFFLUENT	lbs/day	-	0.4
(24) Minimum pH			7.0
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			30.0

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month November — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBODS Influent (mg/L)	TSS Influent (mg/L)	CBODS Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.019	3.5						7.20							
2	0.008	3.5						7.20							
3	0.006	3.5						7.16							
4	0.017	2.0						7.40							
5	0.008	3.5						7.10							
6	0.005	3.0						7.00							
7	0.007	3.5						7.30							
8	0.012	3.5						7.30							
9	0.007	3.5						7.30							
10	0.030	1.0	320	288	3.4	2.4		7.29			6.6		30		
11	0.024	1.0						7.26							
12	0.022	3.0						7.20							
13	0.023	3.0						7.22							
14	0.027	3.0						7.19							
15	0.027	3.5						7.22							
16	0.021	3.5						7.50							
17	0.022	3.5						7.46							
18	0.024	3.0						7.40							
19	0.020	3.0						7.20							
20	0.022	3.0						7.40							
21	0.024	1.0						7.40							
22	0.006	3.5						7.50							
23	0.012	3.5						7.40							
24	0.016	3.0						7.40							
25	0.022	2.0						7.40							
26	0.016	3.0						7.30							
27	0.017														
28	0.021	3.5						7.42							
29	0.019	3.0						7.47							
30	0.025	3.0						7.50							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed [signature] Date 12/7/94

Name (Please Type): Ed Eberle Telephone No. (Please Type): 813-858-2504

Company Name: Southern States Utilities

DER FORM NO 17-601.600(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1994

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-225970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8170

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-8172

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.022
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	27.78%
(20) CBODs EFFLUENT	mg/L	80082	14.0
(21) CBODs EFFLUENT	lbs/day	-	2.5
(22) TSS EFFLUENT	mg/L	900201	2.0
(23) TSS EFFLUENT	lbs/day	-	0.4
(24) Minimum pH			7.3
(25) Maximum pH			7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.7
(32) Maximum Chlorine Residual	mg/L	-	4.5
(33) Other Effluent Parameters			
Fecal			<2

DER Form No 17-601.300(1)
Form Title - Domestic Wastewater Treatment Plant
Effective Date July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month December — Year 1994

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.020	2.0						7.30							
2	0.022	3.0						7.40							
3	0.020	3.0						7.52							
4															
5	0.052	3.0						7.35							
6	0.024	3.0						7.32							
7	0.024	3.0						7.32							
8	0.016	3.5						7.38							
9	0.025	3.5						7.31							
10	0.023	3.0						7.32							
11															
12	0.045	4.5						7.49							
13	0.023	4.5						7.61							
14	0.024	3.5						7.41							
15	0.019	2.1						7.58							
16	0.023	3.5	350	286	14	2		7.71			0.3		<2		
17															
18	0.039	3.5						7.54							
19	0.032	2.0						7.49							
20	0.012	1.7						7.46							
21	0.013	1.8						7.32							
22	0.012	4.5						7.30							
23	0.012	3.0						7.42							
24	0.026	3.0						7.44							
25															
26	0.054	2.0						7.46							
27	0.023	3.5						7.82							
28	0.018	3.5						7.55							
29	0.022	1.9						7.62							
30	0.030	2.0						7.61							
31	0.019	2.0						7.66							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed: Ed Ebank — Date: 1-16-95

Name (Please Type): Ed Ebank — Telephone No (Please Type): 813-858-2504

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: January Year: 1993

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name: Zephyr Shores

(4) Plant Address: 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City: Zephyrhills

(6) County: Pasco

(7) Phone Number: 813-858-2504

(8) Permit Number: DO51-226970

(9) Plant Type: 3C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Original signed by Bruce Batten C-7631

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.021
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.025
(19) Percent of permitted capacity	%	-	31%
(20) CBODs EFFLUENT	mg/L	80082	2.0
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	1.1
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			<2

