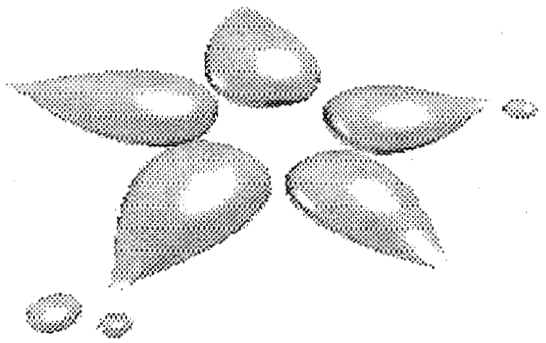
ORIGINAL



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
05507 MAY 18 98
FPSC-RECORDS/REPORTING

Book 4 of 7

SEWER
OPERATING REPORTS
1996

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: December YEAR: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.189 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	50053	0.542
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.576
(19) PERCENT OF PERMITTED CAPACITY	%	****	58
(20) CBOD 5 EFFLUENT	mg/l	80082	6.1
(21) TSS EFFLUENT	mg/l	90201	8.3
(22) CUOD	lbs/d	****	38.7
(23) NUOD	lbs/d	****	13.9
(24) UOD	lbs/d	****	52.6
(25)			
(26) ORGANIC NITROGEN	mg/l	00600	<0.01
(27) TOTAL NITROGEN	mg/l	00625	14.95
(28) TKN	mg/l	00610	0.64
(29) NITRATE + NITRITE	mg/l	71850	14.90
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	00665	2.04
(32) ORTHO-PHOSPHORUS	mg/l	****	1.94
(33) TOTAL AMMONIA (NH3-N)			<0.05
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	(0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	20
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	23
(38) MINIMUM pH		****	6.80
(39) MAXIMUM pH		****	7.10
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	12-05-96

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

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 max.	pH EFF min.	TKN EFF mg/l	CUOD EFF lbs/d	NUOD EFF lbs/d	UOD EFF lbs/d	FECAL COLIFORM (#/100ml)
01	0.612	0.5	< 0.20					7.00	6.80					
02	0.515	0.6	< 0.20					7.00	6.90					
03	0.508	0.6	< 0.20					7.00	6.90					26
04	0.510	0.7	< 0.20					7.10	6.90					
05	0.514	0.6	< 0.20	141	90	9.6	8.0	7.00	6.90	<0.05	58.9	1.0	59.8	
06	0.441	0.7	< 0.20					7.00	6.90					
07	0.646	0.7	< 0.20					7.00	6.80					
08	0.608	0.6	< 0.20					7.00	6.90					
09	0.500	0.6	< 0.20					7.00	6.80					
10	0.542	0.6	< 0.20					7.00	6.90					36
11	0.516	0.7	< 0.20					7.00	6.90					
12	0.573	0.5	< 0.20	114	111	5.4	5.9	7.00	6.80	0.37	36.9	8.1	45.0	
13	0.517	0.6	< 0.20					7.00	6.90					
14	0.639	0.6	< 0.20					7.00	6.90					
15	0.454	0.5	< 0.20					7.00	6.90					
16	0.503	0.6	< 0.20					7.00	6.90					
17	0.607	0.5	< 0.20					7.00	6.90					24
18	0.483	0.6	< 0.20					7.00	6.80					
19	0.500	0.6	< 0.20	146	66	4.7	11.0	7.00	6.80	<0.05	28.0	1.0	29.0	
20	0.510	0.6	< 0.20					7.00	6.90					
21	0.539	0.6	< 0.20					7.00	6.80					
22	0.551	0.6	< 0.20					7.00	6.90					
23	0.538	0.6	< 0.20					7.00	6.80					6
24	0.522	0.6	< 0.20					7.00	6.80					
25	0.441	0.6	< 0.20					7.00	6.90					
26	0.577	0.6	< 0.20	164	117	4.5	8.2	7.00	6.90	2.08	31.0	45.7	76.7	
27	0.579	0.6	< 0.20					7.00	6.90					
28	0.628	0.7	< 0.20					6.90	6.80					
29	0.650	0.6	< 0.20					7.00	6.80					
30	0.510	0.6	< 0.20					7.00	6.90					22
31	0.579	0.6	< 0.20					7.00	6.80					
TOTAL	16.812	18.7	< 0.20	565	384	24.2	33.1			2.55	154.8	55.7	210.5	114
MEAN	0.542	0.6	< 0.20	141	96	6.1	8.3			0.64	38.7	13.9	52.6	23
MAX	0.650	0.7	< 0.20	164	117	9.6	11.0	7.10	6.90	2.08				36
MIN	0.441	0.5	< 0.20	114	66	4.5	5.9	6.90	6.80	0.05				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: James L Keyes DATE: 1-13-97

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

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

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

FL0023621	001 1
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

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 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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	49.4	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	*******	LBS/DY	*******	*******	*******	*****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		5.2	*******	9.6	(19)	0	1/7	16comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.1	(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	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		5.3	*******	11.0	(19)	0		
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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	725-2805	97	01	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)*
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL-HOLLY OAKS

LOCATION 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PERMIT NUMBER	DISCHARGE NUMBER
FL0023621	001 1

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 | __ | ***

NOTE: Read instructions before completing this form.

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)
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		0.70	*******	2.08	(19)	0	1/7	16 comp
00625 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.558	*******	(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	0.542	0.650	(03)	*******	*******	*******		0	Cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	********		CONTINUOUS	RCDFLO
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 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	8	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	********	*******	200 ANNL AVG	*******	#/ 100ML		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 6 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)* * Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL-HOLLY OAKS

LOCATION 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) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0023621	001 1

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

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)

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)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	36	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	800 #/ DAILY MX	100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904 NUMBER 725-2865	YEAR 97 MO 01 DAY 20

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

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-HOLLY OAKS
LOCATION 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621 — PERMIT NUMBER
001 T — 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 | | ***

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 C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			

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)*
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-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-HOLLY OAKS
LOCATION 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621	001 T
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) 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)* 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)*
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C 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										
	SAMPLE MEASUREMENT										
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	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 97	MO 01	DAY 20

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."

Lab

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: November YEAR: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.168 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.577
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.578
(19) PERCENT OF PERMITTED CAPACITY	%	****	58
(20) CBOD 5 EFFLUENT	mg/l	080082	6.0
(21) TSS EFFLUENT	mg/l	900201	11.5
(22) CUOD	lbs/d	****	42.5
(23) NUOD	lbs/d	****	21.6
(24) UOD	lbs/d	****	64.1
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.62
(27) TOTAL NITROGEN	mg/L	000625	10.19
(28) TKN	mg/l	000610	0.98
(29) NITRATE + NITRITE	mg/l	071850	9.52
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	2.37
(32) ORTHO-PHOSPHORUS	mg/l	****	1.66
(33) TOTAL AMMONIA (NH3-N)			<0.05
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	9
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	19
(38) MINIMUM pH		****	6.80
(39) MAXIMUM pH		****	7.10
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	11-07-96

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH November YEAR 19

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CUOD EFF	NUOD EFF	UOD EFF	FECAL COLIFO
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100
01	0.507	0.6	< 0.20					7.00	6.80					
02	0.565	0.6	< 0.20					7.00	6.90					
03	0.625	0.5	< 0.20					7.00	6.90					
04	0.545	0.5	< 0.20					7.00	6.80					
05	0.604	0.5	< 0.20					7.00	6.90					16
06	0.529	0.6	< 0.20					7.00	6.80					
07	0.804	0.5	< 0.20	134	55	4.8	3.0	7.10	6.90	0.67	46.0	20.5	66.6	
08	0.540	0.6	< 0.20					7.10	7.00					
09	0.595	0.5	< 0.20					7.00	6.90					
10	0.580	0.5	< 0.20					7.00	6.90					
11	0.556	0.5	< 0.20					7.00	6.90					
12	0.522	0.6	< 0.20					7.00	6.80					4
13	0.518	0.5	< 0.20					7.00	6.90					
14	0.508	0.5	< 0.20	100	33	2.9	3.2	7.10	6.80	0.21	17.6	4.1	21.6	
15	0.461	0.5	< 0.20					7.10	7.00					
16	0.691	0.7	< 0.20					7.00	6.80					
17	0.719	1.2	< 0.20					7.00	6.90					
18	0.590	0.6	< 0.20					7.00	6.80					
19	0.571	0.6	< 0.20					7.00	6.80					5
20	0.562	0.6	< 0.20					7.00	6.90					
21	0.570	0.7	< 0.20	33	33	7.0	7.0	7.00	6.90	<0.05	47.6	1.1	48.7	
22	0.531	0.6	< 0.20					7.00	6.80					
23	0.611	0.8	< 0.20					7.00	6.90					
24	0.663	0.5	< 0.20					7.00	6.90					
25	0.558	0.5	< 0.20					7.10	6.90					
26	0.542	0.6	< 0.20					7.00	6.90					<
27	0.494	0.6	< 0.20					7.00	6.80					
28	0.534	0.5	< 0.20	184	149	9.2	32.9	7.00	6.90	2.99	58.6	60.8	119.5	
29	0.585	0.5	< 0.20					7.00	6.90					
30	0.636	0.5	< 0.20					7.00	6.90					
TOTAL	17.316	17.5	< 0.20	451	270	23.9	46.1			3.92	169.8	86.5	256.4	7
MEAN	0.577	0.6	< 0.20	113	68	6.0	11.5			0.98	42.5	21.6	64.1	1
MAX	0.804	1.2	< 0.20	184	149	9.2	32.9	7.10	7.00	2.99				5
MIN	0.461	0.5	< 0.20	33	33	2.9	3.0	7.00	6.80	0.05				

LEAD OPERATOR: THIS IS TO CERTIFY THAT 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 J Keyes DATE: 12-10-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

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

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

(2-16)	(17-19)
FL0023621	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)

TOTAL FACILITY DISCHARGE
(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)		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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	49.4	******	(26)	******	******	******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	******	LBS/DY	******	******	******	***** ****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		NODI=9	NODI=9	NODI=9	(19)	—	1/7	16 comp
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		5.2	******	9.2	(19)	0	1/7	16 comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	******	******		6.8	******	7.1	(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	******	******		NODI=9	NODI=9	NODI=9	(19)	—	1/7	16 comp
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		5.2	******	32.9	(19)	0	1/7	16 comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		NODI=9	NODI<9	NODI=9	(19)	—	1/7	16 comp
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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	775-2865		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)*
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

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

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

FL0023621	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

TOTAL FACILITY DISCHARGE 12545
(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)*
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		0.69	*******	2.99	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.559	*******	(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	0.577	0.804	(03)	*******	*******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	RCDFLO
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	60 MIN- DAILY MX	UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	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	*******	*******		*******	7	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 ANNL AVG	*******	#/ 100ML		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	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)* # Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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

(2-16)	(17-19)
FL0023621	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)

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)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	52	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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. Sambasivarthi 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. Sambasivarthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-7865	YEAR 96	MO 12	DAY 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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

FL0023621	001 T
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)

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

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12945

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 C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6mos	24comp
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 mos	24 comp
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	****	100 MINIMUM	*******	*******	PER-CENT			

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.)*	D. 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)* see attached HER report #842.
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-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-HOLLY OAKS
LOCATION 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621	001 T
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)*

