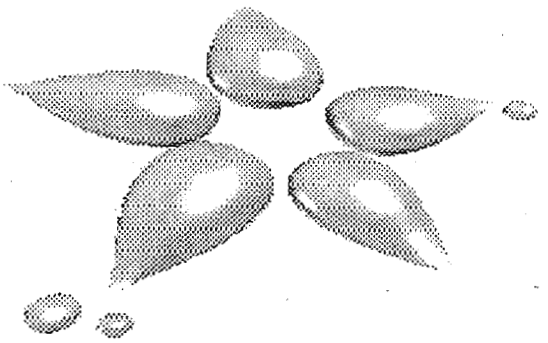
ORIGINAL



United Water

Before the

Florida Public Service Commission

Docket No. 980214-WS

Application for a General Rate Increase

H - 5 Schedule

Containing

25-30.440

Additional Engineering Information

Required of Class A & B

Water and Sewer Utilities

DOCUMENT NUMBER-DATE
05506 MAY 18 98
FPSC-RECORDS/REPORTING

Book 3 of 7

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1996

(2) Plant's DER Identification Number: 3116P05360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No. 9197

Evening Shift Operator Class: "C" Cert. No. 8438

Lead Operator: Charles Dorraway Cert. No. 5458
signature

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.461
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.446
(19) Percent of permitted capacity	%	---	76.1
(20) CBOD5 Effluent	mg/L	080082	4.7
(21) TSS Effluent	mg/L	900201	5.6
(22) Minimum pH	mg/L	---	6.9
(23) Maximum pH	mg/L	---	7.2
(24) Organic N	mg/L	---	0.67
(25) TKN	mg/L	000625	1.50
(26) Total Ammonia	mg/L	000610	0.83
(27) Nitrite	mg/L	---	0.31
(28) Nitrate	mg/L	071850	7.25
(29) Total Phosphorus	mg/L	000665	6.02
(30) Ortho Phosphates	mg/L	---	5.11
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		92
Fecal Coliform (Arithmetic Mean)	#/100 ml		94

(35) TRC method code: 4500 Cl (G)
minimum detection level: 0.20

(36) Sample Date for Nutrients: 10-01-96

(*) Duval Septic Tank hauled 27 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116P05360

(34)

Month: October Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.411	0.6	< 0.20	171	177	3.8	4.7	7.1	7.0	106
02	2.689	0.6	< 0.20					7.2	7.0	
03	2.790	0.7	< 0.20					7.1	7.0	
04	2.639	0.7	< 0.20					7.1	7.0	
05	2.423	0.6	< 0.20					7.1	7.0	
06	2.935	0.6	< 0.20					7.1	7.1	
07	3.730	0.5	< 0.20					7.2	6.9	
08	2.919	0.5	< 0.20					7.0	6.9	
09	2.596	0.5	< 0.20					7.1	7.0	
10	2.431	0.8	< 0.20	211	222	4.5	5.0	7.1	7.0	76
11	2.453	0.6	< 0.20					7.1	7.0	
12	2.277	0.6	< 0.20					7.1	7.0	
13	2.241	0.5	< 0.20					7.1	7.1	
14	2.495	0.7	< 0.20					7.2	7.0	
15	2.555	0.6	< 0.20	271	286	5.5	5.8	7.1	7.0	104
16	2.545	0.5	< 0.20					7.1	7.0	
17	2.587	0.5	< 0.20					7.1	7.0	
18	2.465	0.5	< 0.20					7.1	7.0	
19	2.050	0.5	< 0.20					7.1	7.0	
20	2.042	0.6	< 0.20					7.2	7.1	
21	2.259	0.8	< 0.20					7.2	7.0	
22	2.378	0.5	< 0.20	130	49	4.7	5.8	7.1	6.9	116
23	2.337	0.8	< 0.20					7.1	6.9	
24	2.223	0.6	< 0.20					7.1	6.9	
25	2.332	0.5	< 0.20					7.1	7.0	
26	2.087	0.5	< 0.20					7.1	7.0	
27	2.217	0.5	< 0.20					7.1	7.1	
28	2.174	0.7	< 0.20					7.1	7.0	
29	2.371	0.5	< 0.20	184	166	4.9	6.5	7.2	6.9	68
30	2.319	0.5	< 0.20					7.1	7.0	
31	2.325	0.6	< 0.20					7.1	7.0	
Tot	76.295	18.2		967	900	23.4	27.8			470
Avg	2.461	0.6		193	180	4.7	5.6			94
Max	3.730	0.8	< 0.20	271	286	5.5	6.5	7.2	7.1	116
Min	2.042	0.5	< 0.20	130	49	3.8	4.7	7.0	6.9	68

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

Signed: Prentiss M. Garraway Date: 11/8/96

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0026751	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

12345

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.9	******	7.2	(12)	O	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		CONTINUOUS	RCORDR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		180	180	286	(19)	O	1/7	16 comp
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	******	******	*****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	273	******	(19)	O	1/30	calc
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	*****	******	REPORT ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	5.6	******	(19)	O	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	*****	******	10.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		5.6	5.6	6.5	(19)	O	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	******		******	2.293	******	(03)	O	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	*****	******	3.8 ANNL AVG	******	MGD		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	******		2.461	2.461	3.730	(03)	O	Cont	Recorde
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RCDFLU

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 11	DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0026751	001 1
PERMIT NUMBER	DISCHARGE NUMBER

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 0 EFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
ENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 MAXIMUM	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 MAXIMUM	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	58	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	92	116	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT MO GEOMN	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		193	193	271	(19)	0	1/7	16 comp
80082 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP16
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	251	*******	(19)	0	1/30	calc
80082 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi	904	725-2865	96	11	20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.
* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0026751	001 1
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	3.9	******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	***** *****	******	10.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
JD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		4.7	4.7	5.5	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	******	******	***** *****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP 16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 11	DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0026751 PERMIT NUMBER
(17-19) 001 T DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Ramamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 AREA CODE	725-3865 NUMBER	96 YEAR	11 MO	20 DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: September Year: 1996

(2) Plant's DER Identification Number: 3116P05360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No. 9197

Evening Shift Operator Class: "C" Cert. No. 8438

Lead Operator: signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050059	2.393
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.459
(19) Percent of permitted capacity	%	---	76.6
(20) CBOD5 Effluent	mg/L	080082	3.1
(21) TSS Effluent	mg/L	900201	3.4
(22) Minimum pH	mg/L	---	7.0
(23) Maximum pH	mg/L	---	7.3
(24) Organic N	mg/L	---	0.50
(25) TKN	mg/L	000625	0.98
(26) Total Ammonia	mg/L	000610	0.48
(27) Nitrite	mg/L	---	0.16
(28) Nitrate	mg/L	071850	6.38
(29) Total Phosphorus	mg/L	000665	4.94
(30) Ortho Phosphates	mg/L	---	2.84
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		99
Fecal Coliform (Arithmetic Mean)	#/100 ml		114

(35) TRC method code: 4500 Cl (G)
minimum detection level: 0.20

(36) Sample Date for Nutrients: 09-03-96

(*) Duval Septic Tank Hauled 34 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116P05360

(34)

Month: September Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.593	0.8	< 0.20					7.2	7.1	
02	2.273	0.7	< 0.20					7.2	7.1	
03	2.392	0.5	< 0.20	148	48	3.2	5.1	7.2	7.0	124
04	2.188	0.5	< 0.20					7.2	7.0	
05	2.463	0.5	< 0.20					7.2	7.0	
06	2.473	0.6	< 0.20					7.2	7.0	
07	2.162	0.7	< 0.20					7.1	7.1	
08	2.121	0.6	< 0.20					7.2	7.1	
09	2.545	0.6	< 0.20					7.3	7.0	
10	2.729	0.7	< 0.20	159	128	3.4	3.8	7.1	7.0	152
11	2.550	0.6	< 0.20					7.2	7.1	
12	2.569	0.7	< 0.20					7.2	7.1	
13	2.437	0.6	< 0.20					7.3	7.0	
14	2.120	0.5	< 0.20					7.2	7.2	
15	2.048	0.5	< 0.20					7.2	7.1	
16	2.521	0.5	< 0.20					7.2	7.0	
17	2.509	0.5	< 0.20	146	74	2.7	2.4	7.2	7.0	36
18	2.500	0.5	< 0.20					7.1	7.0	
19	2.391	0.6	< 0.20					7.2	7.0	
20	2.323	0.8	< 0.20					7.1	7.0	
21	2.173	0.8	< 0.20					7.1	7.0	
22	2.125	0.5	< 0.20					7.1	7.0	
23	2.253	0.7	< 0.20					7.2	7.0	
24	2.120	0.8	< 0.20	172	90	3.0	2.2	7.2	7.0	144
25	2.172	0.6	< 0.20					7.1	7.1	
26	2.444	0.6	< 0.20					7.2	7.0	
27	2.311	0.7	< 0.20					7.1	7.0	
28	2.136	0.5	< 0.20					7.2	7.1	
29	2.247	0.5	< 0.20					7.2	7.1	
30	2.695	0.6	< 0.20					7.2	7.1	
Tot	70.584	18.3		625	340	12.3	13.5			456
Avg	2.353	0.6		156	85	3.1	3.4			114
Max	2.729	0.8	< 0.20	172	128	3.4	5.1	7.3	7.2	152
Min	2.048	0.5	< 0.20	146	48	2.7	2.2	7.1	7.0	36

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

Signed: Prentiss Garraway Date: 10-9-96

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) (17-19)

FL0026751	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
12345
*** NO DISCHARGE |__| ***
NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.3	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		CONTINUOUS	RCORDR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		85	85	128	(19)	0	1/7	16 Comp
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	******	******	**** ****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	277	******	(19)	0	1/30	Calc
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	5.5	******	(19)	0	1/30	Calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	**** ****	******	10.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		3.4	3.4	5.1	(19)	0	1/7	16 Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	******		******	2.306	******	(03)	0	1/30	Calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	**** ****	******	3.8 ANNL AVG	******	MGD		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	******	******		2.353	2.353	2.729	(03)	0	cont	Recorder
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 AREA CODE	725-2865 NUMBER	96 YEAR	10 MO	21 DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0026751	001 1
PERMIT NUMBER	DISCHARGE NUMBER

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 MAXIMUM	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0 MAXIMUM	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	58	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	99	152	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT MO GEOMN	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		156	156	172	(19)	0	1/7	16 comp
80082 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	*****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPIC
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	256	*******	(19)	0	1/30	calc
80082 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 10	DAY 21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.
* Method code on TRC is 4500 C1(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0026751	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE | | ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM / TO	96	09	01		96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	3.7	******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	10.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		3.1	3.1	3.4	(19)	0	1/7	16 Comp
	PERMIT REQUIREMENT	******	******	**** ****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*	M. Sambamurthi	904 725-2865	96	10	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0026751 PERMIT NUMBER
(17-19) 001 T DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 96 MO 09 DAY 01 TO YEAR 96 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOXICITY TESTING
(SUBR JA) 12545
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. Zimbamarthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 904 NUMBER 725-2865

DATE YEAR 96 MO 10 DAY 21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: August Year: 1996

(2) Plant's DER Identification Number: 3116P05360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No. 9197

Evening Shift Operator Class: "C" Cert. No. 8438

Lead Operator: Prentiss Hanaway
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.521
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.498
(19) Percent of permitted capacity	%	---	76.3
(20) CBOD5 Effluent	mg/L	080082	3.3
(21) TSS Effluent	mg/L	900201	4.1
(22) Minimum pH	mg/L	---	6.9
(23) Maximum pH	mg/L	---	7.3
(24) Organic N	mg/L	---	1.02
(25) TKN	mg/L	000625	1.75
(26) Total Ammonia	mg/L	000610	0.73
(27) Nitrite	mg/L	---	0.25
(28) Nitrate	mg/L	071850	5.80
(29) Total Phosphorus	mg/L	000665	4.59
(30) Ortho Phosphates	mg/L	---	3.81
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		69
Fecal Coliform (Arithmetic Mean)	#/100 ml		71
(35) TRC method code: 4500 Cl (G) minimum detection level: 0.20			
(36) Sample Date for Nutrients: 08-06-96			

(*) Duval Septic Tank hauled 43 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116P05360

(34) Month: August Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.803	0.7	< 0.20					7.2	7.0	
02	2.610	0.5	< 0.20					7.3	7.0	
03	2.596	0.6	< 0.20					7.2	7.1	
04	2.358	0.5	< 0.20					7.2	7.0	
05	2.616	0.5	< 0.20					7.3	7.1	
06	2.725	0.5	< 0.20	204	222	4.0	4.0	7.3	7.0	52
07	2.728	0.5	< 0.20					7.2	7.1	
08	2.728	0.5	< 0.20					7.2	7.1	
09	2.579	0.7	< 0.20					7.2	7.1	
10	2.350	0.8	< 0.20					7.3	7.1	
11	2.518	0.8	< 0.20					7.3	7.1	
12	2.715	0.8	< 0.20					7.3	7.1	
13	2.708	0.6	< 0.20	120	45	2.8	3.8	7.2	7.1	70
14	2.703	0.5	< 0.20					7.2	7.0	
15	2.745	0.6	< 0.20					7.2	7.0	
16	2.502	0.5	< 0.20					7.2	7.1	
17	2.372	0.5	< 0.20					7.1	7.1	
18	2.294	0.7	< 0.20					7.2	7.1	
19	2.470	0.7	< 0.20					7.3	7.1	
20	2.507	0.8	< 0.20	144	37	2.7	4.0	7.1	7.0	88
21	2.580	0.5	< 0.20					7.1	6.9	
22	2.452	0.8	< 0.20					7.2	7.1	
23	2.284	0.7	< 0.20					7.2	7.0	
24	2.063	0.7	< 0.20					7.2	7.1	
25	2.320	0.6	< 0.20					7.2	7.0	
26	2.465	0.6	< 0.20					7.2	7.0	
27	2.438	0.6	< 0.20	148	78	3.8	4.6	7.1	7.0	72
28	1.770	0.5	< 0.20					7.1	7.0	
29	2.354	0.7	< 0.20					7.1	7.1	
30	2.588	0.6	< 0.20					7.2	7.1	
31	3.195	0.6	< 0.20					7.2	7.1	
Tot	78.136	19.2		616	382	13.3	16.4			282
Avg	2.521	0.6		154	96	3.3	4.1			71
Max	3.195	0.8	< 0.20	204	222	4.0	4.6	7.3	7.1	88
Min	1.770	0.5	< 0.20	120	37	2.7	3.8	7.1	6.9	52

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

Signed: Prentiss Garraway Date: 9-17-96

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0026751	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.9	*******	7.3	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	RCORDR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		96	96	222	(19)	0	1/7	16 comp
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	******	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	296	*******	(19)	0	1/30	calc
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	*******	REPORT ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.6	*******	(19)	0	1/30	Calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	******	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		4.1	4.1	4.6	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*******	*******		*******	2.333	*******	(03)	0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	******	*******	3.8 ANNL AVG	*******	MGD		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*******	*******		2.521	2.521	3.125	(03)	0	cont	Recorder
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904 NUMBER 725-2865	YEAR 96	MO 09	DAY 24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 6004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0026751 PERMIT NUMBER
(17-19) 001 1 DISCHARGE NUMBER
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	NODI = B	(19) *	0	1/Day	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.01 DAILY MX	MG/L		DAILY	GRAB
LNGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	******	******		******	******	0	(14)	0	1/30	calc
72107 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	60 MAXIMUM	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	******	******		******	******	0	(23)	0	1/30	calc
72108 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 MAXIMUM	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	53	******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	**** ****	******	200 ANNL AVG	******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	69	88	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO GEOMN	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	******	******		154	154	204	(19)	0	1/7	16 comp
80082 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	******	******	**** ****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP16
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	261	******	(19)	0	1/30	calc
80082 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 725-2865 AREA CODE NUMBER	96 09 24 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.
* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0026751	001 1
PERMIT NUMBER	DISCHARGE NUMBER

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires: 05-31-98
12345

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	3.7	******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	10.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
), CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		3.3	3.3	4.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	******	******	**** ****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP 16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 725-2865 AREA CODE NUMBER	96 09 24 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0026751	001 T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUANTITY OR CONCENTRATION				NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
		AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	MINIMUM *(38-45)*	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI = 9	*******	*******	(23)			
TAN3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
50 STATRE 96HR ACU ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI = 9	*******	*******	(23)			
TAN3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI	SAMPLE MEASUREMENT	*******	*******		NODI = 9	*******	*******	(23)			
TAN6H P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI	SAMPLE MEASUREMENT	*******	*******		NODI = 9	*******	*******	(23)			
TAN6H Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*		904 725-2865		96	09	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: July Year: 1996

(2) Plant's DER Identification Number: 3116P05360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No. 9197

Evening Shift Operator Class: "C" Cert. No. 8438

Lead Operator: _____ Cert. No. 5458
signature

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.505
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.426
(19) Percent of permitted capacity	%	---	73.7
(20) CBOD5 Effluent	mg/L	080082	3.2
(21) TSS Effluent	mg/L	900201	3.4
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	7.3
(24) Organic N	mg/L	---	0.81
(25) TKN	mg/L	000625	1.39
(26) Total Ammonia	mg/L	000610	0.58
(27) Nitrite	mg/L	---	0.12
(28) Nitrate	mg/L	071850	5.16
(29) Total Phosphorus	mg/L	000665	3.70
(30) Ortho Phosphates	mg/L	---	2.63
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		72
Fecal Coliform (Arithmetic Mean)	#/100 ml		80
(35) TRC method code: 4500 Cl (G) minimum detection level: 0.20			
(36) Sample Date for Nutrients: 07-02-96			

(*) Duval Septic Tank hauled 41 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116P05360

(34) Month: July Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.540	0.8	< 0.20					6.7	6.6	
02	2.573	0.8	< 0.20	163	86	3.7	2.6	6.8	6.5	106
03	2.411	0.5	< 0.20					6.7	6.6	
04	2.187	0.5	< 0.20					6.7	6.7	
05	2.419	0.5	< 0.20					6.8	6.7	
06	2.531	0.5	< 0.20					6.7	6.6	
07	2.444	0.5	< 0.20					6.7	6.6	
08	2.689	0.5	< 0.20					6.7	6.6	
09	2.680	0.7	< 0.20	172	153	2.4	3.6	6.7	6.6	116
10	2.573	0.5	< 0.20					6.7	6.6	
11	2.545	0.6	< 0.20					6.7	6.6	
12	2.507	0.5	< 0.20					6.8	6.6	
13	2.295	0.5	< 0.20					6.7	6.6	
14	2.326	0.6	< 0.20					6.7	6.6	
15	2.498	0.7	< 0.20					6.7	6.6	
16	2.522	0.7	< 0.20	345	862	2.6	3.5	6.7	6.6	36
17	2.552	0.5	< 0.20					6.7	6.6	
18	2.418	0.6	< 0.20					6.7	6.7	
19	2.610	0.8	< 0.20					6.7	6.6	
20	2.393	0.8	< 0.20					6.7	6.6	
21	2.343	0.6	< 0.20					6.7	6.6	
22	2.639	0.8	< 0.20					6.7	6.6	
23	2.770	0.8	< 0.20	143	59	3.2	3.0	6.7	6.5	96
24	2.610	0.6	< 0.20					7.3	7.0	
25	2.742	0.6	< 0.20					7.3	7.0	
26	2.449	0.5	< 0.20					7.2	7.1	
27	2.306	0.6	< 0.20					7.2	7.2	
28	2.240	0.5	< 0.20					7.2	7.1	
29	2.562	0.5	< 0.20					7.2	7.0	
30	2.638	0.5	< 0.20	156	80	3.9	4.4	7.2	7.0	44
31	2.638	0.8	< 0.20					7.2	7.1	
Tot	77.650	18.9		979	1240	15.8	17.1			398
Avg	2.505	0.6		196	248	3.2	3.4			80
Max	2.770	0.8	< 0.20	345	862	3.9	4.4	7.3	7.2	116
Min	2.187	0.5	< 0.20	143	59	2.4	2.6	6.7	6.5	36

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

Signed: Prentiss M. Garraway Date: 8-15-96

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JSO RURAL LABS
ADDRESS P.O. BOX 4359
SUITE 108
JACKSONVILLE FL 32232
FACILITY JSO RURAL LABS
LOCATION JACKSONVILLE FL 32232
ATTN: SCOTT TURNER-V.P. DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
FL0001791	001 T

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
SEPLOL
*** NO DISCHARGE [ ] ***

OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LOW STATE VORP ACUTE CERIODAPHNIA DUBIA EFF 1	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 mos	4g rab
	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-CENT			
LOW STATE VORP ACUTE CERIODAPHNIA DUBIA EFF 2 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-CENT			
LOW STATE VORP ACUTE CYPRINELLA LEEDSI EFF 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 mos	4G rab
	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-CENT			
LOW STATE VORP ACUTE CYPRINELLA LEEDSI EFF 2 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
M Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904 NUMBER 725-2865	YEAR 96	MO 08	DAY 26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* HER report #823 attached.
(ROUTINE TESTS. 2=ADDITIONAL TESTS. IF ANY LIMIT NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME JAX SUBURBAN UTIL-SAN JOSE

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL-SAN JOSE

LOCATION

(SEE COMMENTS BELOW)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) FL0023663 — PERMIT NUMBER

(17-19) 001 I — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	01	TO	96	07	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

TOXICITY TESTING
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
SECOND DISCHARGE | | ***

OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STAT 96HR ACU FATHEAD MINNOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAST P 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	SR REQ
LC50 STAT 96HR ACU FATHEAD MINNOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAST P 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	SR REQ
LC50 STATIC 96HR ACU FATHEAD MINNOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAST P 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	SR REQ
LC50 STATIC 96HR ACU FATHEAD MINNOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAST P 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	SR REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 / 725-2865 AREA CODE / NUMBER	96 YEAR	08 MO	26 DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERFORMING TESTS. IF ADDITIONAL TESTS IF ANY ARE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004
SUITE 100
JACKSONVILLE FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE FL 32239

ATTN: SCOTT TURNER-V.P. DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

(2-16) FL0026751 — PERMIT NUMBER

(17-19) 001 1 — DISCHARGE NUMBER

(SUBR JA) 12.94

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE [ ] ***

OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	********	********		6.5	********	7.3	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	***** *****	REPORT MINIMUM	********	REPORT MAXIMUM	SU		CONTIN OUS	CONTI OUS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	********	********		248	248	862	(19)	0	1/7	16 C
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	***** *****	REPORT DAILY AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPO
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	********	********		********	336	********	(19)	0	1/30	calc
00530 Y 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	********	********	***** *****	********	REPORT ANNL AVG	********	MG/L		ONCE/ MONTH	CALCU
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	********	********		********	5.6	********	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	********	********	***** *****	********	10.0 ANNL AVG	********	MG/L		ONCE/ MONTH	CALCU
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	********	********		3.4	3.4	4.4	(19)	0	1/7	16 Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	***** *****	REPORT WKLY AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPO
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	********	********		********	2.350	********	(03)	0	1/30	Cal-
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	********	********	***** *****	********	3.5 ANNL AVG	********	MGD		ONCE/ MONTH	CALC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	********	********		2.505	2.505	2.770	(03)	0	Cont	Recorder
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	********	********	***** *****	REPORT MO AVG	REPORT MO AVG	REPORT DAILY MX	MGD		CONTIN OUS	CONTI OUS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904, NUMBER 725-2865

DATE: YEAR 96, MO 08, DAY 26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

00: REPORT INFLUENT VALUE

50: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 3004
SUITE 100
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TORRENCE, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0047651	001

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE [ ] ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT						NODI=B	(19) *	0	1/Day	Grab
50060 1 0 0	PERMIT REQUIREMENT						0.01 DAILY MX	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE											
WATER, DEPTH OF LONGEST PERPENDICULAR	SAMPLE MEASUREMENT						0	(14)	0	1/30	cal
72107 1 0 0	PERMIT REQUIREMENT						60 MAXIMUM	MINUTES		ONCE/MONTH	CALCTD
SEE COMMENTS BELOW											
% OF TIME EXCEEDING 96 LIMITS	SAMPLE MEASUREMENT						0	(23)	0	1/30	calc
74000 1 0 0	PERMIT REQUIREMENT						1.0 MAXIMUM	PER-CENT		ONCE/MONTH	CALCTD
SEE COMMENTS BELOW											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT					54		(13)	0	1/30	calc
74055 1 0 0	PERMIT REQUIREMENT					200 GEOM MN		#/ 100ML		ONCE/MONTH	CALCTD
GEOMEAN AVERAGE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT					72	116	(13)	0	1/7	Grab
74055 1 0 0	PERMIT REQUIREMENT					REPORT 10 SAMPLES	400 DAILY MX	#/ 100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
CBOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT				196	196	345	(19)	0	1/7	16 co *
80082 5 0 0	PERMIT REQUIREMENT				REPORT 150 AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP
RAW SEW/INFLUENT											
CBOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT					272		(19)	0	1/30	calc
80082 P 0 0	PERMIT REQUIREMENT					REPORT ANNL AVG		MG/L		ONCE/MONTH	CALCTD
SEE COMMENTS BELOW											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	08	26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

1: REPORT EFFLUENT VALUE
2: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

* Method code for TRC is 4500 Cl(G). Detection limit is 0.05 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT FARNER-V DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT *(DMR)*

OMB No. 2040-0004
Approval expires 05-31-98

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
FL0026751	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
00310 CARBONACEOUS 05 DAY, 20C 00552 1 0 0 MONTHLY AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	3.6	*******	(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	10.0 MONTHLY AVG	*******			INCL/ MONTH	CALCU
00310 CARBONACEOUS 05 DAY, 20C 00552 1 0 0 EXCEPTION VALUE	SAMPLE MEASUREMENT	*******	*******		3.2	3.2	3.9	(19) MG/L	0	1/7	16 24
	PERMIT REQUIREMENT	*******	*******	**** ****	12.0 MONTHLY AVG	15.0 WEEKLY AVG	20.0 DAILY MX			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
M Tomborowski	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904-725-2865	96	08	26
Vice President		AREA CODE / NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
1: REPORT INFLUENT VALUE
2: THE PH RANGE IS 6.5 TO 8.5 SU. UNITS.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Inforaation

(1) Month: June Year: 1996

(2) Plant's DER Identification Number: 3116P05360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No. 9197

Evening Shift Operator Class: "C" Cert. No. 8438

Lead Operator: Trenton Garraway Cert. No. 5458
signature

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.476
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.345
(19) Percent of permitted capacity	%	---	70.4
(20) CBOD5 Effluent	mg/L	080082	3.0
(21) TSS Effluent	mg/L	900201	3.9
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	6.9
(24) Organic N	mg/L	---	0.77
(25) TKN	mg/L	000625	0.82
(26) Total Ammonia	mg/L	000610	< 0.05
(27) Nitrite	mg/L	---	0.10
(28) Nitrate	mg/L	071850	0.06
(29) Total Phosphorus	mg/L	000665	2.79
(30) Ortho Phosphates	mg/L	---	2.72
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		100
Fecal Coliform (Arithmetic Mean)	#/100 ml		117
(35) TRC method code: 4500 Cl (G) minimum detection level: 0.20			
(36) Sample Date for Nutrients: 06-04-96			

(*) Duval Septic Tank hauled 42 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116P05360

(34) Month: June Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.116	0.5	< 0.20					6.7	6.6	
02	2.121	0.5	< 0.20					6.9	6.6	
03	1.998	0.8	< 0.20					6.8	6.6	
04	2.495	0.7	< 0.20	315	607	3.3	3.4	6.8	6.6	44
05	2.859	0.6	< 0.20					6.9	6.6	
06	2.504	0.7	< 0.20					6.9	6.6	
07	2.440	0.7	< 0.20					6.7	6.6	
08	2.296	0.6	< 0.20					6.7	6.6	
09	2.373	0.7	< 0.20					6.7	6.6	
10	2.626	0.7	< 0.20					6.7	6.5	
11	2.536	0.8	< 0.20	411	1067	3.4	4.0	6.7	6.5	128
12	2.612	0.7	< 0.20					6.7	6.5	
13	2.633	0.5	< 0.20					6.7	6.6	
14	2.559	0.5	< 0.20					6.7	6.6	
15	2.305	0.6	< 0.20					6.7	6.6	
16	2.275	0.5	< 0.20					6.7	6.6	
17	2.304	0.5	< 0.20					6.7	6.6	
18	2.569	0.9	< 0.20	174	136	2.6	4.8	6.8	6.6	212
19	2.497	0.6	< 0.20					6.7	6.6	
20	2.559	0.6	< 0.20					6.7	6.6	
21	2.622	0.6	< 0.20					6.7	6.5	
22	2.408	0.5	< 0.20					6.7	6.6	
23	2.339	0.5	< 0.20					6.8	6.7	
24	2.621	0.6	< 0.20					6.7	6.6	
25	2.680	0.7	< 0.20	150	119	2.8	3.4	6.7	6.5	84
26	2.701	0.6	< 0.20					6.7	6.6	
27	2.767	0.5	< 0.20					6.9	6.6	
28	2.768	0.8	< 0.20					6.7	6.6	
29	2.359	0.7	< 0.20					6.7	6.6	
30	2.333	0.5	< 0.20					6.7	6.6	
Tot	74.275	18.7		1050	1929	12.1	15.6			468
Avg	2.476	0.6		263	482	3.0	3.9			117
Max	2.859	0.9	< 0.20	411	1067	3.4	4.8	6.9	6.7	212
Min	1.998	0.5	< 0.20	150	119	2.6	3.4	6.7	6.5	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 and accurate.

Signed: Prentiss M. Garraway Date: 7.03.96

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT				6.5		6.7		0	1/HOUR	Grab
	PERMIT REQUIREMENT				REPORT MINIMUM		REPORT MAXIMUM	SU		CONTIN MONIT	CONTIN
	SAMPLE MEASUREMENT				482.	1067	1067		0	1/7	16 hr
	PERMIT REQUIREMENT				REPORT MIN AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP
	SAMPLE MEASUREMENT					352.			0	1/30	calc
	PERMIT REQUIREMENT					REPORT ANNL AVG		MG/L		ONCE/ MONTH	CALCU
	SAMPLE MEASUREMENT					5.6			0	1/30	calc
	PERMIT REQUIREMENT					10.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCU
	SAMPLE MEASUREMENT				3.9	4.8	4.8		0	1/7	16 comp
	PERMIT REQUIREMENT				12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP
	SAMPLE MEASUREMENT					2.357			0	1/30	calc
	PERMIT REQUIREMENT					3.0 ANNL AVG		MGD		ONCE/ MONTH	CALC
	SAMPLE MEASUREMENT				2.116	2.359	2.359		0	CONT	Recorder
	PERMIT REQUIREMENT				REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTIN MONIT	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		916/725-2865	96	07	17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS (Include Facility Name, Location, if Different)

NAME

ADDRESS

FACILITY

LOCATION

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

(SUBMIT ORIGINAL AND 2 COPIES)

P = PRELIMINARY

F = FINAL

MAJOR

AMENDED

NO DISCHARGE

OMB No. 2040-0004

Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						NODI-B	(19) #	0	1/Day	Grab
	PERMIT REQUIREMENT						0.01 DAILY MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT						0	(14)	0	1/30	CI
	PERMIT REQUIREMENT						60 MAXIMUM	MINUTES		SINCE/MONTH	CALCU
	SAMPLE MEASUREMENT						0	(23)	0	1/30	calc
	PERMIT REQUIREMENT						1.0 MAXIMUM	PERCENT		SINCE/MONTH	CALCU
	SAMPLE MEASUREMENT					55		(13)	0	1/30	calc
	PERMIT REQUIREMENT					200 ANNL AVG		#/100ML		SINCE/MONTH	CALCU
	SAMPLE MEASUREMENT					111	312	(13)	0	1/7	Grab
	PERMIT REQUIREMENT					REPORT MO AVG	500 DAILY MX	#/100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT				2.3	4.11	4.11	(17)	0	1/7	Recep
	PERMIT REQUIREMENT				REPORT MO AVG	REPORT DAILY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP
	SAMPLE MEASUREMENT					2.11		(17)	0	1/30	Calc
	PERMIT REQUIREMENT					REPORT ANNL AVG		MG/L		SINCE/MONTH	CALCU

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		704	525-2405	96	07	17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* Modified outfall. This is USOO1(6). Effective limit is 0.20 #/d.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

ADDRESS

FACILITY

LOCATION

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004
Approval expires 05-31-98

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
	001

(Use "A" for Final Effluent Discharge)

MONITORING PERIOD	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] DAILY [illegible] MONTHLY AVERAGE	SAMPLE MEASUREMENT					3.5		(17)	0	1/30	calc
	PERMIT REQUIREMENT					10.0 MONTHLY AVG		MG/L		ONCE/ MONTH	CALCULATION
[illegible] DAILY [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				3.0	3.4	3.4	(19)	0	1/7	16e
	PERMIT REQUIREMENT				1.0 MO AVG	1.0 WKLY AVG	2.0 DAILY MX	MG/L		WEEKLY	CONPOSITE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
PH-eil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		704	725-2865	96	07	17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

1: REPORT INFLUENT VALUE

2: THE PH RANGE IS 6.0 TO 9.0 S.U.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: FL0002861

(17-19) DISCHARGE NUMBER: 001

TOXICITY TESTING (SUBCHRONIC)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE [ ] ***

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR [illegible] MO [illegible] DAY 01 TO YEAR 96 MO 06 DAY 30

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT							(23)			
	PERMIT REQUIREMENT							PER-CENT			
[illegible]	SAMPLE MEASUREMENT							(23)			
	PERMIT REQUIREMENT							PER-CENT			
[illegible]	SAMPLE MEASUREMENT							(23)			
	PERMIT REQUIREMENT							PER-CENT			
[illegible]	SAMPLE MEASUREMENT							(23)			
	PERMIT REQUIREMENT							PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE 904 NUMBER 825-2845	YEAR 96	MO 07	DAY 17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

CHRONIC TOXICITY TESTS (ADDITIONAL TESTS IF ANY) ARE LISTED UNDER ENTRY "NUMBER".