DER FORM NO	[illegible]
FORM TITLE	[illegible]
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month: January — Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.018	3.5						7.20							
2	0.020	3.5						7.20							
3	0.022	3.5						7.20							
4	0.023	3.5						7.40							
5	0.015	3.5						7.20							
6	0.021	3.5						7.30							
7	0.022	3.5						7.30							
8	0.023	3.5						7.30							
9	0.016	3.5						7.20							
10	0.023	3.5						7.20							
11	0.027	3.5						7.40							
12	0.014	3.5						7.40							
13	0.025	3.5						7.40							
14	0.015	3.5						7.40							
15	0.025	3.5						7.10							
16	0.018	3.5						7.20							
17	0.025	3.5						7.20							
18	0.023	3.5						7.50							
19	0.017	3.5						7.30							
20	0.023	3.5	342	198	2	1.1		7.20			1.3		<2		
21	0.022	3.5						7.20							
22	0.025	3.5						7.10							
23	0.020	3.5						7.20							
24	0.022	3.5						7.20							
25	0.020	3.5						7.30							
26	0.019	3.5						7.20							
27	0.023	3.5						7.20							
28	0.021	3.5						7.20							
29	0.021	3.5						7.20							
30	0.026	3.5						7.30							
31	0.021	3.5						7.30							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed: Original signed by Bruce Better — Date: 2/3/93

Name (Please Type): Bruce Better — Telephone No. (Please Type): 813-858-2504

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17-801.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: February Year: 1993

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Original signed by Bruce Batten C-7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.022
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.021
(19) Percent of permitted capacity	%	-	26%
(20) CBODs EFFLUENT	mg/L	80082	1.8
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	6.0
(23) TSS EFFLUENT	lbs/day	-	
(24) Minimum pH			7.1
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DER FORM NO 17-601 900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores Month February Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.024	3.5	365	208	1.8	6		7.60			1.5				
2	0.016	3.5						7.40							
3	0.021	3.5						7.10							
4	0.021	3.5						7.10							
5	0.021	3.5						7.20							
6	0.018	3.5						7.20							
7	0.026	3.5						7.20							
8	0.023	3.5						7.20							
9	0.015	3.5						7.30							
10	0.021	3.5						7.20							
11	0.021	3.5						7.60							
12	0.025	3.5						7.40							
13	0.016	3.5						7.30							
14	0.023	3.5						7.40							
15	0.023	3.5						7.30							
16	0.014	3.5						7.40							
17	0.022	3.5						7.40							
18	0.023	3.5						7.40							
19	0.020	3.5						7.50							
20	0.020	3.5						7.50							
21	0.024	3.5						7.50							
22	0.034	3.5						7.40							
23	0.013	3.5						7.40							
24	0.026	3.5						7.40							
25	0.022	2.5						7.40							
26	0.027	3.5						7.40							
27	0.017	3.5						7.40							
28	0.025	3.5						7.40							
29															
30															
31															

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed Original signed by Bruce Batten Date 3/10/93

Name (Please Type) Bruce Batten Telephone No. (Please Type) 813-858-2504

Company Name Southern States Utilities

Page 3 of 3

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: March Year: 1993

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Bruce Batten C-7631

Signature Cert No

Paramater	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.020
(19) Percent of permitted capacity	%	-	25%
(20) CBODs EFFLUENT	mg/L	80082	2.3
(21) CBODs EFFLUENT	lbs/day	-	
(22) TSS EFFLUENT	mg/L	900201	1.3
(23) TSS EFFLUENT	lbs/day	-	0.2
(24) Minimum pH			7.2
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			