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)*
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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	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)*
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: October YEAR: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.175 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.605
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.586
(19) PERCENT OF PERMITTED CAPACITY	%	****	59
(20) CBOD 5 EFFLUENT	mg/l	080082	3.8
(21) TSS EFFLUENT	mg/l	900201	2.2
(22) CUOD	lbs/d	****	28.0
(23) NUOD	lbs/d	****	1.4
(24) UOD	lbs/d	****	29.4
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.0
(27) TOTAL NITROGEN	mg/L	000625	11.75
(28) TKN	mg/l	000610	0.06
(29) NITRATE + NITRITE	mg/l	071850	11.70
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	2.51
(32) ORTHO-PHOSPHORUS	mg/l	****	2.27
(33) TOTAL AMMONIA (NH3-N)			<0.05
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	9
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	19
(38) MINIMUM pH		****	6.80
(39) MAXIMUM pH		****	7.10
(40) METHOD CODE for TRC: 4500-Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	10-03-96

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH October YEAR 1996

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CBOD EFF	NBOD EFF	BOD EFF	FECAL COLIFORM
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100ml)
01	0.525	0.5	< 0.20					6.90	6.80					8
02	0.526	0.6	< 0.20					7.10	6.90					
03	0.772	0.6	< 0.20	100	59	3.0	1.4	6.90	6.80	< 0.05	27.6	1.5	29.1	
04	0.546	0.5	< 0.20					7.00	6.90					
05	0.582	0.6	< 0.20					7.00	6.90					
06	0.747	0.6	< 0.20					7.00	6.80					
07	1.017	0.5	< 0.20					7.00	6.90					
08	0.837	0.5	< 0.20					7.10	6.90					
09	0.629	0.5	< 0.20					7.10	6.80					
10	0.657	0.6	< 0.20	62	50	6.2	3.6	7.00	6.80	< 0.05	48.6	1.3	49.8	10
11	0.546	0.5	< 0.20					7.00	6.90					
12	0.603	0.5	< 0.20					7.00	6.90					
13	0.638	0.5	< 0.20					7.00	6.90					
14	0.601	0.5	< 0.20					7.10	7.00					
15	0.585	0.5	< 0.20					7.10	6.90					72
16	0.552	0.6	< 0.20					7.00	6.80					
17	0.537	0.5	< 0.20	108	46	3.0	1.8	7.10	6.90	0.10	19.2	2.0	21.3	
18	0.577	0.6	< 0.20					7.00	6.80					
19	0.609	0.5	< 0.20					7.00	6.90					
20	0.634	0.5	< 0.20					7.00	6.90					
21	0.460	0.6	< 0.20					7.00	6.80					
22	0.508	0.5	< 0.20					7.00	6.80					< 4
23	0.514	0.5	< 0.20					7.00	6.90					
24	0.625	0.5	< 0.20	78	43	3.2	2.1	7.00	6.90	< 0.05	23.9	1.2	25.1	
25	0.524	0.6	< 0.20					7.00	6.90					
26	0.641	0.6	< 0.20					7.00	6.90					
27	0.670	0.5	< 0.20					7.00	6.80					
28	0.543	0.5	< 0.20					7.10	6.90					
29	0.531	0.5	< 0.20					7.00	6.80					2
30	0.517	0.6	< 0.20					7.10	7.00					
31	0.511	0.5	< 0.20	129	168	3.4	1.9	7.00	6.90	< 0.05	20.7	1.0	21.7	
TOTAL	18.764	16.6	< 0.20	477	366	18.8	10.8			0.30	140.0	6.9	147.0	96
MEAN	0.605	0.5	< 0.20	95	73	3.8	2.2			0.06	28.0	1.4	29.4	19
MAX	1.017	0.6	< 0.20	129	168	6.2	3.6	7.10	7.00	0.10				72
MIN	0.460	0.5	< 0.20	62	43	3.0	1.4	6.90	6.80	0.05				2

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: James L Keyes DATE: 11-13-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY LOCATION JAX SUBURBAN UTIL-HOLLY OAKS
32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PERMIT NUMBER	DISCHARGE NUMBER
FL0023621	001 1

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 | | ***

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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	49.2	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	*******	LBS/DY	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		5.2	*******	6.2	(19)	0	1/7	16 comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.1	(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	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		4.8	*******	3.6	(19)	0	1/7	16 comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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	DAY

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

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023621 PERMIT NUMBER
(17-19) 001 1 DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 96 MO 10 DAY 01 TO YEAR 96 MO 10 DAY 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 | | ***
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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)*
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		0.69	*******		(19)	O	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.556	*******	(03)	*******	*******	*******		O	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	0.605	1.017	(03)	*******	*******	*******		O	cont	Flow Mtr
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	RCDFLO
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) #	O	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	O	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	O	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	*******	*******		*******	7	*******	(13)	O	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 ANNL AVG	*******	#/ 100ML		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 11	DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* & Method code for TRC is 4500Cl(G). Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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

(2-16)	(17-19)
FL0023621	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) 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)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	72	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	800 #/ DAILY MX	100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 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)*
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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

FL0023621	001 T
PERMIT NUMBER	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 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			

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=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-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-HOLLY OAKS
LOCATION 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

(2-16)	(17-19)
FL0023621	001 T
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)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
12345
*** 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)
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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	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: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Kuppe. A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.126 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.560
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.588
(19) PERCENT OF PERMITTED CAPACITY	%	****	59
(20) CBOD 5 EFFLUENT	mg/l	080082	4.0
(21) TSS EFFLUENT	mg/l	900201	2.4
(22) CUOD	lbs/d	****	25.2
(23) NUOD	lbs/d	****	10.3
(24) UOD	lbs/d	****	35.5
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.9
(27) TOTAL NITROGEN	mg/L	000625	13.1
(28) TKN	mg/l	000610	0.50
(29) NITRATE	mg/l	071850	12.10
(30) NITRITE	mg/l	****	<0.05
(31) TOTAL PHOSPHORUS	mg/l	000685	2.75
(32) ORTHO-PHOSPHORUS	mg/l	****	2.50
(33) TOTAL AMMONIA (NH3-N)			<0.05
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	14
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	22
(38) MINIMUM pH		****	6.80
(39) MAXIMUM pH		****	7.10
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	09-05-96

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH September YEAR 19

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CUOD EFF	NUOD EFF	UOD EFF	FECAL COLIFO
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100
01	0.578	0.6	< 0.20					7.00	6.90					
02	0.627	0.6	< 0.20					7.00	6.90					
03	0.565	0.6	< 0.20					7.00	6.80					24
04	0.600	0.6	< 0.20					7.00	6.90					
05	0.555	0.6	< 0.20	106	51	3.4	2.2	7.00	6.80	0.95	22.5	20.1	42.6	
06	0.538	0.7	< 0.20					7.00	6.90					
07	0.643	0.6	< 0.20					7.00	6.80					
08	0.652	0.5	< 0.20					7.00	6.90					
09	0.524	0.5	< 0.20					7.00	6.90					
10	0.479	0.5	< 0.20					7.00	6.80					44
11	0.525	0.5	< 0.20					7.00	6.90					
12	0.547	0.6	< 0.20	85	41	4.9	2.4	7.00	6.90	0.14	32.0	2.9	34.9	
13	0.556	0.6	< 0.20					7.00	6.90					
14	0.663	0.6	< 0.20					7.00	6.90					
15	0.604	0.5	< 0.20					7.00	6.90					
16	0.549	0.5	< 0.20					7.00	6.90					
17	0.555	0.5	< 0.20					7.00	6.90					16
18	0.561	0.6	< 0.20					7.00	6.90					
19	0.502	0.5	< 0.20	101	60	3.8	2.4	7.00	6.90	0.38	22.8	7.3	30.0	
20	0.479	0.5	< 0.20					7.00	6.90					
21	0.550	0.6	< 0.20					7.00	6.90					
22	0.606	0.5	< 0.20					7.00	6.90					
23	0.554	0.6	< 0.20					7.10	6.90					
24	0.523	0.5	< 0.20					7.00	6.80					<
25	0.492	0.6	< 0.20					7.00	6.80					
26	0.522	0.5	< 0.20	120	53	3.8	2.4	7.00	6.80	0.54	23.7	10.7	34.4	
27	0.501	0.5	< 0.20					7.00	6.90					
28	0.615	0.7	< 0.20					7.00	6.90					
29	0.619	0.6	< 0.20					7.00	6.90					
30	0.506	0.6	< 0.20					7.10	7.00					
TOTAL	16.790	16.9	< 0.20	412	205	15.9	9.4			2.01	100.9	41.0	141.9	8
MEAN	0.560	0.6	< 0.20	103	51	4.0	2.4			0.50	25.2	10.3	35.5	2
MAX	0.663	0.7	< 0.20	120	60	4.9	2.4	7.10	7.00	0.95				44
MIN	0.479	0.5	< 0.20	85	41	3.4	2.2	7.00	6.80	0.14				<

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: James L Keyes DATE: 10-9-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY LOCATION JAX SUBURBAN UTIL-HOLLY OAKS
32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

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

(2-16) FL0023621 — PERMIT NUMBER

(17-19) 001 1 — DISCHARGE NUMBER

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)

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)* 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)*
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	52.7	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	*******	LBS/DY	*******	*******	*******	*****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		5.4	*******	4.9	(19)	0	1/7	16comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.1	(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	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		5.1	*******	2.4	(19)	0		
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NOMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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

(2-16)	(17-19)
FL0023621	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 |__| ***

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)
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		0.78	*******	0.95	(19)	0	1/7	16 comp
00625 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.562	*******	(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	0.560	0.663	(03)	*******	*******	*******		0	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	******* ****	****		CONTIN UOUS	RCDFLO
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 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	6	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* ****	****	*******	200 ANNL AVG	******* #/	100ML		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
~~Alfred~~ 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.)*		904 725-3865	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)* *Method code for TRC is 4500 Cl(G), Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ~~ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.~~

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32239
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
FL0023621	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 |__| ***

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

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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)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	44	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 904	NUMBER 725-3865	YEAR 96	MO 10	DAY 21

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

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FACILITY JAX SUBURBAN UTIL-HOLLY OAKS
LOCATION 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023621 PERMIT NUMBER
(17-19) 001 T 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)

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 C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			

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 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."

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

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

FL0023621 (2-16)	001 T (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)

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)
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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=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: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes. A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.203 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALU
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.56
(17) PERMITTED CAPACITY			1.00
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.57
(19) PERCENT OF PERMITTED CAPACITY	%	****	5
(20) CBOD 5 EFFLUENT	mg/l	080082	3.
(21) TSS EFFLUENT	mg/l	900201	3.
(22) CUOD	lbs/d	****	26.
(23) NUOD	lbs/d	****	18.
(24) UOD	lbs/d	****	45.
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	2.11
(27) TOTAL NITROGEN	mg/L	000625	10.0
(28) TKN	mg/l	000610	0.8
(29) NITRATE	mg/l	071850	7.83
(30) NITRITE	mg/l	****	<0.05
(31) TOTAL PHOSPHORUS	mg/l	000685	1.7
(32) ORTHO-PHOSPHORUS	mg/l	****	1.8
(33) TOTAL AMMONIA (NH3-N)			<0.05
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.2
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	
(38) MINIMUM pH		****	6.9
(39) MAXIMUM pH		****	7.0
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.2
(41) SAMPLE DATE for NUTRIENTS		****	08-08-9