IF MORE THAN ONE ADDITIONAL TEST WAS PERFORMED, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: May Year: 1996

(2) Plant's DER Identification Number: 3116P05360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No. 9197

Evening Shift Operator Class: "C" Cert. No. 8438

Lead Operator: Vicente Tarraway Cert. No. 5458
signature

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.308
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.235
(19) Percent of permitted capacity	%	---	68.3
(20) CBOD5 Effluent	mg/L	080082	4.0
(21) TSS Effluent	mg/L	900201	4.1
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	6.8
(24) Organic N	mg/L	---	1.07
(25) TKN	mg/L	000625	2.18
(26) Total Ammonia	mg/L	000610	1.11
(27) Nitrite	mg/L	---	0.14
(28) Nitrate	mg/L	071850	6.31
(29) Total Phosphorus	mg/L	000665	2.80
(30) Ortho Phosphates	mg/L	---	2.63
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		26
Fecal Coliform (Arithmetic Mean)	#/100 ml		30

(35) TRC method code: 4500 Cl (G)
minimum detection level: 0.20

(36) Sample Date for Nutrients: 05-07-96

(*) Duval Septic Tank hauled 44 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116P05360

(34) Month: May Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.438	0.5	< 0.20					6.7	6.6	
02	2.368	0.6	< 0.20					6.7	6.6	
03	2.354	0.7	< 0.20					6.8	6.6	
04	2.271	0.5	< 0.20					6.7	6.6	
05	2.207	0.6	< 0.20					6.7	6.7	
06	2.491	0.6	< 0.20					6.7	6.6	
07	2.464	0.5	< 0.20	184	101	3.7	4.3	6.7	6.6	38
08	2.440	0.7	< 0.20					6.7	6.6	
09	2.344	0.8	< 0.20					6.6	6.6	
10	2.150	0.7	< 0.20					6.7	6.6	
11	1.928	0.5	< 0.20					6.7	6.6	
12	1.894	0.5	< 0.20					6.7	6.6	
13	2.185	0.5	< 0.20					6.8	6.6	
14	2.181	0.7	< 0.20	206	256	4.4	5.3	6.7	6.6	12
15	2.404	0.5	< 0.20					6.7	6.5	
16	2.378	0.5	< 0.20					6.7	6.6	
17	2.405	0.5	< 0.20					6.7	6.6	
18	2.107	0.6	< 0.20					6.7	6.6	
19	1.995	0.5	< 0.20					6.7	6.6	
20	2.481	0.6	< 0.20					6.7	6.6	
21	2.396	0.7	< 0.20	248	375	3.7	3.9	6.7	6.6	52
22	2.344	0.7	< 0.20					6.7	6.5	
23	2.556	0.6	< 0.20					6.8	6.6	
24	2.425	0.7	< 0.20					6.7	6.5	
25	2.042	0.8	< 0.20					6.6	6.6	
26	1.990	0.5	< 0.20					6.7	6.6	
27	2.245	0.5	< 0.20					6.7	6.6	
28	2.617	0.5	< 0.20	152	280	4.0	3.0	6.7	6.6	18
29	2.586	0.5	< 0.20					6.7	6.6	
30	2.436	0.5	< 0.20					6.7	6.6	
31	2.412	0.5	< 0.20					6.7	6.6	
Tot	71.534	18.1		790	1012	15.8	16.5			120
Avg	2.308	0.6		198	253	4.0	4.1			30
Max	2.617	0.8	< 0.20	248	375	4.4	5.3	6.8	6.7	52
Min	1.894	0.5	< 0.20	152	101	3.7	3.0	6.6	6.5	12

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

Signed: Prentiss Garraway Date: 6-5-96

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JEA-ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W & D DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
FL0026751	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	09	01	TO	96	05	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	6.8	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	RCORD
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		253	375	375	(19)	0	1/7	16-hr Comp
	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		MONTH	CALCD
SOLIDS, TOTAL SUSPENDED 00530 P 3 0 W/R COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	353	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT ANNL AVG	*******	MG/L		INCE/ MONTH	CALCD
SOLIDS, TOTAL SUSPENDED 00530 Y 3 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	5.6	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	10.0 ANNL AVG	*******	MG/L		INCE/ MONTH	CALCD
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		4.1	5.3	5.3	(19)	0	1/7	16-hr Comp
	PERMIT REQUIREMENT							MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 3 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT					2.310		(03)	0	1/30	calc
	PERMIT REQUIREMENT					ANNL AVG		MGD		MONTH	CALCD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		2.308	2.617	2.617	(03)	0	cont	Flow meter
	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTI UOUS	RCORD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Phil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 06	DAY 20
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 6.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-V.P. DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0026751	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	12	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******		*******	*******	0.02 DAILY MX	MG/L		DAILY	GRAB
DEPTH OF LONGEST P[illegible] INCURSION 72107 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******		*******	*******	60 MAXIMUM	MIN-UTES		ONCE/MONTH	CALCULATION
% OF TIME EXCEEDING [illegible] LIMITS [illegible] Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	*******	100 MAXIMUM	PER-CENT		ONCE/MONTH	CALCULATION
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	53	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	200 ANNL AVG	*******	#/ 100ML		ONCE/MONTH	CALCULATION
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	26	52	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******		*******	REPORT 30D GEOM	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
DEMAND, CARBONACEOUS (20 DAY, 20C) 80082 Q 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		198	248	248	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******		REPORT 30D AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	24HR COMP
BOD, CARBONACEOUS (05 DAY, 20C) 80082 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	265	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	REPORT ANNL AVG	*******	MG/L		ONCE/MONTH	CALCULATION

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
PH Weil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	06	20
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE A Method code for TRC is 4500Cl(G). Detection limit is 0.20 mg/L.
H: THE PH RANGE IS 6.9 TO 8.9 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME JSU-RURAL LAKES

ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE FL 32239

ATTN: SCOTT TURNER-V. DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

OMB No. 2040-0004
Approval expires 05-31-98

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
FL0026751	001 1

(SUBR JA) 12543
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM			01	TO	96	06	11

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
00, CARBONACEOUS	SAMPLE MEASUREMENT	*******	*******		*******	3.4	*******	(19)	0	1/30	calc
05 DAY, 20C	PERMIT REQUIREMENT	*******	*******	***	*******	[illegible]	*******	MG/L		[illegible]	[illegible]
00082 Y 0 0											
ANNUAL AVERAGE											
Y, CARBONACEOUS	SAMPLE MEASUREMENT				4.0	4.4	4.4	(19)	0	1/7	Hour
05, 20C	PERMIT REQUIREMENT				[illegible]	[illegible]	[illegible]	MG/L		WEEKLY	[illegible]
00082 1 0 0											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PHeil
Vice President

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
904	725-2865		96	06	20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

1: REPORT EFFLUENT VALUE
2: THE PH RANGE IS 6.0 TO 8.0 STD UNITS

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 02596/960401-1725

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU-ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 100
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0026751	001 T
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM / TO	96	05	01	TO	96	05	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

TOXICITY TESTING
(SUBR JA) 1295
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P Q 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P Q 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P Q 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P Q 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Phil
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	06	20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

"Toxicity Tests" (Additional Tests if any) [illegible] "Results".
If more than one additional test taken enter worst result and enter number of failed tests in "No." col."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: April Year: 1996

) Plant's DER Identification Number: 3116P05360

) Plant Name: Royal Lakes Wastewater Treatment Plant

) Plant Address: 8509 Western Way

) City: Jacksonville

) County: Duval

) Phone Number: (904) 725-2865

) Permit Number: DT16-194940

) Plant Type: 2-B

0) Test Site Identification Number: 3116X12403

1) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

3) Limited Wet Weather Discharge Activated:

[ ] Yes [ ] No [x] Not Applicable

4) Cumulative Days of Wet Weather Discharge:

5) Plant Staffing:

Day Shift Operator Class: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No. 9197

Evening Shift Operator Class: "C" Cert. No. 8438

Lead Operator: signature Cert. No. 5488

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.251
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.178
(19) Percent of permitted capacity	%	---	65.9
(20) CBOD5 Effluent	mg/L	080082	4.0
(21) TSS Effluent	mg/L	900201	4.8
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	6.8
(24) Organic N	mg/L	---	1.26
(25) TKN	mg/L	000625	2.14
(26) Total Ammonia	mg/L	000610	0.88
(27) Nitrite	mg/L	---	0.52
(28) Nitrate	mg/L	071850	5.82
(29) Total Phosphorus	mg/L	000665	3.15
(30) Ortho Phosphates	mg/L	---	2.42
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		39
Fecal Coliform (Arithmetic Mean)	#/100 ml		56
(35) TRC method code: 4500 Cl (G) minimum detection level: 0.20			
(36) Sample Date for Nutrients: 04-09-96			

) Duval Septic Tank hauled 44 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116P05360

4) Month: April Year: 1996

nth	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
	2.231	0.5	< 0.20					6.7	6.5	
	2.185	0.7	< 0.20	216	307	5.0	5.7	6.7	6.5	68
	2.143	0.6	< 0.20					6.7	6.5	
	2.128	0.5	< 0.20					6.7	6.5	
	2.162	0.5	< 0.20					6.6	6.6	
	2.162	0.7	< 0.20					6.8	6.7	
	2.162	0.5	< 0.20					6.8	6.7	
	2.162	0.8	< 0.20					6.8	6.6	
	2.162	0.7	< 0.20	246	358	3.1	4.1	6.7	6.6	8
	2.162	0.7	< 0.20					6.7	6.6	
	2.162	0.7	< 0.20					6.8	6.6	
	2.162	0.7	< 0.20					6.8	6.6	
	2.162	0.8	< 0.20					6.7	6.6	
	2.162	0.7	< 0.20					6.8	6.6	
	2.162	0.6	< 0.20					6.7	6.6	
	2.276	0.6	< 0.20	304	364	3.3	3.0	6.6	6.5	124
	2.309	0.5	< 0.20					6.8	6.5	
	2.327	0.8	< 0.20					6.7	6.5	
	2.320	0.6	< 0.20					6.7	6.5	
	2.114	0.5	< 0.20					6.6	6.6	
	2.202	0.6	< 0.20					6.7	6.6	
	2.378	0.5	< 0.20					6.7	6.5	
	2.475	0.7	< 0.20	494	974	4.0	4.6	6.6	6.6	22
	2.245	0.5	< 0.20					6.7	6.6	
	2.386	0.7	< 0.20					6.7	6.6	
	2.504	0.9	< 0.20					6.8	6.7	
	2.204	0.7	< 0.20					6.7	6.7	
	2.246	0.5	< 0.20					6.7	6.6	
	2.461	0.5	< 0.20					6.7	6.6	
	2.620	0.6	< 0.20	282	379	4.7	6.5	6.7	6.6	58
t	67.536	18.9		1542	2382	20.1	23.9			280
g	2.251	0.6		308	476	4.0	4.8			56
ax	2.620	0.9	< 0.20	494	974	5.0	6.5	6.8	6.7	124
in	2.114	0.5	< 0.20	216	307	3.1	3.0	6.6	6.5	8

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 elief,this information is true and accurate.

igned: Prentiss M. Garraway Date: 5.8.96

ame (Please Type) Prentiss M. Garraway

ompany Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JSG ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 3223
ATTN: SCOTT FORD - GENERAL MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0026751 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
(SUBR JA) 1234
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.5	*******	6.8	(12) SU	0	1/Hour	Grab
	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM			CONTINUOUS	RECORD
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		476	974	974	(19) MG/L	0	1/7 Days	16Cp
	PERMIT REQUIREMENT	*******	*******	*****	REPORT	REPORT WKLY AVG	REPORT DAILY MX			WEEKLY	CALCT
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	369	*******	(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT ANNL AVG	*******			ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	5.5	*******	(19) MG/L	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	10.0 ANNL AVG	*******			ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		4.8	6.5	6.5	(19) MG/L	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	[illegible] AVG	[illegible] WKLY AVG	20.0 DAILY MX			WEEKLY	COMP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.405	*******	(03) MGD	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	[illegible] ANNL AVG	*******			ONCE/ MONTH	CALC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		2.251	2.620	2.620	(03) MGD	0	cont	Flow Meter
	PERMIT REQUIREMENT	*******	*******	*****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX			CONTINUOUS	COMPUT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Phil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*	904 725-2865 AREA CODE NUMBER	96 05 23 YEAR MO DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
** REPORT INFLUENT VALUE
** THE PERMIT DOES NOT HAVE ANY LIMITS

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 6004
SUITE 108
JACKSONVILLE FL 32239

FACILITY P. O. BOX 6004
LOCATION JACKSONVILLE FL 32239

ATTN: SCOTT TURNER-V.P. DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004
Approval expires 05-31-98

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0027251	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	04	01	TO	95	04	30
	(20-21)	(22-23)	(24-26)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.01 I=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 C 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	Calc
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	60 MAXIMUM	MIN-UTES		ONCE/ MONTH	CALC
% OF TIME EXCEEDING PH LIMITS 72108 2 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(25)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	PER-CENT		ONCE/ MONTH	CALC
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	53	*****	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 ANNL AVG	*****	#/ 100ML		ONCE/ MONTH	CALC
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3956	124	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 30 DAYS	800 DAILY MX	/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****		308	494	494	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP
BOD, CARBONACEOUS 05 DAY, 20C 80082 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	264	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/ MONTH	CALC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Neil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 05	DAY 23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

(1): REPORT INFLUENT VALUE

(2): THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

* Method code for TTC is 7500 C/(1). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME 350 ROYAL PALMS
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-V.P. DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER: 001 L

(SUM OF)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
OD, CARBONACEOUS 05 DAY, 20C 80082 Y Q 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	3.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	10.0 ANNL AVG	*******	MG/L		INCL/ MONTH	CALC
OD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		4.0	5.0	5.0	(19)	0	1/7	16
	PERMIT REQUIREMENT	*******	*******	*****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COM-16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PHeil
Vice President

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	05	23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

(1) REPORT EFFLUENT VALUE
(2) THE PH RANGE IS 6.0 TO 8.0 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME: JSU ROYAL LAKES

ADDRESS: P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239

FACILITY: P. O. BOX 8004

LOCATION: JACKSONVILLE FL 32239

ATTN: SCOTT TURNER-ENV DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0026751	001 T

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CERIODAPHNIA TANSB P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	100 MINIMUM	*****	*****	PER-CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TANSB P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	100 MINIMUM	*****	*****	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TANSB P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	100 MINIMUM	*****	*****	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TANSB P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	100 MINIMUM	*****	*****	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Pfeil Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C, § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 05	DAY 23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERJUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LC50 < 100, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: March Year: 1996

) Plant's DEP Identification Number: 3116P05360

) Plant Name: Royal Lakes Wastewater Treatment Plant

) Plant Address: 8509 Western Way

) City: Jacksonville

) County: Duval

) Phone Number: (904) 725-2865

) Permit Number: DT16-194940

) Plant Type: 2-B

0) Test Site Identification Number: 3116X12403

1) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

3) Limited Wet Weather Discharge Activated:

[ ] Yes [ ] No [x] Not Applicable

4) Cumulative Days of Wet Weather Discharge:

5) Plant Staffing:

Day Shift Operator Class: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No 9197

Evening Shift Operator Class:"C" Cert. No. 8438

Lead Operator: Preston Garraway
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.162
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.106
(19) Percent of permitted capacity	%	---	64.1
(20) CBOD5 Effluent	mg/L	080082	5.5
(21) TSS Effluent	mg/L	900201	11.2
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	6.8
(24) Organic N	mg/L	---	1.23
(25) TKN	mg/L	000625	2.44
(26) Total Ammonia	mg/L	000610	1.21
(27) Nitrite	mg/L	---	0.68
(28) Nitrate	mg/L	071850	9.32
(29) Total Phosphorus	mg/L	000665	3.25
(30) Ortho Phosphates	mg/L	---	2.68
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		72
Fecal Coliform (Arithmetric Mean)	#/100 ml		91
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(36) Sample Date For Nutrients:03-05-96			

1) Duval Septic Tank hauled 50 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DEP ID # : 3116P05360

(34) Month: March Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.441	0.6	< 0.20					6.7	6.6	
02	2.006	0.8	< 0.20					6.7	6.5	
03	2.816	0.7	< 0.20					6.7	6.6	
04	2.125	0.5	< 0.20					6.7	6.6	
05	2.285	0.7	< 0.20	164	107	4.7	12.2	6.7	6.5	68
06	2.607	0.5	< 0.20					6.7	6.5	
07	2.313	0.5	< 0.20					6.8	6.6	
08	1.764	0.5	< 0.20					6.7	6.6	
09	1.569	0.5	< 0.20					6.7	6.6	
10	1.734	0.5	< 0.20					6.7	6.6	
11	2.074	0.5	< 0.20					6.7	6.5	
12	1.940	0.7	< 0.20	176	190	7.3	14.9	6.6	6.5	44
13	2.047	0.5	< 0.20					6.6	6.5	
14	2.124	0.8	< 0.20					6.7	6.6	
15	2.216	0.7	< 0.20					6.7	6.6	
16	2.211	0.8	< 0.20					6.7	6.6	
17	2.185	0.8	< 0.20					6.7	6.6	
18	2.558	0.6	< 0.20					6.7	6.6	
19	2.197	0.5	< 0.20	232	375	5.1	9.5	6.7	6.5	44
20	1.780	0.5	< 0.20					6.7	6.5	
21	2.007	0.5	< 0.20					6.7	6.6	
22	2.015	0.6	< 0.20					6.7	6.6	
23	1.767	0.5	< 0.20					6.6	6.6	
24	1.927	0.5	< 0.20					6.7	6.6	
25	2.245	0.7	< 0.20					6.7	6.5	
26	2.257	0.6	< 0.20	296	393	4.8	8.1	6.6	6.5	208
27	2.387	0.5	< 0.20					6.7	6.5	
28	2.451	0.7	< 0.20					6.6	6.5	
29	2.386	0.6	< 0.20					6.7	6.5	
30	2.302	0.7	< 0.20					6.7	6.6	
31	2.283	0.6	< 0.20					6.7	6.6	
Tot	67.019	18.7		868	1065	21.9	44.7			364
Avg	2.162	0.6		217	266	5.5	11.2			91
Max	2.816	0.8	< 0.20	296	393	7.3	14.9	6.8	6.6	208
Min	1.569	0.5	< 0.20	164	107	4.7	8.1	6.6	6.5	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 a belief, this information is true and accurate.

Signed: Prentiss Garraway Date: April 10, 1996

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Includes Facility Name/ Location if Different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
	001

(SUBJ JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
pH	SAMPLE MEASUREMENT				6.5		6.8	(12)	0	1/Week	Grab
	PERMIT REQUIREMENT				REPORT MINIMUM		REPORT MAXIMUM	SU		CONTINUOUS	RECORD
	SAMPLE MEASUREMENT				266	323	323	(19)	0	1/1	Grab
	PERMIT REQUIREMENT				REPORT	REPORT	REPORT	MG/L		WEEKLY	CONCENT
	SAMPLE MEASUREMENT					213		(19)	0	1/30	calc
	PERMIT REQUIREMENT					REPORT		MG/L		ONCE/ MONTH	CALCULATION
	SAMPLE MEASUREMENT					5.4		(19)	0	1/30	calc
	PERMIT REQUIREMENT					REPORT		MG/L		ONCE/ MONTH	CALCULATION
	SAMPLE MEASUREMENT				11.2	14.7	14.7	(19)	0	1/1	16 comp
	PERMIT REQUIREMENT				REPORT	REPORT	REPORT	MG/L		WEEKLY	COMPOSITE
	SAMPLE MEASUREMENT					3.410		(03)	0	1/30	calc
	PERMIT REQUIREMENT					REPORT		MGD		ONCE/ MONTH	CALCULATION
	SAMPLE MEASUREMENT				3.162	3.816	3.816	(03)	0	cont	Flow meter
	PERMIT REQUIREMENT				REPORT	REPORT	REPORT	MGD		CONTINUOUS	RECORD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	04	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
1: Report Instead Value
2: The Permit is not for this Outfall

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(SUBM JA)
1 - FINAL
MAJOR
EFFLUENT
SGS NO DISCHARGE [ ]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO		02	11
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						ONE=B	(19)	0	1/Day	Comb
	PERMIT REQUIREMENT						0.01 DAILY MX	MG/L		DAILY	GRAB
	SAMPLE MEASUREMENT						0	(14)	0	1/30	calc
	PERMIT REQUIREMENT						60 MAXIMUM	MIN-UTES		ONCE/ MONTH	CALCT
	SAMPLE MEASUREMENT						0	(23)	0	1/30	calc
	PERMIT REQUIREMENT					1.0 MINIMUM		PER-CENT		ONCE/ MONTH	CALCT
	SAMPLE MEASUREMENT					61		(13)	0	1/30	calc
	PERMIT REQUIREMENT					200 GEOM ANN AVG		#/ 100ML		ONCE/ MONTH	CALCT
	SAMPLE MEASUREMENT					91	208	(13)	0	1/9	Comb
	PERMIT REQUIREMENT					REPORT 30 D GEOM	400 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT				217	296	296	(19)	0	1/7	Comp.
	PERMIT REQUIREMENT				REPORT MO AVG	REPORT DAILY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP
	SAMPLE MEASUREMENT					459		(19)	0	1/30	calc
	PERMIT REQUIREMENT					REPORT MONTH AV		MG/L		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
W Weil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*		904	725-2845	96	04	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* Method code for TRC is 450 N(6). Detection limit is 0.020 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
	001 A

(SUBR JA)
F - FINAL
MAJOR
C1LOW
**** NO DISCHARGE ____ ****

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT					3.1		(1)	0	1/30	calc
	PERMIT REQUIREMENT					10.0 MONTHLY AVG		MG/L		ONCE/ MONTH	CALCULATION
	SAMPLE MEASUREMENT				5.5	1.3	1.3	(1)	0	1/1	Ilse
	PERMIT REQUIREMENT				2.0 DAILY MIN	2.0 WEEKLY AVG	4.0 DAILY MAX	MG/L		WEEKLY	COMPOSITE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Vice President		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904	735-2865	96	04	23

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM			01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(3006 0A)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT				NODI = 9			(23)			
	PERMIT REQUIREMENT							PER-CENT			
	SAMPLE MEASUREMENT				NODI = 9			(23)			
	PERMIT REQUIREMENT							PER-CENT			
	SAMPLE MEASUREMENT				NODI = 9			(23)			
	PERMIT REQUIREMENT							PER-CENT			
	SAMPLE MEASUREMENT				NODI = 9			(23)			
	PERMIT REQUIREMENT							PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Neil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	704 735-8865	96	04	23
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PAGE ___ OF ___

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: February Year: 1996

(2) Plant's DEP Identification Number: 3116P05360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No 9197

Evening Shift Operator Class:"C" Cert. No. 8438

Lead Operator: Prentiss Darraway
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VAL
(16) Monthly average daily flow	mgd	050053	2.1
(17) Permitted Capacity	mgd	---	3.2
(18) Three-month average daily flow	mgd	---	2.0
(19) Percent of permitted capacity	%	---	6
(20) CBOD5 Effluent	mg/L	080082	4
(21) TSS Effluent	mg/L	900201	8
(22) Minimum pH	mg/L	---	6
(23) Maximum pH	mg/L	---	7
(24) Organic N	mg/L	---	1
(25) TKN	mg/L	000625	1
(26) Total Ammonia	mg/L	000610	0
(27) Nitrite	mg/L	---	0
(28) Nitrate	mg/L	071850	7
(29) Total Phosphorus	mg/L	000665	4
(30) Ortho Phosphates	mg/L	---	4
(31) Minimum Chlorine Residual	mg/L	---	
(32) Maximum Chlorine Residual	mg/L	---	< 0
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		
Fecal Coliform (Arithmetric Mean)	#/100 ml		

(35) TRC method code: 4500 Cl (G)

minimum detection level: 0.20

(36) Sample Date For Nutrients:02-06-96

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DEP ID # : 3116P05360

(34) Month: February Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.320	0.5	< 0.20					6.7	6.7	
02	2.429	0.7	< 0.20					6.7	6.6	
03	1.919	0.6	< 0.20					6.7	6.6	
04	1.303	0.5	< 0.20					6.6	6.6	
05	1.662	0.5	< 0.20					6.7	6.5	
06	1.932	0.5	< 0.20	336	62	5.6	9.5	6.6	6.5	116
07	2.083	0.5	< 0.20					6.7	6.5	
08	2.200	0.5	< 0.20					6.6	6.5	
09	2.273	0.7	< 0.20					6.7	6.6	
10	2.119	0.6	< 0.20					6.6	6.6	
11	2.096	0.5	< 0.20					6.7	6.7	
12	2.077	0.5	< 0.20					6.8	6.5	
13	2.110	0.6	< 0.20	306	519	5.1	7.5	6.7	6.5	34
14	2.220	0.5	< 0.20					6.7	6.5	
15	2.345	0.5	< 0.20					6.7	6.6	
16	2.016	0.6	< 0.20					6.7	6.6	
17	1.725	0.6	< 0.20					6.7	6.6	
18	1.907	0.6	< 0.20					6.7	6.6	
19	2.203	0.6	< 0.20					6.7	6.6	
20	2.417	0.6	< 0.20	259	277	4.5	8.0	6.6	6.5	116
21	2.285	0.5	< 0.20					6.6	6.5	
22	2.346	0.7	< 0.20					6.7	6.5	
23	2.424	0.5	< 0.20					6.7	6.5	
24	2.191	0.6	< 0.20					6.7	6.6	
25	2.133	0.7	< 0.20					6.7	6.6	
26	2.281	0.7	< 0.20					6.7	6.6	
27	2.372	0.5	< 0.20	350	702	4.5	9.1	6.7	6.6	32
28	2.294	0.5	< 0.20					6.7	6.5	
29	2.046	0.5	< 0.20					6.6	6.6	
Tot	61.728	16.4		1251	1560	19.7	34.1			298
Avg	2.129	0.6		313	390	4.9	8.5			75
Max	2.429	0.7	< 0.20	350	702	5.6	9.5	6.8	6.7	116
Min	1.303	0.5	< 0.20	259	62	4.5	7.5	6.6	6.5	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 a belief, this information is true and accurate.

Signed: Prentiss M Garraway Date: 3-12-96

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

FL0026751 PERMIT NUMBER | 001 1 DISCHARGE NUMBER | (SUBR JA) F - FINAL MAJOR EFFLUENT

Form Approved. OMB No. 2040-0004 Approval expires 05-31-98

12345

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	6.8	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	RCORDR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		390	702	702	(19)	0	1/7	16 comp
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPIC
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	400	*******	(19)	0	1/30	calc
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	4.8	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		8.5	9.5	9.5	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMPIC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*******	*******		*******	2.435	*******	(03)	0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	3.8 ANNL AVG	*******	MGD		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*******	*******		2.129	2.429	2.429	(03)	0	cont	flow meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 AREA CODE	725-2865 NUMBER	96 YEAR	03 MO	19 DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004
Approval expires 05-31-98

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0026751	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

12345

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19)	0	1/Day	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	*******	0.01 DAILY MX	* MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	*******	*******	60 MAXIMUM	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	*******	*******	1.0 MAXIMUM	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	62	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	********	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	6	116	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	REPORT MO GEOMN	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		313	350	350	(19)	0	1/7	16 comp
80082 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	********	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPIT
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	257	*******	(19)	0	1/30	calc
80082 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	*******	REPORT ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865	96	03	19
TYPED OR PRINTED		AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

*Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
FL0026751	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

OMB No. 2040-0004
Approval expires 05-31-98
12345

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	96	02	01	TO	96	02	29

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	2.9	******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	***** ****	******	10.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		4.9	5.6	5.6	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	******	******	***** ****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865	96	03	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P: REPORT INFLUENT VALUE

Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS (Include Facility Name, if different)

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

FL0026751 — PERMIT NUMBER
001 T — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING (SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PHeil
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904 NUMBER 725-2825

DATE: YEAR 96 MO 03 DAY 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: January Year: 1996

(2) Plant's DEP Identification Number: 3116P05360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 5458

Day Shift Operator Class: "A" Cert. No. 5755

Day Shift Operator Class: "C" Cert. No 9197

Evening Shift Operator Class:"C" Cert. No. 8438

Lead Operator: Trent Isso Jarraway
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VAL
(16) Monthly average daily flow	mgd	050053	2.0
(17) Permitted Capacity	mgd	---	3.9
(18) Three-month average daily flow	mgd	---	2.1
(19) Percent of permitted capacity	%	---	6
(20) CBOD5 Effluent	mg/L	080082	
(21) TSS Effluent	mg/L	900201	
(22) Minimum pH	mg/L	---	
(23) Maximum pH	mg/L	---	
(24) Organic N	mg/L	---	0
(25) TKN	mg/L	000625	0
(26) Total Ammonia	mg/L	000610	0
(27) Nitrite	mg/L	---	0
(28) Nitrate	mg/L	071850	3
(29) Total Phosphorus	mg/L	000665	1
(30) Ortho Phosphates	mg/L	---	
(31) Minimum Chlorine Residual	mg/L	---	
(32) Maximum Chlorine Residual	mg/L	---	<
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		
Fecal Coliform (Arithmetric Mean)	#/100 ml		

(35) TRC method code: 4500 Cl (G)

minimum detection level: 0.20

(36) Sample Date For Nutrients:01-02-96

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DEP ID # : 3116P05360

(34) Month: January Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.399	0.7	< 0.20					6.7	6.6	
02	2.684	0.5	< 0.20	334	368	3.6	5.8	6.7	6.6	36
03	2.254	0.5	< 0.20					6.6	6.6	
04	1.793	0.5	< 0.20					6.7	6.6	
05	1.887	0.5	< 0.20					6.7	6.5	
06	2.060	0.6	< 0.20					6.8	6.6	
07	1.513	0.6	< 0.20					6.8	6.6	
08	1.538	0.5	< 0.20					6.7	6.6	
09	1.780	0.5	< 0.20	445	401	4.9	9.6	6.7	6.6	74
10	1.882	0.5	< 0.20					6.7	6.6	
11	2.098	0.5	< 0.20					6.7	6.5	
12	1.943	0.7	< 0.20					6.7	6.5	
13	1.667	0.5	< 0.20					6.7	6.5	
14	1.659	0.5	< 0.20					6.7	6.6	
15	1.964	0.5	< 0.20					6.7	6.6	
16	2.147	0.5	< 0.20	342	398	3.3	2.2	6.6	6.5	24
17	2.369	0.6	< 0.20					6.7	6.5	
18	2.414	0.5	< 0.20					6.6	6.5	
19	2.151	0.8	< 0.20					6.7	6.5	
20	1.855	0.7	< 0.20					6.7	6.6	
21	1.755	0.5	< 0.20					6.7	6.6	
22	2.054	0.5	< 0.20					6.7	6.6	
23	2.228	0.7	< 0.20	346	105	4.1	6.6	6.6	6.6	8
24	2.171	0.7	< 0.20					6.7	6.6	
25	2.068	0.5	< 0.20					6.7	6.6	
26	2.302	0.6	< 0.20					6.6	6.5	
27	1.860	0.6	< 0.20					6.8	6.7	
28	1.842	0.6	< 0.20					6.8	6.6	
29	2.174	0.5	< 0.20					6.7	6.6	
30	2.279	0.7	< 0.20	585	35	5.1	10.9	6.7	6.6	4
31	2.379	0.7	< 0.20					6.7	6.6	
Tot	63.169	17.8		2052	1307	21.0	35.1			146
Avg	2.038	0.6		410	261	4.2	7.0			29
Max	2.684	0.8	< 0.20	585	401	5.1	10.9	6.8	6.7	74
Min	1.513	0.5	< 0.20	334	35	3.3	2.2	6.6	6.5	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 a belief, this information is true and accurate.

Signed: Prentiss M. Garraway Date: 2-8-96

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT *(DMR)*

FL0026751	001 1	(SUBR JA) 12345
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)	F - FINAL
		MAJOR
		EFFLUENT
		*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	6.8	(12)	0	1/Hour	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	RECORDR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		261	401	401	(19)	0	1/7	16 comp
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPIC
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	401	*******	(19)	0	1/30	calc
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTI
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	4.5	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTI
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		7.0	10.9	10.9	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMPIC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*******	*******		*******	2.449	*******	(03)	0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	3.8 ANNL AVG	*******	MGD		ONCE/ MONTH	CALCTI
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*******	*******		2.038	2.684	2.684	(03)	0	cont	Flow meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RCDFLI

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Phil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*		904	725-2865	96	07	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0026751	001 1

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

OMB No. 2040-0004
Approval expires 05-31-98
12345

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19)	0	1/Day	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	*******	0.01 DAILY MX	* MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	*******	*******	60 MAXIMUM	MIN-UTES		ONCE/MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	*******	*******	1.0 MAXIMUM	PER-CENT		ONCE/MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	68	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	********	*******	200 ANNL AVG	*******	#/100ML		ONCE/MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	29	74	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	REPORT MO GEOMN	800 DAILY MX	#/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		410	585	585	(19)	0	1/7	16 comp
80082 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	********	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPLE
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	247	*******	(19)	0	1/30	calc
80082 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	*******	REPORT ANNL AVG	*******	MG/L		ONCE/MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Phil Vicepresident	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 725-2865	96 02 22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS. * Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L

PERMITTEE NAME/ADDRESS (Include Facility Name, Location, if different)

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004
Approval expires 05-31-98

(2-16) FL0026751 PERMIT NUMBER

(17-19) 001 1 DISCHARGE NUMBER

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

12345

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.8	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** ****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTL
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		4.2	5.1	5.1	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	***** ****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMP 1
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PHeil
Vice President

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904 NUMBER 725-2865

DATE: YEAR 96 MO 02 DAY 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

P: REPORT INFLUENT VALUE
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY P. O. BOX 8004
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

DISCHARGE MONITORING REPORT (DMR) (2-16)
FL0026751 PERMIT NUMBER
001 I (17-19) DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 96 MO 01 DAY 01 TO YEAR 96 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOXICITY TESTING (SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 mos	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 mos	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
P Heil
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 904 NUMBER 725-2865

DATE YEAR 96 MO 07 DAY 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* see attached HER report # 783
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

[illegible] WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: December Year: 1996

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO16-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thomas E Jones
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.077
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	2.154
(19) Percent of permitted capacity	%	---	96
(20) CBOD5 Effluent	mg/L	08008	2.4
(21) TSS Effluent	mg/L	900201	2.9
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.8
(24) Organic N	mg/L	---	2.15
(25) TKN	mg/L	000625	4.59
(26) Total Ammonia	mg/L	000610	2.44
(27) Nitrite + Nitrate	mg/L	---	5.52
(28) Total Phosphorus	mg/L	000665	1.55
(29) Ortho Phosphates	mg/L	---	1.29
(30) Total N	mg/L	---	10.11 ~~15.63~~
(31) Minimum Chlorine Residual (pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual (post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		10
Fecal Coliform (Arithmetic Mean)	#/100 ml		15
(34) TRC method code: 4500 CL (G) minimum detection level: 0.20			
(35) Sample Date For Nutrients: 12-03-96			

(*) Duval Septic hauled 36 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34)

Month: December Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.224	0.7	<0.20					7.0	6.8	
02	2.169	0.6	<0.20					7.0	6.8	
03	2.082	0.8	<0.20	112	93	1.9	2.1	7.0	6.8	4
04	2.101	0.5	<0.20					7.0	6.7	
05	2.022	0.6	<0.20					7.5	6.7	
06	2.044	0.6	<0.20					7.2	7.0	
07	2.300	0.5	<0.20					7.2	7.0	
08	2.221	0.7	<0.20					7.2	7.0	
09	2.141	0.7	<0.20					7.2	7.0	
10	2.080	0.5	<0.20	338	353	1.9	0.9	7.3	6.8	4
11	1.865	0.7	<0.20					7.8	6.9	
12	2.102	0.6	<0.20					7.7	7.0	
13	1.931	0.6	<0.20					7.2	7.0	
14	2.125	0.7	<0.20					7.3	6.9	
15	2.198	0.6	<0.20					7.3	6.7	
16	2.058	0.6	<0.20					7.3	6.7	
17	1.926	0.6	<0.20	172	163	3.5	7.3	7.0	6.8	24
18	2.157	0.7	<0.20					7.2	6.8	
19	2.133	0.6	<0.20					7.0	6.6	
20	1.971	0.6	<0.20					6.8	6.6	
21	2.001	0.5	<0.20					6.9	6.7	
22	2.123	0.7	<0.20					6.9	6.7	
23	2.017	0.6	<0.20					6.8	6.6	10
24	2.097	0.6	<0.20					7.0	6.6	
25	1.868	0.8	<0.20					6.9	6.7	
26	2.069	0.6	<0.20	153	210	2.3	1.3	7.0	6.7	
27	2.089	0.5	<0.20					6.9	6.7	
28	2.050	0.5	<0.20					6.9	6.7	
29	2.079	0.5	<0.20					7.0	6.8	
30	2.089	0.5	<0.20					7.0	6.8	31
31	2.053	0.5	<0.20					6.9	6.7	
Tot	64.385	18.8		775	819	9.6	11.6			73
Avg	2.077	0.6		194	205	2.4	2.9			15
Max	2.300	0.8	<0.20	338	353	3.5	7.3	7.8	7.0	31
Min	1.865	0.5	<0.20	112	93	1.9	0.9	6.8	6.6	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 and accurate.

Signed: Thomas G Jones Date: 1-14-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663 (2-16)	001 T (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU M YSID. BAHIA	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 mos	Grab
TAA3E P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
LC50 STAT 48HR ACU M YSID. BAHIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3E Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 mos	Grab
TAN6B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 12	DAY 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* see HER report #841.
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663 (2-16)	001 1 (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12545
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUANTITY OR CONCENTRATION (46-53) AVERAGE	QUANTITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******		6.6	******	7.8	(12)	0	cont	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		CONTINUOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	5.6	******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	**** ****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	2.9	7.3	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPIE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.838	******	(03)	******	******	******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	******	MGD	******	******	******	**** ****		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.077	2.300	(03)	******	******	******		0	cont	meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	NODI-B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	******	******		******	******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	60 DAILY MX	MINUTES		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865			97	01	20
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER		YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023663 PERMIT NUMBER
(17-19) 001 1 DISCHARGE NUMBER

MONITORING PERIOD

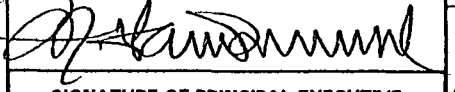
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE | | ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	******	******		******	******	0	(23)	0	1/30	calc
72108 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	19	******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	**** ****	******	200 ANNL AVG	******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	31	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	3.1	******	(19)	0	1/30	calc
80082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	**** ****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	2.4	3.5	(19)	0	1/7	16 comp
80082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPIT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 (AREA CODE)	725-2865 (NUMBER)	97 (YEAR)	01 (MO)	20 (DAY)
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023663 PERMIT NUMBER
(17-19) 002 1 DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 96 MO 12 DAY 01 TO YEAR 96 MO 12 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.8	(12)	0	cont	Recorde
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.6	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTI
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	2.9	7.3	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPI
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1,838	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	**** ****		ONCE/ MONTH	CALCTI
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2,077	2,300	(03)	*******	*******	*******		0	cont	meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19)	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	60 DAILY MX	MINUTES		ONCE/ MONTH	CALCTI

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Ms Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904 NUMBER 725-2865

DATE: YEAR 97 MO 01 DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.
* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	(4 Card Only) *(38-45)* QUANTITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	******	******		******	******	0	(23)	0	1/30	Calc
72108 P 0 1	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
SEE COMMENTS BELOW											
C FORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	19	******	(13)	0	1/30	Calc
74055 Y 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	200 ANNL AVG	******	#/ 100ML		ONCE/ MONTH	CALCTD
ANNUAL AVERAGE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	31	(13)	0	1/7	Grab
74055 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	600 7 DA GEO	#/ 100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	3.1	******	(19)	0	1/30	Calc
80082 Y 0 1	PERMIT REQUIREMENT	******	******	**** ****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
ANNUAL AVERAGE											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	2.4	3.5	(19)	0	1/7	16 comp
80082 1 0 1	PERMIT REQUIREMENT	******	******	**** ****	******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP16
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	97	01	20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663 (2-16)	001 T (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUANTITY OR CONCENTRATION (46-53) AVERAGE	QUANTITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TLC50 STAT 48HR ACU M/SID. BAHIA TAA3E P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	******	*******	PER-CENT		SEE PERMIT	CK REQ
TLC50 STAT 48HR ACU M/SID. BAHIA TAA3E Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	******	*******	PER-CENT		SEE PERMIT	CK REQ
TLC50 STATRE 96HR ACU MENIDIA TAN6B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	******	*******	PER-CENT		SEE PERMIT	CK REQ
TLC50 STATRE 96HR ACU MENIDIA TAN6B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	******	*******	PER-CENT		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 (AREA CODE)	725-2865 (NUMBER)	97 (YEAR)	01 (MO)	20 (DAY)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
R=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: November Year: 1996

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO16-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thomas E. Jones
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.005
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	2.132
(19) Percent of permitted capacity	%	---	95
(20) CBOD5 Effluent	mg/L	08008	2.7
(21) TSS Effluent	mg/L	900201	5.8
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.4
(24) Organic N	mg/L	---	2.22
(25) TKN	mg/L	000625	3.33
(26) Total Ammonia	mg/L	000610	1.11
(27) Nitrite + Nitrate	mg/L	---	6.07
(28) Total Phosphorus	mg/L	000665	1.85
(29) Ortho Phosphates	mg/L	---	1.58
(30) Total N	mg/L	---	9.40
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		28
Fecal Coliform (Arithmetic Mean)	#/100 ml		31
(34) TRC method code: 4500 CL (G)			
minimum detection level: 0.20			
(35) Sample Date For Nutrients: 11-05-96			

(*) Duval Septic hauled 33 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34) Month: November Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.916	1.0	<0.20					6.9	6.6	
02	2.016	0.6	<0.20					6.8	6.6	
03	2.014	1.0	<0.20					6.8	6.7	
04	2.057	0.8	<0.20					7.1	6.7	
05	1.967	0.6	<0.20	149	137	1.4	1.6	7.0	6.9	51
06	1.913	0.5	<0.20					6.9	6.6	
07	2.039	0.7	<0.20					7.4	6.7	
08	2.094	0.8	<0.20					7.0	6.8	
09	2.139	1.0	<0.20					6.9	6.8	
10	1.955	0.7	<0.20					6.9	6.7	
11	2.048	1.0	<0.20					7.1	6.7	
12	1.946	0.8	<0.20	146	113	3.2	8.0	7.2	6.9	14
13	1.941	0.8	<0.20					7.1	6.9	
14	1.883	0.8	<0.20					7.1	6.8	
15	1.960	0.5	<0.20					7.1	6.8	
16	1.974	0.6	<0.20					7.1	6.8	
17	2.136	0.6	<0.20					7.2	6.9	
18	2.064	0.5	<0.20					7.2	6.9	
19	2.010	0.5	<0.20	192	240	2.7	5.8	7.2	6.9	26
20	1.876	0.5	<0.20					7.0	6.8	
21	1.822	0.5	<0.20					7.1	6.8	
22	2.042	0.6	<0.20					7.0	6.8	
23	2.019	0.6	<0.20					7.0	6.8	
24	2.166	0.6	<0.20					7.0	6.7	
25	2.000	0.8	<0.20					7.0	6.8	
26	2.086	0.8	<0.20	171	156	3.3	7.6	7.0	6.7	32
27	2.035	0.7	<0.20					6.9	6.8	
28	2.069	0.7	<0.20					6.9	6.8	
29	1.961	0.6	<0.20					7.0	6.7	
30	1.998	0.6	<0.20					7.3	6.8	
Tot	60.146	20.8		658	646	10.6	23.0			123
Avg	2.005	0.7		165	162	2.7	5.8			31
Max	2.166	1.0	<0.20	192	240	3.3	8.0	7.4	6.9	51
Min	1.822	0.5	<0.20	146	113	1.4	1.6	6.8	6.6	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 and accurate.