DEP FORM NO.	17-301.300(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month: March — Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.030	3.5						7.40							
2	0.016	3.5						7.40							
3	0.022	3.5						7.40							
4	0.020	3.5						7.40							
5	0.026	3.5						7.40							
6	0.011	3.5						7.40							
7	0.023	3.5						7.40							
8	0.021	3.5						7.40							
9	0.016	3.5						7.40							
10	0.021	3.5						7.30							
11	0.020	3.5						7.30							
12	0.022	3.5						7.30							
13	0.024	3.5						7.30							
14	0.022	3.5						7.30							
15	0.022	3.5						7.30							
16	0.019	3.5						7.50							
17	0.017	3.5						7.40							
18	0.023	3.5	255	114	2.3	1.3		7.40			5.5				
19	0.014	3.5						7.40							
20	0.016	3.5						7.40							
21	0.024	3.5						7.40							
22	0.024	3.5						7.40							
23	0.019	3.5						7.30							
24	0.024	3.5						7.30							
25	0.022	3.5						7.20							
26	0.020	3.5						7.20							
27	0.017	3.5						7.20							
28	0.019	3.5						7.20							
29	0.025	3.5						7.40							
30	0.150	3.5						7.40							
31	0.019	3.5						7.40							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed: Original signed by Bruce Batten — Date: 4/8/93

Name (Please Type): Bruce Batten — Telephone No. (Please Type): 813-858-2504

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: April Year: 1993

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name Zephyr Shores

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Original signed by Bruce Batten C-7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.021
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.021
(19) Percent of permitted capacity	%	-	26.43%
(20) CBODs EFFLUENT	mg/L	80082	0.5
(21) CBODs EFFLUENT	lbs/day	-	0.1
(22) TSS EFFLUENT	mg/L	900201	1.0
(23) TSS EFFLUENT	lbs/day	-	0.2
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.16
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			<2

DER FORM NO 17-601.300(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month April — Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform		
1	0.025	3.5						7.20							
2	0.021	3.5						7.20							
3	0.016	3.5						7.20							
4	0.024	3.5						7.20							
5	0.024	3.5						7.20							
6	0.017	3.5						7.20							
7	0.019	3.5						7.20							
8	0.021	3.5						7.40							
9	0.023	3.5						7.40							
10	0.020	3.5						7.30							
11	0.023	3.5						7.30							
12	0.028	3.5						7.20							
13	0.017	3.5						7.30							
14	0.030	3.5						7.30							
15	0.024	3.5	304	158	0.5	1		7.30			0.15		<2		
16	0.019	3.5						7.30							
17	0.018	3.5						7.30							
18	0.022	3.5						7.30							
19	0.026	3.5						7.30							
20	0.015														
21	0.023	3.5						7.30							
22	0.021	3.5						7.30							
23	0.018	3.5						7.30							
24	0.020	3.5						7.30							
25	0.024	3.5						7.30							
26	0.031	3.5						7.30							
27	0.014	3.5						7.40							
28	0.020	3.5						7.40							
29	0.019	3.5						7.40							
30	0.021	3.5						7.40							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate

Signed: Original signed by Bruce Batten — Date: 5/5/93

Name (Please Type): Bruce Batten — Telephone No. (Please Type): 813-858-2504

Company Name: Southern States Utilities

Page 3 of 3

DER FORM NO	17.001.000(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant

Monthly Operating Report

Part II - General Information

(1) Month: May Year: 1995

(2) Plant DER Identification Number: 5120071

(3) Plant Name: [illegible]

(4) Plant Address: [illegible]

(5) City: [illegible]

(6) County: PASCO

(7) Phone Number: 813-858-1364

(8) Permit Number: DO5122971

(9) Plant Type: 3C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [X] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC EVAPORATION PONDS

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Bruce Ratto 7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.023
(17) Permitted capacity	mgd	-	0.050
(18) Three month average daily flow	mgd	-	0.023
(19) Percent of permitted capacity	%	-	77.200
(20) CBOD5 EFFLUENT	mg/L	00082	3.0
(21) CBOD5 EFFLUENT	lbs/day	-	0.5
(22) TSS EFFLUENT	mg/L	00530	3.0
(23) TSS EFFLUENT	lbs/day	-	0.5
(24) Minimum pH			7.0
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.7
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