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH August YEAR 19

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CBOD EFF	NBOD EFF	BOD EFF	FECAL COLIFO
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100
01	0.587	0.7	< 0.20	137	40	3.5	2.4	7.00	6.90	0.74	24.5	16.6	41.1	
02	0.530	0.7	< 0.20					7.00	6.90					
03	0.621	0.8	< 0.20					7.00	6.90					
04	0.607	0.5	< 0.20					7.00	6.90					
05	0.600	0.6	< 0.20					7.00	6.90					
06	0.595	0.5	< 0.20					7.00	6.90					1
07	0.610	0.5	< 0.20					7.00	6.90					
08	0.602	0.6	< 0.20	154	136	4.1	3.9	7.00	6.90	2.16	29.4	49.6	79.0	
09	0.557	0.5	< 0.20					7.00	6.90					
10	0.643	0.5	< 0.20					7.00	6.90					
11	0.587	0.5	< 0.20					7.00	6.90					
12	0.504	0.5	< 0.20					7.00	6.90					
13	0.590	0.5	< 0.20					7.00	6.90					<
14	0.502	0.5	< 0.20					7.00	6.90					
15	0.556	0.6	< 0.20	153	231	3.5	2.7	7.00	6.90	0.57	23.2	12.1	35.3	
16	0.517	0.5	< 0.20					7.00	6.90					
17	0.567	0.6	< 0.20					7.00	6.90					
18	0.587	0.5	< 0.20					7.00	6.90					
19	0.568	0.5	< 0.20					7.00	6.90					
20	0.528	0.6	< 0.20					7.00	6.90					<
21	0.513	0.5	< 0.20					7.00	6.90					
22	0.558	0.7	< 0.20	123	121	4.2	2.8	7.00	6.90	0.30	28.0	6.4	34.3	
23	0.523	1.4	< 0.20					7.00	6.90					
24	0.595	0.7	< 0.20					7.00	6.90					
25	0.623	0.5	< 0.20					7.00	6.90					
26	0.541	0.6	< 0.20					7.00	6.90					
27	0.562	0.6	< 0.20					7.00	6.90					1
28	0.472	0.6	< 0.20					7.00	6.90					
29	0.561	0.6	< 0.20	122	52	3.8	4.6	7.00	6.90	0.46	25.4	9.8	35.3	
30	0.577	0.6	< 0.20					7.00	6.90					
31	0.563	0.5	< 0.20					7.00	6.90					
TOTAL	17.546	18.5	< 0.20	689	580	19.1	16.4			4.23	130.6	94.4	225.0	2
MEAN	0.566	0.6	< 0.20	138	116	3.8	3.3			0.85	26.1	18.9	45.0	
MAX	0.643	1.4	< 0.20	154	231	4.2	4.6	7.00	6.90	2.16				1
MIN	0.472	0.5	< 0.20	122	40	3.5	2.4	7.00	6.90	0.30				

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: James I Keyes DATE: 9-11-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

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

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

FL0023621 — 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)

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)*		(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)*
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	57.3	******	(26)	******	******	******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	******	LBS/DY	******	******	******	***** ****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		NODI=9	NODI=9	NODI=9	(19)	—	1/7	16comp
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		5.4	******	4.2	(19)	0	1/7	16comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	******	******		6.9	******	7.0	(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	******	******		NODI=9	NODI=9	NODI=9	(19)	—	—	—
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		5.2	******	4.6	(19)	0	1/7	16comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		NODI=9	NODI=9	NODI=9	(19)	—	—	—
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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 09 | DAY 24

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

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 SID. UNITS.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023621 PERMIT NUMBER
(17-19) 001 1 DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 96 MO 08 DAY 01 TO YEAR 96 MO 08 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 | | ***
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 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)*
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		0.82	*******		(19)	0	1/7	16 comp
00625 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.596	*******	(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	0.566	0.643	(03)	*******	*******	*******		0	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	******* ****	****		CONTINUOUS	RCOFLO
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 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	60 DAILY MX	MINUTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	Calc
72108 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	1.0 DAILY MX	PERCENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	5	*******	(13)	0	1/30	Calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* ****	****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD

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 904	NUMBER 725-8865	YEAR 96	MO 09	DAY 24
Vice President	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* * Method Code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

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

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

FL0023621 (2-16) PERMIT NUMBER	001 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)
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)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	16	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.)*	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: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL-HOLLY OAKS

LOCATION 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) FL0023621 PERMIT NUMBER

(17-19) 001 T 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)
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 C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 AREA CODE	725-2865 NUMBER	96 YEAR	09 MO	24 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)*
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ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621	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)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004
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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)*
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C 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										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
M. Tambamurthi 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. Tambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 AREA CODE	725-2865 NUMBER	96 YEAR	09 MO	24 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."

PART II GENERAL INFORMATION

(1) MONTH: July YEAR: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.196 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.625
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.547
(19) PERCENT OF PERMITTED CAPACITY	%	****	55
(20) CBOD 5 EFFLUENT	mg/l	080082	3.8
(21) TSS EFFLUENT	mg/l	900201	2.5
(22) CUOD	lbs/d	****	28.3
(23) NUOD	lbs/d	****	17.9
(24) UOD	lbs/d	****	46.2
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.91
(27) TOTAL NITROGEN	mg/L	000625	8.12
(28) TKN	mg/l	000610	0.73
(29) NITRATE	mg/l	071850	6.23
(30) NITRITE	mg/l	****	0.10
(31) TOTAL PHOSPHORUS	mg/l	000685	2.39
(32) ORTHO-PHOSPHORUS	mg/l	****	2.34
(33) TOTAL AMMONIA (NH3-N)			0.88
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	1
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	1
(38) MINIMUM pH		****	6.80
(39) MAXIMUM pH		****	7.20
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	07-04-96

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH July YEAR 1

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CBOD EFF	NBOD EFF	BOD EFF	FECA COLIF
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/10
01	0.596	0.7	< 0.20					7.00	6.80					
02	0.602	0.6	< 0.20					7.00	6.90					<
03	0.609	0.8	< 0.20					7.00	6.90					
04	0.659	1.0	< 0.20	244	188	4.2	2.8	7.00	6.90	1.79	33.0	45.0	78.0	
05	0.587	0.6	< 0.20					7.00	6.90					
06	0.599	0.7	< 0.20					7.00	6.80					
07	0.608	1.0	< 0.20					7.00	6.90					
08	0.578	0.6	< 0.20					7.00	6.80					
09	0.555	0.6	< 0.20					7.00	6.90					
10	0.633	0.5	< 0.20					7.00	6.90					
11	0.553	0.5	< 0.20	168	164	3.4	2.8	7.00	6.90	0.45	22.4	9.5	31.9	
12	0.507	0.6	< 0.20					7.00	6.90					
13	0.577	0.5	< 0.20					7.00	6.90					
14	0.671	0.6	< 0.20					7.00	6.90					
15	0.638	0.5	< 0.20					7.00	6.90					
16	0.604	0.5	< 0.20					7.00	6.80					
17	0.622	0.5	< 0.20					7.00	6.90					
18	0.642	0.5	< 0.20	162	183	4.0	2.4	7.00	6.90	0.16	30.6	3.9	34.6	
19	0.569	0.6	< 0.20					7.00	6.90					
20	0.674	0.8	< 0.20					7.00	6.90					
21	0.748	0.6	< 0.20					7.00	6.90					
22	0.643	0.6	< 0.20					7.20	7.00					
23	0.586	0.5	< 0.20					7.10	6.90					<
24	0.628	0.5	< 0.20					7.00	6.90					
25	0.670	0.6	< 0.20	128	42	3.4	2.0	7.10	7.00	0.52	27.2	13.3	40.5	
26	0.671	0.5	< 0.20					7.10	7.00					
27	0.753	0.8	< 0.20					7.00	7.00					
28	0.735	0.7	< 0.20					7.00	6.90					
29	0.668	0.5	< 0.20					7.10	7.00					
30	0.577	0.5	< 0.20					7.00	6.90					
31	0.607	0.7	< 0.20					7.00	6.90					
TOTAL	19.369	19.2	< 0.20	702	577	15.0	10.0			2.92	113.3	71.6	184.9	
MEAN	0.625	0.6	< 0.20	176	144	3.8	2.5			0.73	28.3	17.9	46.2	
MAX	0.753	1.0	< 0.20	244	188	4.2	2.8	7.20	7.00	1.79				
MIN	0.507	0.5	< 0.20	128	42	3.4	2.0	7.00	6.80	0.16				

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDG AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: James L Keyes DATE: 8-13-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023621 PERMIT NUMBER
(17-19) 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)

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)*		*(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)*
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	5%	******	(26)	******	******	******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	******	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		NODI=9	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		5.4	******	4.2	(19)	0	1/7	16 comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	******	******		6.8	******	7.2	(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	******	******		NODI=9	NODI=9	NODI=9	(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		5.3	******	2.8	(19)	0	1/7	16 comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	20.0 ANNL AVG	******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	****** ****	****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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)*

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 SID. UNITS.

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

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

FL0023621	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) 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)*
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		0.88	******	1.79	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	******	******	**** ****	REPORT ANNL AVG	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.610	******	(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	0.625	0.753	(03)	******	******	******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	RCDFLO
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	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	******	******		******	6	******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	200 ANNL AVG	******	#/ 100ML		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 08 26 YEAR MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* *Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023621 PERMIT NUMBER
(17-19) 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)

TOTAL FACILITY DISCHARGE
(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)* *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUANTITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	2	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 #/ DAILY MX	100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.)*	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)*
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD.
ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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

FL0023621 (2-16)	001 T (17-19)
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)

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 C ERIODAPHNIA TAA3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)		1/6MOS	4 Grab
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA TAA3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)		1/6MOS	4 Grab
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA TBP3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA TBP3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			

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.)*

M. Sambamurthi
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* ~~OTHER REPORTS #5382 and 5383 attached.~~
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-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-HOLLY OAKS
LOCATION 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

(2-16)	(17-19)
FL0023621 PERMIT NUMBER	001 T 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)

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)		(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)
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NOAEC-9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 08	DAY 26

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."

Lab

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: June YEAR: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.168 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.55
(17) PERMITTED CAPACITY			1.00
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.52
(19) PERCENT OF PERMITTED CAPACITY	%	****	5
(20) CBOD 5 EFFLUENT	mg/l	080082	4.
(21) TSS EFFLUENT	mg/l	900201	2.
(22) CUOD	lbs/d	****	27.
(23) NUOD	lbs/d	****	8.
(24) UOD	lbs/d	****	35.
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.85
(27) TOTAL NITROGEN	mg/L	000625	7.7
(28) TKN	mg/l	000610	0.4
(29) NITRATE	mg/l	071850	6.75
(30) NITRITE	mg/l	****	<0.05
(31) TOTAL PHOSPHORUS	mg/l	000685	2.1
(32) ORTHO-PHOSPHORUS	mg/l	****	2.0
(33) TOTAL AMMONIA (NH3-N)			<0.05
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.2
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	
(38) MINIMUM pH		****	6.8
(39) MAXIMUM pH		****	7.0
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.2
(41) SAMPLE DATE for NUTRIENTS		****	06-06-9