Signed: Thomas G Jones Date: 12-10-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0023663	001 1

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	11	01	TO	96	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUANTITY OR CONCENTRATION (46-53) AVERAGE	QUANTITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.4	(12)	0	Cont	Recorde
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	REPORT MINIMUM	******	REPORT MAXIMUM	SU		CONTINUOUS	TOTALZ
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.9	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	******	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.8	8.0	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPIE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.796	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	******		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.005	2.166	(03)	*******	*******	*******		0	Cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	******		CONTINUOUS	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	*******		*******	*******	NODI=B	(19) #	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	*******	*******	60 DAILY MX	MINUTES		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi	904	725-2865	96	12	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663	001 1
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	11	01	TO	96	11	30
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
00403 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	19	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	51	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.2	*******	(19)	0	1/30	calc
80082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	2.7	3.3	(19)	0	1/7	16comp
80082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPIE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904 NUMBER 725-2865	YEAR 96	MO 12	DAY 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY LOCATION JAX SUBURBAN UTIL-SAN JOSE
32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)* *(2-16)* *(17-19)*

FL0023663 PERMIT NUMBER | 002 1 DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	11	01	TO	96	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUANTITY OR CONCENTRATION (46-53) AVERAGE	QUANTITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.4	(12)	0	cont	Recorde
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	TOTALZ
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.9	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTI
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.8	8.0	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPIE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.796	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	*****		ONCE/ MONTH	CALCTI
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.005	2.166	(03)	*******	*******	*******		0	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTINUOUS	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NOSI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MINUTES		ONCE/ MONTH	CALCTI

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE	NUMBER	YEAR	MO	DAY
Vice President			904	725-2865	96	12	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

* Method code for TRC is 4500Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY LOCATION JAX SUBURBAN UTIL-SAN JOSE
32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	11	01	TO	96	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE 12345
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	******	******		******	******	0	(23)	0	1/30	calc
72108 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	*****	******	******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	19	******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	*****	******	200 ANNL AVG	******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	51	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	3.2	******	(19)	0	1/30	calc
80082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	*****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	2.7	3.3	(19)	0	1/7	16comp
80082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 12	DAY 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1996

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO16-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thomas Jones
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.408
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	2.081
(19) Percent of permitted capacity	%	---	92
(20) CBOD5 Effluent	mg/L	00808	1.9
(21) TSS Effluent	mg/L	900201	4.9
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	7.5
(24) Organic N	mg/L	---	0.11
(25) TKN	mg/L	000625	3.14
(26) Total Ammonia	mg/L	000610	3.03
(27) Nitrite	mg/L	---	0.40
(28) Nitrate	mg/L	071850	7.65
(29) Total Phosphorus	mg/L	000665	4.05
(30) Ortho Phosphates	mg/L	---	2.15
(31) Total N	mg/L	---	11.19
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		18
Fecal Coliform (Arithmetic Mean)	#/100 ml		25
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(36) Sample Date For Nutrients: 10-01-96			

(*) Duval Septic hauled 37 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34)

Month: October Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.010	0.9	<0.20	124	122	1.4	2.0	7.1	6.7	7
02	2.155	0.5	<0.20					7.1	6.8	
03	2.517	0.7	<0.20					6.8	6.6	
04	2.449	0.8	<0.20					7.0	6.5	
05	2.305	1.3	<0.20					7.0	6.7	
06	3.073	0.9	<0.20					7.0	6.8	
07	4.281	0.8	<0.20					7.0	6.8	
08	3.798	1.0	<0.20					7.0	6.8	
09	2.822	1.2	<0.20					7.0	6.7	
10	2.489	1.1	<0.20	110	124	2.4	10.1	7.0	6.7	57
11	2.525	1.1	<0.20					7.0	6.8	
12	2.641	1.1	<0.20					6.9	6.6	
13	2.540	0.8	<0.20					7.0	6.6	
14	2.454	0.8	<0.20					7.0	6.8	
15	2.304	1.4	<0.20	142	111	2.0	4.1	7.0	6.8	9
16	2.298	1.4	<0.20					7.2	6.8	
17	2.336	1.4	<0.20					7.0	6.8	
18	2.384	1.4	<0.20					7.0	6.9	
19	2.190	1.6	<0.20					7.0	6.9	
20	2.202	1.2	<0.20					7.0	6.8	
21	2.034	1.7	<0.20					7.0	6.7	
22	2.100	1.4	<0.20	150	199	2.7	7.2	7.3	6.7	11
23	2.153	1.5	<0.20					7.0	6.8	
24	2.103	1.7	<0.20					7.0	6.7	
25	2.064	1.6	<0.20					7.0	6.7	
26	2.101	1.0	<0.20					7.0	6.7	
27	2.166	1.4	<0.20					6.9	6.7	
28	2.067	1.1	<0.20					7.1	6.7	
29	2.049	0.7	<0.20	142	136	1.2	1.0	7.0	6.8	42
30	2.047	0.5	<0.20					7.0	6.8	
31	1.992	0.8	<0.20					7.5	6.7	
Tot	74.649	34.8		668	692	9.7	24.4			126
Avg	2.408	1.1		134	138	1.9	4.9			25
Max	4.281	1.7	<0.20	150	199	2.7	10.1	7.5	6.9	57
Min	1.992	0.5	<0.20	110	111	1.2	1.0	6.8	6.5	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 and accurate.

Signed: Thomas G. Jones Date: 11-11-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023663 — PERMIT NUMBER
(17-19) 001 1 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.5	(12)	0	Cont	Recordi
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	****	REPORT	*******	REPORT			CONTIN	TOTALZ
FLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		UOUS	
ILIDS, TOTAL	SAMPLE MEASUREMENT	*******	*******		*******	6.0	*******	(19)	0	1/30	calc
USPENDED											
00530 Y 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	20.0	*******			ONCE/	CALCTD
ANNUAL AVERAGE				****		ANNL AVG		MG/L		MONTH	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*******	*******		*******	4.9	10.1	(19)	0	1/7	16 comp
SUSPENDED											
00530 1 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	30.0	60.0			WEEKLY	COMP16
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	1.817	*******	(03)	*******	*******	*******		0	1/30	calc
THRU TREATMENT PLANT											
50050 Y 0 0	PERMIT REQUIREMENT	REPORT	*******		*******	*******	*******	****		ONCE/	CALCTD
ANNUAL AVERAGE		ANNL AVG		MGD				****		MONTH	
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	2.408	4.281	(03)	*******	*******	*******		0	cont	Flow Meter
THRU TREATMENT PLANT											
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*******	*******	*******	****		CONTIN	TOTALZ
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD				****		UOUS	
HLORINE, TOTAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
ESIDUAL											
50060 1 0 1	PERMIT REQUIREMENT	*******	*******	****	*******	*******	0.01			DAILY	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
LENGTH OF LONGEST PH	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
EXCURSION											
72107 P 0 1	PERMIT REQUIREMENT	*******	*******	****	*******	*******	60 MIN-			ONCE/	CALCTD
SEE COMMENTS BELOW				****			DAILY MX	UTES		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
M. Sambamurthi	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	11	20
Vice President		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

* Method code for TRC is 4500 Cl (D). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 103
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 P 0 1 E COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	19	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	18	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.3	*******	(19)	0	1/30	calc
80082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	~~#9~~ 1.9	~~#67~~ 2.7	(19)	0	1/7	16 comp
80082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	11	20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663 (2-16)	002 1 (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.5	(12)	0	cont	Recorde
00400 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ***	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTALZ
LIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.0	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*** ***	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	4.9	10.1	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ***	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP 16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.817	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	**** ****		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.408	4.281	(03)	*******	*******	*******		0	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTIN UOUS	TOTALZ
HLORINE, TOTAL SIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19)	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ***	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*** ***	*******	*******	60 DAILY MX	MINUTES		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904	725-2865	96	11	20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.
* Method code for TRC is 4500 C(6). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 E COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
OLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	19	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	18	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	3.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.9	2.7	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*** *****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	11	20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023663 PERMIT NUMBER
(17-19) 001 T DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STAT 48HR ACU M YSID. BAHIA TAA3E P 0 1 E COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
.50 STAT 48HR ACU M .SID. BAHIA TAA3E Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA TAN6B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA TAN6B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

'NCIPAL EXECUTIVE OFFICER
bennethi
'sident
: PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904, NUMBER 725-2865

DATE: YEAR 96, MO 11, DAY 20

ANATION OF ANY VIOLATIONS *(Reference all attachments here)*
.TS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: September Year: 1996

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO16-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class:"B" Cert. No. 2726

Lead Operator: Thomas 9/26/96
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.992
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	2.040
(19) Percent of permitted capacity	%	---	91
(20) CBOD5 Effluent	mg/L	08008	2.8
(21) TSS Effluent	mg/L	900201	4.3
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.9
(24) Organic N	mg/L	---	0.11
(25) TKN	mg/L	000625	3.76
(26) Total Ammonia	mg/L	000610	3.65
(27) Nitrite	mg/L	---	0.48
(28) Nitrate	mg/L	071850	5.20
(29) Total Phosphorus	mg/L	000665	1.20
(30) Ortho Phosphates	mg/L	---	0.90
(31) Total N	mg/L	---	9.44
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		16
Fecal Coliform (Arithmetic Mean)	#/100 ml		17
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(36) Sample Date For Nutrients:09-03-96			

(*) Duval Septic hauled 34 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34)

Month: September Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.996	0.8	<0.20					6.9	6.7	
02	2.096	0.5	<0.20					7.1	6.6	
03	2.092	0.7	<0.20	155	171	2.3	5.3	7.3	6.8	19
04	2.048	0.8	<0.20					7.0	6.6	
05	1.852	0.8	<0.20					7.2	6.9	
06	1.976	1.0	<0.20					7.1	7.0	
07	1.988	0.7	<0.20					7.3	7.0	
08	2.050	0.7	<0.20					7.3	7.0	
09	2.095	0.8	<0.20					7.2	6.8	
10	2.088	0.9	<0.20	140	145	3.6	0.9	7.1	7.0	22
11	2.066	0.8	<0.20					7.1	6.8	
12	2.160	0.5	<0.20					7.0	6.8	
13	2.047	0.6	<0.20					7.1	6.7	
14	1.944	0.7	<0.20					7.2	6.8	
15	2.060	0.7	<0.20					7.2	7.0	
16	2.049	0.7	<0.20					7.1	6.9	
17	1.928	0.8	<0.20	118	151	2.1	5.4	7.2	6.8	8
18	1.995	0.7	<0.20					7.1	6.9	
19	1.881	0.9	<0.20					6.9	6.7	
20	1.917	0.9	<0.20					6.7	6.6	
21	2.029	0.6	<0.20					7.0	6.6	
22	2.018	0.6	<0.20					7.0	6.8	
23	1.736	0.5	<0.20					7.9	6.8	
24	1.891	0.8	<0.20	114	109	3.2	5.4	7.2	6.8	19
25	1.862	1.8	<0.20					7.2	6.9	
26	1.917	1.1	<0.20					7.2	7.0	
27	1.928	1.0	<0.20					7.1	7.0	
28	1.946	0.7	<0.20					7.1	6.9	
29	1.996	0.7	<0.20					7.1	6.9	
30	2.108	0.6	<0.20					7.1	6.8	
Tot	59.765	22.7		527	576	11.2	17.0			68
Avg	1.992	0.8		132	144	2.8	4.3			17
Max	2.160	1.8	<0.20	155	171	3.6	5.4	7.9	7.0	22
Min	1.736	0.5	<0.20	114	109	2.1	0.9	6.7	6.6	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 and accurate.

Signed: Thomas G Jones Date: 10-9-96

Name (Please Type) Thomas G. Jones

Company Name: United Water-Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: JAX SUBURBAN UTIL-SAN JOSE

ADDRESS: 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY LOCATION: JAX SUBURBAN UTIL-SAN JOSE
32239

ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(2-16)	(17-19)
FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.9	(12)	0	Cont	Recorde
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTALZ
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.3	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* ****	****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	4.3	5.4	(19)	0	1/7	16 com
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPIE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.816	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	******* ****	****		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.992	2.160	(03)	*******	*******	*******		0	cont	Recorde
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	******* ****	****		CONTIN UOUS	TOTALZ
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI =B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 725-2865 AREA CODE NUMBER	96	10	21
				YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME JAX SUBURBAN UTIL-SAN JOSE

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY LOCATION JAX SUBURBAN UTIL-SAN JOSE
32239

ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
FL0023663	001 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM / TO	96	09	01		96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE 12345
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		******	*******	0	(23)	0	1/30	Calc
72108 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		******	24	******	(13)	0	1/30	Calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	******	200 ANNL AVG	******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	22	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	3.5	******	(19)	0	1/30	Calc
80082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	2.8	3.6	(19)	0	1/7	16 comp
80082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 10	DAY 21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME: JAX SUBURBAN UTIL-SAN JOSE

ADDRESS: 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY LOCATION: JAX SUBURBAN UTIL-SAN JOSE
32239

ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
FL0023663	002 1

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.9	(12)	0	cont	Recorder
00400 1 0 0	PERMIT REQUIREMENT	******	****** ****	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTALZ
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.3	*******	(19)	0	1/30	calc
00530 Y 0 0	PERMIT REQUIREMENT	******	****** ****	**** ****	*******	20.0	*******			ONCE/	CALCTD
ANNUAL AVERAGE						ANNL AVG		MG/L		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	4.3	5.4	(19)	0	1/7	16 comp
00530 1 0 0	PERMIT REQUIREMENT	******	****** ****	**** ****	*******	30.0	60.0			WEEKLY	COMP16
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.816	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0	PERMIT REQUIREMENT	REPORT	*******		*******	*******	******* ****	****		ONCE/	CALCTD
ANNUAL AVERAGE		ANNL AVG		MGD						MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.992	2.160	(03)	*******	*******	*******		0	cont	Recor
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*******	*******	******* ****	****		CONTIN	TOTALZ
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD						UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) #	0	1/Day	Grab
50060 1 0 1	PERMIT REQUIREMENT	******	****** ****	**** ****	*******	*******	0.01			DAILY	GRAB
EFFLUENT GROSS VALUE							DAILY MX	MG/L			
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1	PERMIT REQUIREMENT	******	****** ****	**** ****	*******	*******	60	MIN-		ONCE/	CALCTD
SEE COMMENTS BELOW							DAILY MX	UTES		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	J. Hammond	904	725-2865	96	10	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*

NAME JAX SUBURBAN UTIL-SAN JOSE

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL-SAN JOSE

LOCATION 32239

ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663 (2-16)	002 1 (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE | | ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 PER-DAILY MX	CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	24	******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	200 ANNL AVG	******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	22	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 #/ 7 DA GEO	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	3.5	******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	2.8	3.6	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	******	******	**** ****	******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Mr. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi	904	725-2865	96	10	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663	001 T
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
12345
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STAT 48HR ACU M YSID. BAHIA TAA3E P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STAT 48HR ACU M YSID. BAHIA TAA3E Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA TAN6B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA TAN6B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi	904 725-2865	96	10	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: August Year: 1996

2) Plant's DEP Identification Number: 3116P01471

3) Plant Name: San Jose Wastewater Treatment Facility

4) Plant Address: 7126 Balboa Road

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DO16-163452

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X00023

11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thomas E Jones b-003305
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.943
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.992
(19) Percent of permitted capacity	%	---	89
(20) CBOD5 Effluent	mg/L	08008	3.6
(21) TSS Effluent	mg/L	900201	8.1
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	7.9
(24) Organic N	mg/L	---	1.50
(25) TKN	mg/L	000625	8.51
(26) Total Amaonia	mg/L	000610	7.01
(27) Nitrite	mg/L	---	0.45
(28) Nitrate	mg/L	071850	3.16
(29) Total Phosphorus	mg/L	000665	0.66
(30) Ortho Phosphates	mg/L	---	0.44
(31) Total N	mg/L	---	12.12
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		23
Fecal Coliform (Arithmetic Mean)	#/100 ml		39
(35) TRC method code: 4500 Cl (G) minimum detection level: 0.20			
(36) Sample Date For Nutrients: 08-06-96			

(*) Duval Septic hauled 29 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34)

Month: August Year: 1996

Day of Month	Flow (agd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.761	1.3	<0.20					7.3	7.1	
02	1.640	1.5	<0.20					7.2	7.0	
03	2.032	0.6	<0.20					7.2	6.8	
04	1.963	0.8	<0.20					7.3	7.1	
05	1.971	1.3	<0.20					7.6	7.1	
06	1.960	1.1	<0.20	153	158	4.6	13.7	7.5	7.1	12
07	1.962	1.0	<0.20					7.6	6.8	
08	1.933	0.9	<0.20					7.4	6.9	
09	1.944	0.9	<0.20					7.4	7.0	
10	1.865	1.3	<0.20					7.2	7.0	
11	1.998	0.9	<0.20					7.3	6.6	
12	1.924	1.4	<0.20					7.3	7.1	
13	1.890	1.4	<0.20	150	108	4.0	10.5	7.0	6.8	116
14	2.009	0.9	<0.20					6.9	6.6	
15	1.990	0.7	<0.20					6.7	6.5	
16	1.997	0.6	<0.20					6.6	6.5	
17	2.040	0.6	<0.20					7.1	6.5	
18	2.035	0.6	<0.20					7.0	6.8	
19	2.030	0.7	<0.20					7.0	6.7	
20	1.918	0.7	<0.20	156	116	3.0	6.8	7.9	6.7	16
21	1.964	0.6	<0.20					7.0	6.9	
22	1.978	0.5	<0.20					7.6	6.6	
23	1.884	0.5	<0.20					7.0	6.8	
24	1.940	0.5	<0.20					7.0	6.7	
25	1.923	0.6	<0.20					7.2	6.9	
26	1.765	0.6	<0.20					7.1	6.9	
27	1.871	0.6	<0.20	161	149	2.9	1.3	7.3	6.8	12
28	1.949	0.8	<0.20					7.3	7.0	
29	1.951	0.7	<0.20					7.2	7.1	
30	1.982	0.6	<0.20					6.9	6.7	
31	2.166	0.6	<0.20					6.9	6.7	
t	60.235	25.8		620	531	14.5	32.3			156
Avg	1.943	0.8		155	133	3.6	8.1			39
Max	2.166	1.5	<0.20	161	158	4.6	13.7	7.9	7.1	116
Min	1.640	0.5	<0.20	150	108	2.9	1.3	6.6	6.5	12

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

Signed: Thomas G. Jones Date: 9-19-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location (if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY LOCATION JAX SUBURBAN UTIL-SAN JOSE
32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.9	(12)	O	cont	Record
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.3	*******	(19)	O	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	8.1	13.7	(19)	O	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP 1
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.842	*******	(03)	*******	*******	*******		O	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.943	2.166	(03)	*******	*******	*******		O	cont	Record
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTINUOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19) *	O	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	O	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865		96	09	2
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.
* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE 12345
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 P 0 1 E COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1.0 PER-DAILY MX	CENT		ONCE/ MONTH	CALCT
.IFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	24	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	116	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	800 #/ 7 DA GEO	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.4	*******	(19)	0	1/30	calc
80082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.6	4.6	(19)	0	1/7	16 comp
80082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPI
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 725-2865 AREA CODE NUMBER	96 09 24 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY LOCATION JAX SUBURBAN UTIL-SAN JOSE
32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663 (2-16) PERMIT NUMBER
002 1 (17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.9	(12)	0	cont	Recorde
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.3	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	8.1	13.7	(19)	0	1/7	1/6comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP 1
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.842	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	**** ****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.943	2.166	(03)	*******	*******	*******		0	cont	Recor
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTIN UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865		96	09	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
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ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY LOCATION JAX SUBURBAN UTIL-SAN JOSE
32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023663 PERMIT NUMBER
(17-19) 002 1 DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 96 MO 08 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 96 MO 08 DAY 31 (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004 Approval expires 05-31-98

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 P 0 1	PERMIT REQUIREMENT	*******	*******	********	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCT
SEE COMMENTS BELOW											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	24	*******	(13)	0	1/30	calc
74055 Y 0 0	PERMIT REQUIREMENT	*******	*******	********	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCT
ANNUAL AVERAGE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	116	(13)	0	1/7	Grab
74055 1 0 0	PERMIT REQUIREMENT	*******	*******	********	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.4	*******	(19)	0	1/30	calc
80082 Y 0 1	PERMIT REQUIREMENT	*******	*******	********	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
ANNUAL AVERAGE											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.6	4.6	(19)	0	1/7	16 comp
80082 1 0 1	PERMIT REQUIREMENT	*******	*******	********	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPI
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi	904 AREA CODE	725-2865 NUMBER	96 YEAR	09 MO	24 DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

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FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663	001 T
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE | | ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

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PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STAT 48HR ACU M YSID. BAHIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAA3E P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK RE
LC50 STAT 48HR ACU M YSID. BAHIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAA3E Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK RE
LC50 STATRE 96HR ACU MENIDIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAN6B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK RE
LC50 STATRE 96HR ACU MENIDIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAN6B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK RE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: July Year: 1996

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO16-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class:"B" Cert. No. 2726

Lead Operator: Thomas Ezzo B-063305
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.110
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.814
(19) Percent of permitted capacity	%	---	81
(20) CBOD5 Effluent	mg/L	00808	2.9
(21) TSS Effluent	mg/L	900201	7.0
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	7.6
(24) Organic N	mg/L	---	0.97
(25) TKN	mg/L	000625	2.00
(26) Total Ammonia	mg/L	000610	1.03
(27) Nitrite	mg/L	---	0.58
(28) Nitrate	mg/L	071850	7.85
(29) Total Phosphorus	mg/L	000665	1.90
(30) Ortho Phosphates	mg/L	---	1.52
(31) Total N	mg/L	---	10.43
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		23
Fecal Coliform (Arithmetic Mean)	#/100 ml		25
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(36) Sample Date For Nutrients:07-02-96			

(*) Duval Septic hauled 30 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34)

Month: July Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.117	0.5	<0.20					7.4	6.7	
02	2.167	0.6	<0.20	143	156	4.5	15.3	7.0	6.9	32
03	2.165	0.6	<0.20					7.0	6.8	
04	2.107	0.5	<0.20					7.1	6.8	
05	2.318	0.6	<0.20					7.1	6.9	
06	2.357	0.6	<0.20					7.1	6.5	
07	2.428	1.5	<0.20					7.1	6.7	
08	2.352	0.9	<0.20					7.3	6.9	
09	2.279	0.9	<0.20	101	138	3.0	2.2	7.2	6.9	37
10	2.306	0.9	<0.20					7.0	6.8	
11	2.229	0.9	<0.20					7.1	6.6	
12	2.198	0.9	<0.20					7.0	6.8	
13	1.956	0.9	<0.20					7.1	6.7	
14	2.184	0.9	<0.20					7.0	6.8	
15	2.106	1.1	<0.20					7.2	6.9	
16	2.103	1.5	<0.20	148	150	3.7	15.0	7.1	6.7	23
17	2.048	0.9	<0.20					7.1	6.7	
18	2.083	1.5	<0.20					7.0	6.8	
19	2.081	1.3	<0.20					7.1	6.8	
20	2.003	1.1	<0.20					7.2	6.8	
21	2.072	1.7	<0.20					7.2	6.9	
22	2.099	0.9	<0.20					7.4	7.1	
23	2.031	1.5	<0.20	138	129	2.2	1.0	7.3	7.0	8
24	1.998	1.3	<0.20					7.2	7.0	
25	2.015	0.9	<0.20					7.4	7.2	
26	1.955	1.3	<0.20					7.3	7.2	
27	1.992	1.1	<0.20					7.5	7.3	
28	1.937	1.2	<0.20					7.6	7.4	
29	1.864	0.9	<0.20					7.6	7.2	
30	1.972	1.3	<0.20	141	133	<1.0	1.3	7.3	7.1	27
31	1.883	1.7	<0.20					7.4	7.1	
Tot	65.405	32.4		671	706	14.4	34.8			127
Avg	2.110	1.0		134	141	2.9	7.0			25
Max	2.428	1.7	<0.20	148	156	4.5	15.3	7.6	7.4	37
Min	1.864	0.5	<0.20	101	129	1.0	1.0	7.0	6.5	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 and accurate.

Signed: Thomas G Jones Date: 8-14-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION , 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY 01 12345
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE [__] ***
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PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.6	(12)	0	cont	Recorde
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.1	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		INCL/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	7.0	15.3	(19)	0	1/7	16 Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.865	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		INCL/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.110	2.428	(03)	*******	*******	*******		0	cont	Recorde
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTINUOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MINUTES		INCL/ MONTH	CALCT

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Vice President			904	725-2865	96	08	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

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SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663 — PERMIT NUMBER
002 1 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DIOMB No. 2040-0004
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUE --
*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	22	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	23	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******		*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	3.4	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	2.9	4.5	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******		*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	08	26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME: JAX SUBURBAN UTIL-SAN JOSE
ADDRESS: 7400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY: JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)* *(2-16)* *(17-19)*

FL0023663 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY D[illegible] 12345
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.6	(12)	0	cont	Record
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.1	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	7.0	15.3	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPIC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.865	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.110	2.428	(03)	*******	*******	*******		0	cont	Record
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTIN UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19)	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	* MG/L		DAILY	GRAB
LENGTH OF LONGEST PL EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi	904	725-2865	96	08	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.
* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32259
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32259
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31

(20-21) (22-23) (24-25) *(26-27) (28-29) (30-31)*

TOTAL FACILITY DISCHARGE (SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	****	******	******	10 DAILY MX	PER-CENT		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	22	******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	****	******	200 ANNL AVG	******	#/ 100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	23	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	******	******	****	******	******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
OXY, CARBONACEOUS 05 DAY, 20C 00052 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	3.4	******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCT
OXY, CARBONACEOUS 05 DAY, 20C 00052 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	2.9	4.5	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	******	******	****	******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M Samba murthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	08	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: June Year: 1996

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO16-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class:"B" Cert. No. 2726

Lead Operator: Thomas E. Jones B-003305
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.050
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.581
(19) Percent of permitted capacity	%	---	70
(20) CBOD5 Effluent	mg/L	08008	2.7
(21) TSS Effluent	mg/L	900201	6.5
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.6
(24) Organic N	mg/L	---	0.85
(25) TKN	mg/L	000625	2.87
(26) Total Ammonia	mg/L	000610	2.02
(27) Nitrite	mg/L	---	3.63
(28) Nitrate	mg/L	071850	3.58
(29) Total Phosphorus	mg/L	000665	2.20
(30) Ortho Phosphates	mg/L	---	1.65
(31) Total N	mg/L	---	10.08
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		32
Fecal Coliform (Arithmetic Mean)	#/100 ml		35
(35) TRC method code: 4500 Cl (G) minimum detection level: 0.20			
(36) Sample Date For Nutrients:06-04-96			

(*) Duval Septic hauled 27 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34)

Month: June Year: 1995

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.790	0.5	<0.20					7.1	6.8	
02	1.748	0.5	<0.20					7.1	7.0	
03	1.877	0.6	<0.20					7.1	6.9	
04	1.787	0.5	<0.20	160	203	3.2	10.8	7.2	6.8	36
05	1.778	0.6	<0.20					7.2	6.8	
06	1.786	0.6	<0.20					7.6	6.9	
07	1.795	0.6	<0.20					7.2	7.0	
08	1.830	0.5	<0.20					7.3	7.0	
09	2.029	0.5	<0.20					7.3	6.8	
10	1.910	0.5	<0.20					7.5	7.0	
11	2.075	0.5	<0.20	130	150	2.3	1.7	7.5	7.1	44
12	2.151	0.6	<0.20					7.4	7.0	
13	2.030	0.6	<0.20					7.3	7.1	
14	2.013	0.6	<0.20					7.2	7.0	
15	2.282	0.7	<0.20					7.5	7.1	
16	2.268	0.5	<0.20					7.5	7.1	
17	2.266	0.6	<0.20					7.3	7.1	
18	2.104	0.5	<0.20	140	157	2.2	2.3	7.2	6.8	16
19	2.116	0.5	<0.20					7.4	7.0	
20	2.121	0.6	<0.20					7.3	7.0	
21	2.099	0.5	<0.20					7.0	6.8	
22	2.252	0.5	<0.20					7.1	6.7	
23	2.167	0.6	<0.20					7.1	6.9	
24	2.111	0.5	<0.20					7.3	6.8	
25	2.118	0.5	<0.20	162	148	3.1	11.0	7.0	6.8	44
26	2.167	0.6	<0.20					7.0	6.8	
27	2.186	0.7	<0.20					7.1	6.7	
28	2.181	0.7	<0.20					7.4	6.6	
29	2.244	0.5	<0.20					7.5	6.8	
30	2.210	0.5	<0.20					7.5	7.0	
Tot	61.491	16.7		592	658	10.8	25.8			140
Avg	2.050	0.6		148	165	2.7	6.5			35
Max	2.282	0.7	<0.20	162	203	3.2	11.0	7.6	7.1	44
Min	1.748	0.5	<0.20	130	148	2.2	1.7	7.0	6.6	16

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

Signed: Thomas G Jones Date: 7-3-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
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	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY D
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE | | ***

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Approval expires 05-31-98

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PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT						0	(23) PER-CENT	0	1/30	calc
	PERMIT REQUIREMENT						10 DAILY MX			ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT					22		(13) #/ 100ML	0	1/30	calc
	PERMIT REQUIREMENT					200 ANNL AVG				ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						44	(13) #/ 100ML	0	1/7	Grab
	PERMIT REQUIREMENT						400 7 DA GEO			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT					3,4		(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT					20.0 ANNL AVG				ONCE/ MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					2,7	3,2	(19) MG/L	0	1/7	1/4 comp
	PERMIT REQUIREMENT					30.0 MO AVG	60.0 DAILY MX			WEEKLY	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865	96	07	17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOL RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP NEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) (17-19)

FL0023663	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	00	01	TO	96	00	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY D
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.6	(12)	0	Cont	Recorder
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.0	*******	(19)	0	1/30	calc
00530 Y 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	20.0	*******			ONCE/	CALCT
ANNUAL AVERAGE				*****		ANNL AVG		MG/L		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.5	11.0	(19)	0	1/7	Recomp
00530 1 0 0	PERMIT REQUIREMENT	*******	*******	****	*******	30.0	60.0			WEEKLY	COMPT
EFFLUENT GROSS VALUE				*****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.860	*******	(03)	*******	*******	*******		0	1/30	Calc
50050 Y 0 0	PERMIT REQUIREMENT	REPORT	*******		*******	*******	*******	****		ONCE/	CALCT
ANNUAL AVERAGE		ANNL AVG		MGD				*****		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.050	2.282	(03)	*******	*******	*******		0	cont	Recordr
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*******	*******	*******	****		CONTIN	TOTAL
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	MGD				*****		UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19) *	0	1/Day	Grab
50060 1 0 1	PERMIT REQUIREMENT	*******	*******	****	*******	*******	0.01			DAILY	GRAB
EFFLUENT GROSS VALUE				*****			DAILY MX	MG/L			
LENGTH OF LONGEST PL EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1	PERMIT REQUIREMENT	*******	*******	****	*******	*******	60	MIN-		ONCE/	CALCT
SEE COMMENTS BELOW				*****			DAILY MX	UTES		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
Phil Neil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2815	96	04	17
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

* Method Code for TRC is 4500 Cl(G), Detection limit is 0.20 mg/l.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	*(17-19)*
FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	06	01	TO	96	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY D
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	********	********		********	********	0	(23)	0	1/30	calc
72105 P 0 1	PERMIT REQUIREMENT	********	********	*****	********	********	10 PER-			ONCE/	CALC
COMMENTS BELOW							DAILY MX	CENT		MONTH	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	********	********		********	22	********	(13)	0	1/30	Calc
74055 Y 0 0	PERMIT REQUIREMENT	********	********	*****	********	200	********	#/		ONCE/	CALC
ANNUAL AVERAGE						ANNL AVG		100ML		MONTH	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	********	********		********	********	44	(13)	0	1/7	Grab
74055 1 0 0	PERMIT REQUIREMENT	********	********	*****	********	********	800	#/		WEEKLY	GRAB
EFFLUENT GROSS VALUE							7 DA GEO	100ML			
BOD, CARBONACEOUS (5 DAY, 20C	SAMPLE MEASUREMENT	********	********		********	3.4	********	(19)	0	1/30	Calc
80082 Y 0 1	PERMIT REQUIREMENT	********	********	*****	********	20.0	********			ONCE/	CALC
ANNUAL AVERAGE						ANNL AVG		MG/L		MONTH	
BOD, CARBONACEOUS (5 DAY, 20C	SAMPLE MEASUREMENT	********	********		********	2.7	3.2	(19)	0	1/7	16 comp
80082 1 0 1	PERMIT REQUIREMENT	********	********	*****	********	30.0	60.0			WEEKLY	24 HR
EFFLUENT GROSS VALUE						MO AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865	96	07	17
TYPED OR PRINTED		AREA CODE / NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOB RD
SUITE 100
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP NEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
FL0025666	002 1

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	06	01	TO	96	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY D
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT				6.6		7.6	(12)	0	CONT	Recordi
00400 1 0 0	PERMIT REQUIREMENT				REPORT MINIMUM		REPORT MAXIMUM	SU		CONTIN UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					6.0		(19)	0	1/30	Calc
00530 Y 0 0	PERMIT REQUIREMENT					20.0				ONCE/	CALCT
ANNUAL AVERAGE						ANNL AVG		MG/L		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					6.5	11.0	(19)	0	1/1	He Comp
00530 1 0 0	PERMIT REQUIREMENT					30.0	60.0			WEEKLY	COMPI
EFFLUENT GROSS VALU						30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.860		(03)					0	1/30	Calc
50050 Y 0 0	PERMIT REQUIREMENT	REPORT								ONCE/	CALCT
ANNUAL AVERAGE		ANNL AVG		MGD						MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.050	2.282	(03)					0	CONT	Record
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT							CONTIN	TOTAL
EFFLUENT GROSS VALU		30DA AVG	DAILY MX	MGD						UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT						NODI-B	(19)	0	1/Day	Grab
50060 1 0 1	PERMIT REQUIREMENT						0.01			DAILY	GRAB
EFFLUENT GROSS VALU							DAILY MX	MG/L			
LENGTH OF LONGEST PL EXCURSION	SAMPLE MEASUREMENT						0	(14)	0	1/30	Calc
72107 P 0 1	PERMIT REQUIREMENT						60	MIN-		ONCE/	CALCT
SEE COMMENTS BELOW							DAILY MX	UTES		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PNeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2805		96	07	17
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

* Method code for TRC is 4500 Cl(D). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 105
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP NEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023663	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	06	01	TO	96	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUANTITY OR CONCENTRATION (46-53) AVERAGE	QUANTITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU M YSID. DANIA TAABE P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
LC50 STAT 48HR ACU M YSID. DANIA TAABE Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
LC50 STATRE 96HR ACU MENIDIA TA6B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
LC50 STATRE 96HR ACU MENIDIA TA6B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PNeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 725-2865	96	07	17
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: May Year: 1998

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO16-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thomas E. Jones B-003305
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.546
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.472
(19) Percent of permitted capacity	%	---	65
(20) CBOD5 Effluent	mg/L	00008	3.1
(21) TSS Effluent	mg/L	900201	6.2
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	7.5
(24) Organic N	mg/L	---	1.59
(25) TKN	mg/L	000625	9.90
(26) Total Ammonia	mg/L	000610	8.31
(27) Nitrite	mg/L	---	1.76
(28) Nitrate	mg/L	071850	0.40
(29) Total Phosphorus	mg/L	000665	1.00
(30) Ortho Phosphates	mg/L	---	0.77
(31) Total N	mg/L	---	12.06
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		22
Fecal Coliform (Arithmetic Mean)	#/100 ml		34
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.01			
(36) Sample Date For Nutrients: 05-07-98			

(*) Duval Septic hauled 33 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34) Month: May Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.500	0.6	<0.20					7.0	6.8	
02	1.456	0.5	<0.20					7.1	6.8	
03	1.484	0.5	<0.20					7.0	6.8	
04	1.497	0.5	<0.20					7.1	6.9	
05	1.513	0.7	<0.20					7.0	6.8	
06	1.387	0.6	<0.20					7.1	6.9	
07	1.392	0.5	<0.20	172	281	3.2	8.4	7.1	6.9	9
08	1.418	0.6	<0.20					7.1	7.0	
09	1.405	0.6	<0.20					7.3	6.9	
10	1.341	0.5	<0.20					7.1	6.9	
11	1.359	0.5	<0.20					7.2	7.0	
12	1.402	0.5	<0.20					7.1	6.5	
13	1.359	0.5	<0.20					7.1	7.0	
14	1.311	0.5	<0.20	132	156	4.0	11.4	7.0	6.9	11
15	1.323	0.5	<0.20					7.3	7.0	
16	1.208	0.5	<0.20					7.5	7.1	
17	1.330	0.5	<0.20					7.2	7.1	
18	1.267	0.5	<0.20					7.2	7.0	
19	1.411	0.5	<0.20					7.2	6.9	
20	1.294	0.5	<0.20					7.2	7.0	
21	1.428	0.7	<0.20	160	173	3.2	3.1	7.1	7.0	28
22	1.765	0.5	<0.20					7.1	7.0	
23	1.974	0.6	<0.20					7.2	6.8	
24	1.889	0.6	<0.20					7.0	6.8	
25	1.758	0.6	<0.20					7.0	6.9	
26	1.907	0.5	<0.20					7.0	6.8	
27	1.996	0.6	<0.20					7.0	6.9	
28	1.937	0.5	<0.20	141	165	2.0	1.9	7.0	6.9	86
29	1.902	0.7	<0.20					6.9	6.8	
30	1.920	0.5	<0.20					7.1	6.9	
31	1.794	0.5	<0.20					7.1	6.8	
Tot	47.927	16.9		605	775	12.4	24.8			134
Avg	1.546	0.5		151	194	3.1	6.2			34
Max	1.996	0.7	<0.20	172	281	4.0	11.4	7.5	7.1	86
Min	1.208	0.5	<0.20	132	156	2.0	1.9	6.9	6.5	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 and accurate.