DER FORM NO	17-681.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant

Monthly Operating Report

FACILITY NAME AND ADDR

Month May Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Cont	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (SU)	pH Effluent (SU)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM			
1	0.019	3.5	0	0	0	0	0	7.36			0		0			
2	0.015	3.5	0	0	0	0	0	7.4			0		0			
3	0.025	3.5	0	0	0	0	0	7.4			0		0			
4	0.017	3.5	0	0	0	0	0	7.35			0		0			
5	0.022	3.5	0	0	0	0	0	7.3			0		0			
6	0.020	3.5	375	210	2.0	1.4	0	7.31			0.24		0			
7	0.023	3.5	0	0	0	0	0	7.3			0		0			
8	0.016	3.5	0	0	0	0	0	7.3			0		0			
9	0.025	3.5	0	0	0	0	0	7.3			0		0			
10	0.026	3.5	0	0	0	0	0	7.3			0		0			
11	0.015	3.5	0	0	0	0	0	7.28			0		0			
12	0.022	3.5	0	0	0	0	0	7.34			0		0			
13	0.023	3.5	0	0	0	0	0	7.3			0		0			
14	0.021	3.5	0	0	0	0	0	7.3			0		0			
15	0.026	3.5	0	0	0	0	0	7.3			0		0			
16	0.043	3.5	0	0	0	0	0	7.3			0		0			
17	0.044	3.5	0	0	0	0	0	7.3			0		0			
18	0.035	3.5	0	0	0	0	0	7.3			0		0			
19	0.029	3.5	0	0	0	0	0	7.3			0		0			
20	0.031	3.5	0	0	0	0	0	7.3			0		0			
21	0.027	3.5	0	0	0	0	0	7.29			0		0			
22	0.021	3.5	0	0	0	0	0	7.1			0		0			
23	0.017	3.5	0	0	0	0	0	7.1			0		0			
24	0.017	2.7	0	0	0	0	0	7			0		0			
25	0.019	3.5	0	0	0	0	0	7.29			0		0			
26	0.023	3.5	0	0	0	0	0	7.3			0		0			
27	0.016	3.5	0	0	0	0	0	7.3			0		0			
28	0.019	3.5	0	0	0	0	0	7.3			0		0			
29	0.018	3.5	0	0	0	0	0	7.3			0		0			
30	0.021	3.5	0	0	0	0	0	7.2			0		0			
31	0.017	3.5	0	0	0	0	0	7.3			0		0			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Bruce Batton Date: 6/10/93

Name (Please Type) Bruce Batton Telephone No. (Please Type)

Company Name Southern States Utilities 813-838-7504

Page 3 of 3

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant

Monthly Operating Report

Part II - General Information

(1) Month: June Year: 1993

(2) Plant DER Identification 51P00713

(3) Plant Name ZEPHYR SHORES MHP WWTP

(4) Plant Address HIGHWAY 54, 3 MILES WEST OF ZEPHYRHILLS

(5) City ZEPHYRHILLS

(6) County PASCO

(7) Phone Number 813-858-2504

(8) Permit Number D05122971

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water

PERC EVAPORATION PONDS

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Bruce Batten 7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.018
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.021
(19) Percent of permitted capacity	%	-	25.75%
(20) CBODs EFFLUENT	mg/L	80082	1.4
(21) CBODs EFFLUENT	lbs/day	-	0.2
(22) TSS EFFLUENT	mg/L	900201	3.0
(23) TSS EFFLUENT	lbs/day	-	0.5
(24) Minimum pH			7.1
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.4
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	2.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant

Monthly Operating Report

SEPTIC SHOALS MHP WWTP — Month: June — Year: 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TSS Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.023	3.5						7.1							
2	0.016	3.5						7.1							
3	0.016	3.5						7.07							
4	0.020	3.5						7.1							
5	0.015	3.5						7.1							
6	0.023	3.5						7.1							
7	0.025	3.5						7.1							
8	0.002	3.5						7.1							
9	0.022	3.5						7.1							
10	0.023	3.5						7.09							
11	0.018	3						7.2							
12	0.013	3.5						7.2							
13	0.019	3.5						7.2							
14	0.025	3.5						7.1							
15	0.013	3.5						7.19							
16	0.021	3.5						7.2							
17	0.014	3.5	340	124	1.4	3		7.2			9.4				
18	0.016	3.5						7.2							
19	0.018	3.5						7.2							
20	0.023	3.5						7.2							
21	0.022	3.5						7.1							
22	0.015	2.5						7.1							
23	0.017	3.5						7.1							
24	0.017	2.5						7.1							
25	0.017	3.5						7.1							
26	0.017	3.5						7.1							
27	0.018	3.5						7.2							
28	0.015	3.5						7.2							
29	0.013	3.5						7.3							
30	0.018	3.5						7.1							
31															

limited ter Failure

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Bruce Bottom — Date: 7/14/93