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH June YEAR 199

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CUOD EFF	NUOD EFF	UOD EFF	FECAL COLIFOR
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100m
01	0.568	0.7	< 0.20					7.00	6.80					
02	0.586	1.0	< 0.20					7.00	6.90					
03	0.492	0.5	< 0.20					7.00	6.90					
04	0.489	0.6	< 0.20					7.00	6.90					16
05	0.496	0.6	< 0.20					7.00	6.90					
06	0.493	1.0	< 0.20	150	199	3.3	2.7	7.00	6.90	0.90	19.4	16.9	36.3	
07	0.498	0.6	< 0.20					7.00	6.90					
08	0.572	0.6	< 0.20					7.00	6.90					
09	0.585	1.2	< 0.20					7.00	6.90					
10	0.531	0.7	< 0.20					7.00	6.90					
11	0.513	0.8	< 0.20					7.00	6.90					8
12	0.557	0.5	< 0.20					7.00	6.90					
13	0.545	0.6	< 0.20	124	111	4.6	3.5	6.90	6.80	0.32	29.9	6.6	36.6	
14	0.513	0.7	< 0.20					6.90	6.80					
15	0.541	0.6	< 0.20					7.00	6.90					
16	0.593	0.5	< 0.20					7.00	6.90					
17	0.516	0.6	< 0.20					7.00	6.90					
18	0.559	0.8	< 0.20					7.00	6.90					8
19	0.476	0.8	< 0.20					7.00	6.80					
20	0.544	0.7	< 0.20	112	39	3.5	2.6	7.00	6.90	0.47	22.7	9.7	32.5	
21	0.542	0.7	< 0.20					7.00	6.90					
22	0.613	1.0	< 0.20					7.00	6.90					
23	0.678	0.6	< 0.20					7.00	6.90					
24	0.595	0.5	< 0.20					7.00	6.80					
25	0.576	0.6	< 0.20					7.00	6.90					<1
26	0.628	0.6	< 0.20					7.00	6.90					
27	0.564	0.9	< 0.20	151	80	5.4	2.3	7.00	6.90	<0.05	36.3	1.1	37.4	
28	0.618	0.7	< 0.20					7.00	6.90					
29	0.620	0.5	< 0.20					7.00	6.90					
30	0.601	0.5	< 0.20					7.00	6.90					
TOTAL	16.702	20.7	< 0.20	537	429	16.8	11.1			1.74	108.4	34.4	142.7	33
MEAN	0.557	0.7	< 0.20	134	107	4.2	2.8			0.44	27.1	8.6	35.7	8
MAX	0.678	1.2	< 0.20	151	199	5.4	3.5	7.00	6.90	0.90				16
MIN	0.476	0.5	< 0.20	112	39	3.3	2.3	6.90	6.80	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: James L Keyes DATE: 7-6-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621 — PERMIT NUMBER
001 1 — 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 DISCHARGE (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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	62.6	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	*******	LBS/DY	*******	*******	*******	**** ****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		5.4	*******	5.4	(19)	0	1/7	16 comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.0	(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	*******	*******		NODI=9	NODI=9	NODI=9	(19)		1	
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		5.4	*******	3.5	(19)	0	1/7	16 comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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 6 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: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

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

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0023621	001 1

MONITORING PERIOD

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

TOTAL FACILITY DISCHARGE
(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)
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		0.97	*******	0.90	(19)	0	1/7	16 comp
00625 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* ****	****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.616	*******	(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	0.557	0.678	(03)	*******	*******	*******		0	cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	******* ****	****		CONTINUOUS	RCDFLO
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 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	60 DAILY MX	MINUTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
72108 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	1.0 DAILY MX	PERCENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	7	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	******* ****	****	*******	200 ANNL AVG	*******	#/ 100ML		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 6 years.)*		AREA CODE 904	NUMBER 725-2865	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)* *Method code for TRC is 4500 C (6). Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

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

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

FL0023621 (2-16)	001 1 (17-19)
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 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 (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	16	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 #/ DAILY MX	100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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		
RHeil 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: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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

(2-16)	*(17-19)*
FL0023621	001 T
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

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)*
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			

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		
904	725-2865	96	07	17
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."

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

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

FL0023621 (2-16)	001 T (17-19)
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 |__| ***
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)
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C 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										
	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	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: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyser A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.189 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.513
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.532
(19) PERCENT OF PERMITTED CAPACITY	%	****	53
(20) CBOD 5 EFFLUENT	mg/l	080082	4.9
(21) TSS EFFLUENT	mg/l	900201	3.7
(22) CUOD	lbs/d	****	29.8
(23) NUOD	lbs/d	****	7.1
(24) UOD	lbs/d	****	36.9
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.48
(27) TOTAL NITROGEN	mg/L	000625	8.79
(28) TKN	mg/l	000610	0.3[illegible]
(29) NITRATE	mg/l	071850	8.21
(30) NITRITE	mg/l	****	<0.05
(31) TOTAL PHOSPHORUS	mg/l	000685	3.0[illegible]
(32) ORTHO-PHOSPHORUS	mg/l	****	2.9[illegible]
(33) TOTAL AMMONIA (NH3-N)			<0.05
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.[illegible]
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.2[illegible]
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	[illegible]
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	[illegible]
(38) MINIMUM pH		****	6.9[illegible]
(39) MAXIMUM pH		****	7.2[illegible]
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.2[illegible]
(41) SAMPLE DATE for NUTRIENTS		****	05-09-9[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH May YEAR 1

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CUOD EFF	NUOD EFF	UOD EFF	FECAL COLIF
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/10
01	0.547	0.7	< 0.20					7.00	6.90					
02	0.489	0.7	< 0.20	178	237	5.3	5.0	7.00	6.90	0.43	30.9	8.0	38.9	
03	0.497	0.8	< 0.20					7.00	6.90					
04	0.548	0.6	< 0.20					7.00	6.90					
05	0.573	0.7	< 0.20					7.10	7.00					
06	0.485	1.0	< 0.20					7.20	7.00					
07	0.481	1.0	< 0.20					7.00	6.90					2
08	0.469	0.8	< 0.20					7.00	6.90					
09	0.549	1.8	< 0.20	146	176	4.0	4.3	7.00	6.90	0.53	26.2	11.1	37.3	
10	0.485	0.7	< 0.20					7.00	6.90					
11	0.519	0.9	< 0.20					7.00	6.90					
12	0.553	0.7	< 0.20					7.00	6.90					
13	0.496	0.5	< 0.20					7.00	6.90					
14	0.476	0.6	< 0.20					7.00	6.90					4
15	0.499	0.5	< 0.20					7.00	6.90					
16	0.484	0.6	< 0.20	172	146	7.8	3.2	7.00	6.90	0.53	45.0	9.8	54.8	
17	0.468	0.7	< 0.20					7.10	6.90					
18	0.528	0.6	< 0.20					7.10	6.90					
19	0.583	0.7	< 0.20					7.10	6.90					
20	0.524	0.5	< 0.20					7.10	7.00					
21	0.512	0.5	< 0.20					7.10	7.00					4
22	0.470	0.5	< 0.20					7.00	6.90					
23	0.560	0.6	< 0.20	152	187	3.6	4.0	7.00	7.00	0.11	24.1	2.3	26.4	
24	0.488	0.6	< 0.20					7.00	6.90					
25	0.517	0.7	< 0.20					7.00	6.90					
26	0.508	0.6	< 0.20					7.00	6.90					
27	0.573	0.5	< 0.20					7.00	6.90					
28	0.530	0.6	< 0.20					7.00	6.90					27
29	0.514	0.5	< 0.20					7.00	6.90					
30	0.494	0.7	< 0.20	187	191	3.9	1.8	7.10	6.90	0.22	23.0	4.1	27.1	
31	0.480	0.5	< 0.20					7.00	6.90					
TOTAL	15.899	21.4	< 0.20	835	937	24.6	18.3			1.82	149.2	35.4	184.6	37
MEAN	0.513	0.7	< 0.20	167	187	4.9	3.7			0.36	29.8	7.1	36.9	9
MAX	0.583	1.8	< 0.20	187	237	7.8	5.0	7.20	7.00	0.53				27
MIN	0.468	0.5	< 0.20	146	146	3.6	1.8	7.00	6.90	0.11				2

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: James L Keyes DATE: 6-12-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

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

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0023621	001 1

MONITORING PERIOD

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

TOTAL FACILITY DISCHARGE (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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	72.3	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.6 ANNL AVG	*******	LBS/DY	*******	*******	*******	********		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		5.7	*******	7.8	(19)	0	1/7	16 comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	*******	*******		6.9	*******	7.2	(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	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		7.4	*******	5.0	(19)	0	1/7	16 comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	********	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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	725-2865	96	06	20
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NODMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621 PERMIT NUMBER | 001 1 DISCHARGE NUMBER

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

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	05	01	TO	96	05	31

TOTAL FACILITY DISCHARGE (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)
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		1.25	*******	0.53	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.628	*******	(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	0.513	0.583	(03)	*******	*******	*******		0	cont	Flow Mete
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTINUOUS	RCDFLO
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) #	0	1/day	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	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	*******	*******		*******	10	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******	#/ 100ML		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	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)* # Method code for TRC is 4500 Cl(G), Detection limit is 0.20 mg/L
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0023621	001 1

MONITORING PERIOD

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

TOTAL FACILITY DISCHARGE
(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)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	27	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	30

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

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCUE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621	001 T
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)

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

OMB No. 2040-0004
Approval expires 05-31-98
12545

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 C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 MOS	24 COMP
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 MOS	24 COMP
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT			

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. § 1318. *(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	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)*
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."

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ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
FL0023621	001 T
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)

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 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)
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)	0		
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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 06, DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* see HER report # 811.
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: April YEAR: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.182 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.529
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.537
(19) PERCENT OF PERMITTED CAPACITY	%	****	54
(20) CBOD 5 EFFLUENT	mg/l	080082	5.9
(21) TSS EFFLUENT	mg/l	900201	4.9
(22) CUOD	lbs/d	****	35.7
(23) NUOD	lbs/d	****	13.0
(24) UOD	lbs/d	****	48.7
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.17
(27) TOTAL NITROGEN	mg/L	000625	6.97
(28) TKN	mg/l	000610	0.69
(29) NITRATE	mg/l	071850	6.70
(30) NITRITE	mg/l	****	<0.05
(31) TOTAL PHOSPHORUS	mg/l	000685	2.11
(32) ORTHO-PHOSPHORUS	mg/l	****	1.88
(33) TOTAL AMMONIA (NH3-N)			<0.05
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	4
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	6
(38) MINIMUM pH		****	6.80
(39) MAXIMUM pH		****	7.10
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	04-11-96

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH April YEAR 19

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CUOD EFF	NUOD EFF	UOD EFF	FECAL COLIFO
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100
01	0.593	0.7	< 0.20					7.00	6.90					
02	0.517	0.5	< 0.20					7.00	6.90					8
03	0.520	0.5	< 0.20					7.00	6.90					
04	0.496	0.8	< 0.20	178	169	3.9	3.0	7.00	6.90	0.94	23.1	17.8	40.8	
05	0.510	0.7	< 0.20					7.00	6.90					
06	0.549	0.8	< 0.20					7.00	6.90					
07	0.550	0.7	< 0.20					7.10	6.90					
08	0.519	1.0	< 0.20					7.00	6.90					
09	0.563	1.0	< 0.20					7.00	6.90					2
10	0.479	0.9	< 0.20					7.00	6.90					
11	0.539	1.0	< 0.20	145	95	6.4	6.5	7.00	6.90	0.22	41.2	4.5	45.7	
12	0.530	1.0	< 0.20					7.00	6.80					
13	0.528	0.6	< 0.20					7.00	6.90					
14	0.597	0.8	< 0.20					7.10	7.00					
15	0.554	0.9	< 0.20					7.10	7.00					
16	0.555	1.0	< 0.20					7.10	7.00					2
17	0.550	0.5	< 0.20					7.10	6.90					
18	0.495	0.9	< 0.20	193	195	7.2	5.2	7.10	7.00	1.12	42.5	21.1	63.6	
19	0.470	0.5	< 0.20					7.10	7.00					
20	0.520	0.6	< 0.20					7.10	7.00					
21	0.565	1.2	< 0.20					7.10	7.00					
22	0.544	1.0	< 0.20					7.10	6.90					
23	0.480	0.6	< 0.20					7.00	6.90					4
24	0.506	1.4	< 0.20					7.10	7.00					
25	0.488	1.0	< 0.20	274	191	6.2	4.9	7.10	6.90	0.46	36.1	8.6	44.7	
26	0.481	0.9	< 0.20					7.10	7.00					
27	0.528	0.9	< 0.20					7.00	6.90					
28	0.574	0.7	< 0.20					7.10	6.90					
29	0.519	0.7	< 0.20					7.00	6.90					
30	0.550	0.8	< 0.20					7.10	6.90					14
TOTAL	15.869	24.6	< 0.20	790	650	23.7	19.6			2.74	142.8	52.0	194.8	30
MEAN	0.529	0.8	< 0.20	198	163	5.9	4.9			0.69	35.7	13.0	48.7	6
MAX	0.597	1.4	< 0.20	274	195	7.2	6.5	7.10	7.00	1.12				14
MIN	0.470	0.5	< 0.20	145	95	3.9	3.0	7.00	6.80	0.22				2

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: James L Keyes DATE: 5-8-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

(*)

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621 — PERMIT NUMBER
001 1 — 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)

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

OMB No. 2040-0004
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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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	72.5	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	*******	LBS/DY	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP 16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		5.4	*******	5.9	(19)	0	1/7	16 comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP 16
PH	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.1	(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	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP 16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		7.4	*******	4.9	(19)	0	1/7	16 comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP 16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP 16

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)*

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: FL0023621

(17-19) DISCHARGE NUMBER: 001 1

MONITORING PERIOD: FROM YEAR 96 MO 04 DAY 01 TO YEAR 96 MO 04 DAY 30

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

TOTAL FACILITY DISCHARGE
(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)
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		1.30	*******	0.69	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.635	*******	(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	0.529	0.597	(03)	*******	*******	*******		0	Cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	*****		CONTINUOUS	RCDFLO
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	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	*******	*******		*******	10	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD

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.)*		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)* * Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 STD. UNITS.