Signed: Thomas G Jones Date: 6-6-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(2-16)	*(17-19)*
FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	QUANTITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.5	(12)	0	Cont	Recorde
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.9	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.2	11.4	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPLT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.862	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	*****		ONCE/ MONTH	CALCTL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.546	1.996	(03)	*******	*******	*******		0	Cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTIN UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PLU EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14) 1	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Phil Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	06	30
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.
* Method code for TRC is 4500 Cl G). Detection limit is 0.20 mg/L

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32230
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663	001 1
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE | | ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	22	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	****	*******	200 ANNL AVG	*******	/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	86	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	****	*******	*******	800 7 DA GEO	/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 00082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	3.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 00082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	3.1	4.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP16
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865		96	06	20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32219
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT --
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.5	(12)	0	cont	Recorder
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	***	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.9	*******	(19)	0	1/30	calc
00530 Y 0 0	PERMIT REQUIREMENT	*******	*******	***	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.2	11.4	(19)	0	1/7	16comp
00530 1 0 0	PERMIT REQUIREMENT	*******	*******	***	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPI
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.862	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.5446	1.996	(03)	*******	*******	*******		0	cont	Flow meter
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	***		CONTIN UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1	PERMIT REQUIREMENT	*******	*******	***	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
12107 P 0 1	PERMIT REQUIREMENT	*******	*******	***	*******	*******	60 DAILY MX	IN-UTES		ONCE/ MONTH	CALCT
SEE COMMENTS BELOW											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
P Heil
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	06	20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

* Method code Dpn TRC § 4500 Cl (G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16)

FL 0023663 — PERMIT NUMBER
002 1 — DISCHARGE NUMBER
MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31

(20-21) (22-23) (24-25) *(26-27) (28-29) (30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE 12345
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***
NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION MINIMUM *(38-45)*	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
, OF TIME EXCEEDING PH LIMITS 00403 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	22	*******	(13) / 100ML	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******			ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	86	(13) / 100ML	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	800 7 DA GEO			WEEKLY	GRAB
800, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	3.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
800, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	3.1	4.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Phil
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904 | NUMBER 725-2865
DATE: YEAR 96 | MO 06 | DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location (if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
FL0023663	001 T

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31
	(20-21)	(22-23)	(24-26)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOXICITY TESTING
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE | | ***
NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STAT 48HR ACU M YSIO. BAHIA TAA3E P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		7100	*******	*******	(23)	0	1/6mos	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STAT 48HR ACU M YSIO. BAHIA TAA3E Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA TAN6B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		7100	*******	*******	(23)	0	1/6mos	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA TAN6B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 06	DAY 20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* see HER report #813.
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: April Year: 1996

:) Plant's DEP Identification Number: 3116P01471

:) Plant Name: San Jose Wastewater Treatment Facility

:) Plant Address: 7126 Balboa Road

:) City: Jacksonville

:) County: Duval

) Phone Number: (904) 725-2865

:) Permit Number: DO16-163452

)) Plant Type: 2-B

9) Test Site Identification Number: 3116X00023

:1) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

:2) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

:3) Limited Wet Weather Discharge Activated:

[ ] Yes [ ] No [x] Not Applicable

:4) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class:"B" Cert. No. 2726

Lead Operator: Thomas S Jones 3305
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.430
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.475
(19) Percent of permitted capacity	%	---	66
(20) CBOD5 Effluent	mg/L	08008	3.1
(21) TSS Effluent	mg/L	900201	2.9
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.3
(24) Organic N	mg/L	---	1.79
(25) TKN	mg/L	000625	8.70
(26) Total Ammonia	mg/L	000610	6.91
(27) Nitrite	mg/L	---	2.17
(28) Nitrate	mg/L	071850	0.22
(29) Total Phosphorus	mg/L	000665	0.84
(30) Ortho Phosphates	mg/L	---	0.55
(31) Total N	mg/L	---	11.09
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		10
Fecal Coliform (Arithmetic Mean)	#/100 ml		11
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.01			
(36) Sample Date For Nutrients:04-09-96			

(*) Duval Septic hauled 46 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

'4) Month: April Year: 1996

ay / nth	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
	1.490	0.5	<0.20					7.2	6.9	
2	1.505	0.5	<0.20	162	149	2.8	1.0	7.0	6.8	6
3	1.094	0.6	<0.20					7.0	6.6	
4	1.158	0.5	<0.20					7.1	6.9	
5	1.176	0.5	<0.20					7.1	6.9	
6	1.081	0.5	<0.20					7.0	6.9	
7	1.505	0.5	<0.20					7.0	6.9	
8	1.505	0.5	<0.20					7.1	6.9	
9	1.505	0.6	<0.20	144	175	4.0	6.2	7.2	6.8	12
0	1.505	0.5	<0.20					7.2	6.9	
1	1.251	0.6	<0.20					7.0	6.8	
2	1.451	0.5	<0.20					7.0	6.8	
3	1.492	0.5	<0.20					7.0	6.9	
4	1.534	0.5	<0.20					7.1	6.9	
5	1.510	0.5	<0.20					7.0	6.7	
6	1.388	0.7	<0.20	126	116	2.5	3.5	7.1	6.7	6
7	1.566	0.5	<0.20					7.2	6.9	
8	1.515	0.5	<0.20					7.2	7.0	
9	1.406	0.5	<0.20					7.2	6.8	
0	1.427	0.5	<0.20					7.1	6.9	
1	1.477	0.7	<0.20					7.1	6.9	
2	1.455	0.7	<0.20					7.0	6.9	
3	1.422	0.5	<0.20	447	847	2.6	1.0	6.9	6.7	14
4	1.496	0.5	<0.20					7.0	6.7	
5	1.446	0.5	<0.20					7.1	6.9	
6	1.450	0.6	<0.20					7.1	6.9	
7	1.412	0.5	<0.20					7.1	6.9	
8	1.502	0.5	<0.20					7.1	6.7	
9	1.481	0.7	<0.20					7.3	7.0	
0	1.704	0.6	<0.20	163	167	3.6	2.7	7.1	6.9	16
ot	42.909	16.3		1042	1454	15.5	14.4			54
vg	1.430	0.5		208	291	3.1	2.9			11
ax	1.704	0.7	<0.20	447	847	4.0	6.2	7.3	7.0	16
in	1.081	0.5	<0.20	126	116	2.5	1.0	6.9	6.6	6

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 elief,this information is true and accurate.

Signed: Thomas G. Jones Date: 5-13-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE (SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.3	(12)	0	cont	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	6.2	*****	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	20.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.9	6.2	(19)	0	1/7	16hr comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPIC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.950	*****	(03)	*****	*****	*****		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*****	MGD	*****	*****	*****	****		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.430	1.704	(03)	*****	*****	*****		0	cont	Flow meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01 DAILY MX	MG/L		DAILY	GRAB
LNGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	calc
21Q7 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Phil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-5865	YEAR 96	MO 05	DAY 23
TYPED OR PRINTED						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.
* Method used for TRC is USEPA 330.5(C). Detection limit is 0.20 mg/L.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)
02406/960401-1725
PAGE 1 OF 2

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location (If Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30

(20-21) (22-23) (24-25) *(26-27) (28-29) (30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	******	******		******	******	0	(23)	0	1/30	calc
72108 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	*****	******	******	1.0 PER-CENT DAILY MX	ONCE/ MONTH			CALCT
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	23	******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	*****	******	200 ANNL AVG	******	/ 100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	16	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	800 7 DA GEO	/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS (05 DAY, 20C)	SAMPLE MEASUREMENT	******	******		******	3.3	******	(19)	0	1/30	calc
00082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	*****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCT
BOD, CARBONACEOUS (05 DAY, 20C)	SAMPLE MEASUREMENT	******	******		******	3.1	4.0	(19)	0	1/7	16 hour
00082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
P Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE 904 NUMBER 725-2865	YEAR 96	MO 05	DAY 23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)* DISCHARGE MONITORING REPORT *(DMR)*

Form Approved. OMB No. 2040-0004 Approval expires 05-31-98

(2-16) FL0023663 — PERMIT NUMBER
(17-19) 001 1 — DISCHARGE NUMBER

TOTAL FACILITY DISCHARGE (SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.3	(12)	0	cont	Recorde
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.2	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	2.9	6.2	(19)	0	1/7	Weekly
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPLE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.950	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	*****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.430	1.704	(03)	*******	*******	*******		0	cont	Flow Mete
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTIN UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19) *	0	1/day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
Phil Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 05	DAY 23
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.
* Method code for TRC is 4500 Cl G. Detection limit is 0.20 mg/l.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
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ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

FL0023663	001 1
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

TOTAL FACILITY DISCHARGE 12345
(SUBR JA).
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE | | ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
	96	04	01	TO	96	04	30
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

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PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
. OF TIME EXCEEDING PH LIMITS 12108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	ER-CENT		ONCE/ MONTH	CALCT
OLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	23	*****	(13) / 100ML	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	200 ANNL AVG	*****			ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	16	(13) / 100ML	0	1/7 WEEKLY	grab GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800 7 DA GEO				
000, CARBONACEOUS 05 DAY, 20C 00082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	3.3	*****	(19) MG/L	0	1/30 ONCE/ MONTH	calc CALCT
	PERMIT REQUIREMENT	*****	*****	****	*****	20.0 ANNL AVG	*****				
000, CARBONACEOUS 05 DAY, 20C 00082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.1	4.0	(19) MG/L	0	1/7 WEEKLY	16 comp COMPT
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 MO AVG	60.0 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865	96	05	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663	001 T
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA) 12545
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUANTITY OR CONCENTRATION (46-53) AVERAGE	QUANTITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU M	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
YSID. BAHIA	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMI	K RE
TAA3E P 0 1											
SEE COMMENTS BELOW											
LC50 STAT 48HR ACU M	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
YSID. BAHIA	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMI	K RE
TAA3E Q 0 1											
SEE COMMENTS BELOW											
LC50 STATRE 96HR ACU	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
MENIDIA	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMI	K RE
TAN6B P 0 1											
SEE COMMENTS BELOW											
LC50 STATRE 96HR ACU	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
MENIDIA	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMI	K RE
TAN6B Q 0 1											
SEE COMMENTS BELOW											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
PHeil
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	05	23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

Month: March Year: 1996

Plants DEP Identification Number: 3155P00425

Plant Name: Saint Johns North Wastewater Treatment Facility

Plant Address: 2369 Hawkcrest Drive East

City: Fruit Cove

County: St. Johns

Phone Number: (904) 725-2865

Permit Number: DO55-194157 / DC55-236590

Plant Type: 2-C

) Test Site Identification Number: 3155X12540

Fecal Coliform Sample Method:

[X] Membrane Filter [ ] Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge:

) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Lawrence P. Lukitsch C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.169
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.157
(19) Percent of permitted capacity	%	---	87
(20) CBOD5 Effluent	mg/L	080082	6.0
(21) CBOD5 Effluent	lbs/day	---	8.1
(22) TSS Effluent	mg/L	900201	6.3
(23) TSS Effluent	lbs/day	---	8.5
(24) Minimum pH		---	6.7
(25) Maximum pH		---	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	3.63
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Chlorine Residual	n/a	---	1.4
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		1

Duval Septic hauled 5 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34) Month March Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.218	0.7						6.8					
02	0.115	0.8						6.8					
03	0.220	1.0						6.9					
04	0.141	0.6						6.7					
05	0.161	0.6		174	89	7.8	6.2	6.7			4.60		1
06	0.165	1.1						6.7					
07	0.167	0.9						6.8					
08	0.137	0.6						6.8					
09	0.243	0.7						6.7					
10	0.141	0.5						6.8					
11	0.179	0.8						7.2					
12	0.152	0.9		134	68	7.2	6.9	7.2			7.14		< 1
13	0.163	0.5						7.0					
14	0.155	0.7						6.8					
15	0.215	0.7						6.9					
16	0.155	1.0						7.2					
17	0.153	1.0						7.2					
18	0.226	0.9						6.8					
19	0.173	1.1		163	101	2.8	8.8	7.1			0.52		< 1
20	0.136	1.1						7.0					
21	0.162	1.4						6.9					
22	0.144	1.3						7.0					
23	0.248	1.0						6.9					
24	0.086	1.0						7.0					
25	0.155	1.4						7.1					
26	0.169	1.3		163	71	6.2	3.1	6.9			2.24		< 1
27	0.167	1.2						7.0					
28	0.114	1.1						6.8					
29	0.201	1.0						6.9					
30	0.232	1.0						7.0					
31	0.156	1.0						7.0					
Tot	5.249	28.9		634	329	24.0	25.0				14.50		4
Avg	0.169	0.9		159	82	6.0	6.3				3.63		1
Max	0.248	1.4		174	101	7.8	8.8	7.2			7.14		1
Min	0.086	0.5		134	68	2.8	3.1	6.7			0.52		<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 an belief, this information is true and accurate.

Signed: Lawrence P. Willey Date: 4-10-96

Lawrence P. Willey

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCUE RD
SUITE 106
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.3	(12)	O	cont	Record
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.3	*******	(19)	O	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.6	11.8	(19)	O	1/7	16 hr comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.917	*******	(03)	*******	*******	*******		O	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	*****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.516	1.855	(03)	*******	*******	*******		O	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTIN UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	O	1/may	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	O	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 04	DAY 23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 HILLCOE RD
SUITE 106
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP NEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023563	001 1
PERMIT NUMBER	DISCHARGE NUMBER

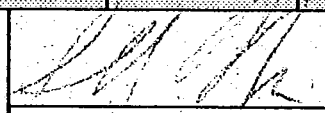
MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* *(38-45)* MINIMUM	QUANTITY OR CONCENTRATION *(46-53)* AVERAGE	QUANTITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING FB LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23	0	1/30	calc
72106 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCT
FECAL, 1 FORM, GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	22	*******	(13	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	8	(13	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.1	*******	(19	0	1/30	calc
80082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.6	5.6	(19	0	1/7	Hocomp
80082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P Neil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865	96	04	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY D
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.3	(12)	0	CONT	Recorde
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTI UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.3	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	5.6	11.8	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	***** *****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPI
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.917	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.516	1.955	(03)	*******	*******	*******		0	Cont	Flow Mete
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTI UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NOD = B	(19) X	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PI EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 2 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
HHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 825-2865		96	04	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.
* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 103
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP NEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663	002 1
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

TOTAL FACILITY DISCHARGE
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	98	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
70106 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	22.	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	8	(13)	0	1/1	Grab
74055 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.1	*******	(19)	0	1/30	calc
00082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	3.6	5.6	(19)	0	1/1	16 comp
00082 1 0 1 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	***** *****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
FNeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2485		96	04	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER		YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 103
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	001 T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STAT 48HR ACU	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
YSID. DAPHIA	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
TAASE P 0 1	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
LC50 STATRE 96HR ACU	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
MENIDIA	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
TAASE P 0 1	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Phil Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 725-2865		96	04	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: February Year: 1996

2) Plant's DEP Identification Number: 3116P01471

3) Plant Name: San Jose Wastewater Treament Facility

4) Plant Address: 7126 Balboa Road

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DO16-163452

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X00023

11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class:"B" Cert. No. 2726

Lead Operator: Thomas J Jones B-003305
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.469
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.628
(19) Percent of permitted capacity	%	---	72
(20) C2DD5 Effluent	mg/L	08008	3.8
(21) TSS Effluent	mg/L	900201	5.3
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.3
(24) Organic N	mg/L	---	0.40
(25) TKN	mg/L	000625	13.40
(26) Total Ammonia	mg/L	000610	13.00
(27) Nitrite	mg/L	---	0.15
(28) Nitrate	mg/L	071850	0.11
(29) Total Phosphorus	mg/L	000665	0.44
(30) Ortho Phosphates	mg/L	---	0.24
(31) Total N	mg/L	---	13.66
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform	#/100 ml		13
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.01			
(36) Sample Date For Nutrients:02-06-96			

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34) Month: February Year: 199

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.655	1.1	<0.20					7.1	6.9	
02	1.619	0.7	<0.20					7.0	6.8	
03	1.360	0.6	<0.20					7.2	6.8	
04	1.304	0.9	<0.20					7.1	6.8	
05	1.159	0.9	<0.20					7.1	6.8	
06	1.260	0.8	<0.20	152	267	3.6	2.1	7.0	6.8	8
07	1.514	1.2	<0.20					7.2	6.8	
08	1.442	1.5	<0.20					7.1	6.9	
09	1.440	0.5	<0.20					7.1	6.8	
10	1.434	0.5	<0.20					7.1	6.9	
11	1.536	0.5	<0.20					7.1	6.9	
12	1.323	0.6	<0.20					7.0	6.8	
13	1.514	0.8	<0.20	139	181	3.0	3.4	7.0	6.8	18
14	1.514	0.6	<0.20					7.1	6.9	
15	1.514	0.6	<0.20					7.1	7.0	
16	1.514	0.6	<0.20					7.0	6.8	
17	1.514	0.5	<0.20					7.1	6.9	
18	1.514	0.6	<0.20					7.1	6.9	
19	1.514	0.8	<0.20					7.0	6.9	
20	1.514	0.5	<0.20	198	167	4.7	9.0	7.0	6.9	4
21	1.444	0.6	<0.20					7.1	6.9	
22	1.385	0.7	<0.20					7.0	6.8	
23	1.508	0.5	<0.20					6.9	6.7	
24	1.494	0.6	<0.20					6.9	6.6	
25	1.629	0.5	<0.20					7.1	6.6	
26	1.500	0.6	<0.20					7.3	7.0	
27	1.454	0.9	<0.20	202	174	3.7	6.6	7.1	6.8	52
28	1.519	0.5	<0.20					7.1	6.7	
29	1.514	0.8	<0.20					7.0	6.9	
Tot	42.605	20.5		691	789	15.0	21.1			82
Avg	1.469	0.7		173	197	3.8	5.3			13
Max	1.655	1.5	<0.20	202	267	4.7	9.0	7.3	7.0	52
Min	1.159	0.5	<0.20	139	167	3.0	2.1	6.9	6.6	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 belief, this information is true and accurate.

Signed: Thomas G. Jones Date: 3-8-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	001 T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	99	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION MINIMUM *(38-45)*	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LC50 STAT 48HR ACU P YSID. BAHIA TAA3E P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	*****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK KE
LC50 STAT 48HR ACU P YSID. BAHIA TAA3E Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	*****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK KE
LC50 STATRE 96HR ACU MENIDIA TAN6B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	*****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK KE
LC50 STATRE 96HR ACU MENIDIA TAN6B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	*****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK KE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or, maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 AREA CODE	2252865 NUMBER	96 YEAR	03 MO	19 DAY
TYPED OR PRINTED						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY D
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE | | | ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT				6.6		7.3	(12)	0	Cont	Recor
00400 1 0 0	PERMIT REQUIREMENT				REPORT MINIMUM		REPORT MAXIMUM	SU		CONTIN UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					6.5		(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT					20.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					5.3	9.0	(19)	0	1/7	16hrcmp
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT					30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.937		(03)					0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG		MGD				****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.469	1.655	(03)					0	cont	Flow Mete
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD				****		CONTIN UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT						NODI=B	(19)	0	1/Day	Grab
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT						0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT						0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT						60 DAILY MX	1N-UTES		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 725-2865		96	03	19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY D[illegible]
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS 00	SAMPLE MEASUREMENT						0	(23)	0	1/30	calc
72108 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT						1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 00	SAMPLE MEASUREMENT					22		(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT					200 ANNL AVG		#/ 100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 00	SAMPLE MEASUREMENT						52	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT						400 1 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 00	SAMPLE MEASUREMENT					3.0		(19)	0	1/30	calc
80082 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT					20.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 00	SAMPLE MEASUREMENT					3.8	4.7	(19)	0	1/7	16 comp
80082 1 0 1 EFFLUENT GROSS VALU	PERMIT REQUIREMENT					30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	904 725-2865	96	03	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

TOTAL FACILITY DISCHARGE
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
PH	SAMPLE MEASUREMENT				6.6		7.3	(12)	0	CONT	Record
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				REPORT MINIMUM		REPORT MAXIMUM	SU		CONTI-NUOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					6.5		(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT					20.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					5.3	9.0	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.937		(03)					0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG		MGD						ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.469	1.655	(03)					0	CONT	Flow meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD						CONTI-NUOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT						NODI = 6	(19)	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.01 DAILY MX	* MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT						0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT						60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865	96	03	19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1900 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0023663	001 1
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	27
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY (SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT						0	(23)	0	1/30	calc
	PERMIT REQUIREMENT						1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 70 ANNUAL AVERAGE	SAMPLE MEASUREMENT					22		(13)	0	1/30	calc
	PERMIT REQUIREMENT					200 ANNL AVG		#/ 100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT						52	(13)	0	1/7	Grab
	PERMIT REQUIREMENT						400 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT					3.0		(19)	0	1/30	calc
	PERMIT REQUIREMENT					20.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT					3.8	4.7	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT					30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
P Heil
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	03	19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: January Year: 1996

2) Plant's DEP Identification Number: 3116P01471

3) Plant Name: San Jose Wasterwater Treament Facility

4) Plant Address: 7126 Balboa Road

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DO16-163452

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X00023

11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 7173

Day Shift Operator Class: "B" Cert. No. 2726

Evening Shift Operator Class: "B" Cert. No. 7715

Lead Operator: Thomas E. Jones B-003305
signature / Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.514
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.910
(19) Percent of permitted capacity	%	---	85
(20) CBOD5 Effluent	mg/L	08008	4.4
(21) TSS Effluent	mg/L	900201	7.3
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.6
(24) Organic N	mg/L	---	0.37
(25) TKN	mg/L	000625	4.10
(26) Total Ammonia	mg/L	000610	3.73
(27) Nitrite	mg/L	---	0.38
(28) Nitrate	mg/L	071850	2.07
(29) Total Phosphorus	mg/L	000665	0.17
(30) Ortho Phosphates	mg/L	---	0.08
(31) Total N	mg/L	---	6.55
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (G. Mean)	#/100 ml		21
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.01			
(36) Sample Date For Nutrients: 01-02-96			

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34)

Month: January Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.807	0.5	<0.20					7.1	6.9	
02	2.104	0.8	<0.20	144	208	4.3	7.0	6.9	6.7	78
03	1.589	0.8	<0.20					7.2	6.6	
04	1.528	0.6	<0.20					7.6	6.9	
05	1.492	0.7	<0.20					7.0	6.8	
06	1.671	0.6	<0.20					7.2	6.8	
07	1.491	0.8	<0.20					7.3	7.0	
08	1.213	0.7	<0.20					7.0	6.9	
09	1.567	0.5	<0.20	170	154	6.8	16.9	7.0	6.8	184
10	1.567	0.8	<0.20					7.1	6.9	
11	1.437	0.5	<0.20			2.5	4.0	7.5	6.9	
12	1.231	0.5	<0.20					7.1	6.9	
13	1.567	0.5	<0.20					7.0	6.8	
14	1.470	0.5	<0.20					7.0	6.6	
15	1.520	0.6	<0.20					7.0	6.9	
16	1.502	0.5	<0.20	213	372	8.0	11.9	7.1	6.8	4
17	1.567	0.8	<0.20					7.3	7.0	
18	1.567	0.8	<0.20					7.1	6.9	
19	1.253	0.8	<0.20					7.2	7.0	
20	1.363	0.5	<0.20					7.1	6.9	
21	1.409	0.6	<0.20					7.1	7.0	
22	1.380	0.9	<0.20					7.2	7.0	
23	1.479	0.7	<0.20	184	151	2.4	1.7	7.3	7.1	16
24	1.471	0.6	<0.20					7.3	7.1	
25	1.324	0.5	<0.20					7.3	7.0	
26	1.528	0.5	<0.20					7.3	7.1	
27	1.595	0.5	<0.20					7.3	7.1	
28	1.546	0.5	<0.20					7.1	7.0	
29	1.502	0.6	<0.20					7.1	6.9	
30	1.582	0.5	<0.20	164	161	2.3	2.3	7.3	6.9	4
31	1.614	0.5	<0.20					7.3	7.1	
Tot	46.936	19.2		875	1046	26.3	43.8			286
Avg	1.514	0.6		175	209	4.4	7.3			21
Max	2.104	0.9	<0.20	213	372	8.0	16.9	7.6	7.1	184
Min	1.213	0.5	<0.20	144	151	2.3	1.7	6.9	6.6	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 and accurate.

Signed: Thomas L Jones Date: 2-8-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 103
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY D[illegible]
(SUSK JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS 72106 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	22	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	*******	184	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.8	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	4.4	8.0	(19)	0	1/7	16 Comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
P Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 725-2865	96	02	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 6.5 STD UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023663	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY DISCHARGE
(SUBR JA) 1249
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.6	(12)	0	Cont	Recdr
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN UOUS	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.4	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	7.3 ~~7.4~~	16.9	(19)	0	1/7	Recomp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.963	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.514	2.104	(03)	*******	*******	*******		0	Cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTIN UOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865	96	02	25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCUE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

TOTAL FACILITY DISCHARGE
(SUBR JA) 1234
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE | | ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-93

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.6	(12)	0	1/DAY	RECORD
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	TOTAL
TDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	6.4	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	7.3	16.9	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.963	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	*****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.514	2.104	(03)	*******	*******	*******		0	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTINUOUS	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	MDL = B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 725-2865	96	02	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.
* Method code for TRC is 4500Cl(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0023663	002 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

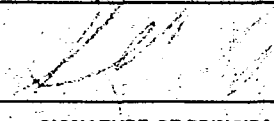
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY O
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	QUANTITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0	PER-CENT		ONCE/MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	22	*******	(13)	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	184	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	800 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.8	*******	(19)	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	4.4	8.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
P Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*		904 725-2865	96	02	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL-SAN JOSE
ADDRESS 1408 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILS-SANJOSE STP
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023663	001 T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STAT 48HR ACU YSID. DAPHIA TAA3E P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI = 9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK WITH PERMIT
LC50 STAT 48HR ACU YSID. DAPHIA TAA3E J 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI = 9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK WITH PERMIT
LC50 STATRE 96HR ACU MENIDIA TAN6A P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI = 9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK WITH PERMIT
LC50 STATRE 96HR ACU MENIDIA TAN6 Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI = 9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK WITH PERMIT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865		96	02	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: December YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR Robert DeMay B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.438
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.425
(19) PERCENT OF PERMITTED CAPACITY	%	****	85
(20) CBOD 5 EFFLUENT	mg/l	080082	1.1
(21) CBOD 5 EFFLUENT	lbs/day	****	4.0
(22) TSS EFFLUENT	mg/l	900201	1.1
(23) TSS EFFLUENT	lbs/day	****	3.9
(24) MINIMUM pH		****	6.7
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	< 0.05
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	13
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	11
(35) UOD	lbs/day	****	7
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH December YEAR 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.419	0.6	< 0.20					7.3	7.3			
02	0.398	0.5	< 0.20					7.2	7.3			
03	0.396	1.0	< 0.20					7.2	7.3		31	
04	0.465	1.0	< 0.20					7.2	7.3			
05	0.352	1.0	< 0.20	200	143	<1.0	1.4	7.2	7.3	<0.05		5
06	0.416	0.6	< 0.20					7.2	7.2			
07	0.459	1.0	< 0.20					7.3	7.3			
08	0.496	0.8	< 0.20					7.2	7.2			
09	0.461	0.9	< 0.20					7.2	7.3			
10	0.405	0.5	< 0.20					7.1	7.2		8	
11	0.377	0.6	< 0.20					7.2	7.4			
12	0.463	0.6	< 0.20	150	161	<1.0	0.6	7.1	7.2	<0.05		6
13	0.459	0.9	< 0.20					7.1	7.2			
14	0.481	1.0	< 0.20					7.0	7.2			
15	0.297	1.0	< 0.20					7.0	7.2			
16	0.445	0.8	< 0.20					7.1	7.2			
17	0.363	0.7	< 0.20					7.2	7.3		16	
18	0.529	0.8	< 0.20					7.2	7.3			
19	0.491	1.0	< 0.20	189	149	<1.0	1.0	7.1	7.2	<0.05		7
20	0.760	1.0	< 0.20					7.1	7.3			
21	0.419	0.8	< 0.20					7.2	7.2			
22	0.340	1.0	< 0.20					7.2	7.2			
23	0.457	1.2	< 0.20					7.1	7.2		6	
24	0.462	0.5	< 0.20					7.1	7.1			
25	0.337	0.9	< 0.20					7.2	7.2			
26	0.438	1.0	< 0.20	170	230	1.4	1.4	7.3	7.4	<0.05		8
27	0.496	0.8	< 0.20					7.4	7.2			
28	0.455	0.7	< 0.20					7.2	7.2			
29	0.428	1.0	< 0.20					7.2	7.2			
30	0.391	0.8	< 0.20					6.9	7.2		6	
31	0.420	0.6	< 0.20					6.7	6.8			
TOTAL	13.574	25.6	< 0.20	709	683	4.4	4.4			0.20	67	26
AMEAN	0.438	0.8	< 0.20	177	171	1.1	1.1			0.05	13	7
MAX	0.760	1.2	< 0.20	200	230	1.4	1.4	7.4	7.4	<0.05	31	8
MIN	0.297	0.5	< 0.20	150	143	<1.0	0.6	6.7	6.8	<0.05	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 1-11-97

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.-Sunbelt
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER
(SUBR JA) 12545
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	*******	(19) MG/L	0	1/30 ONCE/ MONTH	Calc CALCTD
	PERMIT REQUIREMENT	*******	*******	*****	*******	10.0 ANNL AVG	*******				
B 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	1.4	(19) MG/L	0	1/7 ONCE/ 2WEEKS	8comp COMP-8
	PERMIT REQUIREMENT	*******	*******	*****	*******	12.5 MO AVG	20.0 DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.7	*******	7.4	(12) SU	0	1/Day ONCE/ 2WEEKS	Grab GRAB
	PERMIT REQUIREMENT	*******	*******	*****	6.0 MINIMUM	*******	8.5 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.9	*******	(19) MG/L	0	1/30 ONCE/ MONTH	Calc CALCTD
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	1.4	(19) MG/L	0	1/7 ONCE/ 2WEEKS	8comp COMP-8
	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	40.0 DAILY MX				
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.26	*******	(19) MG/L	0	1/30 ONCE/ MONTH	Calc CALCTD
	PERMIT REQUIREMENT	*******	*******	*****	*******	4.0 ANNL AVG	*******				
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.05	0.05	(19) MG/L	0	1/7 ONCE/ 2WEEKS	8comp COMP-8
	PERMIT REQUIREMENT	*******	*******	*****	*******	5.0 MO AVG	8.0 DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	97	01	20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	12	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER
(SUBR JA) 12345
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE | | ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.388	*******	(03)	*******	*******	*******		0	1/30	Calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTD
F 1, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.438	0.760	(03)	*******	*******	*******		0	cont	meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		5 TIME /WEEK	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI-B	(19) #	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.010 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	18	*******	(13)	0	1/30	Calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		QTRLY	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	31	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX	#/ 100ML		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Samba murthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904, NUMBER 725-2865

DATE: YEAR 97, MO 01, DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

07539/961008-1728

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: November YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR Robert DeMay B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.409
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.405
(19) PERCENT OF PERMITTED CAPACITY	%	****	81
(20) CBOD 5 EFFLUENT	mg/l	080082	1.1
(21) CBOD 5 EFFLUENT	lbs/day	****	3.4
(22) TSS EFFLUENT	mg/l	900201	1.4
(23) TSS EFFLUENT	lbs/day	****	4.5
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.05
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	24
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	23
(35) UOD	lbs/day	****	6
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) 12 LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH November YEAR 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.511	0.7	< 0.20					7.0	7.2			
02	0.391	0.5	< 0.20					7.1	7.1			
03	0.315	0.5	< 0.20					7.3	7.3			
04	0.390	1.0	< 0.20					7.1	7.2			
05	0.411	1.0	< 0.20					7.0	7.2		23	
06	0.437	1.0	< 0.20					7.0	7.1			
07	0.366	0.8	< 0.20	194	160	1.3	1.2	7.0	7.1	<0.05		6
08	0.551	0.6	< 0.20					6.9	7.1			
09	0.389	1.0	< 0.20					7.0	7.0			
10	0.264	1.0	< 0.20					7.0	7.0			
11	0.469	0.6	< 0.20					7.1	7.2			
12	0.322	0.5	< 0.20					7.2	7.3		14	
13	0.422	0.6	< 0.20					7.2	7.4			
14	0.381	0.7	< 0.20	149	143	<1.0	1.0	7.2	7.4	< 0.05		5
15	0.480	0.6	< 0.20					7.3	7.4			
16	0.484	0.8	< 0.20					7.3	7.3			
17	0.326	0.8	< 0.20					7.3	7.3			
18	0.392	0.7	< 0.20					7.3	7.4			
19	0.498	0.6	< 0.20					7.2	7.3		34	
20	0.357	0.8	< 0.20					7.1	7.2			
21	0.349	0.9	< 0.20	136	137	<1.0	1.8	7.1	7.2	< 0.05		5
22	0.516	0.5	< 0.20					7.1	7.2			
23	0.423	0.5	< 0.20					7.0	7.1			
24	0.301	0.5	< 0.20					7.1	7.0			
25	0.474	0.7	< 0.20					7.2	7.4			
26	0.361	0.7	< 0.20					7.2	7.3		24	
27	0.424	0.6	< 0.20					7.3	7.4			
28	0.430	0.8	< 0.20	188	163	< 1.0	1.6	7.3	7.4	<0.05		6
29	0.363	0.7	< 0.20					7.3	7.4			
30	0.464	0.7	< 0.20					7.3	7.3			
TOTAL	12.261	21.4	< 0.20	667	603	4.3	5.6			0.20	95	22
AMEAN	0.409	0.7	< 0.20	167	151	1.1	1.4			0.05	24	6
MAX	0.551	1.0	< 0.20	194	163	1.3	1.8	7.3	7.4	<0.05	34	6
MIN	0.264	0.5	< 0.20	136	137	< 1.0	1.0	6.9	7.0	<0.05	14	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 12-16-96

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP. - San Pablo
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	11	01	TO	96	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER
(SUBR JA) 12945
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	******	10.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	1.3	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*******	*******	*****	******	12.5 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-E
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.9	*******	7.4	(12)	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	*****	6.0 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ 2WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.9	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.4	1.8	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-E
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.28	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	******	4.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.05	0.05	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-E

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 12	DAY 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	11	01	TO	96	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

SANITARY WASTEWATER 12345
(SUBR JA)
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.383	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.409	0.551	(03)	*******	*******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		5 TIME /WEEK	MEASRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.010 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	18	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		QTRLY	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	34	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX	#/ 100ML		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 725 2865 AREA CODE NUMBER	96 12 19 YEAR MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/l.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: October YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR Robert Dewhay B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.462
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.389
(19) PERCENT OF PERMITTED CAPACITY	%	****	78
(20) CBOD 5 EFFLUENT	mg/l	080082	1.4
(21) CBOD 5 EFFLUENT	lbs/day	****	5.0
(22) TSS EFFLUENT	mg/l	900201	2.0
(23) TSS EFFLUENT	lbs/day	****	7.5
(24) MINIMUM pH		****	6.8
(25) MAXIMUM pH		****	7.2
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.65
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	25
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	17
(35) UOD	lbs/day	****	18
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) 34 LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH October YEAR 19

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.339	0.6	< 0.20					7.1	7.2		9	
02	0.400	0.9	< 0.20					7.0	7.2			
03	0.586	0.7	< 0.20	154	440	< 1.0	2.0	7.1	7.2	< 0.05		8
04	0.592	0.6	< 0.20					7.1	7.2			
05	0.489	1.0	< 0.20					6.8	6.8			
06	0.453	1.0	< 0.20					6.9	6.9			
07	0.754	0.5	< 0.20					6.9	7.0			
08	0.589	0.5	< 0.20					7.0	7.2			
09	0.519	0.5	< 0.20					6.9	7.1			
10	0.428	0.5	< 0.20	115	70	< 1.0	1.9	6.9	7.1	3.07	80	55
11	0.604	0.6	< 0.20					6.9	7.2			
12	0.466	0.5	< 0.20					6.9	6.9			
13	0.466	0.5	< 0.20					6.9	6.9			
14	0.429	0.7	< 0.20					7.2	7.2			
15	0.443	0.6	< 0.20					7.1	7.2		12	
16	0.420	0.6	< 0.20					7.1	7.2			
17	0.439	0.7	< 0.20	123	145	< 1.0	1.9	7.1	7.2	< 0.05		6
18	0.440	0.6	< 0.20					7.1	7.1			
19	0.450	0.9	< 0.20					7.2	7.2			
20	0.462	0.6	< 0.20					7.2	7.1			
21	0.404	0.8	< 0.20					7.0	7.1			
22	0.412	0.8	< 0.20					7.1	7.1		14	
23	0.457	0.7	< 0.20					7.1	7.2			
24	0.376	0.8	< 0.20	144	130	2.8	2.3	7.1	7.2	< 0.05		13
25	0.400	0.5	< 0.20					7.0	7.2			
26	0.454	0.8	< 0.20					7.1	7.2			
27	0.425	0.8	< 0.20					7.1	7.1			
28	0.414	0.5	< 0.20					7.0	7.1			
29	0.412	0.8	< 0.20					6.9	7.0		12	
30	0.418	0.6	< 0.20					6.9	7.1			
31	0.398	0.7	< 0.20	154	166	1.2	2.0	7.0	7.2	< 0.05		6
TOTAL	14.334	20.9	< 0.20	690	951	7.0	10.1			3.27	127	89
AMEAN	0.462	0.7	< 0.20	138	190	1.4	2.0			0.65	25	18
MAX	0.754	1.0	< 0.20	154	440	2.8	2.3	7.2	7.2	3.07	80	55
MIN	0.339	0.5	< 0.20	115	70	1.0	1.9	6.8	6.8	0.05	9	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 11-12-96