Name (Please Type): Bruce Bottom — Telephone No. (Please Type): 813-855-2504

Company Name: Southern States Utilities

DER FORM NO	17-661.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant

Monthly Operating Report

Part II - General Information

(1) Month: July Year: 1993

(2) Plant DER Identification 4051P00713

(3) Plant Name ZEPHYR SHORES WWTF

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, FL

(5) City ZEPHYRHILLS

(6) County PASCO

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water

PERC EVAPORATION PONDS

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7631

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] 7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.030
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.024
(19) Percent of permitted capacity	%	-	29.73%
(20) CBODs EFFLUENT	mg/L	80082	0.7
(21) CBODs EFFLUENT	lbs/day	-	0.2
(22) TSS EFFLUENT	mg/L	900201	5.2
(23) TSS EFFLUENT	lbs/day	-	1.0
(24) Minimum pH			7.0
(25) Maximum pH			7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	15.0
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			< 2.0

Page 2 of 3

Domestic Wastewater Treatment Plant

Monthly Operating Report

[redacted] Month July Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.018	3.5						7.1							
2	0.018	3.5						6.98							
3	0.019	3.5						7							
4	0.027	3.5						7							
5	0.012	3.5						7.1							
6	0.025	3.5						7.1							
7	0.025	3.5						7.2							
8	0.013	3.5						7.2							
9	0.012	3.5						7.1							
10	0.013	3.5						7.2							
11	0.023	3.5						7.2							
12	0.021	3.5						7.1							
13	0.020	3.5						7.1							
14	0.018	3.5	270	198	0.7	5.2		7.1			15		<2		
15	0.027	3.5						7.2							
16	0.036	3.5						7.2							
17	0.056	3.5						7.2							
18	0.061	3.5						7.1							
19	0.063	3.5						7.1							
20	0.040	3.5						7.1							
21	0.042	3.5						7.1							
22	0.040	3.5						7.2							
23	0.044	3.5						7.2							
24	0.035	3.5						7.2							
25	0.053	3.5						7.1							
26	0.042	3.5						7.1							
27	0.030	3.5						7.1							
28	0.028	3.5						7.2							
29	0.038	3.5						7.2							
30	0.024	3.5						7.2							
31	0.018	3.5						7.1							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Bruce Batton

Name (Please Type) Bruce Batton

Company Name Southern States Utilities

Date: 8/20/93

Telephone No. (Please Type)

813-858-2544

DER FORM NO 17-601.900(1)

FORM TITLE Domestic Wastewater Treatment Plant

EFFECTIVE DATE July 1, 1991

DER APPLICATION NO.

Domestic Wastewater Treatment Plant

Monthly Operating Report

Part II - General Information

(1) Month: August Year: 1993

(2) Plant DER Identification 4051P00713

(3) Plant Name ZEPHYR SHORES WWTP

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, FL

(5) City ZEPHYRHILLS

(6) County PASCO

(7) Phone Number 813-858-2504

(8) Permit Number DO51-226970

(9) Plant Type 22

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water

PERC EVAPORATION PONDS

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator [signature] C. 7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.015
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	28.08%
(20) CBODs EFFLUENT	mg/L	80082	2.5
(21) CBODs EFFLUENT	lbs/day	-	0.4
(22) TSS EFFLUENT	mg/L	900201	3.7
(23) TSS EFFLUENT	lbs/day	-	0.6
(24) Minimum pH			7.0
(25) Maximum pH			7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	16.5
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			2.0

Domestic Wastewater Treatment Plant

Monthly Operating Report

[illegible] COUNTY

Month August Year [illegible]