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR) (2-16)

FL0023621 — PERMIT NUMBER

001 1 — 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)

TOTAL FACILITY DISCHARGE (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)
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	14	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

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 05 | DAY 23

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

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NOMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621	001 T
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)

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 STAT 48HR ACU C	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
ERIODAPHNIA					NODI=9						
TAA3B P 0 1	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-			
SEE COMMENTS BELOW				*****	MINIMUM			CENT			
LC50 STAT 48HR ACU C	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
ERIODAPHNIA					NODI=9						
TAA3B Q 0 1	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-			
SEE COMMENTS BELOW				*****	MINIMUM			CENT			
LC50 STATRE 96HR ACU	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
PIMEPHALES					NODI=9						
TAN6C P 0 1	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-			
SEE COMMENTS BELOW				*****	MINIMUM			CENT			
LC50 STATRE 96HR ACU	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
PIMEPHALES					NODI=9						
TAN6C Q 0 1	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-			
SEE COMMENTS BELOW				*****	MINIMUM			CENT			
NOEL STATRE 7DAY CHR	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
CERIODAPHNIA					NODI=9						
TBP3B P 0 1	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-			
SEE COMMENTS BELOW				*****	MINIMUM			CENT			
NOEL STATRE 7DAY CHR	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
CERIODAPHNIA					NODI=9						
TBP3B Q 0 1	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-			
SEE COMMENTS BELOW				*****	MINIMUM			CENT			
NOEL STATRE 7DAY CHR	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
PIMEPHALES					NODI=9						
TBP6C P 0 1	PERMIT REQUIREMENT	*******	*******	*****	100	*******	*******	PER-			
SEE COMMENTS BELOW				*****	MINIMUM			CENT			

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	725-2825	96	05	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)*

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."

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
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JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
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ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
FL0023621	001 T
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)

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

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)
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C 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										
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	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	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)*

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: March YEAR: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.196 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.544
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.543
(19) PERCENT OF PERMITTED CAPACITY	%	****	54
(20) CBOD 5 EFFLUENT	mg/l	080082	7.1
(21) TSS EFFLUENT	mg/l	900201	8.6
(22) CUOD	lbs/d	****	43.5
(23) NUOD	lbs/d	****	35.4
(24) UOD	lbs/d	****	78.9
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	.83
(27) TOTAL NITROGEN	mg/L	000625	6.31
(28) TKN	mg/l	000610	1.77
(29) NITRATE	mg/l	071850	2.67
(30) NITRITE	mg/l	****	< 0.05
(31) TOTAL PHOSPHORUS	mg/l	000685	1.11
(32) ORTHO-PHOSPHORUS	mg/l	****	0.76
(33) TOTAL AMMONIA (NH3-N)			2.76
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	17
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	31
(38) MINIMUM pH		****	6.70
(39) MAXIMUM pH		****	7.10
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	03-07-96

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH March YEAR 199

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CUOD EFF	NUOD EFF	UOD EFF	FECAL COLIFOR
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100
01	0.564	0.5	< 0.20					7.00	6.90					
02	0.565	0.6	< 0.20					7.00	6.90					
03	0.550	1.0	< 0.20					7.00	6.90					
04	0.506	0.8	< 0.20					7.00	6.80					
05	0.506	0.8	< 0.20					7.00	6.90					2
06	0.499	0.8	< 0.20					7.00	6.90					
07	0.549	1.0	< 0.20	168	90	6.1	8.2	7.00	6.90	3.59	40.0	75.1	115.1	
08	0.556	0.8	< 0.20					7.10	7.00					
09	0.619	0.8	< 0.20					7.00	6.70					
10	0.683	0.8	< 0.20					7.00	6.90					
11	0.609	0.5	< 0.20					7.00	6.90					
12	0.550	0.5	< 0.20					7.00	6.90					22
13	0.520	0.8	< 0.20					7.00	6.90					
14	0.508	0.8	< 0.20	168	96	7.4	8.4	7.00	6.90	1.30	44.8	25.2	70.0	
15	0.455	0.9	< 0.20					7.00	6.90					
16	0.515	0.5	< 0.20					7.10	6.90					
17	0.551	1.1	< 0.20					7.00	6.90					
18	0.550	0.6	< 0.20					7.00	6.90					
19	0.474	0.6	< 0.20					7.00	6.90					76
20	0.480	0.5	< 0.20					7.00	6.90					
21	0.499	0.5	< 0.20	172	166	7.4	11.0	7.00	6.90	0.98	44.1	18.6	62.7	
22	0.481	0.6	< 0.20					7.00	6.90					
23	0.539	0.6	< 0.20					7.00	6.90					
24	0.632	1.4	< 0.20					7.00	6.90					
25	0.520	0.9	< 0.20					7.00	6.90					
26	0.491	1.0	< 0.20					7.00	6.90					24
27	0.491	1.0	< 0.20					7.00	6.90					
28	0.492	0.9	< 0.20	180	99	7.7	6.9	7.00	6.90	1.20	45.2	22.5	67.7	
29	0.537	0.8	< 0.20					7.00	7.00					
30	0.658	1.2	< 0.20					7.00	6.80					
31	0.713	0.9	< 0.20					7.00	6.80					
TOTAL	16.862	24.5	< 0.20	688	451	28.6	34.5			7.07	174.0	141.4	315.5	124
MEAN	0.544	0.8	< 0.20	172	113	7.1	8.6			1.77	43.5	35.4	78.9	31
MAX	0.713	1.4	< 0.20	180	166	7.7	11.0	7.10	7.00	3.59				76
MIN	0.455	0.5	< 0.20	168	90	6.1	6.9	7.00	6.70	0.98				2

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: James L Keyes DATE: 4-12-96

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA TELEPHONE NUMBER: (904) 721-4600

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

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

FL0023621	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 |__| ***
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) (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)*
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	73.8	*******	(26)	*******	*******	*******		O	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	*******	LBS/DY	*******	*******	*******	******		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		NODI=9 ~~5.0~~	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		5.2	*******	7.7	(19)	O	1/7	16comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	*******	*******		6.7	*******	7.1	(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	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		7.2	*******	11.0	(19)	O	1/7	16comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	20.0 ANNL AVG	*******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	******* *****	*****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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.)*	904/725-2855	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: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NOMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME: JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
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)
FL0023621	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) 12545
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)
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		1.39	*******	3.59	(19)	0	1/7	16-comp
	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.644	*******	(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	0.544	0.713	(03)	*******	*******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTIN UOUS	RCDFLO
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	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	*******	*******		*******	10	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		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	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 4500 Cl(G), Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ~~ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.~~

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FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621	001 1
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

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) 1234
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)*
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	76	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 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	904 725-2865 AREA CODE NUMBER	96 04 23 YEAR MO DAY

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

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FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621	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
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)*
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
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	904 725-2865 AREA CODE NUMBER	96 04 23 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."

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
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ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621	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
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)*
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C 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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE			DATE		
PKeil 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: 3116P00901

(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 10797 FORT CAROLINE ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-229843

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE 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: A CERT. NO. 7648

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR James L Keyes A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.108 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.547
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.544
(19) PERCENT OF PERMITTED CAPACITY	%	****	54
(20) CBOD 5 EFFLUENT	mg/l	080082	5.7
(21) TSS EFFLUENT	mg/l	900201	6.9
(22) CUOD	lbs/d	****	35.2
(23) NUOD	lbs/d	****	16.2
(24) UOD	lbs/d	****	51.4
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.44
(27) TOTAL NITROGEN	mg/L	000625	13.64
(28) TKN	mg/l	000610	0.81
(29) NITRATE	mg/l	071850	12.90
(30) NITRITE	mg/l	****	<0.05
(31) TOTAL PHOSPHORUS	mg/l	000685	2.78
(32) ORTHO-PHOSPHORUS	mg/l	****	1.98
(33) TOTAL AMMONIA (NH3-N)			0.25
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	8
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	15
(38) MINIMUM pH		****	6.70
(39) MAXIMUM pH		****	7.20
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	02-08-96

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP
DEP ID#3116P00901

MONTH February YEAR 1996

DAY OF THE MONTH	FLOW	CL2 RES. AFTER CONTACT	CL2 RES. AFTER DE-CHLOR	CBOD5 INF	TSS INF	CBOD5 EFF	TSS EFF	pH EFF	pH EFF	TKN EFF	CUOD EFF	NUOD EFF	UOD EFF	FECAL COLIFORM
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100ml)
01	0.590	0.8	< 0.20	220	137	5.5	3.4	7.10	7.00	0.72	38.7	16.2	54.9	
02	0.533	0.8	< 0.20					7.10	7.00					
03	0.589	0.8	< 0.20					7.10	7.00					
04	0.677	0.8	< 0.20					7.10	7.00					
05	0.551	0.9	< 0.20					7.00	7.00					
06	0.530	0.8	< 0.20					7.10	7.00					6
07	0.550	0.5	< 0.20					7.00	6.90					
08	0.482	0.6	< 0.20	142	77	7.0	8.3	7.00	6.90	0.69	40.3	12.7	52.9	
09	0.540	0.8	< 0.20					7.00	6.90					
10	0.585	1.2	< 0.20					7.00	6.70					
11	0.631	0.8	< 0.20					7.00	6.80					
12	0.556	0.6	< 0.20					7.00	6.90					
13	0.511	0.6	< 0.20					7.20	7.00					10
14	0.500	0.6	< 0.20					7.00	6.90					
15	0.527	0.8	< 0.20	162	69	1.8	9.7	7.00	6.90	0.89	11.3	17.9	29.2	
16	0.511	0.8	< 0.20					7.00	6.90					
17	0.607	1.0	< 0.20					7.00	6.80					
18	0.559	0.8	< 0.20					7.00	6.90					
19	0.623	0.8	< 0.20					7.00	6.90					
20	0.541	0.6	< 0.20					7.00	6.90					42
21	0.509	0.5	< 0.20					7.00	6.90					
22	0.494	0.5	< 0.20	244	359	7.7	8.8	7.00	6.90	0.59	45.4	11.1	56.5	
23	0.500	0.6	< 0.20					7.00	6.90					
24	0.539	0.8	< 0.20					7.00	6.90					
25	0.590	0.7	< 0.20					7.00	6.90					
26	0.526	1.0	< 0.20					7.00	6.90					
27	0.495	0.5	< 0.20					7.00	6.90					< 2
28	0.500	0.5	< 0.20					7.00	6.90					
29	0.521	0.9	< 0.20	157	46	6.5	4.5	7.00	6.90	1.17	40.4	23.2	63.6	
TOTAL	15.867	21.4	< 0.20	925	688	28.5	34.7			4.06	176.1	81.1	257.1	60
MEAN	0.547	0.7	< 0.20	185	138	5.7	6.9			0.81	35.2	16.2	51.4	15
MAX	0.677	1.2	< 0.20	244	359	7.7	9.7	7.20	7.00	1.17				42
MIN	0.482	0.5	< 0.20	142	46	1.8	3.4	7.00	6.70	0.59				2