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0024767 (2-16)	001 1 (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

SANITARY WASTEWATER
(SUBR JA) 12345
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE | | ***
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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.379	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	**** ****		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.462	0.754	(03)	*******	*******	*******		0	Cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		5 TIME /WEEK	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	0.010 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	16	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* ****	****	*******	200 ANNL AVG	*******	#/ 100ML		QTRLY	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	80	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	800 DAILY MX	#/ 100ML		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 11	DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP. -
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP. San Pablo
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

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DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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SANITARY WASTEWATER (SUBR JA) 12345
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*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	1.4	*******	(19)	0	1/30	calc
00310 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* ****	****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
ID, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	1.4	2.8	(19)	0	1/7	8 comp
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	12.5 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
PH	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.2	(12)	0	1/day	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		ONCE/ 2WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	2.9	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* ****	****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	2.0	2.3	(19)	0	1/7	8 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	30.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
(TROGEN, KJELDAHL JTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.35	*******	(19)	0	1/30	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* ****	****	*******	4.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.65	3.07	(19)	0	1/7	8 comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
N. Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904 | NUMBER 725-2865

DATE: YEAR 96 | MO 11 | DAY 20

AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
L TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: September YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR _____ B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.358
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.378
(19) PERCENT OF PERMITTED CAPACITY	%	****	76
(20) CBOD 5 EFFLUENT	mg/l	080082	1.6
(21) CBOD 5 EFFLUENT	lbs/day	****	4.5
(22) TSS EFFLUENT	mg/l	900201	3.7
(23) TSS EFFLUENT	lbs/day	****	10.3
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.05
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	27
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	16
(35) UOD	lbs/day	****	7
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) 17 LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH September YEAR 199

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.377	1.0	< 0.20					7.0	7.0			
02	0.271	1.0	< 0.20					7.0	7.0			
03	0.348	0.6	< 0.20					7.1	7.3		39	
04	0.360	0.8	< 0.20					7.0	7.1			
05	0.343	0.8	< 0.20	274	311	3.4	6.4	6.9	7.1	0.06		15
06	0.424	0.7	< 0.20					6.9	7.1			
07	0.381	0.9	< 0.20					7.0	7.0			
08	0.280	1.1	< 0.20					6.9	6.9			
09	0.340	0.6	< 0.20					6.9	7.0			
10	0.349	0.7	< 0.20					7.0	7.1		<4	
11	0.408	0.6	< 0.20					7.0	7.2			
12	0.321	0.6	< 0.20	165	150	<1.0	3.7	7.0	7.2	<0.05		4
13	0.436	0.7	< 0.20					7.1	7.2			
14	0.433	0.7	< 0.20					7.4	7.4			
15	0.345	0.5	< 0.20					7.1	7.1			
16	0.354	0.6	< 0.20					7.1	7.2			
17	0.389	0.6	< 0.20					7.0	7.2		8	
18	0.366	0.5	< 0.20					7.0	7.1			
19	0.363	0.7	< 0.20	146	155	<1.0	2.2	7.0	7.2	<0.05		5
20	0.321	0.5	< 0.20					7.1	7.2			
21	0.344	0.7	< 0.20					7.2	7.0			
22	0.388	0.5	< 0.20					7.2	7.0			
23	0.311	0.8	< 0.20					7.0	7.1			
24	0.344	0.8	< 0.20					7.1	7.2		58	
25	0.373	0.5	< 0.20					7.1	7.2			
26	0.300	0.5	< 0.20	170	130	1.1	2.5	7.1	7.2	<0.05		5
27	0.341	0.8	< 0.20					7.1	7.2			
28	0.372	0.5	< 0.20					7.2	7.2			
29	0.399	1.8	< 0.20					7.0	7.0			
30	0.366	0.6	< 0.20					7.0	7.2			
TOTAL	10.749	21.7	< 0.20	755	746	6.5	14.8			0.21	109	29
AMEAN	0.358	0.7	< 0.20	189	187	1.6	3.7			0.05	27	7
MAX	0.436	1.8	< 0.20	274	311	3.4	6.4	7.4	7.4	0.06	58	15
MIN	0.271	0.5	< 0.20	146	130	1.0	2.2	6.9	6.9	0.05	4	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 10-10-96

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME JAX SUBURBAN UTILITIES CORP.- San Pablo

ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0024767 (2-16)	001 1 (17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

12345

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.377	******	(03)	******	******	******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	******	MGD	******	******	******	***** *****		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.358	0.436	(03)	******	******	******		0	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	***** *****		5 TIME /WEEK	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ***** *****		******	******	0.010 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	15	******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	****** ***** *****		******	200 ANNL AVG	******	#/ 100ML		QTRLY	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	58	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ***** *****		******	******	800 DAILY MX	#/ 100ML		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 10	DAY 21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500C1(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.-SanPablo
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

FL0024767	001 1
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	09	01	TO	96	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUE
12345
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		******	1.4	*******	(19) MG/L	0	1/30 ONCE/ MONTH	calc CALCTD
	PERMIT REQUIREMENT	*******	*******	********	******	10.0 ANNL AVG	*******				
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.6	3.4	(19) MG/L	0	1/7 ONCE/ 2WEEKS	8comp COMP-8
	PERMIT REQUIREMENT	*******	*******	********	*******	12.5 MO AVG	20.0 DAILY MX				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.9	******	7.4	(12) SU	0	1/Day ONCE/ 2WEEKS	Grab GRAB
	PERMIT REQUIREMENT	*******	*******	********	6.0 MINIMUM	******	8.5 MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	3.0	*******	(19) MG/L	0	1/30 ONCE/ MONTH	calc CALCTD
	PERMIT REQUIREMENT	*******	*******	********	*******	20.0 ANNL AVG	*******				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	3.7	6.4	(19) MG/L	0	1/7 ONCE/ 2WEEKS	8comp COMP-8
	PERMIT REQUIREMENT	*******	*******	********	*******	30.0 MO AVG	40.0 DAILY MX				
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.30	*******	(19) MG/L	0	1/30 ONCE/ MONTH	calc CALCTD
	PERMIT REQUIREMENT	*******	*******	********	*******	4.0 ANNL AVG	*******				
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.05	0.06	(19) MG/L	0	1/7 ONCE/ 2WEEKS	8comp COMP-8
	PERMIT REQUIREMENT	*******	*******	********	*******	5.0 MO AVG	8.0 DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904 | NUMBER 725-2865

DATE: YEAR 96 | MO 10 | DAY 21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: August YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR _____ B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.373
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.374
(19) PERCENT OF PERMITTED CAPACITY	%	****	75
(20) CBOD 5 EFFLUENT	mg/l	080082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.0
(22) TSS EFFLUENT	mg/l	900201	4.1
(23) TSS EFFLUENT	lbs/day	****	12.7
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.15
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	34
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	20
(35) UOD	lbs/day	****	6
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH August YEAR 199

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.324	1.0	< 0.20	170	116	<1.0	2.4	7.1	7.2	0.33		8
02	0.411	1.0	< 0.20					7.1	7.2			
03	0.404	1.0	< 0.20					7.2	7.2			
04	0.318	1.4	< 0.20					7.1	7.1			
05	0.359	0.9	< 0.20					7.0	7.2			
06	0.366	0.7	< 0.20					6.9	7.0		2	
07	0.373	1.2	< 0.20					7.0	7.0			
08	0.389	0.7	< 0.20	164	162	<1.0	2.4	6.9	7.0	0.14		7
09	0.397	0.9	< 0.20					6.9	7.0			
10	0.401	1.0	< 0.20					7.0	7.0			
11	0.257	0.8	< 0.20					7.0	7.0			
12	0.395	0.9	< 0.20					7.2	7.3			
13	0.394	0.8	< 0.20					7.2	7.4		51	
14	0.409	0.6	< 0.20					7.2	7.3			
15	0.330	0.6	< 0.20	113	125	<1.0	3.8	7.2	7.3	0.05		5
16	0.403	0.5	< 0.20					7.2	7.3			
17	0.374	0.6	< 0.20					7.2	7.3			
18	0.397	0.6	< 0.20					7.5	7.3			
19	0.313	0.8	< 0.20					6.9	7.1			
20	0.399	0.5	< 0.20					7.1	7.2		52	
21	0.384	0.7	< 0.20					7.0	7.2			
22	0.411	0.8	< 0.20	182	185	<1.0	9.2	7.1	7.2	0.08		6
23	0.300	0.6	< 0.20					7.1	7.2			
24	0.377	0.7	< 0.20					7.2	7.2			
25	0.383	0.9	< 0.20					7.2	7.2			
26	0.364	0.7	< 0.20					7.1	7.3			
27	0.363	0.6	< 0.20					7.1	7.3		31	
28	0.400	1.0	< 0.20					7.1	7.2			
29	0.318	1.0	< 0.20	196	184	<1.0	2.7	7.1	7.2	0.13		5
30	0.517	0.6	< 0.20					6.9	7.1			
31	0.343	0.8	< 0.20					7.0	7.0			
TOTAL	11.571	24.9	< 0.20	825	772	5.0	20.5			0.73	136	31
AMEAN	0.373	0.8	< 0.20	165	154	1.0	4.1			0.15	34	6
MAX	0.517	1.4	< 0.20	196	185	1.0	9.2	7.5	7.4	0.33	52	8
MIN	0.257	0.5	< 0.20	113	116	1.0	2.4	6.9	7.0	0.05	2	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 9-12-96

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*

NAME JAX SUBURBAN UTILITIES CORP. - So. Pablo

ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER 12345
(SUBR JA)
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE | | ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.385	*******	(03)	*******	*******	*******		O	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.373	0.517	(03)	*******	*******	*******		O	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		5 TIME /WEEK	MEASR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) #	O	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* *****	*****	*******	*******	0.010 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	14	*******	(13)	O	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* *****	*****	*******	200 ANNL AVG	*******	#/ 100ML		QTRLY	CALCT
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	52	(13)	O	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* *****	*****	*******	*******	800 DAILY MX	#/ 100ML		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 6 years.)*	M. Sambamurthi	904 AREA CODE	725-2865 NUMBER	96 YEAR	09 MO	24 DA
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

Method code for TRC is 4500 Cl(G), Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP. — San Pablo
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	08	01	TO	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

SANITARY WASTEWATER 12545
(SUBR JA)
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	1.3	*******	(19)	0	1/30	calc
00310 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
), 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	1.0	1.0	(19)	0	1/7	8 comp
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	******	12.5 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-
PH	SAMPLE MEASUREMENT	*******	*******		6.9	*******	7.4	(12)	0	1/Day	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	6.0 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ 2WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	2.8	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	4.1	9.2	(19)	0	1/7	8 com
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-
ITROGEN, KJELDAHL L (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.50	*******	(19)	0	1/30	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	4.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.15	0.33	(19)	0	1/7	8 com
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
M. Sambamurthi Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 09	DAY 24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: July YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR Robert DeMary B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.388
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.363
(19) PERCENT OF PERMITTED CAPACITY	%	****	73
(20) CBOD 5 EFFLUENT	mg/l	080082	1.1
(21) CBOD 5 EFFLUENT	lbs/day	****	3.6
(22) TSS EFFLUENT	mg/l	900201	4.2
(23) TSS EFFLUENT	lbs/day	****	13.3
(24) MINIMUM pH		****	6.7
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.37
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	11
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	6
(35) UOD	lbs/day	****	10
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH July YEAR 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.403	0.5	< 0.20					7.1	7.1			
02	0.450	0.7	< 0.20					6.7	7.0		23	
03	0.423	0.8	< 0.20					6.9	7.0			
04	0.347	0.9	< 0.20	354	262	1.3	4.4	7.0	7.0	0.80		16
05	0.418	0.8	< 0.20					6.9	7.0			
06	0.471	0.8	< 0.20					7.0	7.0			
07	0.344	1.0	< 0.20					7.0	7.0			
08	0.409	0.6	< 0.20					7.0	7.1			
09	0.404	1.0	< 0.20					7.1	7.2		11	
10	0.365	0.7	< 0.20					7.1	7.2			
11	0.349	0.8	< 0.20	140	116	<1.0	4.6	7.0	7.2	0.22		7
12	0.407	0.6	< 0.20					7.0	7.2			
13	0.384	0.8	< 0.20					7.0	7.2			
14	0.380	0.7	< 0.20					7.0	7.2			
15	0.356	0.9	< 0.20					7.0	7.1			
16	0.439	0.9	< 0.20					6.8	7.0		< 1	
17	0.360	0.5	< 0.20					6.9	7.0			
18	0.352	0.5	< 0.20	150	164	<1.0	5.1	6.9	7.0	0.21		7
19	0.329	0.8	< 0.20					6.7	6.9			
20	0.376	1.3	< 0.20					6.9	6.9			
21	0.412	0.8	< 0.20					6.9	6.9			
22	0.351	0.6	< 0.20					6.8	6.9			
23	0.427	1.0	< 0.20					6.8	7.0		21	
24	0.307	0.8	< 0.20					6.8	6.9			
25	0.564	0.6	< 0.20	218	295	<1.0	2.6	6.9	7.0	0.24		12
26	0.466	0.9	< 0.20					6.9	7.0			
27	0.341	1.0	< 0.20					6.9	6.9			
28	0.260	1.0	< 0.20					6.9	6.9			
29	0.363	0.5	< 0.20					6.9	7.1			
30	0.351	1.2	< 0.20					6.9	7.2		< 1	
31	0.409	0.8	< 0.20					7.0	7.3			
TOTAL	12.015	24.8	< 0.20	862	837	4.3	16.7			1.47	57	42
AMEAN	0.388	0.8	< 0.20	216	209	1.1	4.2			0.37	11	10
MAX	0.564	1.3	< 0.20	354	295	1.3	5.1	7.1	7.3	0.80	23	16
MIN	0.260	0.5	< 0.20	140	116	1.0	2.6	6.7	6.9	0.21	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 8-13-96

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP. - San Pablo
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	07	01	TO	96	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* AVERAGE *(46-53)*	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUANTITY OR CONCENTRATION *(4 Card Only)* MINIMUM *(38-45)*	QUANTITY OR CONCENTRATION AVERAGE *(46-53)*	QUANTITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
00310 Y 0 0 BOD, 5-DAY (20 DEG. C) ANNUAL AVERAGE	SAMPLE MEASUREMENT					1.3		(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT					10.0 ANNL AVG				ONCE/ MONTH	CALCTD
00310 1 0 0 BOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					1.1	1.3	(19) MG/L	0	1/7	8comp
	PERMIT REQUIREMENT					15.0 30 AVG	20.0 DAILY MX			ONCE/ 2WEEKS	COMP-24
00400 1 0 0 PH EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.7		7.3	(12) SU	0	1/Day	Grab
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM			ONCE/ 2WEEKS	GRAB
00530 Y 0 0 SOLIDS, TOTAL SUSPENDED ANNUAL AVERAGE	SAMPLE MEASUREMENT					2.7		(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT					20.0 ANNL AVG				ONCE/ MONTH	CALCTD
00530 1 0 0 SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					4.2	5.1	(19) MG/L	0	1/7	8comp
	PERMIT REQUIREMENT					30.0 30 AVG	40.0 DAILY MX			ONCE/ 2WEEKS	COMP-24
00625 Y 0 0 NITROGEN, KJELDAHL TOTAL (AS N) ANNUAL AVERAGE	SAMPLE MEASUREMENT					0.59		(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT					4.0 ANNL AVG				ONCE/ MONTH	CALCTD
00625 1 0 0 NITROGEN, KJELDAHL TOTAL (AS N) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.37	0.80	(19) MG/L	0	1/7	8comp
	PERMIT REQUIREMENT					2.0 30 AVG	3.0 DAILY MX			ONCE/ 2WEEKS	COMP-24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M Sambamurthi
Vice President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	08	26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP. - San Pablo
ADDRESS 1500 MILLCUE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0024767 PERMIT NUMBER
(17-19) 001 1 DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 96 MO 07 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 96 MO 07 DAY 31 (26-27) (28-29) (30-31)

SANITARY WASTEWATER
(SUBR JA) 12345
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.388	*******	(03)	*******	*******	*******		O	1/30	calc.
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	**** ****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.388	0.564	(03)	*******	*******	*******		O	cont	Record
	PERMIT REQUIREMENT	REPORT MO AV.	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONT TIME/ WEEK	MEASRI
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI =B	(19) *	O	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.010 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	13	*******	(13)	O	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 ANNL AVG	*******	/100ML		TRLY	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	23	(13)	O	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	800 DAILY MX	/100ML		TRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
M Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 725-2865 AREA CODE NUMBER	96 YEAR	08 MO	26 DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)
* Method code for TRC is 4500 Cl (G). Detection limit is 0.01 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: June YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

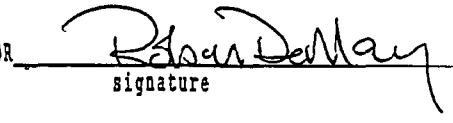
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR  B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.376
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.354
(19) PERCENT OF PERMITTED CAPACITY	%	****	71
(20) CBOD 5 EFFLUENT	mg/l	080082	< 1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.1
(22) TSS EFFLUENT	mg/l	900201	3.7
(23) TSS EFFLUENT	lbs/day	****	12.1
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.26
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	25
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	20
(35) UOD	lbs/day	****	8
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH June YEAR 199

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.395	0.5	< 0.20					7.1	7.1			
02	0.209	0.5	< 0.20					7.1	7.1			
03	0.346	0.9	< 0.20					7.1	7.2			
04	0.343	0.5	< 0.20					7.0	7.1		8	
05	0.378	0.9	< 0.20					7.1	7.2			
06	0.303	0.9	< 0.20	177	168	<1.0	1.3	7.1	7.2	0.47		9
07	0.373	0.5	< 0.20					7.2	7.3			
08	0.352	1.0	< 0.20					7.1	7.1			
09	0.336	1.0	< 0.20					7.1	7.1			
10	0.428	0.6	< 0.20					7.1	7.2			
11	0.339	1.0	< 0.20					7.1	7.2		29	
12	0.323	0.7	< 0.20					7.1	7.1			
13	0.404	0.7	< 0.20	180	283	<1.0	5.3	7.1	7.1	0.35		10
14	0.618	1.0	< 0.20					7.0	7.0			
15	0.246	1.0	< 0.20					6.9	7.1			
16	0.409	1.1	< 0.20					7.1	7.1			
17	0.373	1.0	< 0.20					7.0	7.2			
18	0.350	0.6	< 0.20					7.1	7.1		16	
19	0.410	0.5	< 0.20					7.1	7.1			
20	0.359	0.5	< 0.20	201	148	< 1.0	2.8	7.1	7.1	<0.05		5
21	0.363	0.7	< 0.20					7.1	7.1			
22	0.388	1.1	< 0.20					7.2	7.0			
23	0.413	0.7	< 0.20					7.2	7.1			
24	0.344	0.6	< 0.20					7.1	7.1			
25	0.373	0.7	< 0.20					7.1	7.1		46	
26	0.375	0.6	< 0.20					7.1	7.0			
27	0.423	0.6	< 0.20	127	150	<1.0	5.3	7.0	7.0	0.17		8
28	0.557	0.9	< 0.20					6.9	7.1			
29	0.447	0.5	< 0.20					7.0	7.0			
30	0.308	0.6	< 0.20					7.1	7.1			
TOTAL	11.282	22.4	< 0.20	685	749	4.0	14.7			1.04	99	32
AMEAN	0.376	0.7	< 0.20	171	187	<1.0	3.7			0.26	25	8
MAX	0.618	1.1	< 0.20	201	283	<1.0	5.3	7.2	7.3	0.47	46	10
MIN	0.209	0.5	< 0.20	127	148	<1.0	1.3	6.9	7.0	0.05	8	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 7-8-96

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1490 GILLCOE RD. \C
P.O. BOX 6004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0024767 — PERMIT NUMBER
(17-19) 001 1 — DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR 96 MO 05 DAY 01 *(20-21) (22-23) (24-25)*
TO YEAR 96 MO 06 DAY 30 *(26-27) (28-29) (30-31)*

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
00310, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT					1.3		(19)	0	1/30	calc
00310 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT					10.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
00310, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT					1.0	1.0	(19)	0	1/4	8 comp
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					12.5 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP
PH	SAMPLE MEASUREMENT				6.9		7.3	(12)	0	1/Day	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				6.0 MINIMUM		8.5 MAXIMUM	SU		ONCE/ 2WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					2.4		(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT					20.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					3.7	5.3	(19)	0	1/4	8 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT					0.66		(19)	0	1/30	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT					4.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT					0.26	0.47	(19)	0	1/4	8 comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					3.0 MO AVG	6.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P Neil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2665	96	07	17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRE SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 5004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
FL0024767	001 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	06	01	TO	96	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

SANITARY WASTEWATER
(SUBA JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.386		(03)					0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG		MGD						ONCE/MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.376	0.618	(03)					0	cont	Recorder
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						CONTINUOUS	MEASR
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						WAET = B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT						0.010 DAILY MX	MG/L		ONCE/2 WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT					13		(13)	0	1/30	calc
	PERMIT REQUIREMENT					200 ANNL AVG		#/ 100ML		STREET	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						4/6	(13)	0	1/7	Grab
	PERMIT REQUIREMENT						800 DAILY MX	#/ 100ML		STREET	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
P Neil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE / NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		96	07	17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: May YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR Robert DeWaay B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.343
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.365
(19) PERCENT OF PERMITTED CAPACITY	%	****	73
(20) CBOD 5 EFFLUENT	mg/l	080082	< 1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.0
(22) TSS EFFLUENT	mg/l	900201	2.4
(23) TSS EFFLUENT	lbs/day	****	7.3
(24) MINIMUM pH		****	6.7
(25) MAXIMUM pH		****	7.2
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.09
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	16
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	11
(35) UOD	lbs/day	****	5
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH May YEAR 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.323	0.7	< 0.20					6.8	6.9			
02	0.396	0.8	< 0.20	140	386	<1.0	3.0	6.7	6.9	< 0.05		5
03	0.323	0.6	< 0.20					6.7	6.9			
04	0.321	0.8	< 0.20					6.8	6.9			
05	0.495	0.8	< 0.20					6.8	6.9			
06	0.247	0.6	< 0.20					6.7	6.9			
07	0.302	0.8	< 0.20					7.0	6.9		16	
08	0.351	0.8	< 0.20					7.1	6.9			
09	0.366	0.8	< 0.20	142	153	<1.0	2.2	7.0	6.9	0.16		7
10	0.303	0.6	< 0.20					7.0	7.0			
11	0.316	1.2	< 0.20					7.0	7.0			
12	0.349	0.9	< 0.20					7.0	7.1			
13	0.381	0.7	< 0.20					6.9	7.1			
14	0.333	0.7	< 0.20					7.1	7.2		16	
15	0.368	0.6	< 0.20					7.0	7.1			
16	0.314	0.5	< 0.20	237	302	<1.0	1.2	7.0	7.1	0.12		5
17	0.352	0.8	< 0.20					6.7	7.0			
18	0.449	1.0	< 0.20					6.9	6.9			
19	0.359	1.0	< 0.20					6.9	6.9			
20	0.267	0.5	< 0.20					7.0	7.1			
21	0.305	0.6	< 0.20					6.9	7.0		28	
22	0.335	0.5	< 0.20					6.9	7.1			
23	0.361	0.5	< 0.20	186	130	<1.0	2.5	7.0	7.1	< 0.05		5
24	0.292	0.5	< 0.20					7.0	7.1			
25	0.395	1.2	< 0.20					7.0	7.0			
26	0.357	1.0	< 0.20					7.0	7.0			
27	0.293	0.8	< 0.20					7.0	7.0			
28	0.277	0.7	< 0.20					7.0	7.1		2	
29	0.344	0.6	< 0.20					7.0	7.1			
30	0.335	0.9	< 0.20	199	250	1.0	3.3	7.0	7.1	< 0.05		5
31	0.412	0.7	< 0.20					7.1	7.2			
TOTAL	10.621	23.2	< 0.20	904	1221	5.0	12.2			0.43	62	27
AMEAN	0.343	0.7	< 0.20	181	244	<1.0	2.4			0.09	16	5
MAX	0.495	1.2	< 0.20	237	386	< 1.0	3.3	7.1	7.2	0.16	28	7
MIN	0.247	0.5	< 0.20	140	130	< 1.0	1.2	6.7	6.9	0.05	2	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 6-11-96

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. VC
P.O. BOX 6004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER (SUBR JA) 12545
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
OD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
, 5-DAY (20 DEG. C) 00310 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.0	10	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	12.5 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEK	COMP-8
H 00400 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.7	*******	7.2	(12)	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	6.5 MAXIMUM	SU		ONCE/ 2WEEK	GRAB
OLIDS, TOTAL SUSPENDED 00530 Y 0 0 NNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.2	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
OLIDS, TOTAL SUSPENDED 00530 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	2.4	3.3	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	30.0 MO AVG	40.0 DAILY MX	MG/L		NCE/ 2WEEK	COMP-8
ITROGEN, KJELDAHL TAL (AS N) 00625 Y 0 0 NNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.77	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	4.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
ITROGEN, KJELDAHL OTAL (AS N) 00625 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.09	0.16	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	3.0 MO AVG	6.0 DAILY MX	MG/L		ONCE/ 2WEEK	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
P Neil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865		96	06	20
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location If Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0027057	001 1

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.386	*******	(03) MGD	*******	*******	*******		0	1/30 INCL/MONTH	Calc CALCTD
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******		*******	*******	*******	***** *****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.343	0.495	(03) MGD	*******	*******	*******		0	Cont TIME/WEEK	Flow Meter CONTNS
	PERMIT REQUIREMENT	REPORT 30 AVG	REPORT DAILY MX		*******	*******	*******	***** *****			
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day INCL/WEEK	Grab GRAB
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.010 DAILY MX	MG/L			
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	13	*******	(13) / 100ML	0	1/30 TRLY	Calc CALCTD
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******				
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	28	(13) / 100ML	0	1/7 TRLY	Grab GRAB
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	904 725-8165 AREA CODE / NUMBER	96 YEAR / 06 MO / 20 DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

*Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: April YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR Robert DeMay B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.349
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.378
(19) PERCENT OF PERMITTED CAPACITY	%	****	76
(20) CBOD 5 EFFLUENT	mg/l	080082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	2.7
(22) TSS EFFLUENT	mg/l	900201	2.6
(23) TSS EFFLUENT	lbs/day	****	6.8
(24) MINIMUM pH		****	6.7
(25) MAXIMUM pH		****	7.2
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.32
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	15
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	11
(35) UOD	lbs/day	****	8
(36) TRC METHOD CODE 4500 Cl(G) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH April YEAR 199

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.319	0.7	< 0.20					6.7	6.9			
02	0.402	1.0	< 0.20					6.9	7.0		2	
03	0.320	0.6	< 0.20					6.7	7.0			
04	0.306	0.8	< 0.20	162	197	<1.0	2.8	6.7	6.8	0.29		7
05	0.348	1.0	< 0.20					6.7	6.8			
06	0.368	1.4	< 0.20					6.9	6.9			
07	0.382	1.2	< 0.20					6.9	6.9			
08	0.343	0.6	< 0.20					6.8	7.0			
09	0.355	0.8	< 0.20					6.8	6.9		12	
10	0.416	0.7	< 0.20					6.8	6.9			
11	0.354	0.7	< 0.20	164	189	<1.0	1.6	6.8	6.9	<0.05		5
12	0.416	0.8	< 0.20					6.7	6.9			
13	0.324	1.0	< 0.20					6.9	6.9			
14	0.270	1.1	< 0.20					6.8	6.8			
15	0.363	0.6	< 0.20					6.8	6.9			
16	0.377	0.7	< 0.20					6.8	7.0		26	
17	0.331	0.8	< 0.20					6.8	7.0			
18	0.328	0.5	< 0.20	214	200	< 1.0	2.2	6.8	7.0	0.59		11
19	0.335	0.7	< 0.20					6.8	6.9			
20	0.420	1.3	< 0.20					6.9	6.9			
21	0.308	1.0	< 0.20					6.8	6.8			
22	0.344	0.6	< 0.20					6.8	6.9			
23	0.356	1.0	< 0.20					6.8	6.9		21	
24	0.367	0.6	< 0.20					6.8	7.0			
25	0.287	0.6	< 0.20	132	102	<1.0	3.9	6.9	7.1	0.34		7
26	0.429	0.8	< 0.20					6.8	7.0			
27	0.363	0.5	< 0.20					7.1	7.1			
28	0.310	0.9	< 0.20					7.1	7.1			
29	0.322	0.8	< 0.20					6.9	7.2			
30	0.323	0.8	< 0.20					6.8	6.9		14	
TOTAL	10.484	24.6	< 0.20	672	688	4.0	10.5			1.27	75	30
AMEAN	0.349	0.8	< 0.20	168	172	< 1.0	2.6			0.32	15	8
MAX	0.429	1.4	< 0.20	214	200	< 1.0	3.9	7.1	7.2	0.59	26	11
MIN	0.270	0.5	< 0.20	132	102	< 1.0	1.6	6.7	6.8	0.05	2	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 5-9-96

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 6004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER (SUBR JA) 12545
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	NODI=B	NODI=B	(19) (*)	0	1/7	8 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	12.5 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEK	COMP-8
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.7	*******	7.2	(12)	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		ONCE/ 2WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.0	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	2.6	3.9	(19)	0	1/7	8 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	30.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEK	COMP-8
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.81	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	4.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.32	0.59	(19)	0	1/7	8 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	3.0 MO AVG	5.0 DAILY MX	MG/L		ONCE/ 2WEEK	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P.H. Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2445	96	05	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

(*) Method code for tot is 5210 B. Detection limit is 1.0 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 6004
JACKSONVILLE FL 32236
FACILITY LOCATION JAX SUBURBAN UTIL-SAN PABLO
JACKSONVILLE FL 32225
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER	DISCHARGE NUMBER
FL0024767	001 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	04	01	TO	96	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER (SUBR JA) 1234
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE | | ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.389	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.349	0.429	(03)	*******	*******	*******		0	Cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		5 TIMES /WEEK	MEASRM
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.010 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	8	*******	(13) / 100ML	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******			DAILY	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	26	(13) / 100ML	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX			WKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
P Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	05	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)
* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: March YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3486

LEAD OPERATOR Robert DeMary B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.394
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.389
(19) PERCENT OF PERMITTED CAPACITY	%	****	78
(20) CBOD 5 EFFLUENT	mg/l	080082	1.2
(21) CBOD 5 EFFLUENT	lbs/day	****	4.1
(22) TSS EFFLUENT	mg/l	900201	5.3
(23) TSS EFFLUENT	lbs/day	****	18.2
(24) MINIMUM pH		****	6.7
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.33
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	58
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	53
(35) UOD	lbs/day	****	11
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH March YEAR 1996

THE TH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
1	0.398	0.5	< 0.20					6.8	7.1			
2	0.410	0.9	< 0.20					7.1	7.1			
3	0.460	1.2	< 0.20					7.0	7.0			
4	0.412	0.7	< 0.20					6.9	7.0			
5	0.330	0.5	< 0.20					6.8	7.2		36	
6	0.324	0.5	< 0.20					6.8	6.9			
7	0.375	0.6	< 0.20	170	186	<1.0	5.3	6.8	7.0	0.29		9
8	0.489	1.0	< 0.20					6.7	6.9			
9	0.486	1.2	< 0.20					6.9	6.9			
0	0.424	1.0	< 0.20					6.9	6.9			
1	0.579	0.7	< 0.20					7.0	7.1			
2	0.353	1.0	< 0.20					6.7	6.8		36	
3	0.362	1.0	< 0.20					6.7	6.8			
4	0.368	0.5	< 0.20	226	219	1.6	5.2	7.0	7.2	0.46		13
5	0.400	0.5	< 0.20					7.0	7.1			
6	0.356	1.4	< 0.20					7.0	7.0			
7	0.308	1.0	< 0.20					6.9	6.9			
8	0.347	0.5	< 0.20					7.0	7.1			
9	0.417	0.8	< 0.20					6.9	7.0		92	
0	0.413	0.7	< 0.20					6.7	6.8			
1	0.490	0.7	< 0.20	136	178	1.3	7.7	7.0	7.2	0.34		14
2	0.489	0.8	< 0.20					7.0	7.1			
3	0.425	0.5	< 0.20					7.3	7.3			
4	0.262	0.5	< 0.20					7.3	7.3			
5	0.339	0.5	< 0.20					7.0	7.1			
6	0.335	0.8	< 0.20	~~234~~				7.0	7.1		66	
7	0.364	0.7	< 0.20					7.1	7.1			
8	0.346	0.9	< 0.20	234	198	< 1.0	3.1	7.0	7.2	0.21		7
9	0.365	0.7	< 0.20					7.1	7.1			
0	0.385	0.8	< 0.20					7.1	7.1			
1	0.401	0.5	< 0.20					7.1	7.1			
AL	12.208	23.6	< 0.20	766	781	4.9	21.3			1.30	230	43
AN	0.394	0.8	< 0.20	192	195	1.2	5.3			0.33	58	11
	0.579	1.4	< 0.20	234	219	1.6	7.7	7.3	7.3	0.46	92	14
	0.262	0.5	< 0.20	136	178	1.0	3.1	6.7	6.8	0.21	36	7

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 INFORMATION IS TRUE AND ACCURATE.