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.020	3.5						7.1							
2	0.018	3						7.6							
3	0.018	3.5						7.2							
4	0.024	3						7.2							
5	0.017	3.5						7.1							
6	0.015	3.5						7.1							
7	0.018	3						-							
8	0.016	3.5						7.1							
9	0.028	3.5						7							
10	0.017	3.5						7							
11	0.019	3.5						7.1							
12	0.018	3.5						7							
13	0.023	3.5						7.1							
14	0.010	3.5						7.1							
15	0.020	3.5						7.2							
16	0.022	3.5						6.98							
17	0.027	3.5						7.25							
18	0.021	3.5	180	90	2.5	3.2		7.2			15		2		
19	0.017	3.5						7.2							
20	0.020	3.5						7.2							
21	0.017	3.5						7.2							
22	0.023	3.5						7.2							
23	0.024	3.5						7.1							
24	0.013	3.5						7.1							
25	0.017	3.5						7.1							
26	0.020	3.5						7.2							
27	0.017	3.5						7.2			18				
28	0.018	3.5						7.1							
29	0.015	3						7							
30	0.030	3						7							
31	0.013	3.5						7.1							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Bruce Ratter

Date: 9/16/93

Name (Please Type): Bruce Ratter

Telephone No. (Please Type): 813-938-2304

Company Name: Southern States Utilities

Page 1 of 1

DER Form No	17-661.900(1)
Form Title	Domestic Wastewater Treatment Plant
Effective Date	July 1, 1991
DER Application No.	

Domestic Wastewater Treatment Plant

Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1993

(2) Plant DER Identification 4051F00713

(3) Plant Name ZEPHYR SHORES WWTF

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City ZEPHYRHILLS

(6) County PASCO

(7) Phone Number 813-858-2504

(8) Permit Number DOSI-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water

PERC EVAPORATION PONDS

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7631

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C-7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.017
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.022
(19) Percent of permitted capacity	%	-	27.38
(20) CBODs EFFLUENT	mg/L	80082	0.5
(21) CBODs EFFLUENT	lbs/day	-	0.1
(22) TSS EFFLUENT	mg/L	900201	2.2
(23) TSS EFFLUENT	lbs/day	-	0.4
(24) Minimum pH			7.1
(25) Maximum pH			7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.6
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	1.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			< 2.0

Domestic Wastewater Treatment Plant

Monthly Operating Report

[illegible] WWTP

Month September Year [illegible]

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.021	3.5						7.1							
2	0.019	3.5						7.22							
3	0.018	3.5						7.21			1:				
4	0.018	3.5						7.23							
5	0.027	3.5						7.3							
6	0.014	3.5						7.2							
7	0.037	3.5						7.3							
8	0.014	3.5						7.2							
9	0.020	3.5						7.2							
10	0.022	2.5						7.13							
11	0.014	3.5						7.1							
12		3.5						7.2							
13		3.5						7.2							
14		3.5						7.15							
15	0.024	3.5						7.1							
16	0.016	3.5	180	182	0.5	2.2		7.1			0.26		< 2		
17	0.019	3.5						7.31							
18	0.018	3.5						7.3							
19	0.010	2						7.4							
20		2						7.3							
21	0.010	3.5						7.5							
22	0.023	3.5						7.3							
23	0.019	3.5						7.3							
24	0.020	3.5						7.3							
25	0.017	3.5						7.3							
26	0.025	3.5						7.3							
27	0.026	3.5						7.3							
28	0.017	3.5						7.3							
29	0.017	3.5						7.3							
30	0.018	3.5						7.38							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Bruce Batten

Date: 10/8/93

Name (Please Type): Bruce Batten

Telephone No. (Please Type): 813-651-7304

Company Name: Southern States Utilities

[illegible] page [illegible] of [illegible]