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: James L Keyes DATE: 3-11-96

NAME: JAMES KEYES

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - HOLLY OAKS
LOCATION JACKSUNVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621 PERMIT NUMBER | 001 1 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 DISCHARGE
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	71.6	******	(26)	******	******	******		O	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	******	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	CALCTD
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		NODI=9	NODI=9	NODI=9	(19)			
00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	6.0 ANNL AVG	7.5 MO AVG	12.0 DAILY MX	MG/L		WEEKLY	COMP16
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		4.8	******	7.7	(19)	O	1/7	16 comp
00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	20.0 ANNL AVG	******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
PH	SAMPLE MEASUREMENT	******	******		6.7	******	7.2	(12)	O	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		CONTIN UOUS	RCORDR
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		NODI=9	NODI=9	NODI=9	(19)			
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	20.0 ANNL AVG	30.0 MO AVG	40.0 DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		6.9	******	9.7	(19)	O	1/7	16 comp
00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	20.0 ANNL AVG	******	60.0 DAILY MX	MG/L		WEEKLY	COMP16
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		NODI=9	NODI=9	NODI=9	(19)			
00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	2.0 ANNL AVG	2.5 MO AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP16

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 03, DAY 19

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

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023621 — PERMIT NUMBER

001 1 — 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 DISCHARGE
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

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)
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		1.37	*******	1.17	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*******	*******	********	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP16
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.650	*******	(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	0.547	0.677	(03)	*******	*******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	********		CONTINUOUS	RCOFLO
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	********	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	********	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	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	*******	*******		*******	10	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	********	*******	200 ANNL AVG	*******	#/ 100ML		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		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 4500 Cl(G). Detection limit is 0.20 mg/L.

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

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

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
FL0023621	001 1

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 DISCHARGE
(SUBR JA)
F - FINAL
MAJOR
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)*
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		*******	*******	42	(13)	0	1/week	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	*******	*******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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)*

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FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
FL0023621	001 T
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)

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

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 C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	100 MINIMUM	*******	*******	PER-CENT			

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=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-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
FL0023621	001 T

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

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)
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C 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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	AREA CODE 904	NUMBER 725-2865	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."

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

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ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0023621	001 1

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) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE | | ***

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

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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)
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		1.38	*******	1.10	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	***** *****	REPORT ANNL AVG	*******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPI
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.656	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTI
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.525	0.642	(03)	*******	*******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTIN UOUS	RCDFL
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTI
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTI
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	10	*******	(13)	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTI

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 02	DAY 22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* * Method code for TRC is 4500 Cl (G), Detection limit is 0.20 mg/L.
P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0023621	001 1

MONITORING PERIOD

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

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

NOTE: Read instructions before completing this form.

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)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	8	(13)	0	1/7	Grab
74055 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	******	******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 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 725-2465	YEAR 96	MO 02	DAY 22

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

P: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD. ANNUAL AVG SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH OS 6.0 TO 8.5 STD. UNITS.

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

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ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

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)*
FL0023621	001 T

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 |__| ***

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 C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6mos	Grab
TAA3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAA3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU ~~PIMEPHALES~~ Notropis Leadsi	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6mos	Grab
TAN6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 02	DAY 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* See attached HER report #784 (FDEP criteria).
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-HOLLY OAKS

ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - HOLLY OAKS

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)*
FL0023621	001 T

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 |__| ***

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)*
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C 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										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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	725-2865 NUMBER	96 YEAR	02 MO	22 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."

TIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: December YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.162
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.253
(19)	PERCENT OF PERMITTED CAPACITY		%	****	50
(20)	CBOD5 EFFLUENT		mg/l	080082	1.0
(21)	TSS EFFLUENT		mg/l	900201	0.4
(22)	MINIMUM pH			900241	7.26
(23)	MAXIMUM pH			900242	7.59
(24)					
(25)					
(26)	TKN	12-03-96	mg/l	000625	0.74
(27)	TOTAL N	12-03-96	mg/l	000600	10.61
(28)	ORGANIC N	12-03-96	mg/l	000605	0.690
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	0.05
(30)	TOTAL PHOSPHORUS	12-03-96	mg/l	000665	2.250
(31)	ORTHO PHOSPHORUS	12-03-96	mg/l	070507	2.000
(32)					
(33)					
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	2
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		9
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.9
(37)	CUOD		lbs/day	****	13.4
(38)	NUOD		lbs/day	****	31.5
(39)	UOD		lbs/day	****	44.8
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0020
(41)	NO2 + NO3	12-03-96	mg/l	000630	9.87

SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
DUVAL SEPTIC HAULED 16 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

ESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

December 1996

DAY OF THE MONTH	FLOW mgd	EFF TEMP (GRAB) deg C	EFF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.189							7.36	7.51		7.6			
02	1.264							7.33	7.53		7.4			
03	1.116	19.6	7.43	208	162	< 1.0	0.4	7.40	7.45	< 0.05	7.4	1	<0.05	<0.0005
04	1.088							7.42	7.53		7.3			
05	1.098							7.41	7.49		7.2			
06	1.022							7.26	7.50		7.0			
07	1.315							7.34	7.52		7.7			
08	1.293							7.40	7.48		7.7			
09	1.224							7.39	7.54		7.8			
10	1.142	19.2	7.44	186	156	<1.0	0.5	7.42	7.46	< 0.05	7.7	41	0.85	0.0078
11	1.064							7.47	7.49		7.6			
12	1.202							7.36	7.52		7.5			
13	1.077							7.37	7.45		7.1			
14	1.181							7.36	7.51		7.7			
15	1.218							7.40	7.56		7.7			
	1.162							7.39	7.51		7.3			
17	1.078	21.0	7.45	217	174	<1.0	0.3	7.36	7.45	<0.05	7.1	<1	<0.05	< 0.0005
18	1.145							7.36	7.42		7.0			
19	1.422							7.38	7.52		8.0			
20	1.240							7.36	7.47		7.9			
21	1.255							7.41	7.50		8.4			
22	1.191							7.42	7.59		8.5			
23	1.195	19.0	7.57					7.32	7.58		8.1	<1	<0.05	< 0.0007
24	1.148							7.38	7.43		8.0			
25	1.039							7.38	7.54		8.4			
26	1.149			174	266	<1.0	0.4	7.29	7.48	0.06	7.7			
27	1.062							7.28	7.39		7.7			
28	1.091							7.35	7.39		8.0			
	1.104							7.28	7.37		8.1			
30	1.168	19.6	7.32					7.31	7.48		6.9	<1	< 0.05	< 0.0004
31	1.081							7.33	7.50		7.2			
TOT	36.023	98.4	37.21	785	758	4.0	1.6	228.29	232.16	0.21	236.7	45	1.05	0.0099
AVG	1.162	19.7	7.44	196	190	1.0	0.4	7.36	7.49	0.05	7.6	9	0.21	0.0020
MAX	1.422	21.0	7.57	217	266	1.0	0.5	7.47	7.59	0.06	8.5	41	0.85	0.0078
MIN	1.022	19.0	7.32	174	156	1.0	0.3	7.26	7.37	0.05	6.9	1	<0.05	<0.0004

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 BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

GNED: Greg Bauer DATE: 1-14-97

AME: GREG BAUER

OMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

MMENTS:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, Florida 32225

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD–From: 96/12/01 To: 96/12/31
LIMIT: Final REPORT: Monthly
CLASS SIZE: Major
FACILITY ID: FL0023671 GROUP: DW
GMS ID NO.: 3116P01970 GMS TEST SITE NO.: 3116X14060
DISCHARGE POINT NUMBER: D001 WAFR SITE NO. : 9182
PLANT SIZE/TREATMENT TYPE: 2B

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	1.187							0	cont.	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Requirement	2.50 ANN AVG		MGD						CONTIN-UOUS	METER TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.1			0	1/7	16 comp
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Requirement					8.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.0	1.0		0	1/7	16 comp
STORET No. 80082 1 Mon. Site No. OUT-1	Permit Requirement					8.0 MO AVG	16.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.5			0	1/7	16 comp
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.4	0.5		0	1/7	16 comp
STORET No. 00530 1 Mon. Site No. OUT-1	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF,M-FC BROTH, 44.5 C	Sample Measurement					2			0	1/7	Grab
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Requirement					200 ANN AVG		#/100 ML		WEEKLY	GRAB

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	97/01/20

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

96/12/01 - 96/12/31

Part A continued
No. 9182

Facility Name: Jacksonville Heights WWTF Facility ID FL0023671

Discharge Point # D001 WAFR Site

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FECAL COLIFORM BACTERIA	Sample Measurement					2			0	1/7	Grab
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MOGEOMN	800 MAX	#/100ML		WEEKLY	GRAB
pH	Sample Measurement				7.3		7.6		0	1/Hour	Grab
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN		8.5 MAX	S.U.		CONTIN-UOUS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement				6.9				0	1/Day	Grab
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN			MG/L		DAILY, 7/WEEK	METER OR GRAB
TEMPERATURE, DEG C	Sample Measurement						21.0		0	1/Day	Grab
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	DEG C		DAILY, 7/WEEK	GRAB
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
NITROGEN, TOTAL AMMONIA AS N	Sample Measurement					0.07			0	1/7	16 comp
STORET No. 00610 Y Mon. Site No. OUT-1	Permit Requirement					1.6 ANN AVG		MG/L		WEEKLY	8-HR COMP.
NITROGEN, TOTAL AMMONIA AS N	Sample Measurement					0.05	0.06		0	1/7	16 comp
STORET No. 00610 1 Mon. Site No. OUT-1	Permit Requirement					2.0 MO AVG	3.2 MAX	MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5-DAY, 20 C	Sample Measurement					196			0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					REPORT MO AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					190			0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					REPORT MO AVG		MG/L		WEEKLY	8-HR COMP.