NED: Robin DeMay DATE: 4-10-96

E: ROBIN DEMAY

PANY: UNITED WATER FLORIDA INC. TELEPHONE NUMBER: (904) 725-2965

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 6004
JACKSONVILLE FL 32236
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	03	01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER (SUBR JA) (2004)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	10.0 ANNL AVG	*******	MG/L		1NCE/ MONTH	CALCT
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.2	1.6	(19)	0	1/7	grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	12.5 MO AVG	20.0 DAILY MX	MG/L		1NCE/ 2WEEK	COMP-S
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.7	*******	7.3	(12)	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	*****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		1NCE/ 2WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.0	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		1NCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	5.3	7.7	(19)	0	1/7	grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 MO AVG	40.0 DAILY MX	MG/L		1NCE/ 2WEEK	COMP-S
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.87	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	4.0 ANNL AVG	*******	MG/L		1NCE/ MONTH	CALCT
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.33	0.46	(19)	0	1/7	grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	3.0 MO AVG	6.0 DAILY MX	MG/L		1NCE/ 2WEEK	COMP-S

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PNeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865		96	04	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER		YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. NE
P.O. BOX 6004
JACKSONVILLE FL 32236
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	09	01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE [__] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	MAXIMUM *(54-61)*	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION MINIMUM *(38-45)*	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.379	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0	PERMIT REQUIREMENT	REPORT	*******		*******	*******	*******	*****		ONCE/ MONTH	CALCT
ANNUAL AVERAGE		ANNL AVG		MGD				*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.394	0.519	(03)	*******	*******	*******		0	only	Flow meter
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*******	*******	*******	*****		7 TIMES/WEEK	GRAB
EFFLUENT GROSS VALUE		30 DAY AVG	DAILY MX	MGD				*****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	1.1 DI = B	(19) *	0	1/Batch	Grab
50060 1 0 1	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.019			ONCE/ 2 HRS	GRAB
EFFLUENT GROSS VALUE				*****			DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	8	*******	(13)	0	1/30	Calc
74055 Y 0 0	PERMIT REQUIREMENT	*******	*******	*****	*******	200	*******	#/		2/MTLY	CALCT
ANNUAL AVERAGE				*****		ANNL AVG		100ML			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	92	(13)	0	1/7	Grab
74055 1 0 0	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	800	#/		2/MTLY	GRAB
EFFLUENT GROSS VALUE				*****			DAILY MX	100ML			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904	725-2865	96	04	23
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

THE FINAL TRE SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 C1(G). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: February YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3486

LEAD OPERATOR _____ B-6270
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.371
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.383
(19) PERCENT OF PERMITTED CAPACITY	%	****	77
(20) CBOD 5 EFFLUENT	mg/l	080082	1.1
(21) CBOD 5 EFFLUENT	lbs/day	****	2.9
(22) TSS EFFLUENT	mg/l	900201	2.2
(23) TSS EFFLUENT	lbs/day	****	5.9
(24) MINIMUM pH		****	6.6
(25) MAXIMUM pH		****	7.2
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.40
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	52
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	25
(35) UOD	lbs/day	****	9
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

*) LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH February YEAR 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.374	0.7	< 0.20	262	214	1.3	1.3	6.6	6.8	0.23		9
02	0.486	1.0	< 0.20					6.7	6.8			
03	0.442	0.8	< 0.20					6.7	6.7			
04	0.342	1.2	< 0.20					6.9	6.9			
05	0.415	0.7	< 0.20					6.6	6.7			
06	0.444	1.0	< 0.20					6.6	6.8		18	
07	0.430	0.8	< 0.20					6.6	6.7			
08	0.322	0.6	< 0.20	167	266	< 1.0	2.0	6.7	6.8	0.26		7
09	0.435	0.5	< 0.20					6.6	6.7			
10	0.335	1.5	< 0.20					6.9	6.9			
11	0.315	1.3	< 0.20					6.9	6.9			
12	0.413	1.2	< 0.20					6.7	6.8			
13	0.449	1.0	< 0.20					6.7	6.9		< 4	
14	0.342	0.7	< 0.20					6.8	6.8			
15	0.292	0.6	< 0.20	186	330	< 1.0	1.8	6.7	6.8	0.99		14
16	0.389	0.7	< 0.20					6.7	6.9			
17	0.433	0.7	< 0.20					7.1	7.1			
18	0.436	0.5	< 0.20					7.0	7.0			
19	0.309	0.5	< 0.20					6.9	6.9			
20	0.342	0.6	< 0.20					6.7	6.8		36	
21	0.315	0.5	< 0.20					6.7	6.8			
22	0.339	0.7	< 0.20	171	212	< 1.0	2.2	6.7	6.8	0.39		9
23	0.330	0.7	< 0.20					6.7	6.8			
24	0.342	0.5	< 0.20					6.7	6.8			
25	0.387	0.6	< 0.20					6.7	6.8			
26	0.283	0.5	< 0.20					6.8	7.2			
27	0.332	0.7	< 0.20					6.7	7.0		148	
28	0.386	0.5	< 0.20					6.8	7.0			
29	0.316	0.8	< 0.20	179	267	1.0	3.6	6.7	6.9	0.13		5
TOTAL	10.773	22.1	< 0.20	965	1289	5.3	10.9			2.00	206	45
MEAN	0.371	0.8	< 0.20	193	258	1.1	2.2			0.40	52	9
MAX	0.486	1.5	< 0.20	262	330	1.3	3.6	7.1	7.2	0.99	148	14
MIN	0.283	0.5	< 0.20	167	212	1.0	1.3	6.6	6.7	0.13	4	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 3-11-96

NAME: ROBIN DEMAY

TELEPHONE NUMBER (925) 705-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOVE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY LOCATION JAX SUBURBAN UTIL-SAN PABLO
JACKSONVILLE FL 32225
ATT: P. NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0037477	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
00, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.3	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	1.3	(19)	0	1/7	Recmp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	12.3 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMPOS
99 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.2	(12)	0	Xmsn	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		ONCE/ 2WEEKS	GRAB
OLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.8	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
OLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	2.2	3.6	(19)	0	1/7	Recmp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	30.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMPOS
TROGEN, KJELDAHL AL (AS N) 00625 Y 0 0 ANUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.94	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	4.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
ITROGEN, KJELDAHL OTAL (AS N) 00625 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.40	0.99	(19)	0	1/7	Recmp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	3.0 MO AVG	6.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
pHeil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2865		96	03	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOB RD. \C
P.O. BOX 3004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16)

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER
(17-19)	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	02	01	TO	96	02	29
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT --
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12345

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.389	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		JNLY/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.371	0.486	(03)	*******	*******	*******		0	cont	Flow meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT ANNL AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONT RECORD	MEASR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.010 DAILY MX	MG/L		JNLY 2 PER WEEK	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	4	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		JTHLY	CALCT
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	148	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX	#/ 100ML		TALY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
P Neil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 03	DAY 19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)
* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: January YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [ ] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3486

LEAD OPERATOR Robin DeMay 6270 B-~~3486~~
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.394
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.381
(19) PERCENT OF PERMITTED CAPACITY	%	****	76
(20) CBOD 5 EFFLUENT	mg/l	080082	1.1
(21) CBOD 5 EFFLUENT	lbs/day	****	3.1
(22) TSS EFFLUENT	mg/l	900201	2.2
(23) TSS EFFLUENT	lbs/day	****	6.0
(24) MINIMUM pH		****	6.5
(25) MAXIMUM pH		****	7.0
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.43
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.0
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	13
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	6
(35) UOD	lbs/day	****	10
(36) TRC METHOD CODE 4500 Cl(G) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

MONTH January YEAR 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.394	0.0	< 0.20					6.9	6.9			
02	0.356	1.1	< 0.20					6.8	6.9		46	
03	0.497	1.0	< 0.20					6.8	6.9			
04	0.316	1.0	< 0.20	217	658	<1.0	4.5	6.7	6.9	0.26		7
05	0.519	0.9	< 0.20					6.8	6.9			
06	0.417	1.0	< 0.20					6.9	6.9			
07	0.350	0.9	< 0.20					6.9	6.9			
08	0.425	1.0	< 0.20					6.7	6.9			
09	0.419	1.0	< 0.20	192	286	<1.0	1.3	6.7	6.8	0.12	< 1	7
10	0.390	1.0	< 0.20					6.7	6.9			
11	0.367	1.0	< 0.20					6.7	6.8			
12	0.562	1.1	< 0.20					6.8	6.9			
13	0.405	1.5	< 0.20					6.8	6.8			
14	0.258	0.7	< 0.20					6.8	6.8			
15	0.456	0.8	< 0.20					6.7	6.8			
16	0.301	0.8	< 0.20	210	164	1.3	1.4	6.7	6.8	1.04	4	17
17	0.357	1.2	< 0.20					6.6	6.7			
18	0.333	1.0	< 0.20					6.6	6.7			
19	0.385	1.0	< 0.20					6.6	6.7			
20	0.445	1.0	< 0.20					6.6	6.7			
21	0.449	1.2	< 0.20					6.6	6.7			
22	0.453	1.0	< 0.20					6.7	6.9			
23	0.355	0.8	< 0.20	224	248	< 1.0	1.4	6.5	6.6	0.29	5	8
24	0.354	0.9	< 0.20					6.6	6.8			
25	0.427	1.0	< 0.20					6.5	6.8			
26	0.273	0.7	< 0.20					6.5	7.0			
27	0.382	1.3	< 0.20					6.6	6.6			
28	0.490	1.6	< 0.20					6.7	6.7			
29	0.341	1.0	< 0.20					6.6	6.7			
30	0.365	0.6	< 0.20					6.7	6.7		8	
31	0.374	0.6	< 0.20					6.6	6.8			
TOTAL	12.212	29.7	< 0.20	843	1356	4.3	8.6			1.71	64	39
AMEAN	0.394	1.0	< 0.20	211	339	1.1	2.2			0.43	13	10
MAX	0.562	1.6	< 0.20	224	658	1.3	4.5	6.9	7.0	1.04	46	17
MIN	0.258	0.0	< 0.20	192	164	1.0	1.3	6.5	6.6	0.12	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 AND ACCURATE.

SIGNED: Robin DeMay DATE: 2-8-96

NAME: ~~MILTON DEVEREAUX~~ ROBIN DeMAY

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location If Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1900 MILLCOR RD. W
P.O. BOX 2009
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	01	01	TO	95	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT					1.3		(19)	0	1/30	Calc
	PERMIT REQUIREMENT					10.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT					1.1	1.3	(19)	0	1/7	Grab
	PERMIT REQUIREMENT					12.0 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMPOS
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				6.5		7.0	(12)	0	1/Day	Grab
	PERMIT REQUIREMENT				6.0 MINIMUM		8.5 MAXIMUM	SU		ONCE/ 2WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT					2.0		(19)	0	1/30	calc
	PERMIT REQUIREMENT					30.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT					2.2	4.5	(19)	0	1/7	Grab
	PERMIT REQUIREMENT					30.0 MO AVG	45.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMPOS
NITROGEN, KJELDAHL, TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT					0.98		(19)	0	1/30	calc
	PERMIT REQUIREMENT					4.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCT
NITROGEN, KJELDAHL, TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT					0.43	1.04	(19)	0	1/7	Grab
	PERMIT REQUIREMENT					3.0 MO AVG	6.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
P Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	904 725-2865		96 12 22		
TYPED OR PRINTED		AREA CODE NUMBER		YEAR	MO	DAY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1700 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN PABLO
LOCATION JACKSONVILLE FL 32225
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

FL0024767	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	01	01	TO	96	01	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUANTITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.325	*******	(03) MGD	*******	*******	*******		0	1/30	Calc.
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******		*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.394	0.562	(03) MGD	*******	*******	*******		0	CONT	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	*******	*******	***** *****		2 TIMES / WEEK	MEASR
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	7.5 DAILY MX	MG/L		NCE/ 2 WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	3	*******	(13) /	0	1/30	Calc.
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	100ML		1/TRLY	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	46	(13) /	0	1/1	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX	100ML		1/WKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
P Heil Vice President	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		904 725-2465		96	02	20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: December Year: 1996

(2) Plants DEP Identification Number: 3155P02141

(3) Plant Name: Saint Johns Forest Wastwater Treatment Plant

(4) Plant Address: 2740-2 CR 210 West

(5) City:

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO55-245214

(9) Plant Type: 1-C

(10) Test Site Identification Number: 3155X12695

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Michael R. Ashe 87627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.02
(17) Permitted capacity	mgd	---	0.07
(18) Three-month average daily flow	mgd	---	0.01
(19) Percent of permitted capacity	%	---	7.
(20) CBOD5 Effluent	mg/L	080082	4.
(21) CBOD5 Effluent	lbs/day	---	N/
(22) TSS Effluent	mg/L	900201	9.
(23) TSS Effluent	lbs/day	---	N/
(24) Minimum pH		---	6.
(25) Maximum pH		---	7.
(26) Total N	mg/L	000600	N/
(27) TKN	mg/L	000625	N/
(28) Ammonia (NH3 - N)	mg/L	000610	N/
(29) Nitrate	mg/L	071850	11.3
(30) Total Phosphorus	mg/L	000665	N/
(31) Minimum Chlorine Residual	mg/L	900243	0.
(32) Maximum Chlorine Residual	n/a	---	3.
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		
(35) TRC method code: 4500 Cl (G)			
(36) Nutrient Sample Date:12-04-96			

(*) Duval Septic hauled 1 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month December Year 1996

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.013	2.5					7.1		
02	0.024	1.0		26		10.5	7.2		12
03	0.019	1.3		27		10.3	7.1		7
04	0.022	1.8	220	316	4.9	8.2	7.1	11.80	1
05	0.019	1.7		37		6.6	7.1		<1
06	0.034	3.0					7.1		
07	0.010	1.8					7.1		
08	0.019	0.9					7.1		
09	0.021	1.3		24		4.4	7.1		<1
10	0.016	1.4		30		9.9	7.1		<4
11	0.018	1.8		38		7.6	7.1		<1
12	0.023	1.7		30		5.2	7.1		<4
13	0.013	1.8					7.0		
14	0.016	3.0					7.1		
15	0.023	3.0					6.9		
16	0.020	3.0		38		4.7	7.0		<1
17	0.016	2.8		29		10.9	7.1		16
18	0.025	3.0	266	32	3.8	10.0	7.0	12.70	<10
19	0.036	2.6		46		7.8	7.0		<1
20	0.020	2.9					7.1		
21	0.026	3.0					7.2		
22	0.027	1.2		16		5.1	7.2		<1
23	0.025	1.3		82		10.1	7.2		2
24	0.013	1.8		26		6.4	7.2		<1
25	0.023	2.0					7.2		
26	0.024	2.5		55		7.7	7.1	9.49	<1
27	0.024	3.0					7.2		
28	0.024	2.9					7.1		
29	0.025	3.0		934		8.4	7.1		<1
30	0.030	3.0		36		9.4	7.1		<1
31	0.016	3.0		39		36.1	7.2		<1
Tot	0.664	69.0	486	1861	8.7	178.3		33.99	67
Avg	0.021	2.2	243	98	4.4	9.4		11.33	4
Max	0.036	3.0	266	934	4.9	36.1	7.2	12.70	16
Min	0.010	0.9	220	16	3.8	4.4	6.9	9.49	<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 and accurate.

Signed: Michael D. Akers 87627 Date: 01-10-97

Mike D. Akers

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: November Year: 1996

2) Plants DEP Identification Number: 3155P02141

3) Plant Name: Saint Johns Forest Wastwater Treatment Plant

4) Plant Address: 2740-2 CR 210 West

5) City:

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DO55-245214

9) Plant Type: 1-C

10) Test Site Identification Number: 3155X12695

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:

15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Michael McClain B7627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.019
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.009
(19) Percent of permitted capacity	%	---	5.1
(20) CBOD5 Effluent	mg/L	080082	7.2
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	10.6
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	6.9
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0.27 ~~0.5~~
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		12
(35) TRC method code: 4500 Cl (G)			
(36) Nutrient Sample Date: 11-05-96			

#) Duval Septic hauled 4 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34) Month November Year 1996

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.030	3.0					7.2		
02	0.014	3.0					7.2		
03	0.013	3.0					7.2		
04	0.020	3.0				7.5	7.4		<1
05	0.019	3.0		20		5.5	7.2		<1
06	0.018	3.0	202	12	6.7	8.1	7.2	~~0.5~~ 0.48	<1
07	0.013	1.0		23		5.4	7.4		<1
08	0.019	3.0					7.3		
09	0.020	3.0					7.3		
10	0.012	1.2					7.0		
11	0.023	3.0		27		7.0	7.1		<1
12	0.014	3.0		28		6.0	7.1		<1
13	0.020	1.4		28		7.4	7.1		<1
14	0.020	2.0		36		4.8	7.2		1
15	0.014	1.0					7.1		
16	0.020	1.0					7.4		
17	0.014	1.0					7.5		
18	0.026	1.2		104		7.8	7.1		6
19	0.014	1.3		22		9.1	7.1		16
20	0.011	1.9	196	25	7.7	11.4	7.2	~~0.1~~ 0.06	<1
21	0.020	1.4		145		13.0	7.2		<1
22	0.035	2.5					7.2		
23	0.017	1.0					7.1		
24	0.016	1.0		28		20.6	6.9		148
25	0.013	3.0		30		28.6	7.1		<2
26	0.019	3.0		33		18.0	7.2		<2
27	0.029	2.1		30		10.0	7.1		<2
28	0.019	1.1					7.0		
29	0.020	1.5					7.1		
30	0.019	1.0					7.1		
Tot	0.561	60.6	398	597	14.4	170.2		0.54	186
Avg	0.019	2.0	199	40	7.2	10.6		~~0.3~~ 0.27	12
Max	0.035	3.0	202	145	7.7	28.6	7.5	~~0.5~~ 0.48	148
Min	0.011	1.0	196	12	6.7	4.8	6.9	~~0.1~~ 0.06	<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 and accurate.

Signed: Mike D. Akers Date: 12-10-96

Mike D. Akers

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1996

(2) Plants DEP Identification Number: 3155P02141

(3) Plant Name: Saint Johns Forest Wastwater Treatment Plant

(4) Plant Address: 2740-2 CR 210 West

(5) City:

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO55-245214

(9) Plant Type: 1-C

(10) Test Site Identification Number: 3155X12695

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] B7627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.010
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.007
(19) Percent of permitted capacity	%	---	3.8
(20) CBOD5 Effluent	mg/L	080082	3.6
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	3.3
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	4.6
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.8
(32) Maximum Chlorine Residual	n/a	---	3.5
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		<1
(35) TRC method code: 4500 Cl (G)			

(36) Nutrient Sample Date:10-10-96

(*) Duval Septic hauled Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month October Year 1996

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.012	3.5		147		3.0	7.1		<1
02	0.010	3.5		139		4.0	7.2		<1
03	0.018	3.5		164		4.0	7.2		<1
04	0.006	3.5					7.1		
05	0.011	3.5					7.0		
06	0.010	3.5					7.0		
07	0.019	3.5		152		4.0	7.1		<1
08	0.006	3.5		122		1.0	7.1		<1
09	0.004	3.5		198		6.0	7.2		<1
10	0.007	3.5	120	171	3.0	4.0	7.1	NT 0.66	<1
11	0.007	3.5					7.3		
12	0.007	3.5					7.2		
13	0.007	3.5					7.1		
14	0.003	3.5					7.0		
15	0.008	3.5		127		4.0	7.1		<1
16	0.011	2.8					7.1		
17	0.013	3.0				2.1	7.1		<1
18	0.011	3.0				2.8	7.1		<1
19	0.012	3.0					7.1		
20	0.005	3.0					7.1		
21	0.008	3.0				2.3	7.2		<1
22	0.008	1.8				2.6	7.2		<1
23	0.005	3.0	20	16	4.1	4.2	7.3	8.5	<1
24	0.007	3.0				2.5	7.2		<1
25	0.010	3.0					7.1		
26	0.008	3.5					7.2		
27	0.013	3.5					7.3		
28	0.014	3.5				4.3	7.2		<1
29	0.008	3.0				3.1	7.2		<1
30	0.015	3.0				3.2	7.2		<1
31	0.015	3.0				2.8	7.2		<1
Tot	0.298	100.6	140	1236	7.1	59.9		9.2	18
Avg	0.010	3.2	70	137	3.6	3.3		4.6	1
Max	0.019	3.5	120	198	4.1	6.0	7.3	8.5	1
Min	0.003	1.8	20	16	3.0	1.0	7.0	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 a belief, this information is true and accurate.

Signed: _____ Date: 11-18-96

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DER FO 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1
(4) Plant Address 2740-2 County Road 210 West
(5) City
(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number DO55-245214
(9) Plant Type 1C
(10) Test Site Identification Number 3155X12695
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 7378
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.
Lead Operator [signature] C7378
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0,00(
(17) Permitted Capacity	mgd	--	0.07(
(18) Three-month average daily flow	mgd	--	0,00(
(19) Percent of permitted capacity	%	--	9
(20) CBOD5 Effluent	mg/l	080082	5,5
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	5,2
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7,3
(25) Maximum pH		--	7,5
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate (MAX)	mg/l	071850	9,3
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	3,7
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

Add : MPN

DEP 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1

(4) Plant Address 2740-2 County Road 210 West

(5) City
(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number DO55-245214
(9) Plant Type 1C
(10) Test Site Identification Number 3155X12695
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 7378
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Hopkins C7378
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.007
(17) Permitted Capacity	mgd	--	0.070
(18) Three-month average daily flow	mgd	--	0.006
(19) Percent of permitted capacity	%	--	8
(20) CBOD5 Effluent	mg/l	080082	6.5
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	5.17
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.3
(25) Maximum pH		--	7.5
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (N_H - N)	mg/l	000610	X
(29) Nitrate (MAX)	mg/l	071850	5.1
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	5.0
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform (MAX)			8

DER 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) G601 ST.JOHNS FOREST WWTP #1 Month: August Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.005	5.0			139.0		7.00	7.3					< 1				
2	0.011	5.0						7.4									
3	0.007																
4	0.007	5.0						7.3									
5	0.006	5.0			164.0		6.00	7.4					< 1				
6	0.006	5.0			151.0		6.00	7.4					< 1				
7	0.004	5.0			153.0		5.00	7.3					< 1				
8	0.005	5.0			159.0		7.00	7.4					< 1				
9	0.019	5.0						7.3									
10	0.010	5.0						7.4									
11	0.009																
12	0.009	5.0			142.0		6.00	7.3					< 1				
13	0.009	5.0			189.0		5.00	7.3					< 1				
14	0.006	5.0			130.0		7.00	7.3					< 1				
15	0.008	5.0			173.0		6.00	7.3					8				
16	0.006	5.0						7.3									
17	0.005																
18	0.005	5.0						7.4									
19	0.004	5.0			159.0		5.00	7.3					< 1				
20	0.004	5.0			131.0		2.00	7.5					< 1				
21	0.006	5.0		215	159.0	7.00	6.00	7.4			5.1		< 1				
22	0.005	5.0			147.0		5.00	7.4					< 1				
23	0.005	5.0						7.4									
24	0.004	5.0						7.4									
25	0.004																
26	0.004	5.0			159.0		5.00	7.5					< 1				
27	0.008	5.0			157.0		4.00	7.4					< 1				
28	0.006	5.0		152	157.0	6.00	4.00	7.5			2.7		< 1				
29	0.005	5.0			173.0		2.00	7.4					< 1				
30	0.012	5.0						7.4									
31	0.008	5.0						7.5									
TOT	0.225					13.00	88.00										
AVG	0.007					6.50	5.17										

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 nd belief, this information is true, complete, and accurate.

igned: Harold Peeples Date: Sept. 26, 1996

ame (Please Type) Harold Peeples

ompany Name JAX Utilities Mgm't Telephone No. (Please Type) 399-8802

DER Fo 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1

(4) Plant Address 2740-2 County Road 210 West

(5) City

(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number DO55-245214
(9) Plant Type 1C
10) Test Site Identification Number 3155X12695
11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

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. 7378
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____

Lead Operator [signature] C7378
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.007
(17) Permitted Capacity	mgd	--	0.070
(18) Three-month average daily flow	mgd	--	0.005
(19) Percent of permitted capacity	%	--	7
(20) CBOD5 Effluent	mg/l	080082	4.46
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	5.33
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.2
(25) Maximum pH		--	7.4
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate (MAX)	mg/l	071850	10.0
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	5.0
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			< 1

DER F. 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) G601 ST.JOHNS FOREST WWTP #1 Month: July Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRA TES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5. INF	BOD5 EFF	
1	0.006	5.0			127.0		4.00	7.3					< 1				
2	0.021	5.0		131	146.0	4.00	5.00	7.2			9.8		< 1				
3	0.016	5.0			126.0		5.00	7.3					< 1				
4	0.009	5.0						7.3									
5	0.011	5.0						7.2					< 1				
6	0.013																
7	0.013	5.0						7.3									
8	0.008	5.0			146.0		4.00	7.3					< 1				
9	0.010	3.4			153.0		5.00	7.4					< 1				
10	0.007	3.1			159.0		5.00	7.3					< 1				
11	0.007	5.0			137.0		4.00	7.3					< 1				
12	0.009	5.0						7.2									
13	0.007																
14	0.007	5.0															
15	0.006	5.0			146.0		5.00	7.2					< 1				
16	0.003	5.0			148.0		4.00	7.2					< 1				
17	0.004	5.0		185	181.0	5.00	5.00	7.3			10.0		< 1				
18	0.004	5.0			150.0		4.00	7.2					< 1				
19	0.005	5.0						7.2									
20	0.005	5.0						7.3									
21	0.005																
22	0.005	5.0			147.0		4.00	7.3					< 1				
23	0.008	5.0			147.0		8.00	7.2					< 1				
24	0.008	5.0			153.0		7.00	7.4					< 1				
25	0.002	5.0			149.0		8.00	7.3					< 1				
26	0.006	5.0						7.3									
27	0.006																
28	0.006	5.0						7.2									
29	0.005	5.0			159.0		11.00	7.3					< 1				
30	0.006	5.0			108.0		2.00	7.3					< 1				
31	0.005	5.0		112	127.0	5.00	6.00	7.4			0.4		< 1				
TOT	0.244					14.00	96.00										
AVG	0.007					4.66	5.33										

Lead Operator. This is to certify that I am familiar with 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 Peeples Date: Aug. 21, 1996

Name (Please Type) Harold Peeples

Company Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8802

DER . 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1

(4) Plant Address 2740-2 County Road 210 West

(5) City _____
(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number DO55-245214
(9) Plant Type 1C
(10) Test Site Identification Number 3155X12695
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 7378
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] C7378
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.003
(17) Permitted Capacity	mgd	--	0.070
(18) Three-month average daily flow	mgd	--	.004
(19) Percent of permitted capacity	%	--	6
(20) CBOD5 Effluent	mg/l	080082	6.5
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	4.29
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.2
(25) Maximum pH		--	7.3
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	13.65
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	5.0
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform (MAX)			7

DER . 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) G601 ST.JOHNS FOREST WWTP #1 Month: June Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.002																
2	0.002	5.0						7.3									
3	0.000	5.0			155.0		4.00	7.3					< 1				
4	0.002	5.0			61.0		4.75	7.2					7				
5	0.002	5.0		108	62.0	6.00	4.00	7.2			18.0		< 1				
6	0.003	5.0			26.0		5.00	7.2					< 1				
7	0.004	5.0						7.3									
8	0.005	5.0						7.2									
9	0.004																
10	0.004	5.0			29.0		5.50	7.3					< 1				
11	0.001	5.0			29.0		5.75	7.3					< 1				
12	0.003	5.0			41.0		6.00	7.2					< 1				
13	0.002	5.0			159.0		3.00	7.3					< 1				
14	0.003	5.0						7.2									
15	0.006	5.0						7.3									
16	0.005																
17	0.005	5.0			148.0		3.00	7.2					< 1				
18	0.002	5.0			192.0		4.00	7.3					< 1				
19	0.003	5.0		165	161.0	7.00	5.00	7.2			9.3		< 1				
20	0.004	5.0			115.0		2.00	7.2					< 1				
21	0.003	5.0						7.3									
22	0.003																
23	0.003	5.0						7.3									
24	0.002	5.0			147.0		3.00	7.2					< 1				
25	0.003	5.0			146.0		5.00	7.2					< 1				
26	0.002	5.0			138.0		4.00	7.3					< 1				
27	0.004	5.0			141.0		5.00	7.2					< 1				
28	0.005	5.0						7.2									
29	0.007																
30	0.007	5.0			121.0		4.00	7.2									
TOT	0.111					13.00	73.00										
AVG	0.003					6.50	4.29										

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 id belief, this information is true, complete, and accurate.

igned: Harold Peeples Date: July 24, 1996

ame (Please Type) Harold Peeples

ompany Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8802

DER FL 7-601.500(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1

(4) Plant Address 2740-2 County Road 210 West

(5) City
(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number DO55-245214
(9) Plant Type 1C
10) Test Site Identification Number 3155X12695
11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

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. 8626
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator Larry C James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.004
(17) Permitted Capacity	mgd	--	0.070
(18) Three-month average daily flow	mgd	--	0.005
(19) Percent of permitted capacity	%	--	7
(20) CBOD5 Effluent	mg/l	080082	6.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	3.55
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.2
(25) Maximum pH		--	7.5
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (N_{H_3} - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	0.550
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.8
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FO	17-601.900(1)
	DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE	MONTHLY OPERATING REPORT
EFFECTIVE DATE	JULY 1,1991
DER APPLICATION No.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) G601 ST.JOHNS FOREST WWTP #1 Month: May Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.006	3.2			106.0		1.00	7.3					< 1				
2	0.004	3.2			128.0		2.00	7.4					< 1				
3	0.002	3.5						7.4									
4	0.004																
5	0.005	3.2						7.3									
6	0.002	3.6			16.0		7.00	7.4					< 1				
7	0.005	2.3			60.0		7.25	7.3					< 1				
8	0.004	1.8		112	16.0	6.00	2.50	7.4			0.1		< 1				
9	0.003	2.1			77.0		1.00	7.3					< 1				
10	0.003	2.7						7.4									
11	0.007	3.1						7.3									
12	0.004																
13	0.003	3.4			82.0		5.00	7.2					< 1				
14	0.003	3.5			147.0		6.00	7.4					< 1				
15	0.005	2.8			187.0		4.00	7.4					< 1				
16	0.001	2.6			133.0		6.50	7.5					< 1				
17	0.005	3.6						7.3									
18	0.004	3.5						7.4									
19	0.005																
20	0.003	3.4			109.0		4.75	7.3					< 1				
21	0.003	4.2			94.0		1.00	7.2					< 1				
22	0.002	3.4		138	135.0	6.00	5.00	7.4			1.0		< 1				
23	0.003	3.2			114.0		2.00	7.3					< 1				
24	0.004	3.0						7.3									
25	0.004																
26	0.005	4.7						7.3									
27	0.005	4.2			127.0		3.00	7.2									
28	0.003	3.6			130.0		1.00	7.4					< 1				
29	0.005	2.7			152.0		2.00	7.2					< 1				
30	0.001	2.5			176.0		3.00	7.3					< 1				
31	0.004	3.8						7.4					< 1				
TOT	0.128					12.00	64.00										
AVG	0.004					6.00	3.55										

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

Signed: Huey James Date: June 25, 1996

Name (Please Type) Huey James

Company Name Jax Utilities Mgm't Telephone No. (Please Type) (904) 399-8802

DER #: 17-601.300(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE: 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1

(4) Plant Address 2740-2 County Road 210 West

(5) City
(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number D055-245214
(9) Plant Type 1C
(10) Test Site Identification Number 3155X12695
(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number
(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harry V James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.005
(17) Permitted Capacity	mgd	--	0.070
(18) Three-month average daily flow	mgd	--	0.005
(19) Percent of permitted capacity	%	--	7
(20) CBOD5 Effluent	mg/l	080082	4.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	2.01
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.3
(25) Maximum pH		--	7.6
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate (MAX)	mg/l	071850	1.9
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.2
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FO. 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) G601 ST.JOHNS FOREST WWTP #1 Month: April Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.007	2.4			44.0		1.50	7.3					< 1				
2	0.005	1.8			73.0		1.50	7.4					< 1				
3	0.004	1.2			119.0		1.00	7.3					< 1				
4	0.004	3.0			79.0		3.00	7.3					< 1				
5	0.008	1.8						7.4									
6	0.004	2.0						7.3									
7	0.006																
8	0.004	2.5			127.0		2.25	7.4					< 1				
9	0.006	2.6			87.0		6.25	7.3					< 1				
10	0.004	2.4		136	59.0	4.00	1.25	7.3			0.0		< 1				
11	0.004	2.3			63.0		2.50	7.4					< 1				
12	0.004	2.2						7.3									
13	0.005	2.0						7.4									
14	0.006																
15	0.008	2.4			89.0		2.50	7.3					< 1				
16	0.006	2.5			24.0		3.00	7.2					< 1				
17	0.003	3.4			99.0		3.00	7.4					< 1				
18	0.004	4.2			108.0		1.50	7.3					< 1				
19	0.003	4.2						7.3									
20	0.006	3.2						7.4									
21	0.005																
22	0.005	4.0			106.0		1.50	7.6					< 1				
23	0.004	2.9			112.0		1.00	7.4					< 1				
24	0.004	2.3		143	110.0	4.00	1.00	7.4			1.9		< 1				
25	0.005	3.1			144.0		1.00	7.3					< 1				
26	0.005	1.4						7.5									
27	0.006	2.0						7.4									
28	0.005																
29	0.005	2.5			161.0		2.00	7.4					< 1				
30	0.002	1.6			114.0		1.00	7.4					< 1				
TOT	0.156					8.00	36.25										
AVG	0.005					4.00	2.01										

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

Signed: Huey James Date: May 20, 1996

Name (Please Type) Huey James

Company Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8802

DER FC 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1

(4) Plant Address 2740-2 County Road 210 West

(5) City
(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number DO55-245214
(9) Plant Type 1C
(10) Test Site Identification Number 3155X12695
(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8624
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____

Lead Operator Larry R James C8624
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.005
(17) Permitted Capacity	mgd	--	0.070
(18) Three-month average daily flow	mgd	--	0.004
(19) Percent of permitted capacity	%	--	5
(20) CBOD5 Effluent	mg/l	080082	5.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	3.06
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.3
(25) Maximum pH		--	7.7
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	0.0
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.4
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform	(max)		2

DER FO 2-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DEP APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) G601 ST.JOHNS FOREST WWTP #1 Month: March Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.004	1.4						7.3									
2	0.004	3.4						7.4									
3	0.005																
4	0.005	3.2			163.0		2.00	7.3					< 1				
5	0.003	3.4			187.0		3.00	7.4					< 1				
6	0.003	2.7			167.0		1.50	7.3					< 1				
7	0.004	3.1			161.0		2.00	7.5					< 1				
8	0.002	3.5						7.4									
9	0.005	3.6						7.5									
10	0.004																
11	0.005	3.2			172.0		8.50	7.4					< 1				
12	0.006	3.5			133.0		3.50	7.3					< 1				
13	0.003	3.1		185	76.0	5.00	6.00	7.4			0.0		2				
14	0.005	1.8			99.0		5.00	7.7					< 1				
15	0.003	2.2						7.6									
16	0.006	2.9						7.5									
17	0.005																
18	0.005	2.5			151.0		1.50	7.4					< 1				
19	0.006	3.6			97.0		1.00	7.5					< 1				
20	0.014	2.5			124.0		1.50	7.4					< 1				
21	0.003	3.4			140.0		1.00	7.6					< 1				
22	0.005	3.6						7.4									
23	0.007	2.1						7.5									
24	0.005																
25	0.005	1.6			107.0		1.50	7.4					< 1				
26	0.006	2.1			157.0		4.00	7.3					< 1				
27	0.005	1.8		195	161.0	5.00	3.00	7.4			0.0		< 1				
28	0.002	2.6			147.0		4.00	7.3					1				
29	0.006	3.0						7.5									
30	0.006																
31	0.005	3.0						7.4									
TOT	0.160					10.00	49.00										
AVG	0.005					5.00	3.06										

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
d belief, this information is true, complete, and accurate.

gned: Huey K James Date: April 24, 1996

me (Please Type) Huey James

mpany Name JAX Utilities Mgm't Telephone No. (Please Type) 399-8802

DER FO: 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE: 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1
(4) Plant Address 2740-3 County Road 210 West
(5) City
(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number D055-245214
(9) Plant Type 1C
(10) Test Site Identification Number 3155X12695
(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Larry D. Jones C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.004
(17) Permitted Capacity	mgd	--	0.370
(18) Three-month average daily flow	mgd	--	0.003
(19) Percent of permitted capacity	%	--	4
(20) CBOD5 Effluent	mg/l	080082	5.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	2.94
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.3
(25) Maximum pH		--	7.5
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	1.45
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.1
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER Fo 17-601.300(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) G601 ST.JOHNS FOREST WWTP #1 Month: February Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.003	2.0			81.0		1.25	7.4					< 1				
2	0.005	1.4						7.4									
3	0.005	1.9						7.3									
4	0.003																
5	0.003	1.6			55.0		7.00	7.3					< 1				
6	0.004	1.1			32.0		5.50	7.4					< 1				
7	0.004	3.0			65.0		5.00	7.3					< 1				
8	0.003	2.4			156.0		1.00	7.3					< 1				
9	0.004	1.8						7.5									
10	0.003																
11	0.004	1.6						7.4									
12	0.004	1.4			60.0		1.50	7.3					< 1				
13	0.003	2.0			51.0		2.75	7.4					< 1				
14	0.003	2.9		111	72.0	4.00	1.75	7.4			3.9		< 1				
15	0.003	2.2			173.0		1.00	7.3					< 1				
16	0.004	1.6						7.4									
17	0.005																
18	0.004	2.2						7.5									
19	0.003	2.0			194.0		3.00	7.4									
20	0.005	1.4			186.0		3.00	7.3					< 1				
21	0.005	3.2			143.0		3.75	7.5					< 1				
22	0.004	3.2			53.0		1.00	7.6					< 1				
23	0.009	2.7						7.4					< 1				
24	0.005																
25	0.005	2.1						7.5									
26	0.004	3.4			181.0		4.00	7.4					< 1				
27	0.003	3.2			191.0		4.00	7.4					< 1				
28	0.004	3.5		343	141.0	6.00	1.50	7.4			0.0		< 1				
29	0.002				153.0		1.00	7.5					< 1				
TOT	0.124					10.00	50.00										
AVG	0.004					5.00	2.94										

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: Huey V James Date: March 21, 1996

Name (Please Type) Huey V. James

Company Name JAX Utilities Mgm't Telephone No. (Please Type) 399-8802

DER FO -601.900(1)
DOMESTIC WASTEWATER TREATMENT F.ART
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3155P02141
(3) Plant Name ST.JOHNS FOREST WWTP #1

(4) Plant Address 2740-2 County Road 210 West

(5) City
(6) County ST. JOHNS
(7) Phone Number
(8) Permit Number DO55-245214
(9) Plant Type 1C
10) Test Site Identification Number 3155X12695
11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

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. 8626
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.003
(17) Permitted Capacity	mgd	--	0.070
(18) Three-month average daily flow	mgd	--	0.003
(19) Percent of permitted capacity	%	--	4
(20) CBOD5 Effluent	mg/l	080082	4.66
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	3.86
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.1
(25) Maximum pH		--	7.5
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	5.47
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.1
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FO. 7-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) G601 ST.JOHNS FOREST WWTP #1 Month: January Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.005	2.1			53.0		0.75	7.1									
2	0.005	2.4			40.0		2.25	7.3					< 1				
3	0.006	3.1		145	137.0	6.00	6.00	7.2			6.9		< 1				
4	0.003	3.5			37.0		2.00	7.2					< 1				
5	0.005	3.5						7.4					< 1				
6	0.004	2.4						7.3									
7	0.003																
8	0.002	2.7			97.0		2.00	7.2					< 1				
9	0.002	2.3			213.0		7.00	7.3					< 1				
10	0.003	1.9			221.0		5.00	7.2					< 1				
11	0.005	1.8			252.0		5.00	7.2					< 1				
12	0.002	2.4						7.3									
13	0.002	2.3						7.3									
14	0.005																
15	0.005	2.8			196.0		4.00	7.2					< 1				
16	0.003	1.8			203.0		4.00	7.3					< 1				
17	0.004	3.1		158	96.0	4.00	6.25	7.2			9.4		< 1				
18	0.002	2.1			43.0		5.00	7.3					< 1				
19	0.002	2.4						7.3					< 1				
20	0.004	3.1						7.3									
21	0.004																
22	0.004	2.9			50.0		4.75	7.3					< 1				
23	0.004	3.0			111.0		4.75	7.5					< 1				
24	0.003	3.4			100.0		1.75	7.4					< 1				
25	0.003	2.9			21.0		5.00	7.4					< 1				
26	0.004	1.8						7.3									
27	0.003	2.2						7.3									
28	0.002																
29	0.003	1.1			42.0		1.50	7.4					< 1				
30	0.003	2.4			128.0		3.00	7.3					< 1				
31	0.002	2.6		155	39.0	4.00	3.50	7.2			0.1		< 1				
TOT	0.117					14.00	73.50										
AVG	0.003					4.66	3.86										

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 nd belief, this information is true. complete, and accurate.

igned: Huley V James Date: February 26, 1996

ame (Please Type) Huley V. James

ompany Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8302

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: December Year: 1996

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastevater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO55-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Karen P. Wilkes B-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.142
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.146
(19) Percent of permitted capacity	%	---	81
(20) CBOD5 Effluent	mg/L	080082	6.5
(21) CBOD5 Effluent	lbs/day	---	7.8
(22) TSS Effluent	mg/L	900201	5.3
(23) TSS Effluent	lbs/day	---	6.3
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	1.57
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		2

(*) Duval Septic hauled 4 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34)

Month December Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)	
01	0.134	2.5						6.9						
02	0.129	2.9						7.1						
03	0.129	2.8		131	80	6.5	6.0	7.1			1.89		<1	(##12/5/96
04	0.124	3.0						7.0						DISINFECTING
05	0.160	2.6						7.1						WITH SODIUM
06	0.125	1.0						7.1						HYPOCHLORITE.
07	0.159	3.0						7.1						NO LONGER USING
08	0.166	2.7						7.1						GAS.)
09	0.159	3.0						7.2						
10	0.151	2.7		196	95	6.1	4.3	7.2			2.79		5	
11	0.129	1.2						7.3						(##USED LAST
12	0.139	2.3						7.2						MONTH'S AVE.
13	0.128	2.1						7.0						12/2,12/3,
14	0.111	2.8						7.3						12/11,12/15
15	0.129	2.5						7.3						
16	0.130	3.0						7.2						
17	0.128	3.0		213	152	3.2	2.9	7.1			1.09		< 1	
18	0.154	3.0						7.0						
19	0.138	3.0						7.1						
20	0.104	2.9						7.0						
21	0.148	3.0						7.0						
22	0.206	3.0						6.8						
23	0.117	2.9						6.9					<1	
24	0.183	3.0						6.8						
25	0.113	2.8						6.9						
26	0.155	3.0		219	384	10.2	8.0	7.1			0.50			
27	0.148	3.0						7.1						
28	0.179	2.9						7.0						
29	0.129	3.0						6.9						
30	0.154	3.0						7.1					<1	
31	0.154	3.0						7.0						
Tot	4.412	84.6		759	711	26.0	21.2				6.27		9	
Avg	0.142	2.7		190	178	6.5	5.3				1.57		2	
Max	0.206	3.0		219	384	10.2	8.0	7.3			2.79		5	
Min	0.104	1.0		131	80	3.2	2.9	6.8			0.50		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 and accurate.