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant

Monthly Operating Report

Part II - General Information

(1) Month: October Year: 1993

(2) Plant DER Identification 4051P00713

(3) Plant Name ZEPHYR SHORES WWTF

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, FL

(5) City ZEPHYRHILLS

(6) County PASCO

(7) Phone Number 813-858-2504

(8) Permit Number DO51-216970

(9) Plant Type 20

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water

PERC EVAPORATION PONDS

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7631

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.022
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.019
(19) Percent of permitted capacity	%	-	23.97%
(20) CBODs EFFLUENT	mg/L	80082	< 2
(21) CBODs EFFLUENT	lbs/day	-	0.2
(22) TSS EFFLUENT	mg/L	900201	2.6
(23) TSS EFFLUENT	lbs/day	-	0.4
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000601	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			< 2.0

Domestic Wastewater Treatment Plant

Monthly Operating Report

[illegible] Month October Year [illegible]

Day of the Month	Flow (MGD)	Chlorine Residual After Contact (mg/L)	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NO3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.024	3.5						7.3							
2	0.012	3.5						7.3							
3	0.025	3.5						7.4							
4	0.020	3.5						7.2							
5	0.018	3.5						7.36							
6	0.021	3.5						7.35							
7	0.024	3.5						7.3							
8	0.015	3.5						7.3							
9	0.016	3.5						7.3							
10	0.024	3.5						7.3							
11	0.020	3.5						7.2							
12	0.017	3.5						7.3							
13	0.030	[illegible]						7.3							
14	0.021	[illegible]						7.3							
15	0.028	3.5						7.4							
16	0.022	[illegible]						7.4							
17	0.024	[illegible]						7.4							
18	0.028	[illegible]						7.4							
19	0.016	3.5	[illegible]	[illegible]4	[illegible]	[illegible]8		7.4			0.16		< 2		
20	0.024	3.5						7.3							
21	0.022	3.5						7.3							
22	0.024	3.5						7.3							
23	0.020	3.5						7.3							
24	0.021	3.5						7.3							
25	0.025	3.5						7.2							
26	0.014	3.5						7.2							
27	0.021	3.5						7.2							
28	0.020	3.5						7.2							
29	0.015	3.5						7.3							
30	0.019	3.5						7.2							
31	0.025	3.5						7.4							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Bruce Batten Date: 11/9/93

Name (Please Type) Bruce Batten Telephone No. (Please Type)

Company Name Southern States Utilities 813-858-3504

DER FORM NO	17.601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant

Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1993

(2) Plant DER Identification 4051P00713

(3) Plant Name ZEPHYR SHORES WWTF

(4) Plant Address 2730 West Hwy 54, West of US 301, Zephyrhills, Fl

(5) City ZEPHYRHILLS

(6) County PASCO

(7) Phone Number 813-858-2504

(8) Permit Number DC51-226970

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water

PERC EVAPORATION PONDS

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7631

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Bruce Batte C-7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50050	0.021
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.020
(19) Percent of permitted capacity	%	-	24.900
(20) CBODs EFFLUENT	mg/L	80082	0.5
(21) CBODs EFFLUENT	lbs/day	-	0.1
(22) TSS EFFLUENT	mg/L	900201	0.6
(23) TSS EFFLUENT	lbs/day	-	0.1
(24) Minimum pH			7.2
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000626	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.2
(30) Total Phosphorus	mg/L	000666	
(31) Minimum Chlorine Residual	mg/L	-	3.5
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			2.0

Domestic Wastewater Treatment Plant

Monthly Operating Report

EXPEVA BOOKER WWTP

Month November Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent mg/L)	TSS Effluent (mg/L)	pH Influent (SU)	pH Effluent (SU)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	NITRATE EFFLUENT (mg/L)	TOTAL P EFFLUENT (mg/L)	FECAL COLIFORM		
1	0.028	3.5						7.3							
2	0.012	3.5						7.2							
3	0.020	3.5						7.2							
4	0.020	3.5						7.2							
5	0.019	3.5						7.2							
6	0.019	3.5						7.2							
7	0.024	3.5						7.2							
8	0.023	3.5													
9	0.015	3.5						7.22							
10	0.015	3.5						7.22							
11	0.017	3.5						7.2							
12	0.021	3.5						7.2							
13	0.021	3.5						7.2							
14	0.018							7.3							
15	0.020	3.5						7.2							
16	0.020	3.5						7.2							
17	0.005	3.5	430	282	0.5	0.6		7.28			0.17		2		
18	0.016	3.5						7.26							
19	0.025	3.5						7.4							
20	0.021	3.5						7.4							
21	0.027	3.5						7.4							
22	0.032	3.5						7.3							
23	0.025	3.5						7.4							
24	0.020	3.5						7.2							
25	0.023	3.5						7.2							
26	0.022	3.5						7.2							
27	0.025	3.5						7.2							
28	0.025	3.5						7.2							
29	0.026	3.5						7.4							
30	0.021	3.5						7.4							
31															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Bruce Batten