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP. -JH
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	10	01	TO	96	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

QUARTERLY MONITORING 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 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)*
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	9.13	(19)	0	1/90	16 comp
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
NITROGEN, ORGANIC TOTAL (AS N) 00605 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.000	(19) *	0	1/90	16 comp
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
AMMONIA, UNIONIZED 00619 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.0009	(19)	0	1/~~90~~ 97	(Calc) Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	CALCTD
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	9.08	(19)	0	1/90	16 comp
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	3.56	(19)	0	1/90	16 comp
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
PHOSPHOROUS, IN TOTAL ORTHOPHOSPHATE 70507 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	2.58	(19)	0	1/90	16 comp
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
	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)*

~~*~~ Organic N = 0 TKN = <0.05, NH3 = <0.05 (10/1/96)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

FACILITY: Jacksonville Heights WWTP
LOCATION: 5957 Tampico Road
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD--From: 96/12/01 To: 96/12/31
LIMIT: Final
REPORT: Quarterly
CLASS SIZE: Major
FACILITY ID: FL0023671
GROUP: DW
GMS ID NO.: 3116P01970
GMS TEST SITE NO.: 3116X14060
DISCHARGE POINT NUMBER: D001
WAFR SITE NO. : 9182
PLANT SIZE/TREATMENT TYPE: 2B

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
NITROGEN, TOTAL AS N	Sample Measurement						10.61		0	1/90	16 comp
STORET No. 00600 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
NITROGEN, NO2+NO3 AS N	Sample Measurement						9.87		0	1/90	16 comp
STORET No. 00630 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
UNIONIZED AMMONIA AS N	Sample Measurement						0.0078		0	1/90	16 comp
STORET No. 00619 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	CALC.
NITROGEN, ORGANIC AS N	Sample Measurement						0.69		0	1/90	16 comp
STORET No. 00605 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
PHOSPHOROUS, TOTAL AS P	Sample Measurement						2.25		0	1/90	16 comp
STORET No. 00665 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
PHOSPHOROUS, ORTHO AS P	Sample Measurement						2.00		0	1/90	16 comp
STORET No. 70507 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	97/01/20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection

Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD--From: 96/12/01 To: 96/12/31
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Semi-Annual
GROUP: DW
GMS TEST SITE NO.: 3116X14060
WAFR SITE NO. : 9182

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
96-hr chronic, Routine C.Dubia	Sample Measurement				NODI=9					1/6 mos	3 comp / 24 hours
STORET No. TBP3B 1 Mon. Site No. OUT-1	Permit Requirement				100 Min.			Percent		Every 6 Months	4 Grabs/ 24 hours
96-hr chronic, Routine P. promelas	Sample Measurement				NODI=9					1/6 mos	3 comp/ 24 hours
STORET No. TBP6C 1 Mon. Site No. OUT-1	Permit Requirement				100 Min.			Percent		Every 6 Months	4 Grabs/ 24 hours
96-hr chronic, Addition. C.Dubia	Sample Measurement				NODI=9						
STORET No. TBP3B 1 Mon. Site No.	Permit Requirement				100 Min.			Percent		As Req'd	4 Grabs/ 24 hours
96-hr chronic, Addition. P. promelas	Sample Measurement				NODI=9						
STORET No. TBP6C 1 Mon. Site No. OUT-1	Permit Requirement				100 Min.			Percent		As Req'd	4 Grabs/ 24 hours
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	97/01/20

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

DEP Form 62-620.910(10)
Effective November 29, 1994

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: November YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Greg Bauer B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.121
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.289
(19)	PERCENT OF PERMITTED CAPACITY		%	****	52
(20)	CBOD5 EFFLUENT		mg/l	080082	1.0
(21)	TSS EFFLUENT		mg/l	900201	0.3
(22)	MINIMUM pH			900241	7.06
(23)	MAXIMUM pH			900242	7.60
(24)					
(25)					
(26)	TKN	11-05-96	mg/l	000625	0.32
(27)	TOTAL N	11-05-96	mg/l	000600	10.92
(28)	ORGANIC N	11-05-96	mg/l	000605	0.270
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	0.05
(30)	TOTAL PHOSPHORUS	11-05-96	mg/l	000665	2.000
(31)	ORTHO PHOSPHORUS	11-05-96	mg/l	070507	1.850
(32)					
(33)					
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	1
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		1
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.1
(37)	CUOD		lbs/day	****	12.8
(38)	NUOD		lbs/day	****	12.9
(39)	UOD		lbs/day	****	25.5
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0023
(41)	NO2 + NO3	11-05-96	mg/l	000630	10.60

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 29 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, Florida 32225

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD–From: 96/11/01 To: 96/11/30
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Monthly
GROUP: DW
GMS TEST SITE NO.: 3116X14060
WAFR SITE NO. : 9182

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	1.172							0	cont.	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Requirement	2.50 ANN AVG		MGD						CONTIN-UOUS	METER/ TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.1			0	1/7	16 comp
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Requirement					8.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.0	1.0		0	1/7	16 comp
STORET No. 80082 1 Mon. Site No. OUT-1	Permit Requirement					8.0 MO AVG	16.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.5			0	1/7	16 comp
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.3	0.3		0	1/7	16 comp
STORET No. 00530 1 Mon. Site No. OUT-1	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF,M-FC BROTH, 44.5 C	Sample Measurement					2			0	1/7	Grab
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Requirement					200 ANN AVG		#/100 ML		WEEKLY	GRAB

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/12/19

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

96/11/01 - 96/11/30

Part A continued
No. 9182

Facility Name: Jacksonville Heights WWTF Facility ID FL0023671

Discharge Point # D001 WAFR Site

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FECAL COLIFORM BACTERIA	Sample Measurement					1	1		0	1/7	Grab
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MOGEOMN	800 MAX	#/100ML		WEEKLY	GRAB
pH	Sample Measurement				7.1		7.6		0	1/Hour	Grab
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN		8.5 MAX	S.U.		CONTINUOUS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement				6.1				0	1/Day	Grab
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN			MG/L		DAILY, 7/WEEK	METER OR GRAB
TEMPERATURE, DEG C	Sample Measurement						23.8		0	1/Day	Grab
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	DEG C		DAILY, 7/WEEK	GRAB
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
NITROGEN, TOTAL AMMONIA AS N	Sample Measurement					0.07			0	1/7	16 comp
STORET No. 00610 Y Mon. Site No. OUT-1	Permit Requirement					1.6 ANN AVG		MG/L		WEEKLY	8-HR COMP.
NITROGEN, TOTAL AMMONIA AS N	Sample Measurement					0.05	0.05		0	1/7	16 comp
STORET No. 00610 1 Mon. Site No. OUT-1	Permit Requirement					2.0 MO AVG	3.2 MAX	MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5-DAY, 20 C	Sample Measurement					197			0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					167			0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG.		MG/L		WEEKLY	8-HR COMP.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

FACILITY: Jacksonville Heights WWTP
LOCATION: 5957 Tampico Road
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD--From: 11/01/96 To: 11/30/96
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Quarterly
GROUP: DW
GMS TEST SITE NO.: 3116X14060
WAFR SITE NO. : 9182

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
NITROGEN, TOTAL AS N	Sample Measurement						10.92		0	1/90	16 comp
STORET No. 00600 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
NITROGEN, NO2+NO3 AS N	Sample Measurement						10.60		0	1/90	16 comp
STORET No. 00630 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
UNIONIZED AMMONIA AS N	Sample Measurement						0.0071		0	1/90	16 comp
STORET No. 00619 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	CALC.
NITROGEN, ORGANIC AS N	Sample Measurement						0.27		0	1/90	16 comp
STORET No. 00605 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
PHOSPHOROUS, TOTAL AS P	Sample Measurement						2.00		0	1/90	16 comp
STORET No. 00665 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
PHOSPHOROUS, ORTHO AS P	Sample Measurement						1.85		0	1/90	16 comp
STORET No. 70507 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/12/19

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD–From: 96/11/01 To: 96/11/30
LIMIT: Final
REPORT: Semi-Annual
CLASS SIZE: Major
FACILITY ID: FL0023671
GROUP: DW
GMS ID NO.: 3116P01970
GMS TEST SITE NO.: 3116X14060
DISCHARGE POINT NUMBER: D001
WAFR SITE NO. : 9182
PLANT SIZE/TREATMENT TYPE: 2B

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
96-hr chronic, Routine C.Dubia	Sample Measurement				>100				0	1/6 mos	3 comp/ 24 hours
STORET No. TBP3B 1 Mon. Site No. OUT-1	Permit Requirement				100 Min.			Percent		Every 6 Months	4 Grabs/ 24 hours
96-hr chronic, Routine P. promelas	Sample Measurement				>100				0	1/6 mos	3 comp/ 24 hours
STORET No. TBP6C 1 Mon. Site No. OUT-1	Permit Requirement				100 Min.			Percent		Every 6 Months	4 Grabs/ 24 hours
96-hr chronic, Addition. C.Dubia	Sample Measurement				NODI=9						
STORET No. TBP3B 1 Mon. Site No.	Permit Requirement				100 Min.			Percent		As Req'd	4 Grabs/ 24 hours
96-hr chronic, Addition. P. promelas	Sample Measurement				NODI=9						
STORET No. TBP6C 1 Mon. Site No. OUT-1	Permit Requirement				100 Min.			Percent		As Req'd	4 Grabs/ 24 hours
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/12/19

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

See attached HER report #845.

DEP Form 62-620.910(10)
Effective November 29, 1994

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: October YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Greg Bowen B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.449
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.318
(19)	PERCENT OF PERMITTED CAPACITY		%	****	52
(20)	CBOD5 EFFLUENT		mg/l	080082	1.0
(21)	TSS EFFLUENT		mg/l	900201	0.4
(22)	MINIMUM pH			900241	6.97
(23)	MAXIMUM pH			900242	7.56
(24)	NITRITE (NO2)	10-01-96	mg/l	000615	< 0.05
(25)	NITRATE (NO3)	10-01-96	mg/l	071850	9.03
(26)	TKN	10-01-96	mg/l	000625	< 0.05
(27)	TOTAL N	10-01-96	mg/l	000600	9.13
(28)	ORGANIC N	10-01-96	mg/l	000605	0.000
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	< 0.05
(30)	TOTAL PHOSPHORUS	10-01-96	mg/l	000665	3.560
(31)	ORTHO PHOSPHORUS	10-01-96	mg/l	070507	2.580
(32)					
(33)					
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	1
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		1
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.3
(37)	CUOD		lbs/day	****	15.4
(38)	NUOD		lbs/day	****	2.3
(39)	UOD		lbs/day	****	16.9
(40)	AMMONIA - UN	MONTHLY ~~AVERAGE~~ MAX	mg/l	000612	~~0.0006~~ <0.0009
(41)	NO2 + NO3	10-01-96	mg/l	000630	9.08

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 37 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

October 1996

DAY OF THE MONTH	FLOW mgd	EFF TEMP (GRAB) deg C	EFF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.223	27.2	7.44	194	180	<1.0	0.5	7.42	7.51	<0.05	6.3	<1	<0.05	<0.0008
02	1.392							7.34	7.45		6.5			
03	1.753							7.27	7.43		6.3			
04	1.533							7.35	7.42		6.7			
05	1.464							6.98	7.41		7.3			
06	2.317							7.40	7.51		7.4			
07	3.121							7.13	7.35		7.5			
08	2.150							7.17	7.33		7.5			
09	1.722							7.15	7.27		7.2			
10	1.569	19.0	7.23	119	112	<1.0	0.3	7.31	7.38	<0.05	7.0	1		
11	1.441							7.26	7.41		6.5		<0.05	<0.0003
12	1.492							7.31	7.41		7.6			
13	1.445							7.42	7.48		7.4			
14	1.403							7.38	7.52		7.4			
15	1.339	24.2	7.43	182	144	<1.0	0.4	7.31	7.43	<0.05	7.2	<1	<0.05	<0.0007
16	1.304							7.39	7.48		6.9			
17	1.276							7.34	7.42		6.9			
18	1.301							7.33	7.39		7.2			
19	1.275							7.35	7.49		7.2			
20	1.333							7.36	7.45		7.2			
21	1.255							7.37	7.50		6.6			
22	1.185	22.4	7.40	335	603	<1.0	0.5	7.32	7.41	<0.05	6.7	<1	<0.05	<0.0006
23	1.183							7.31	7.46		6.5			
24	1.189							7.11	7.39		6.4			
25	1.155							7.15	7.39		6.5			
26	1.235							7.45	7.56		7.0			
27	1.257							6.97	7.53		6.9			
28	1.261							7.25	7.54		6.4			
29	1.133	25.2	7.48	182	174	<1.0	0.3	7.34	7.54	<0.05	6.4	<1	<0.05	<0.0009
30	1.128							7.30	7.52		6.3			
31	1.091							7.31	7.49		6.5			
TOT	44.925	118.0	36.98	1012	1213	5.0	2.0	225.85	230.87	0.25	213.4	5	0.25	0.0032
AVG	1.449	23.6	7.40	202	243	1.0	0.4	7.29	7.45	0.05	6.9	1	0.05	0.0006
MAX	3.121	27.2	7.48	335	603	1.0	0.5	7.45	7.56	0.05	7.6	1	0.05	0.0009
MIN	1.091	19.0	7.23	119	112	1.0	0.3	6.97	7.27	0.05	6.3	1	0.05	0.0003