Signed: Lawrence P. Willey Date: 1-14-97

Lawrence P. Willey

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: November Year: 1996

2) Plants DEP Identification Number: 3155P00425

3) Plant Name: Saint Johns North Wastewater Treatment Facility

4) Plant Address: 2369 Hawkcrest Drive East

5) City: Fruit Cove

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DOSS-194157 / DCSS-236590

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X12540

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:

15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Karen P. Kelly B-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.129
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.156
(19) Percent of permitted capacity	%	---	87
(20) CBOD5 Effluent	mg/L	080082	2.6
(21) CBOD5 Effluent	lbs/day	---	2.6
(22) TSS Effluent	mg/L	900201	3.6
(23) TSS Effluent	lbs/day	---	3.5
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	3.27
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		1

*) Duval Septic hauled 3 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34)

Month November Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.160	2.8						6.8					
02	0.142	2.5						6.8					
03	0.085	2.1						6.9					
04	0.112	2.8						6.9					
05	0.110	1.3		118	66	4.5	5.2	6.8			3.71		<1
06	0.160	1.5						6.8					
07	0.094	2.1						6.8					
08	0.170	1.0						6.8					
09	0.166	1.0						6.8					
10	0.086	1.8						6.9					
11	0.156	2.3						6.9					
12	0.129	2.0		136	64	3.5	1.1	7.0			5.06		<1
13	0.095	2.2						7.0					
14	0.127	1.6						6.9					
15	0.091	1.8						7.0					
16	0.145	1.5						7.0					
17	0.141	1.0						7.2					
18	0.146	3.0						7.0					
19	0.092	2.6		151	70	<1.0	2.8	7.0			2.43		<1
20	0.132	2.3						7.0					
21	0.189	2.3						6.8					
22	0.113	2.0						7.0					
23	0.185	1.8						7.0					
24	0.130	1.0						7.0					
25	0.142	2.8						7.1					
26	0.135	3.0		158	112	1.4	5.1	7.1			1.88		<1
27	0.148	2.9						7.0					
28	0.113	2.3						6.9					
29	0.094	2.0						7.0					
30	0.093	2.5						7.0					
Tot	3.881	61.8		563	312	10.4	14.2				13.08		4
Avg	0.129	2.1		141	78	2.6	3.6				3.27		<1
Max	0.189	3.0		158	112	4.5	5.2	7.2			5.06		<1
Min	0.085	1.0		118	64	1.0	1.1	6.8			1.88		<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 and accurate.

Signed: Lawrence P. Willey Date: 12-16-96

Lawrence P. Willey

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1996

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO55-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(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:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator:_____ C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.160
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.162
(19) Percent of permitted capacity	%	---	90
(20) CBOD5 Effluent	mg/L	080082	3.9
(21) CBOD5 Effluent	lbs/day	---	5.1
(22) TSS Effluent	mg/L	900201	4.4
(23) TSS Effluent	lbs/day	---	5.7
(24) Minimum pH		---	6.5
(25) Maximum pH		---	7.1
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	2.86
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	2.9
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		2

(*) Duval Septic hauled 2 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34)

Month October Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.176	2.8		110	50	5.4	5.7	6.7			0.12		6
02	0.148	2.5						6.8					
03	0.210	2.1						6.7					
04	0.190	2.5						6.7					
05	0.271	2.3						6.6					
06	0.466	2.1						6.8					
07	0.117	2.0						7.0					
08	0.147	2.0						6.6					
09	0.157	1.0						6.5					
10	0.155	2.1		97	62	2.2	2.2	6.7			6.26		<1
11	0.139	2.0						6.6					
12	0.150	2.1						6.7					
13	0.175	2.9						6.9					
14	0.157	2.9						6.8					
15	0.138	2.9		140	92	1.3	2.0	6.8			0.91		<1
16	0.105	2.6						6.7					
17	0.155	2.8						6.8					
18	0.196	2.5						6.7					
19	0.082	2.3						6.8					
20	0.116	2.5						6.8					
21	0.145	1.9						6.8					
22	0.143	1.9		132	44	6.0	8.2	6.8			2.90		1
23	0.116	2.0						6.8					
24	0.142	2.3						6.7					
25	0.136	2.3						6.7					
26	0.158	2.9						7.0					
27	0.146	1.2						7.1					
28	0.144	2.3						6.8					
29	0.157	2.3		138	69	4.6	4.1	6.8			4.12		<1
30	0.089	2.2						6.7					
31	0.120	2.0						6.7					
Tot	4.946	70.2		617	317	19.5	22.2				14.31		10
Avg	0.160	2.3		123	63	3.9	4.4				2.86		2
Max	0.466	2.9		140	92	6.0	8.2	7.1			6.26		6
Min	0.082	1.0		97	44	1.3	2.0	6.5			0.12		<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 and accurate.

Signed: Lawrence P. Willey Date: 11-13-96

Lawrence P. Willey

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: September Year: 1996

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DOSS-194157 / DCSS-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(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:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Laura P. Webb C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.161
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.165
(19) Percent of permitted capacity	%	---	92
(20) CBOD5 Effluent	mg/L	080082	7.7
(21) CBOD5 Effluent	lbs/day	---	10.5
(22) TSS Effluent	mg/L	900201	4.2
(23) TSS Effluent	lbs/day	---	5.7
(24) Minimum pH		---	6.6
(25) Maximum pH		---	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0.48
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		1

(*) Duval Septic hauled 4 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34) Month September Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.193	3.0						7.3					
02	0.141	3.0						7.4					
03	0.188	2.8		129	62	7.3	2.2	6.9			< 0.05		1
04	0.201	1.9						6.9					
05	0.122	2.9						6.9					
06	0.156	2.6						6.9					
07	0.244	2.3						6.9					
08	0.097	2.2						6.9					
09	0.165	2.7						6.9					
10	0.174	2.8		109	53	7.0	4.7	7.0			< 0.05		< 1
11	0.160	2.6						6.9					
12	0.140	2.6						6.8					
13	0.273	2.5						6.8					
14	0.163	1.6						6.9					
15	0.133	1.0						6.9					
16	0.161	2.5						6.9					
17	0.158	2.2		86	67	5.6	7.7	6.9			1.21		< 1
18	0.129	1.9						6.8					
19	0.150	2.0						6.7					
20	0.182	1.5						6.7					
21	0.143	2.8						7.0					
22	0.167	2.5						6.9					
23	0.143	2.8						6.8					
24	0.145	2.7		110	36	10.9	2.0	6.8			0.62		< 1
25	0.140	2.5						6.9					
26	0.132	1.6						6.6					
27	0.163	1.4						6.7					
28	0.171	3.0						7.3					
29	0.149	3.0						7.4					
30	0.148	2.6						6.8					
Tot	4.831	71.5		434	218	30.8	16.6				1.93		4
Avg	0.161	2.4		109	55	7.7	4.2				0.48		1
Max	0.273	3.0		129	67	10.9	7.7	7.4			1.21		1
Min	0.097	1.0		86	36	5.6	2.0	6.6			< 0.05		< 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 and accurate.

Signed: Lawrence P. Willey Date: 10-9-96

Lawrence P. Willey

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: August Year: 1996

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO55-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(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:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Lavinia P. Cuthbert C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.163
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.169
(19) Percent of permitted capacity	%	---	94
(20) CBOD5 Effluent	mg/L	080082	7.0
(21) CBOD5 Effluent	lbs/day	---	8.8
(22) TSS Effluent	mg/L	900201	2.8
(23) TSS Effluent	lbs/day	---	3.5
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	1.71
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		<1

(*) Duval Septic hauled 5 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34) Month August Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.207	2.2						7.0					
02	0.170	1.8						7.0					
03	0.155	1.5						7.3					
04	0.114	2.5						7.3					
05	0.148	2.3						7.0					
06	0.142	2.6		136	52	7.8	2.2	7.1			2.16		<1
07	0.175	2.4						7.1					
08	0.129	2.6						7.0					
09	0.142	2.6						7.1					
10	0.170	2.5						7.1					
11	0.250	2.4						7.0					
12	0.119	2.6						7.1					
13	0.153	2.6		110	49	6.2	2.2	7.0			2.30		<1
14	0.159	2.1						7.0					
15	0.159	2.5						7.0					
16	0.151	2.1						6.9					
17	0.214	2.2						6.9					
18	0.114	2.5						6.8					
19	0.152	2.8						6.9					
20	0.149	2.7		142	52	6.4	3.8	6.9			1.56		<1
21	0.141	2.5						6.8					
22	0.214	1.5						6.8					
23	0.217	2.3						6.8					
24	0.090	1.3						6.9					
25	0.154	2.6						6.8					
26	0.161	2.3						6.8					
27	0.157	2.6		256	470	7.6	2.9	6.8			0.83		<1
28	0.185	2.8						6.8					
29	0.155	2.5						6.8					
30	0.222	1.0						6.9					
31	0.173	3.0						7.3					
Tot	5.041	71.9		644	623	28.0	11.1				6.85		4
Avg	0.163	2.3		161	156	7.0	2.8				1.71		<1
Max	0.250	3.0		256	470	7.8	3.8	7.3			2.30		<1
Min	0.090	1.0		110	49	6.2	2.2	6.8			0.83		<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 and accurate.

Signed: Lawrence P. Willey Date: 9-17-96

Lawrence P. Willey

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: July Year: 1996

2) Plants DEP Identification Number: 3155P00425

3) Plant Name: Saint Johns North Wastewater Treatment Facility

4) Plant Address: 2369 Hawkcrest Drive East

5) City: Fruit Cove

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DO55-194157 / DC55-236590

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X12540

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:

15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Lawrence P. Lidbury C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.158
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.169
(19) Percent of permitted capacity	%	---	94
(20) CBOD5 Effluent	mg/L	080082	5.5
(21) CBOD5 Effluent	lbs/day	---	6.6
(22) TSS Effluent	mg/L	900201	1.9
(23) TSS Effluent	lbs/day	---	2.2
(24) Minimum pH		---	6.7
(25) Maximum pH		---	7.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	2.11
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	2.8
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		< 1

(*) Duval Septic hauled 4 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34)

Month July Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.161	1.8						6.8					
02	0.131	1.2		114	48	4.6	1.6	6.7			2.85		< 2
03	0.207	1.0						6.8					
04	0.126	1.0						7.1					
05	0.238	2.3						6.9					
06	0.198	2.0						7.3					
07	0.165	2.5						7.3					
08	0.203	2.5						7.0					
09	0.156	1.9		108	61	5.4	1.2	7.0			1.87		< 1
10	0.190	1.6						7.0					
11	0.164	2.0						6.9					
12	0.223	1.3						7.0					
13	0.211	1.2						7.0					
14	0.055	1.5						7.1					
15	0.151	2.6						6.9					
16	0.147	1.8		115	50	5.2	1.2	7.0			0.26		< 1
17	0.108	1.6						7.0					
18	0.162	1.9						7.0					
19	0.210	1.6						7.0					
20	0.125	1.0						7.1					
21	0.159	1.9						7.1					
22	0.145	2.1						6.9					
23	0.142	2.8		124	49	5.6	1.7	7.0			2.68		< 1
24	0.151	2.0						7.0					
25	0.121	2.1						6.9					
26	0.195	1.3						6.8					
27	0.156	1.5						6.9					
28	0.091	1.5						7.0					
29	0.140	2.0						7.0					
30	0.140	2.1		106	35	6.7	3.8	7.0			2.87		<1
31	0.138	2.1						6.9					
Tot	4.909	55.7		567	243	27.5	9.5				10.53		6
Avg	0.158	1.8		113	49	5.5	1.9				2.11		<1
Max	0.238	2.8		124	61	6.7	3.8	7.3			2.87		< 2
Min	0.055	1.0		106	35	4.6	1.2	6.7			0.26		<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 and accurate.

Signed: Lawrence P. Willey Date: 8.13.96

Lawrence P. Willey

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: June Year: 1996

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO55-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(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:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Lawrence P. Whitty C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.172
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.165
(19) Percent of permitted capacity	%	---	92
(20) CBOD5 Effluent	mg/L	080082	6.4
(21) CBOD5 Effluent	lbs/day	---	8.9
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	---	3.5
(24) Minimum pH		---	6.7
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	3.34
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.6
(32) Maximum Chlorine Residual	n/a	---	2.6
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		6

(*) Duval Septic hauled 4 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34) Month June Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.138	1.8						7.0					
02	0.134	2.5						7.5					
03	0.152	2.1						7.0					
04	0.149	2.5		140	72	6.4	1.8	6.9			1.50		19
05	0.131	1.9						6.8					
06	0.086	1.4						6.8					
07	0.224	2.0						6.9					
08	0.040	2.5						7.4					
09	0.226	1.0						7.3					
10	0.173	2.5						7.0					
11	0.182	2.5		147	66	7.0	4.0	6.8			1.45		< 1
12	0.191	1.3						6.7					
13	0.157	1.0						6.8					
14	0.198	1.1						6.8					
15	0.305	1.2						6.9					
16	0.098	1.3						6.9					
17	0.143	0.6						6.8					
18	0.157	1.0		134	58	4.3	2.0	6.8			6.10		< 2
19	0.243	1.0						6.8					
20	0.147	1.0						6.9					
21	0.174	1.2						7.0					
22	0.218	2.0						6.9					
23	0.110	1.8						6.9					
24	0.156	2.6						6.8					
25	0.173	1.2		137	25	7.8	2.0	6.8			4.30		< 2
26	0.187	1.0						6.9					
27	0.281	2.0						6.8					
28	0.204	1.6						6.9					
29	0.249	1.2						6.8					
30	0.119	1.8						7.2					
Tot	5.145	48.6		558	221	25.5	9.8				13.35		24
Avg	0.172	1.6		140	55	6.4	2.5				3.34		6
Max	0.305	2.6		147	72	7.8	4.0	7.5			6.10		19
Min	0.040	0.6		134	25	4.3	1.8	6.7			1.45		< 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 and accurate.

Signed: Lawrence P. Willey Date: 7-9-96

Lawrence P. Willey

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: May Year: 1996

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO55-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(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:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: James P. Utley C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.179
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.161
(19) Percent of permitted capacity	%	---	89
(20) CBOD5 Effluent	mg/L	080082	6.8
(21) CBOD5 Effluent	lbs/day	---	9.9
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	---	4.5
(24) Minimum pH		---	6.7
(25) Maximum pH		---	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	3.09
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	2.8
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		2

*) Duval Septic hauled 5 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

34) Month May Year 1996

ay f onth	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)	
1	0.152	2.0						6.9						* 5/1 to 5/8 FLOW AVERAGED DUE TO FLOW RECORDER OUT OF SERVICE.
2	0.152	1.3						6.8						
3	0.152	1.0						6.9						
4	0.152	2.7						7.1						
5	0.152	1.1						6.8						
6	0.152	1.8						6.8						
7	0.152	2.2		162	159	5.7	1.5	6.8			5.10		2	
8	0.152	1.9						6.9						
9	0.144	1.4						6.9						
0	0.176	1.0						6.8						
1	0.164	2.8						7.2						
2	0.145	1.8						7.2						
3	0.158	1.7						6.8						
4	0.141	2.1		141	61	6.2	2.4	6.8			3.59		< 1	
5	0.202	1.0						6.9						
6	0.150	1.3						6.9						
7	0.255	1.0						6.8						
8	0.122	1.2						6.9						
9	0.197	1.3						6.8						
0	0.214	2.0						6.8						
1	0.173	1.8		153	58	6.2	3.6	6.9			3.63		2	
2	0.248	1.0						7.0						
3	0.185	1.3						6.9						
4	0.240	2.1						6.8						
5	0.206	2.4						6.7						
6	0.213	1.9						6.8						
7	0.153	1.6						6.8						
8	0.215	2.8		134	69	9.1	4.5	6.9			< 0.05		< 1	
9	0.261	1.1						6.9						
0	0.152	1.2						7.0						
1	0.206	2.3						7.0						
ot	5.536	52.1		590	347	27.2	12.0				12.37		6	
vg	0.179	1.7		148	87	6.8	3.0				3.09		2	
ax	0.261	2.8		162	159	9.1	4.5	7.2			5.10		2	
in	0.122	1.0		134	58	5.7	1.5	6.7			<0.05		<1	

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 elief, this information is true and accurate.

Signed: Lawrence P. Willey Date: 6-10-96

Lawrence P. Willey

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

Month: April Year: 1996

Plants DEP Identification Number: 3155P00425

Plant Name: Saint Johns North Wastewater Treatment Facility

Plant Address: 2369 Hawkcrest Drive East

City: Fruit Cove

County: St. Johns

Phone Number: (904) 725-2865

Permit Number: DO55-194157 / DC55-236590

) Plant Type: 2-C

0) Test Site Identification Number: 3155X12540

1) Fecal Coliform Sample Method:

[X] Membrane Filter [ ] Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

3) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

4) Cumulative Days of Wet Weather Discharge:

5) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Lawrence P. Wilkey C. 6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.152
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.160
(19) Percent of permitted capacity	%	---	89
(20) CBOD5 Effluent	mg/L	080082	6.3
(21) CBOD5 Effluent	lbs/day	---	8.3
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	---	3.1
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.1
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	3.83
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.8
(32) Maximum Chlorine Residual	n/a	---	2.8
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		1

) Duval Septic hauled 4 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

4)

Month April Year 1996

y nth	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
	0.127	1.3						6.9					
	0.159	1.0		159	80	7.4	2.0	6.9			5.15		<2
	0.153	1.1						6.8					
	0.172	1.0						6.8					
	0.155	1.5						6.9					
	0.155	1.3						6.9					
	0.127	1.4						7.0					
	0.173	1.5						6.8					
	0.163	1.6		162	98	7.8	2.8	6.8			2.73		< 1
	0.169	1.5						6.9					
	0.124	1.4						6.8					
	0.205	1.0						6.8					
	0.172	1.2						7.0					
	0.123	1.3						7.1					
	0.167	1.0						7.0					
	0.153	1.1		170	87	7.0	2.4	7.0			2.92		< 1
	0.201	1.4						7.0					
	0.108	1.6						7.0					
	0.187	1.0						6.8					
	0.117	1.0						6.9					
	0.194	0.8						6.9					
	0.145	1.2						6.9					
	0.139	1.3		164	86	1.6	2.1	6.8			5.00		1
	0.140	1.0						6.8					
	0.138	1.0						6.8					
	0.314	1.8						6.8					
	0.063	2.8						6.8					
	0.000	1.3						6.9					
	0.145	2.0						6.8					
	0.163	1.8		192	107	7.7	2.5	6.9			3.34		< 2
ot	4.551	40.2		847	458	31.5	11.8				19.14		7
vg	0.152	1.3		169	92	6.3	2.4				3.83		1
ax	0.314	2.8		192	107	7.8	2.8	7.1			5.15		2
in	0.000	0.8		159	80	1.6	2.0	6.8			2.73		< 1

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 elief, this information is true and accurate.

igned: Lawrence P. Willey Date: 5·13·96

Lawrence P. Willey

ompany Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: March Year: 1996

2) Plant's DEP Identification Number: 3116P01471

3) Plant Name: San Jose Wastewater Treatment Facility

4) Plant Address: 7126 Balboa Road

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: D016-163452

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X00023

11) Fecal Coliform Sample Method:

[x] Membrane Filter [ ] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

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: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thomas B. Jones B-003305
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.516
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.497
(19) Percent of permitted capacity	%	---	67
(20) CBOD5 Effluent	mg/L	00808	3.6
(21) TSS Effluent	mg/L	900201	5.6
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.3
(24) Organic N	mg/L	---	1.10
(25) TKN	mg/L	000625	11.60
(26) Total Ammonia	mg/L	000610	10.50
(27) Nitrite	mg/L	---	1.74
(28) Nitrate	mg/L	071850	0.36
(29) Total Phosphorus	mg/L	000665	1.60
(30) Ortho Phosphates	mg/L	---	1.37
(31) Total N	mg/L	---	13.70
(32) Minimum Chlorine Residual(pre SO2)	mg/L	---	0.5
(33) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(34) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		6
Fecal Coliform (Arithmetic Mean)	#/100 ml		7
(35) TRC method code: 4500 Cl (G)			
minimum detection level: 0.01			
(36) Sample Date For Nutrients: 03-05-96			

(*) Duval Septic hauled 38 Loads of Digester Sludge to Landfill at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

(34)

Month: March Year: 1996

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.514	1.0	<0.20					7.0	6.8	
02	1.514	1.1	<0.20					7.0	6.8	
03	1.469	1.2	<0.20					6.9	6.7	
04	1.469	0.5	<0.20					7.0	6.7	
05	1.469	0.5	<0.20	160	161	5.6	11.8	7.2	6.8	8
06	1.469	0.5	<0.20					7.2	6.8	
07	1.593	0.5	<0.20					7.1	6.9	
08	1.469	0.5	<0.20					7.0	6.8	
09	1.469	0.6	<0.20					7.0	6.8	
10	1.469	0.5	<0.20					7.0	6.9	
11	1.469	0.5	<0.20					7.0	6.9	
12	1.469	0.5	<0.20	203	269	3.6	3.9	7.2	7.0	6
13	1.469	0.5	<0.20					7.2	7.1	
14	1.469	0.7	<0.20					7.2	6.9	
15	1.469	0.5	<0.20					7.3	6.6	
16	1.469	0.5	<0.20					7.3	7.0	
17	1.469	0.5	<0.20					7.2	7.1	
18	1.469	0.5	<0.20					7.2	7.0	
19	1.469	0.6	<0.20	143	152	3.2	5.3	7.0	6.9	4
20	1.469	0.6	<0.20					7.0	6.9	
21	1.469	0.6	<0.20					7.1	6.8	
22	1.469	0.5	<0.20					7.0	6.8	
23	1.469	0.5	<0.20					7.1	6.9	
24	1.469	0.5	<0.20					7.1	6.8	
25	1.469	0.5	<0.20					7.1	6.9	
26	1.469	0.5	<0.20	173	188	2.1	1.2	7.1	6.9	8
27	1.469	0.5	<0.20					7.0	6.8	
28	1.704	0.5	<0.20					7.2	7.1	
29	1.702	0.5	<0.20					7.0	6.8	
30	1.855	0.5	<0.20					7.0	6.7	
31	1.851	0.5	<0.20					7.2	6.6	
Tot	46.989	17.9		679	770	14.5	22.2			26
Avg	1.516	0.6		170	193	3.6	5.6			7
Max	1.855	1.2	<0.20	203	269	5.6	11.8	7.3	7.1	8
Min	1.469	0.5	<0.20	143	152	2.1	1.2	6.9	6.6	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 an belief,this information is true and accurate.

Signed: Thomas G Jones Date: 4-10-96

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc. Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: February Year: 1996

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DO55-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(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:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Lamar P. Wilkes C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.159
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.149
(19) Percent of permitted capacity	%	---	83
(20) CBOD5 Effluent	mg/L	080082	5.8
(21) CBOD5 Effluent	lbs/day	---	8.4
(22) TSS Effluent	mg/L	900201	6.2
(23) TSS Effluent	lbs/day	---	8.3
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	3.57
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.7
(32) Maximum Chlorine Residual	n/a	---	1.6
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		< 2

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34) Month February Year 1996

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.190	1.1						6.9					
02	0.173	1.0						6.8					
03	0.175	0.9						6.8					
04	0.183	1.4						6.9					
05	0.146	1.0						6.8					
06	0.189	0.8		156	103	12.2	4.9	6.9			9.31		<2
07	0.168	0.8						6.8					
08	0.143	1.0						6.8					
09	0.182	1.3						7.0					
10	0.144	1.2						7.0					
11	0.153	1.0						7.0					
12	0.141	1.6						7.0					
13	0.145	1.2		194	106	1.8	7.8	7.1			3.13		<2
14	0.155	0.9						7.0					
15	0.163	0.9						7.1					
16	0.208	1.0						7.1					
17	0.166	1.0						7.1					
18	0.152	1.0						6.9					
19	0.089	1.0						6.9					
20	0.157	0.7		193	103	5.8	6.5	7.1			1.11		<1
21	0.139	0.7						7.0					
22	0.140	0.8						7.0					
23	0.220	0.8						7.0					
24	0.093	1.0						7.2					
25	0.194	1.0						7.2					
26	0.134	1.0						7.0					
27	0.162	0.7		192	114	3.5	5.6	7.0			0.74		<1
28	0.162	0.8						7.0					
29	0.135	1.0						7.1					
Tot	4.601	28.6		735	426	23.3	24.8				14.29		6
Avg	0.159	1.0		184	107	5.8	6.2				3.57		2
Max	0.220	1.6		194	114	12.2	7.8	7.2			9.31		<2
Min	0.089	0.7		156	103	1.8	4.9	6.8			0.74		<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 and accurate.

Signed: James P. Willey Date: 3-18-96

Lawrence P. Willey

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: January Year: 1996

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DOSS-194157 / DCSS-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(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:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6916

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Lonnie Pedelty C-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.151
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.146
(19) Percent of permitted capacity	%	---	81
(20) CBOD5 Effluent	mg/L	080082	6.6
(21) CBOD5 Effluent	lbs/day	---	8.4
(22) TSS Effluent	mg/L	900201	4.4
(23) TSS Effluent	lbs/day	---	5.7
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.0
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	4.27
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Chlorine Residual	n/a	---	1.8
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		1

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34)

Month January Year 1996

Day of Month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.125	1.0						6.9					
02	0.163	1.5		238	118	6.3	5.4	6.8			0.25		1
03	0.175	1.7						6.9					
04	0.133	1.1						6.8					
05	0.125	0.8						6.8					
06	0.182	1.0						6.9					
07	0.151	1.5						6.8					
08	0.161	1.1						7.0					
09	0.139	1.6		284	258	6.6	2.6	7.0			8.14		< 1
10	0.163	1.5						7.0					
11	0.138	1.0						6.9					
12	0.189	1.0						6.9					
13	0.173	1.2						6.9					
14	0.104	1.5						7.0					
15	0.140	1.6						6.9					
16	0.161	1.8		235	82	8.4	4.2	6.8			1.00		< 1
17	0.151	1.3						7.0					
18	0.141	1.8						6.9					
19	0.185	1.3						6.9					
20	0.129	0.5						7.0					
21	0.138	0.8						6.9					
22	0.146	0.8						6.9					
23	0.166	0.5		198	92	4.7	4.7	6.8			8.56		< 1
24	0.149	0.8						6.9					
25	0.153	1.3						6.9					
26	0.134	0.9						7.0					
27	0.162	0.8						6.9					
28	0.233	1.0						7.0					
29	0.134	0.9						6.8					
30	0.139	1.0		200	76	6.9	5.0	6.8			3.38		< 1
31	0.112	0.8						6.9					
Tot	4.694	35.4		1155	626	32.9	21.9				21.33		5
Avg	0.151	1.1		231	125	6.6	4.4				4.27		1
Max	0.233	1.8		284	258	8.4	5.4	7.0			8.56		1
Min	0.104	0.5		198	76	4.7	2.6	6.8			0.25		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 and accurate.

Signed: Lawrence P. Willey Date: 2-9-96

Lawrence P. Willey

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: December YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

(3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

(5) CITY: O'NEIL

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-239673

(9) PLANT TYPE: 3C

(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 PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

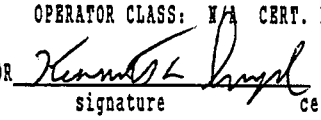
NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR  B 3180
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.058
(17)	PERMITTED CAPACITY	mgd	****	0.187
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.062
(19)	PERCENT OF PERMITTED CAPACITY	%	****	33
(20)	CBOD5 EFFLUENT	mg/l	080082	5.9
(21)	CBOD5 EFFLUENT	lbs/day	****	3
(22)	TSS EFFLUENT	mg/l	900201	7.2
(23)	TSS EFFLUENT	lbs/day	****	4
(24)	MINIMUM pH		****	7.20
(25)	MAXIMUM pH		****	7.40
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	N/A
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	23.40
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.4
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	3.0
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

December 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.076								
02	0.051	2.0					7.30		
03	0.074	2.0					7.30		<1
04	0.045	2.5					7.30		
05	0.067	1.9	194	318	5.1	7.3	7.20	18.90	
06	0.062	2.1					7.20		
07	0.045								
08	0.075								
09	0.047	2.0					7.30		
10	0.054	1.4					7.40		
11	0.071	2.4					7.30		
12	0.045	2.5					7.20		
13	0.053	2.1					7.30		
14	0.055								
15	0.057								
16	0.056	2.5					7.30		
17	0.059	3.0					7.30		<1
18	0.064	3.0					7.30		
19	0.059	2.5	98	18	6.8	7.1	7.30	27.90	
20	0.049	2.2					7.30		
21	0.059								
22	0.052								
23	0.080	2.3					7.30		
24	0.045								
25	0.045								
26	0.071	2.5					7.30		
27	0.044	2.2					7.30		
28	0.061								
29	0.054								
30	0.070	2.5					7.40		<1
31	0.057	2.5					7.40		
TOT	1.802	46.1	292	336	11.9	14.4	146.00	46.80	3
AVG	0.058	2.3	146	168	5.9	7.2	7.30	23.40	<1
MAX	0.080	3.0	194	318	6.8	7.3	7.40	27.90	<1
MIN	0.044	1.4	98	18	5.1	7.1	7.20	18.90	<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: Kenneth Snyder DATE: 1-16-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: November YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

(3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

(5) CITY: O'NEIL

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO45-239673

(9) PLANT TYPE: 3C

(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 PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 3180
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.064
(17)	PERMITTED CAPACITY	mgd	****	0.187
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.064
(19)	PERCENT OF PERMITTED CAPACITY	%	****	11975
(20)	CBOD5 EFFLUENT	mg/l	080082	5.0
(21)	CBOD5 EFFLUENT	lbs/day	****	2
(22)	TSS EFFLUENT	mg/l	900201	1.4
(23)	TSS EFFLUENT	lbs/day	****	1
(24)	MINIMUM pH		****	6.90
(25)	MAXIMUM pH		****	7.22
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	N/A
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	8.89
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.2
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	3.5
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

November 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.074	1.6					7.10		
02	0.064								
03	0.064	2.8					7.22		
04	0.058	2.4					7.15		
05	0.071	3.0					7.18		
06	0.056	3.5	109	33	6.0	1.8	6.99	8.28	<1
07	0.063	1.8					7.11		
08	0.066	2.0					7.20		
09	0.065								
10	0.065	1.2					7.21		
11	0.043	1.8					7.14		
12	0.058	3.5					6.94		
13	0.062	2.0					7.08		
14	0.053	1.8					7.16		
15	0.062	2.2					7.04		
16	0.065								
17	0.065	1.8					7.17		
18	0.060	1.2					6.99		
19	0.064	3.5	136	146	4.0	1.0	6.90	9.50	<1
20	0.066	2.0					6.94		
21	0.054	1.8					7.02		
22	0.069	2.1					7.02		
23	0.087								
24	0.088								
25	0.069	2.1					7.12		
26	0.068	2.5					7.07		
27	0.064	2.5					7.10		
28	0.057	1.9					7.10		
29	0.051	2.3					7.10		
30	0.064								
TOT	1.915	53.3	245	179	10.0	2.8	170.05	17.78	2
AVG	0.064	2.2	123	90	5.0	1.4	7.09	8.89	1
MAX	0.088	3.5	136	146	6.0	1.8	7.22	9.50	1
MIN	0.043	1.2	109	33	4.0	1.0	6.90	8.28	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: Kenneth L Snyder DATE: 12-17-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DER FORM 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SNN #1)

(4) Plant Address SR A1A #SS Swr Plant

(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.

Lead Operator Larry V James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.068
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	0.063
(19) Percent of permitted capacity	%	--	34
(20) CBOD5 Effluent	mg/l	080082	7.5
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	5.5
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.0
(25) Maximum pH		--	7.4
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (N_H - N)	mg/l	000610	X
(29) Nitrate (MAX)	mg/l	071850	9.1
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	0.8
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

RECEIVED
NOV 2 8 1996
UNITED WATER FLORIDA

DER FORM	17-601.900(1)
	DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE	MONTHLY OPERATING REPORT
EFFECTIVE DATE	JULY 1,1991
DER APPLICATION No.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1) Month: October Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.061	2.2						7.2									
2	0.075	3.0						7.3									
3	0.079	3.2						7.4									
4	0.070	2.0						7.2									
5	0.077																
6	0.078	2.4						7.3									
7	0.070	1.8						7.2									
8	0.109	2.2						7.4									
9	0.077	1.8		112	118.0	9.00	6.00	7.1			7.1		< 1				
10	0.070	2.4						7.2									
11	0.062	3.0						7.1									
12	0.083																
13	0.083	2.5						7.2									
14	0.054	2.2						7.1									
15	0.076	0.8						7.0									
16	0.050	2.4						7.1									
17	0.072	3.0						7.1									
18	0.050	2.2						7.0									
19	0.063	3.0						7.1									
20	0.064																
21	0.062	2.0						7.2									
22	0.060	2.4						7.1									
23	0.062	3.0		139	147.0	6.00	5.00	7.0			9.1		< 1				
24	0.071	2.6						7.1									
25	0.048	3.0						7.2									
26	0.062	3.2						7.0									
27	0.062																
28	0.062	2.2						7.1									
29	0.076	2.6						7.0									
30	0.058	2.8						7.0									
31	0.066	3.2						7.1									
TOT	2.127					15.00	11.00										
AVG	0.068					7.50	5.50										

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

Signed: Huey V James Date: Nov. 13, 1996

Name (Please Type) Huey V. James

Company Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8927

DER :	17-601.300(1)
	DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE	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 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SHN #1)
(4) Plant Address SR AIA FSS Swr Plant
(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harry C James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.063
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	.060
(19) Percent of permitted capacity	%	--	32
(20) CBOD5 Effluent	mg/l	080082	5.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	3.0
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.1
(25) Maximum pH		--	7.4
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate (max)	mg/l	071850	17.2
(30) Total Phosphorus	mg/l	000665	
(31) Minimum Chlorine Residual	mg/l	--	1.4
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

Fecal MPNs

DER . 17-601.300(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNH #1) Month: September Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRA TES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.078																
2	0.073	3.0						7.4									
3	0.072	2.5						7.2									
4	0.060	3.2						7.1									
5	0.071	2.6						7.4									
6	0.052	2.2						7.3									
7	0.076																
8	0.058	1.8						7.1									
9	0.044	2.6						7.2									
10	0.078	3.0						7.3									
11	0.048	3.0		182	47.0	6.00	2.00	7.2			8.2		< 1				
12	0.081	1.8						7.3									
13	0.053	2.4						7.2									
14	0.063																
15	0.076	3.0						7.3									
16	0.038	2.2						7.3									
17	0.072	2.4						7.2									
18	0.101	3.5						7.2									
19	0.053	2.0						7.3									
20	0.055	1.8						7.2									
21	0.044	2.4						7.3									
22	0.050																
23	0.039	2.0						7.3									
24	0.093	1.4						7.4									
25	0.044	2.6		132	113.0	4.00	4.00	7.3			17.2		< 1				
26	0.077	3.2						7.2									
27	0.047	2.0						7.3									
28	0.070	2.4						7.2									
29	0.078																
30	0.057	1.6						7.3									
TOT	1.919					10.00	6.00										
AVG	0.063					5.00	3.00										

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: Huey V James Date: OCT 15, 1996

Name (Please Type) Huey James

Company Name JAX Utilities Mgmt Telephone No. (Please Type) (904) 399-88

DER 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SNN #1)

(4) Plant Address SR A1A #SS Swr Plant

(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.

Lead Operator Huey V James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.064
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	0.049
(19) Percent of permitted capacity	%	--	26
(20) CBOD5 Effluent	mg/l	080082	5.5
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	2.5
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.1
(25) Maximum pH		--	7.4
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (N_H - N)	mg/l	000610	X
(29) Nitrate (MAX)	mg/l	071850	14.0
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.2
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER	17-601.900(1)
	DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE	MONTHLY OPERATING REPORT
EFFECTIVE DATE	JULY 1,1991
DER APPLICATION No.	

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1) Month: August Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF.	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.058	2.4						7.3									
2	0.059	2.0						7.4									
3	0.068	1.8						7.2									
4	0.077																
5	0.060	1.2						7.3									
6	0.047	2.2						7.3									
7	0.071	2.1						7.2									
8	0.052	2.4						7.3									
9	0.088	2.8						7.4									
10	0.064	2.3						7.2									
11	0.061																
12	0.053	1.8						7.2									
13	0.071	2.4						7.3									
14	0.068	2.2						7.3									
15	0.049	2.8		141	119.0	6.00	1.00	7.2			0.3		< 1				
16	0.069	2.0						7.4									
17	0.055																
18	0.062	2.4						7.3									
19	0.047	2.8						7.2									
20	0.063	3.2						7.1									
21	0.078	3.0						7.3									
22	0.063	2.8						7.4									
23	0.040	3.2						7.2									
24	0.073																
25	0.079	2.4						7.3									
26	0.067	3.0						7.2									
27	0.053	2.6						7.3									
28	0.056	2.0		188	179.0	5.00	4.00	7.2			14.0		< 1				
29	0.076	3.0						7.3									
30	0.074	3.2						7.1									
31	0.077	2.5						7.2									
TOT	1.993					11.00	5.00										
AVG	0.064					5.50	2.50										

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

Signed: Huey V James Date: Sept. 25, 1996

Name (Please Type) Huey V. James

Company Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8802

DER 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SNN #1)

(4) Plant Address SR A1A #SS Swr Plant

(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.