Date: 12/15/93

Name (Please Type): Bruce Batten

Telephone No. (Please Type): 813-858-2594

Company Name: Southern States Utilities

DER FORM NO	17-601.900(1)
FORM TITLE	Domestic Wastewater Treatment Plant
EFFECTIVE DATE	July 1, 1991
DER APPLICATION NO.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1993

(2) Plant DER Identification Number: 4051P00713

(3) Plant Name: Zephyr Shores

(4) Plant Address: 2730 West Hwy 54 West of US 301, Zephyrhills, Fl

(5) City: Zephyrhills

(6) County: Pasco

(7) Phone Number: 813-858-2504

(8) Permit Number: DO51-226970

(9) Plant Type: 3C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method:

[ ] Membrane Filter [XX] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [XX] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] 7631

Signature Cert No

Parameter	UNITS	STORET Code	VALUE
(16) Monthly average daily flow	mgd	50053	0.020
(17) Permitted capacity	mgd	-	0.080
(18) Three month average daily flow	mgd	-	0.021
(19) Percent of permitted capacity	%	-	25.33%
(20) CBODs EFFLUENT	mg/L	80082	0.8
(21) CBODs EFFLUENT	lbs/day	-	0.1
(22) TSS EFFLUENT	mg/L	900201	2.4
(23) TSS EFFLUENT	lbs/day	-	0.4
(24) Minimum pH			6.9
(25) Maximum pH			7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	0.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			
Fecal			< 2.0

DER FORM NO 17-601.900(1)
FORM TITLE Domestic Wastewater Treatment Plant
EFFECTIVE DATE July 1, 1991
DER APPLICATION NO

Domestic Wastewater Treatment Plant
Monthly Operating Report

Zephyr Shores — Month December — Year 1993

Day of the Month	Flow (MGD)	Chlorine Residual After Contact	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Influent (mg/L)	pH Effluent (mg/L)	TKN Effluent (mg/L)	NH3-N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform	
1	0.019	3.5						7.15						
2	0.018	3.5	360	288	0.8	2.4		7.31			0.22		< 2	
3	0.020	3.5						7.20						
4	0.019	3.5						7.20						
5	0.020	3.5						7.20						
6	0.019	3.5						7.20						
7	0.023	3.5						7.12						
8	0.019	3.5						7.11						
9	0.020	3.5						7.12						
10	0.018	3.5						7.10						
11	0.019	3.5						7.10						
12	0.023	3.5						7.20						
13	0.027	3.5						7.10						
14	0.026	3.5						7.10						
15	0.032	3.5						7.10						
16	0.030	3.5						7.10						
17	0.028	3.5						7.10						
18	0.015	3.5						7.10						
19	0.018													
20	0.018	3.5						7.20						
21	0.017	3.5						7.20						
22	0.017	3.5						7.10						
23	0.019	3.5						7.40						
24	0.011	3.5						7.30						
25	0.022	3.5						7.20						
26	0.017	3.5						7.30						
27	0.026	3.0						7.10						
28	0.017	1.0						7.12						
29	0.017	3.5						7.14						
30	0.016	2.5						6.85						
31	0.016	3.5						7.02						

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true complete and accurate.

Signed Bruce Batte — Date 1/12/94

Name (Please Type) Bruce Batte — Telephone No. (Please Type) 813-858-2504

Company Name Southern States Utilities

Page 3 of 3