Lead Operator Harry James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.052
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	0.037
(19) Percent of permitted capacity	%	--	20
(20) CBOD5 Effluent	mg/l	080082	5.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	4.0
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.2
(25) Maximum pH		--	7.4
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (N_{H_3} - N)	mg/l	000610	X
(29) Nitrate (MAX.)	mg/l	071850	17.0
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	0.8
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1) Month: July Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.023	2.6						7.3									
2	0.026	2.0		104	97.0	6.00	4.00	7.4			17.0		< 1			.	
3	0.058	1.7						7.2									
4	0.028	2.4						7.3									
5	0.031	2.6						7.3									
6	0.039																
7	0.059	1.8						7.4									
8	0.062	2.4						7.3									
9	0.086	2.8						7.5									
10	0.041	2.0						7.4									
11	0.063	2.4						7.3									
12	0.047	1.8						7.3									
13	0.052	2.8						7.3									
14	0.057																
15	0.048	2.4						7.4									
16	0.050	2.2						7.2									
17	0.057	2.0		140	132.0	4.00	3.00	7.3			7.6		< 1				
18	0.073	2.5						7.2									
19	0.048	1.8						7.3									
20	0.043																
21	0.054	1.0						7.4									
22	0.051	1.6						7.3									
23	0.057	1.8						7.2									
24	0.062	2.2						7.4									
25	0.056	2.6						7.3									
26	0.038	1.4						7.2									
27	0.062																
28	0.062	2.0						7.3									
29	0.055	2.4						7.3									
30	0.063	2.0						7.3									
31	0.052	0.8		141	130.0	5.00	5.00	7.3			0.7		< 1				
TOT		1.60?				15.00	12.00										
AVG		.0578				5.00	4.00										

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 nd belief, this information is true, complete, and accurate.

igned: _____ Date: Aug. 19, 1996

ame (Please Type) Huey James

ompany Name JAX Utilities Mgmt Telephone No. (Please Type) 399-8802

DER F 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SNN #1)

(4) Plant Address SR A1A #SS Swr Plant

(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator Shirley W. James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0,030
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	0.029
(19) Percent of permitted capacity	%	--	16
(20) CBOD5 Effluent	mg/l	080082	7.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	2.75
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.2
(25) Maximum pH		--	7.6
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	8.8
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.4
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1) Month: June Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRA TES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.027																
2	0.029	2.6						7.6									
3	0.031	2.0						7.5									
4	0.024	2.8						7.5									
5	0.019	2.2		113	20.0	7.00	1.50	7.3			6.5		< 1				
6	0.028	3.0						7.2									
7	0.030	3.2						7.2									
8	0.024	3.0						7.3									
9	0.032																
10	0.041	2.2						7.2									
11	0.025	2.3						7.4									
12	0.037	2.0						7.2									
13	0.031	2.2						7.3									
14	0.022	1.8						7.4									
15	0.039																
16	0.039	1.7						7.3									
17	0.033	1.4						7.2									
18	0.028	1.8						7.3									
19	0.022	2.0		182	173.0	7.00	4.00	7.2			11.1		< 1				
20	0.027	2.1						7.2									
21	0.023	1.8						7.3									
22	0.035																
23	0.027	2.2						7.4									
24	0.031	1.7						7.3									
25	0.043	2.4						7.3									
26	0.015	2.0						7.3									
27	0.047	2.1						7.2									
28	0.017	2.8						7.4									
29	0.032	2.4						7.2									
30	0.038																
TOT	0.909					14.00	5.50										
AVG	0.030					7.00	2.75										

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

Signed: Huey V. James Date: July 24, 1996

Name (Please Type) Huey V. James

Company Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-880

DEP FC 7-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DEP APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month May Year 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SNN #1)

(4) Plant Address SR A1A #SS Swr Plant

(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.

Lead Operator Shawn T James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.028
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	0.029
(19) Percent of permitted capacity	%	--	15
(20) CBOD5 Effluent	mg/l	080082	6.5
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	3.12
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.3
(25) Maximum pH		--	7.6
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	10.85
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.1
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FO	7-601.900(1)
	DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE	MONTHLY OPERATING REPORT
EFFECTIVE DATE	JULY 1,1991
DER APPLICATION No.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1) Month: May Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.025	2.0						7.4									
2	0.023	2.4						7.6									
3	0.029	2.5						7.5									
4	0.037	1.8						7.6									
5	0.021																
6	0.032	2.0						7.4									
7	0.015	2.2						7.6									
8	0.028	1.2		143	19.0	6.00	1.25	7.6			0.4		< 1				
9	0.024	2.4						7.4									
10	0.029	3.2						7.5									
11	0.027																
12	0.032	2.4						7.4									
13	0.027	2.7						7.6									
14	0.020	3.0						7.5									
15	0.064	1.8						7.6									
16	0.030	2.4						7.4									
17	0.019	2.2						7.4									
18	0.029																
19	0.040	1.1						7.5									
20	0.032	2.4						7.4									
21	0.030	2.0						7.5									
22	0.024	1.8		113	109.0	7.00	5.00	7.5			21.3		< 1				
23	0.029	3.0						7.3									
24	0.033	3.2						7.6									
25	0.016	3.4						7.5									
26	0.026																
27	0.030	2.4						7.6									
28	0.029	2.2						7.6									
29	0.039	2.2						7.5									
30	0.026	1.8						7.5									
31	0.018	2.4						7.6									
TOT	0.897					13.00	6.25										
AVG	0.028					6.50	3.12										

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

Signed: Huey V James Date: June 25, 1996

Name (Please Type) Huey James

Company Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8802

DER FO	7-601.900(1)
	DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE	MONTHLY OPERATING REPORT
EFFECTIVE DATE	JULY 1,1991
DER APPLICATION No.	

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1) Month: May Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRATES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.025	2.0						7.4									
2	0.023	2.4						7.6									
3	0.029	2.5						7.5									
4	0.037	1.8						7.6									
5	0.021																
6	0.032	2.0						7.4									
7	0.015	2.2						7.6									
8	0.028	1.2		143	19.0	6.00	1.25	7.6			0.4		< 1				
9	0.024	2.4						7.4									
10	0.029	3.2						7.5									
11	0.027																
12	0.032	2.4						7.4									
13	0.027	2.7						7.6									
14	0.020	3.0						7.5									
15	0.064	1.8						7.6									
16	0.030	2.4						7.4									
17	0.019	2.2						7.4									
18	0.029																
19	0.040	1.1						7.5									
20	0.032	2.4						7.4									
21	0.030	2.0						7.5									
22	0.024	1.8		113	109.0	7.00	5.00	7.5			21.3		< 1				
23	0.029	3.0						7.3									
24	0.033	3.2						7.6									
25	0.016	3.4						7.5									
26	0.026																
27	0.030	2.4						7.6									
28	0.029	2.2						7.6									
29	0.039	2.2						7.5									
30	0.026	1.8						7.5									
31	0.018	2.4						7.6									
TOT	0.897					13.00	6.25										
AVG	0.028					6.50	3.12										

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 nd belief, this information is true, complete, and accurate.

igned: Huey V James Date: June 25, 1996

ame (Please Type) Huey James

ompany Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8802

DER F	17-601.900(1)
	DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE	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 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SNN #1)

(4) Plant Address SR A1A #SS Swr Plant

(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator Shirley James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.030
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	0.029
(19) Percent of permitted capacity	%	--	16
(20) CBOD5 Effluent	mg/l	080082	4.5
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	3.75
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.2
(25) Maximum pH		--	7.8
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate (MAX)	mg/l	071850	0.5
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.4
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			< 2

DER FO.. 17-601.300(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1) Month: April Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRA TES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.032	2.6						7.4									
2	0.038	2.2						7.5									
3	0.017	1.6						7.3									
4	0.039	1.9						7.4									
5	0.020	2.4						7.4									
6	0.030																
7	0.031	2.8						7.5									
8	0.030	2.0						7.4									
9	0.031	2.5						7.3									
10	0.034	2.3		115	13.0	5.00	5.50	7.4			0.0		4				
11	0.031	2.1						7.3									
12	0.033	2.6						7.4									
13	0.024	2.0						7.2									
14	0.034																
15	0.024	2.1						7.4									
16	0.029	2.0						7.2									
17	0.037	2.0						7.5									
18	0.026	2.6						7.4									
19	0.029	1.4						7.7									
20	0.029																
21	0.032	2.0						7.6									
22	0.030	1.6						7.8									
23	0.029	2.4						7.6									
24	0.026	2.0		109	132.0	4.00	2.00	7.5			0.5		< 1				
25	0.035	2.4						7.6									
26	0.027	1.8						7.4									
27	0.029																
28	0.030	2.0						7.5									
29	0.030	2.4						7.7									
30	0.042	2.0						7.5									
TOT	0.924					9.00	7.50										
AVG	0.030					4.50	3.75										

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

Signed: Huey V. James Date: May 20, 1996

Name (Please Type) Huey V. James

Company Name JAX Utilities Mgm't Telephone No. (Please Type) (904) 399-8802

DER FC 7-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1994
DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month March Year 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SNN #1)

(4) Plant Address SR A1A #SS Swr Plant

(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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. 8626
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.

Lead Operator [signature] C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050060	0.028
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	0.028
(19) Percent of permitted capacity	%	--	15
(20) CBOD5 Effluent	mg/l	080082	7.5
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	5.0
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.3
(25) Maximum pH		--	7.7
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (N_{H_3} - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	7.7
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.6
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DER FO 7-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1) Month: March Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRA TES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.022	1.9						7.4									
2	0.027																
3	0.034	2.7						7.5									
4	0.022	2.2						7.4									
5	0.033	1.8						7.4									
6	0.027	1.9						7.7									
7	0.030	2.4						7.6									
8	0.019	2.1						7.5									
9	0.029																
10	0.031	1.6						7.4									
11	0.036	2.2						7.5									
12	0.013	1.8						7.6									
13	0.017	2.1		202	192.0	8.00	5.00	7.7			14.7		< 1				
14	0.030	2.2						7.6									
15	0.026	2.0						7.6									
16	0.030																
17	0.028	1.8						7.5									
18	0.025	2.4						7.5									
19	0.022	1.6						7.6									
20	0.026	2.0						7.6									
21	0.029	2.6						7.4									
22	0.029	2.3						7.5									
23	0.021																
24	0.030	3.0						7.6									
25	0.031	2.6						7.3									
26	0.028	2.2						7.4									
27	0.024	1.8		130	128.0	7.00	5.00	7.3			0.7		< 1				
28	0.028	1.6						7.4									
29	0.067	2.8						7.3									
30	0.029																
31	0.030	2.0						7.4									
TOT	0.886					15.00	10.00										
AVG	0.028					7.50	5.00										

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 nd belief, this information is true, complete, and accurate.

igned: Huey V. James Date: April 24, 1996

me (Please Type) Huey V. James

ompany Name JAX Utilities Mgm't Telephone No. (Please Type) 399-8802

DER FC 17-601.300(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE 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 1996
(2) Plant's DER Identification Number 3145P01228
(3) Plant Name LOFTON CREEK WWTP(SNN #1)

(4) Plant Address SR A1A #SS Swr Plant

(5) City
(6) County NASSAU
(7) Phone Number
(8) Permit Number DO45-153410
(9) Plant Type 3C
(10) Test Site Identification Number 3145X12512
(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(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 8626
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harley V. James C8626
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	50050	0.028
(17) Permitted Capacity	mgd	--	0.137
(18) Three-month average daily flow	mgd	--	0.027
(19) Percent of permitted capacity	%	--	14
(20) CBOD5 Effluent	mg/l	080082	5.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	2.0
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.2
(25) Maximum pH		--	7.6
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	5.15
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	1.0
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coli. Form			<1

DER F 17-601.300(1)

DOMESTIC WASTEWATER TREATMENT PLANT

FORM TITLE MONTHLY OPERATING REPORT

EFFECTIVE DATE JULY 1,1991

DER APPLICATION No.

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) D601 LOFTON CREEK WWTP(SNN #1)

Month: February Year: 96

Day of Mo.	Flow (mgd)	CL2 RES >CTCT	CL2 RES >DECL	C BOD5 INFL	TSS INFL	C BOD5 EFF	TSS EFF	pH EFF	TKN EFF	AMMON EFF	NITRA TES EFF	TOT P EFF	FECAL COLIF	TURB EFF	BOD5 INF	BOD5 EFF	
1	0.025	1.8						7.3									
2	0.043	2.3						7.4									
3	0.030																
4	0.031	2.0						7.2						1			
5	0.033	1.6						7.3									
6	0.031	2.0						7.6									
7	0.026	2.4						7.4									
8	0.032	1.8						7.3									
9	0.026	1.0						7.6									
10	0.027	2.4						7.5									
11	0.033																
12	0.022	3.0						7.4									
13	0.024	2.5						7.4									
14	0.026	2.4		137	82.3	4.00	2.00	7.5			10.1		< 1				
15	0.024	2.5						7.4									
16	0.023	2.1						7.5									
17	0.026	1.9						7.4									
18	0.029																
19	0.025	1.9						7.3									
20	0.031	2.1						7.5									
21	0.020	2.7						7.5									
22	0.022	2.4						7.5									
23	0.032	2.1						7.4									
24	0.027																
25	0.027	2.6						7.5									
26	0.023	2.3						7.4									
27	0.026	1.8						7.5									
28	0.023	2.4		121	82.0	6.00	2.00	7.4			0.3		< 1				
29	0.032	2.1						7.5									
TOT	0.811					10.00	4.00										
AVG	0.027					5.00	2.00										

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: Huey James

Date: March 21, 1996

Name (Please Type) Huey V. James

Company Name JAX Utilities Mgm't

Telephone No. (Please Type) (904) 399-8802

DER FORM 17-601.900(1)
DOMESTIC WASTEWATER TREATMENT PLANT
FORM TITLE MONTHLY OPERATING REPORT
EFFECTIVE DATE JULY 1,1991
DER APPLICATION No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Year:

nth January Year 1996
-nt's DER Identification Number 3145P01328
ant Name LOFTON CREEK WWTP(SNN #1)

.ant Address SR A1A #SS Swr Plant

ity
nty NASSAU
hone Number
ermit Number DO45-153410
lant Type 3C
est Site Identification Number 3145X12513
ecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number
Type of Effluent Disposal or Reclaimed Water Reuse

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable
Cumulative Days of Wet Weather Discharge

Plant Staffing
Day Shift Operator Class C Cert. No. 8626
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.

Lead Operator [signature] C8624
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.027
(17) Permitted Capacity	mgd	--	0.187
(18) Three-month average daily flow	mgd	--	0.025
(19) Percent of permitted capacity	%	--	13
(20) CBOD5 Effluent	mg/l	080082	6.0
(21) CBOD5 Effluent	lbs/day	--	X
(22) TSS Effluent	mg/l	900201	2.62
(23) TSS Effluent	lbs/day	--	X
(24) Minimum pH		--	7.1
(25) Maximum pH		--	7.4
(26) Total N	mg/l	000600	X
(27) TKN	mg/l	000625	X
(28) Ammonia (NH_3 - N)	mg/l	000610	X
(29) Nitrate	mg/l	071850	7.37
(30) Total Phosphorus	mg/l	000665	X
(31) Minimum Chlorine Residual	mg/l	--	2.0
(32) Maximum Chlorine Residual	mg/l	--	X
(33) Other Effluent Parameters			
Fecal Coliform			<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: December YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0007
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0007
(19) PERCENT OF PERMITTED CAPACITY	%	****	2
(20) CBOD5 EFFLUENT	mg/l	080082	18.6
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	38.4
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.4
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	5.150
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.1
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

December 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0007								
02	0.0005	1.2					7.5		
03	0.0019	2.0					7.4		<1
04	0.0020	2.0					7.4		
05	0.0017	2.0	96	118	18.6	38.4	7.5	5.150	
06	0.0015	1.8					7.5		
07	0.0011								
08	0.0008								
09	0.0007	2.0					7.5		
10	0.0014	1.1					7.5		
11	0.0014	1.6					7.5		
12	0.0004	2.0					7.5		
13	0.0002	2.0					7.5		
14	0.0003								
15	0.0004								
16	0.0002	1.2					7.4		
17	0.0002	2.0					7.5		
18	0.0003	2.1					7.5		
19	0.0008	2.0					7.5		
20	0.0006	1.6					7.4		
21	0.0010								
22	0.0006								
23	0.0006	1.8					7.4		
24	0.0006								
25	0.0005								
26	0.0004	1.9					7.4		
27	0.0004	1.9					7.4		
28	0.0002								
29	0.0008								
30	0.0004	2.5					7.5		
31	0.0005	2.0					7.5		
TOT	0.0231	36.7	96	118	18.6	38.4	149.3	5.150	1
AVG	0.0007	1.8	96	118	18.6	38.4	7.5	5.150	<1
MAX	0.0020	2.5	96	118	18.6	38.4	7.5	5.150	<1
MIN	0.0002	1.1	96	118	18.6	38.4	7.4	5.150	<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: Kenneth A Snyder DATE: 1-8-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: November YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth C Snyder B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0006
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0006
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	9.2
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	47.4
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.4
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	13.100
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.8
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	3.0
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<10

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

November 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0003	0.9					7.5		
02	0.0003								
03	0.0006								
04	0.0002	0.9					7.5		
05	0.0005	0.9					7.5		<10
06	0.0002	0.9					7.5		
07	0.0006	0.9	201	251	9.2	47.4	7.5	13.100	
08	0.0007	0.9					7.5		
09	0.0006								
10	0.0003								
11	0.0009	0.8					7.5		
12	0.0009	3.0					7.5		
13	0.0004	2.5					7.5		
14	0.0006	2.3					7.4		
15	0.0006	2.0					7.5		
16	0.0006								
17	0.0003								
18	0.0003	1.5					7.4		
19	0.0003	2.0					7.5		
20	0.0004	1.3					7.5		
21	0.0003	1.4					7.5		
22	0.0004	1.8					7.4		
23	0.0003								
24	0.0005								
25	0.0008	2.0					7.4		
26	0.0009	2.0					7.5		
27	0.0009	2.1					7.4		
28	0.0009	2.0					7.4		
29	0.0007	2.0					7.4		
30	0.0017								
TOT	0.0170	34.1	201	251	9.2	47.4	156.8	13.100	10
AVG	0.0006	1.6	201	251	9.2	47.4	7.5	13.100	10
MAX	0.0017	3.0	201	251	9.2	47.4	7.5	13.100	<10
MIN	0.0002	0.8	201	251	9.2	47.4	7.4	13.100	< 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: Kenneth L Snyder DATE: 12-13-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: October YEAR: 1996

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: STATE ROAD A1A AT I-95

5) CITY: YULEE

6) COUNTY: NASSAU

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D045-184471

9) PLANT TYPE: 3D

10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0004
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0004
(19) PERCENT OF PERMITTED CAPACITY	%	****	2
(20) CBOD5 EFFLUENT	mg/l	080082	41.0
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	11.2
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.3
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	17.500
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	< 1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

October 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0002	0.9					7.3		
02	0.0003								
03	0.0005								
04	0.0004								
05	0.0004								
06	0.0004								
07	0.0006								
08	0.0003								
09	0.0005								
10	0.0004								
11	0.0005								
12	0.0004								
13	0.0004								
14	0.0004								
15	0.0004	0.9					7.5		<1
16	0.0005	0.9					7.4		
17	0.0003	0.9	104	173	41.0	11.2	7.5	17.500	
18	0.0004	0.9					7.5		
19	0.0004								
20	0.0004								
21	0.0004	0.9					7.4		
22	0.0004	0.9					7.5		
23	0.0011	0.9					7.4		
24	0.0009	0.9					7.4		
25	0.0005	0.9					7.4		
26	0.0005								
27	0.0003								
28	0.0002	0.9					7.5		
29	0.0002	0.9					7.5		
30	0.0002	0.9					7.5		
31	0.0002	0.9					7.5		
TOT	0.0130	12.6	104	173	41.0	11.2	104.3	17.500	1
AVG	0.0004	0.9	104	173	41.0	11.2	7.5	17.500	1
MAX	0.0011	0.9	104	173	41.0	11.2	7.5	17.500	1
MIN	0.0002	0.9	104	173	41.0	11.2	7.3	17.500	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: Kenneth Snyder DATE: 11-13-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

*NOTE: NO EFFLUENT SAMPLES WERE TAKEN DUE TO FLOODING OF THE PERCOLATION POND 10/2 THROUGH 10/14/96. HEAVY RAINS AND RUNOFF CAUSED THE PONDS TO FLOOD AND BACK UP INTO THE TREATMENT PLANT.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: September YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth A Snyder B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0005
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0005
(19) PERCENT OF PERMITTED CAPACITY	%	****	2
(20) CBOD5 EFFLUENT	mg/l	080082	4.4
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	11.4
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.1
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	10.300
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.6
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

September 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0005								
02	0.0006						7.3		
03	0.0005	0.9					7.3		
04	0.0002	0.9					7.3		
05	0.0011	0.9					7.3		
06	0.0008	0.9					7.2		
07	0.0010								
08	0.0003								
09	0.0002	0.9					7.4		
10	0.0008	0.9					7.3		<1
11	0.0005	0.9					7.4		
12	0.0008	0.9	211	311	4.4	11.4	7.5	10.300	
13	0.0005	0.9					7.5		
14	0.0004								
15	0.0004								
16	0.0005	0.9					7.3		
17	0.0003	0.9					7.3		
18	0.0002	0.9					7.4		
19	0.0006	0.9					7.3		
20	0.0005	0.9					7.4		
21	0.0006								
22	0.0004								
23	0.0002	0.9					7.1		
24	0.0003	0.6					7.3		
25	0.0004	0.8					7.3		
26	0.0002	0.9					7.3		
27	0.0007	0.9					7.3		
28	0.0005								
29	0.0002								
30	0.0004	0.9					7.4		
TOT	0.0146	17.6	211	311	4.4	11.4	153.9	10.300	<1
AVG	0.0005	0.9	211	311	4.4	11.4	7.3	10.300	<1
MAX	0.0011	0.9	211	311	4.4	11.4	7.5	10.300	<1
MIN	0.0002	0.6	211	311	4.4	11.4	7.1	10.300	<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: Kenneth A. Snyder DATE: 10-22-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: August YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 3180
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.0007
(17)	PERMITTED CAPACITY	mgd	****	.00336
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0007
(19)	PERCENT OF PERMITTED CAPACITY	%	****	2
(20)	CBOD5 EFFLUENT	mg/l	080082	9.4
(21)	CBOD5 EFFLUENT	lbs/day	****	0
(22)	TSS EFFLUENT	mg/l	900201	13.6
(23)	TSS EFFLUENT	lbs/day	****	0
(24)	MINIMUM pH		****	7.2
(25)	MAXIMUM pH		****	7.5
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	N/A
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	2.700
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	0.7
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	130

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

August 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0007	0.9					7.4		
02	0.0011	0.9					7.3		
03	0.0010								
04	0.0004								
05	0.0005	0.9					7.3		
06	0.0005	0.9					7.4		
07	0.0008	0.9					7.3		
08	0.0010	0.9					7.5		
09	0.0009	0.9					7.3		
10	0.0006								
11	0.0008								
12	0.0005	0.7					7.3		
13	0.0008	0.9					7.3		130
14	0.0003	0.9					7.4		
15	0.0012	0.9	185	621	9.4	13.6	7.3	2.700	
16	0.0026	0.9					7.3		
17	0.0009								
18	0.0002								
19	0.0007	0.9					7.3		
20	0.0004	0.9					7.3		
21	0.0005	0.9					7.2		
22	0.0015	0.9					7.4		
23	0.0007	0.9					7.2		
24	0.0006								
25	0.0006								
26	0.0006	0.9					7.4		
27	0.0002	0.9					7.4		
28	0.0004	0.9					7.4		
29	0.0008	0.9					7.3		
30	0.0006	0.9					7.3		
31	0.0006								
TOT	0.0230	19.6	185	621	9.4	13.6	161.3	2.700	130
AVG	0.0007	0.9	185	621	9.4	13.6	7.3	2.700	130
MAX	0.0026	0.9	185	621	9.4	13.6	7.5	2.700	130
MIN	0.0002	0.7	185	621	9.4	13.6	7.2	2.700	130

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth L Snyder DATE: 9-11-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: July YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 3180
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.0006
(17)	PERMITTED CAPACITY	mgd	****	.00336
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0006
(19)	PERCENT OF PERMITTED CAPACITY	%	****	2
(20)	CBOD5 EFFLUENT	mg/l	080082	26.4
(21)	CBOD5 EFFLUENT	lbs/day	****	0
(22)	TSS EFFLUENT	mg/l	900201	64.3
(23)	TSS EFFLUENT	lbs/day	****	0
(24)	MINIMUM pH		****	7.1
(25)	MAXIMUM pH		****	7.5
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	N/A
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	39.000
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

July 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0003	0.9					7.4		
02	0.0004	0.9					7.4		
03	0.0006	0.9					7.3		
04	0.0006								
05	0.0008	0.9					7.4		
06	0.0007								
07	0.0009								
08	0.0003	0.9					7.4		
09	0.0006	0.9					7.4		
10	0.0003	0.9					7.3		
11	0.0007	0.9					7.3		
12	0.0005	0.9					7.3		
13	0.0005								
14	0.0004								
15	0.0004	0.9					7.5		
16	0.0004	0.9					7.3		
17	0.0004	0.9					7.2		
18	0.0007	0.9	231	812	43.0	115.0	7.1	39.000	<1
19	0.0008	0.9					7.3		
20	0.0006								
21	0.0004								
22	0.0002	0.9					7.4		
23	0.0005	0.9					7.3		
24	0.0003	0.9					7.3		
25	0.0005	0.9			9.7	13.6	7.3		
26	0.0009	0.9					7.3		
27	0.0007								
28	0.0026								
29	0.0002	0.9					7.3		
30	0.0006	0.9					7.3		
31	0.0004	0.9					7.4		
TOT	0.0182	19.8	231	812	52.7	128.6	161.2	39.000	<1
AVG	0.0006	0.9	231	812	26.4	64.3	7.3	39.000	<1
MAX	0.0026	0.9	231	812	43.0	115.0	7.5	39.000	<1
MIN	0.0002	0.9	231	812	9.7	13.6	7.1	39.000	<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: Kenneth A Snyder DATE: 8-13-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: May YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth A. Snyder B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0008
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0008
(19) PERCENT OF PERMITTED CAPACITY	%	****	2
(20) CBOD5 EFFLUENT	mg/l	080082	2.0
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	9.0
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	6.8
(25) MAXIMUM pH		****	7.2
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	19.175
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	10

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

May 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0007	0.9					7.1		
02	0.0007	0.9					7.2		
03	0.0006	0.9					7.1		
04	0.0011								
05	0.0006								
06	0.0006	0.9					7.1		
07	0.0007	0.9					7.2		10
08	0.0002	0.9					7.0		
09	0.0007	0.9	63	132	3.0	9.0	6.9	30.800	
10	0.0011	0.9					7.0		
11	0.0006								
12	0.0009								
13	0.0020	0.9					6.8		
14	0.0013	0.9					6.8		
15	0.0006	0.9					6.9		
16	0.0028	0.9					6.8		
17	0.0011	0.9					6.8		
18	0.0009								
19	0.0009								
20	0.0009	0.9					6.8		
21	0.0003	0.9					6.9		
22	0.0005	0.9					6.8		
23	0.0003	0.9			<1.0*	9.0	6.8	7.550	
24	0.0008	0.9					6.9		
25	0.0003								
26	0.0003								
27	0.0021								
28	0.0004	0.9					6.8		
29	0.0003	0.9					6.9		
30	0.0004	0.9					6.8		
31	0.0006	0.9					6.8		
TOT	0.0253	19.8	63	132	4.0	18.0	152.2	38.350	10
AVG	0.0008	0.9	63	132	2.0	9.0	6.9	19.175	10
MAX	0.0028	0.9	63	132	3.0	9.0	7.2	30.800	10
MIN	0.0002	0.9	63	132	1.0	9.0	6.8	7.550	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: Kenneth A Snyder DATE: 6-17-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: June YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED: *

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth L Ingold B 3180
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.0005
(17)	PERMITTED CAPACITY	mgd	****	.00336
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0005
(19)	PERCENT OF PERMITTED CAPACITY	%	****	2
(20)	CBOD5 EFFLUENT	mg/l	080082	10.0
(21)	CBOD5 EFFLUENT	lbs/day	****	0
(22)	TSS EFFLUENT	mg/l	900201	2.4
(23)	TSS EFFLUENT	lbs/day	****	0
(24)	MINIMUM pH		****	7.2
(25)	MAXIMUM pH		****	7.5
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	N/A
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	0.52
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	0.
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	<

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

June 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0004								
02	0.0004								
03	0.0004	0.9					7.3		
04	0.0003	0.9					7.3		< 1
05	0.0004	0.9					7.5		
06	0.0004	0.9	98	79	10.0	2.4	7.4	0.520	
07	0.0005	0.9					7.3		
08	0.0003								
09	0.0005								
10	0.0004	0.9					7.5		
11	0.0004	0.9					7.4		
12	0.0004	0.9					7.4		
13	0.0003	0.9					7.4		
14	0.0005	0.9					7.3		
15	0.0008								
16	0.0010								
17	0.0008	0.9					7.2		
18	0.0002	0.9					7.3		
19	0.0004	0.9					7.3		
20	0.0004	0.9					7.3		
21	0.0006	0.9					7.4		
22	0.0006								
23	0.0005								
24	0.0008	0.9					7.3		
25	0.0001	0.9					7.3		
26	0.0002	0.9					7.3		
27	0.0007	0.9					7.5		
28	0.0008	0.9					7.5		
29	0.0007								
30	0.0008								
TOT	0.0150	18.0	98	79	10.0	2.4	147.2	0.520	1
AVG	0.0005	0.9	98	79	10.0	2.4	7.4	0.520	1
MAX	0.0010	0.9	98	79	10.0	2.4	7.5	0.520	1
MIN	0.0001	0.9	98	79	10.0	2.4	7.2	0.520	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: Kenneth L Snyder DATE: 7-9-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: April YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145I10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth Lynch B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0008
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0008
(19) PERCENT OF PERMITTED CAPACITY	%	****	2
(20) CBOD5 EFFLUENT	mg/l	080082	12.2
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	18.9
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.1
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	0.430
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	< 1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

April 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0008	0.9					7.1		
02	0.0005	0.9					7.1		
03	0.0005	0.9					7.1		
04	0.0010	0.9					7.2		
05	0.0012	0.9					7.4		
06	0.0008								
07	0.0008								
08	0.0010	0.9					7.2		
09	0.0008	0.9					7.4		<1
10	0.0005	0.9					7.4		
11	0.0008	0.9	45	66	12.2	18.9	7.4	0.430	
12	0.0011	0.9					7.4		
13	0.0007								
14	0.0005								
15	0.0005	0.9					7.5		
16	0.0013	0.9					7.4		
17	0.0006	0.9					7.4		
18	0.0008	0.9					7.4		
19	0.0008	0.9					7.4		
20	0.0008								
21	0.0008								
22	0.0024	0.9					7.3		
23	0.0004	0.9					7.3		
24	0.0004	0.9					7.4		
25	0.0008	0.9					7.3		
26	0.0006	0.9					7.3		
27	0.0009	0.9					7.4		
28	0.0006	0.9					7.3		
29	0.0012	0.9					7.3		
30	0.0007	0.9					7.2		
TOT	0.0246	21.6	45	66	12.2	18.9	175.6	0.430	1
AVG	0.0008	0.9	45	66	12.2	18.9	7.3	0.430	1
MAX	0.0024	0.9	45	66	12.2	18.9	7.5	0.430	1
MIN	0.0004	0.9	45	66	12.2	18.9	7.1	0.430	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: Kenneth L Snyder DATE: 5-15-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: March YEAR: 1996

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: STATE ROAD A1A AT I-95

5) CITY: YULEE

6) COUNTY: NASSAU

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D045-184471

9) PLANT TYPE: 3D

10) TEST SITE IDENTIFICATION NUMBER: 3145I10478

11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR B 3180
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.0009
(17)	PERMITTED CAPACITY	mgd	****	.00336
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0009
(19)	PERCENT OF PERMITTED CAPACITY	%	****	2
(20)	CBOD5 EFFLUENT	mg/l	080082	31.3
(21)	CBOD5 EFFLUENT	lbs/day	****	0
(22)	TSS EFFLUENT	mg/l	900201	12.2
(23)	TSS EFFLUENT	lbs/day	****	0
(24)	MINIMUM pH		****	7.0
(25)	MAXIMUM pH		****	7.2
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	N/A
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	0.510
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	< 1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

March 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0006	0.9					7.1		
02	0.0005	0.9					7.1		
03	0.0005	0.9					7.0		
04	0.0004	0.9					7.0		
05	0.0003	0.9					7.0		
06	0.0004	0.9					7.0		
07	0.0004	0.9					7.1		
08	0.0007	0.9					7.0		
09	0.0023								
10	0.0006								
11	0.0004	0.9					7.2		
12	0.0020	0.9					7.1		
13	0.0020	0.9					7.1		
14	0.0004	0.9	198	566	31.9	12.2	7.1	0.510	<1
15	0.0005	0.9					7.1		
16	0.0007								
17	0.0004								
18	0.0010	0.9					7.2		
19	0.0005	0.9					7.2		
20	0.0004	0.9					7.1		
21	0.0009	0.9			30.7		7.2		
22	0.0008	0.9					7.1		
23	0.0024								
24	0.0006								
25	0.0007	0.9					7.2		
26	0.0004	0.9					7.1		
27	0.0004	0.9					7.2		
28	0.0012	0.9					7.2		
29	0.0006	0.9					7.0		
30	0.0031								
31	0.0005								
TOT	0.0266	20.7	198	566	62.6	12.2	163.4	0.510	<1
AVG	0.0009	0.9	198	566	31.3	12.2	7.1	0.510	<1
MAX	0.0031	0.9	198	566	31.9	12.2	7.2	0.510	<1
MIN	0.0003	0.9	198	566	30.7	12.2	7.0	0.510	<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: Kenneth Snyder DATE: 4-11-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: February YEAR: 1996

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: STATE ROAD A1A AT I-95

5) CITY: YULEE

6) COUNTY: NASSAU

7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

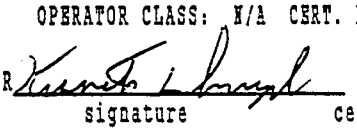
NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR  B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0006
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0006
(19) PERCENT OF PERMITTED CAPACITY	%	****	2
(20) CBOD5 EFFLUENT	mg/l	080082	16.0
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	12.4
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.1
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	0.240
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	0.9
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

February 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0004	0.9					7.4		
02	0.0003	0.9					7.1		
03	0.0004								
04	0.0005								
05	0.0007	0.9					7.5		
06	0.0005	0.9					7.4		
07	0.0005	0.9					7.5		
08	0.0005	0.9					7.5		
09	0.0004	0.9					7.4		
10	0.0008								
11	0.0003								
12	0.0002	0.9					7.4		
13	0.0005	0.9					7.3		<1
14	0.0008	0.9					7.4		
15	0.0007	0.9	78	76	16.0	12.4	7.4	0.240	
16	0.0004	0.9					7.4		
17	0.0011								
18	0.0009								
19	0.0005								
20	0.0023	0.9					7.3		
21	0.0005	0.9					7.3		
22	0.0005	0.9					7.3		
23	0.0007	0.9					7.3		
24	0.0005								
25	0.0008								
26	0.0007	0.9					7.2		
27	0.0004	0.9					7.3		
28	0.0003	0.9					7.2		
29	0.0005	0.9					7.2		
TOT	0.0176	18.0	78	76	16.0	12.4	146.8	0.240	1
AVG	0.0006	0.9	78	76	16.0	12.4	7.3	0.240	1
MAX	0.0023	0.9	78	76	16.0	12.4	7.5	0.240	1
MIN	0.0002	0.9	78	76	16.0	12.4	7.1	0.240	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: Kenneth A Snyder DATE: 3-11-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

PART II - GENERAL INFORMATION

(1) MONTH: January YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth L Snyder B 3180
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.00(
(17)	PERMITTED CAPACITY	mgd	****	.003
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.00
(19)	PERCENT OF PERMITTED CAPACITY	%	****	
(20)	CBOD5 EFFLUENT	mg/l	080082	1
(21)	CBOD5 EFFLUENT	lbs/day	****	
(22)	TSS EFFLUENT	mg/l	900201	15
(23)	TSS EFFLUENT	lbs/day	****	
(24)	MINIMUM pH		****	7
(25)	MAXIMUM pH		****	7
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	N/A
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	0.2
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	0
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	0
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

January 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0008								
02	0.0006	0.9					7.8		<1
03	0.0002	0.9					7.8		
04	0.0005	0.9	256	412	1.9	15.0	7.8	0.240	
05	0.0008	0.9					7.6		
06	0.0004								
07	0.0005								
08	0.0004								
09	0.0004	0.9					7.5		
10	0.0004	0.9					7.4		
11	0.0003	0.9					7.4		
12	0.0003	0.9					7.4		
13	0.0006								
14	0.0004								
15	0.0004	0.9					7.3		
16	0.0005	0.9					7.4		
17	0.0004	0.9					7.3		
18	0.0003	0.9					7.3		
19	0.0008	0.9					7.3		
20	0.0001								
21	0.0003								
22	0.0004	0.9					7.6		
23	0.0003	0.9					7.4		
24	0.0004	0.9					7.3		
25	0.0003	0.9					7.5		
26	0.0003	0.9					7.5		
27	0.0003								
28	0.0004								
29	0.0003	0.9					7.3		
30	0.0002	0.8					7.5		
31	0.0002	0.9					7.3		
TOT	0.0125	18.8	256	412	1.9	15.0	156.7	0.240	<1
AVG	0.0004	0.9	256	412	1.9	15.0	7.5	0.240	<1
MAX	0.0008	0.9	256	412	1.9	15.0	7.8	0.240	<1
MIN	0.0001	0.8	256	412	1.9	15.0	7.3	0.240	<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: Kenneth A Snyder DATE: 2-13-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865