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 11-13-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP. - JH
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	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)

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

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***
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)*
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		19.0	23.6	27.2	(04)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MINIMUM	REPORT MO AVG	REPORT MAXIMUM	DEG.C		WEEKLY	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.3	*******	*******	(19)	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	*******	MG/L		SEE PERMIT	GRAB
PH 00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.0	*******	7.6	(12)	0	1/Hour	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		SEE PERMIT	CK REQ
SOLIDS, TOTAL SUSPENDED 00530 G 0 1 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		*******	243	*******	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	*******	MG/L		WEEKLY	COMP-8
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.6	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED 00530 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		0.4	0.4	0.5	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	20.0 MO AVG	45.0 WKLY AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP-8
NITROGEN, AMMONIA TOTAL (AS N) 00610 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.07	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	1.6 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.)*		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: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671 (PERMIT NUMBER) | 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)*

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

SANITARY WASTEWATER
(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)*
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		NODI=B	NODI=B	NODI=B	(19) **	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	***** *****	2.0 MO AVG	2.4 WKLY AVG	3.2 DAILY MX	MG/L		WEEKLY	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	1.163	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	2.50 ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=9	(19) *			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** *****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		1	1	1	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	*** *****	200 MO GEOMN	400 90TH %	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
ERFLOW USE, OCCURANCES 74062 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	*******	0 MO TOTAL	0 CCUR/ MONTH	*******	*******	*******	***** *****		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 G 0 1 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		*******	202	*******	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** *****	*******	REPORT MO AVG	*******	MG/L		WEEKLY	COMP-8

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 904	NUMBER 725-2865	YEAR 96	MO 11	DAY 20
Vice President						
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

*Method code for Total NH3 is 350.1 Detection limit is 0.05 mg/L. * UV Disinfection.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location If Different)*
NAME JAX SUBURBAN UTILITIES CORP. -JH
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	001 T
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)

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)*		*(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)*
NOEL STATRE 7DAY CHR CERIODAPHNIA TBP3B P 0 0 COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	******	*******	***** *****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
NOEL STATRE 7DAY CHR CERIODAPHNIA TBP3B Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	******	*******	***** *****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	******	*******	***** *****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
NOEL STATRE 7DAY CHR PIMEPHALES TBP6C Q 0 0 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.)*		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= ROUTINE TESTS. Q= ADDITIONAL TESTS. IF NOT REQUIRED THISMONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX." COLUMN.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
FL0023671	001 1

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
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)*
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 UAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.2	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	8.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTL
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		1.0	1.0	1.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	8.0 MO AVG	12.0 WKLY AVG	16.0 DAILY MX	MG/L		WEEKLY	COMP-[illegible]
	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 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: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: September YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Gregory Baller 8 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.237
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.303
(19)	PERCENT OF PERMITTED CAPACITY		%	****	52
(20)	CBOD5 EFFLUENT		mg/l	080082	1.2
(21)	TSS EFFLUENT		mg/l	900201	0.4
(22)	MINIMUM pH			900241	7.02
(23)	MAXIMUM pH			900242	7.74
(24)	NITRITE (NO2)	09-03-96	mg/l	000615	< 0.05
(25)	NITRATE (NO3)	09-03-96	mg/l	071850	7.11
(26)	TKN	09-03-96	mg/l	000625	0.91
(27)	TOTAL N	09-03-96	mg/l	000600	8.07
(28)	ORGANIC N	09-03-96	mg/l	000605	0.860
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	< 0.05
(30)	TOTAL PHOSPHORUS	09-03-96	mg/l	000665	2.710
(31)	ORTHO PHOSPHORUS	09-03-96	mg/l	070507	1.230
(32)					
(33)					
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	2
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		5
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.1
(37)	CUOD		lbs/day	****	16.2
(38)	NUOD		lbs/day	****	45.9
(39)	UOD		lbs/day	****	61.7
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0008
(41)	NO2 + NO3	09-03-96	mg/l	000630	7.16

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 18 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

September 1996

DAY OF THE MONTH	FLOW mgd	EFF TEMP (GRAB) deg C	EFF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.252							7.42	7.48		7.2			
02	1.451							7.35	7.48		7.5			
03	1.324	27.4	7.39	188	184	<1.0	0.4	7.39	7.74	<0.05	7.0	<1	<0.05	<0.0008
04	1.283							7.37	7.68		6.8			
05	1.200							7.28	7.62		7.1			
06	1.211							7.31	7.70		7.1			
07	1.266							7.35	7.42		7.2			
08	1.287							7.21	7.61		6.5			
09	1.300							7.40	7.49		7.2			
10	1.151	27.5	7.33	212	201	<1.0	0.3	7.29	7.43	<0.05	7.0	16	<0.05	<0.0007
11	1.410							7.20	7.48		7.1			
12	1.393							7.02	7.45		7.4			
13	1.247							7.21	7.69		6.7			
14	1.241							7.43	7.46		6.9			
15	1.330							7.40	7.50		7.2			
16	1.325							7.40	7.48		7.2			
17	1.219	27.5	7.39	166	171	<1.0	0.4	7.39	7.47	<0.05	6.1	1	<0.05	<0.0008
18	1.208							7.36	7.47		6.2			
19	1.132							7.34	7.51		6.4			
20	1.070							7.41	7.57		6.5			
21	1.172							7.44	7.50		6.8			
22	1.263							7.46	7.57		6.8			
23	1.195							7.46	7.56		6.4			
24	1.089	25.5	7.49	216	163	1.6	0.3	7.44	7.52	<0.05	6.4	<1	<0.05	<0.0009
25	1.099							7.35	7.51		6.5			
26	1.164							7.15	7.57		6.4			
27	1.079							7.44	7.63		6.5			
28	1.183							7.46	7.56		7.3			
29	1.288							7.43	7.47		7.2			
30	1.274							7.39	7.53		6.2			
TOT	37.106	107.9	29.60	782	719	4.6	1.4	220.55	226.15	0.20	204.8	19	0.20	0.0032
AVG	1.237	27.0	7.40	196	180	1.2	0.4	7.35	7.54	<0.05	6.8	5	<0.05	0.0008
MAX	1.451	27.5	7.49	216	201	1.6	0.4	7.46	7.74	<0.05	7.5	16	<0.05	0.0009
MIN	1.070	25.5	7.33	166	163	1.0	0.3	7.02	7.42	<0.05	6.1	1	<0.05	0.0007

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Gregory Bauer DATE: 10-9-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

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

NAME JAX SUBURBAN UTILITIES CORP. - Jax Heights

ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL-PRES./9047252865

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

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

(2-16) FL0023671 PERMIT NUMBER

(17-19) 001 Q DISCHARGE NUMBER

12345

(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)

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)
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	8.07	(19)	0	1/30	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
NITROGEN, ORGANIC TOTAL (AS N) 00605 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.86	(19)	0	1/30	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
AMMONIA, UNIONIZED 00619 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	<0.0008	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	7.16	(19)	0	1/30	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	2.71	(19)	0	1/30	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
PHOSPHOROUS, IN TOTAL ORTHOPHOSPHATE 70507 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	1.23	(19)	0	1/30	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
	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.)*

M. Sambamurthi

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)*

Sample date = 9/03/96.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTILITIES CORP. - Jax Heights
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	001 T
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)

TOXICITY TESTING
(SUBR JA) 1234
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)*
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP3B Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TBP6C Q 0 0 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.)*	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= ROUTINE TESTS. Q= ADDITIONAL TESTS. IF NOT REQUIRED THISMONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX." COLUMN.

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

NAME JAX SUBURBAN UTILITIES CORP. - Jax Heights

ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL-PRES./9047252865

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)
FL0023671	001 1

SANITARY WASTEWATER (SUBR JA) 12345
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)

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)
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*******	*******		25.5	27.0	27.5	(04)	0	1/7	Grab
00010 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MINIMUM	REPORT MO AVG	REPORT MAXIMUM	DEG.C		WEEKLY	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		6.1	*******	*******	(19)	0	1/Day	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	*******	MG/L		SEE PERMIT	GRAB
PH	SAMPLE MEASUREMENT	*******	*******		7.0	*******	7.7	(12)	0	1/Hour	Grab
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		SEE PERMIT	CK REQ
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	180	*******	(19)	0	1/7	16 comp
00530 G 0 1 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	*******	MG/L		WEEKLY	COMP-8
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	0.6	*******	(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	*******	*******		0.4	0.4	0.4	(19)	0	1/7	16 comp
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	20.0 MO AVG	45.0 WKLY AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP-8
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.07	*******	(19)	0	1/30	calc
00610 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	1.6 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: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	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)

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

SANITARY WASTEWATER 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)*
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		NODI=B	NODI=B	NODI=B	(19) **	0	1/7	16 comp
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	2.0 MO AVG	2.4 WKLY AVG	3.2 DAILY MX	MG/L		WEEKLY	COMP-.
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.146	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 1 ANNUAL AVERAGE	PERMIT REQUIREMENT	2.50 ANNL AVG	*******	MGD	*******	*******	*******	**** ****		ONCE/ MONTH	CALCT
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=9	(19) *			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	2	*******	(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	*******	*******		<1	5	16	(13)	0	1/7	Grab
74055 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	200 MO GEOMN	400 90TH %	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
OVERFLOW USE, OCCURANCES	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	calc
74062 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	0 MO TOTAL	OCCUR/ MONTH	*******	*******	*******	**** ****		ONCE/ MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	196	*******	(19)	0	1/7	16 comp
80082 6 0 1 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	*******	MG/L		WEEKLY	COMP-

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	10 MO	21 DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.
* Disinfection by uv. ** Method code for Total Ammonia is 3500, Detection limit is 0.05 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	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)*

SANITARY WASTEWATER
(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)*
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.2	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	8.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTL
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		1.2	1.2	1.6	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	8.0 MO AVG	12.0 WKLY AVG	16.0 DAILY MX	MG/L		WEEKLY	COMP-8
	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 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: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: August YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Greg Bauer B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.252
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.273
(19)	PERCENT OF PERMITTED CAPACITY		%	****	51
(20)	CBOD5 EFFLUENT		mg/l	080082	1.0
(21)	TSS EFFLUENT		mg/l	900201	0.3
(22)	MINIMUM pH			900241	7.25
(23)	MAXIMUM pH			900242	7.61
(24)	NITRITE (NO2)	08-06-96	mg/l	000615	<0.05
(25)	NITRATE (NO3)	08-06-96	mg/l	071850	7.63
(26)	TKN	08-06-96	mg/l	000625	0.17
(27)	TOTAL N	08-06-96	mg/l	000600	7.85
(28)	ORGANIC N	08-06-96	mg/l	000605	0.120
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	0.05
(30)	TOTAL PHOSPHORUS	08-06-96	mg/l	000665	3.150
(31)	ORTHO PHOSPHORUS	08-06-96	mg/l	070507	2.060
(32)					
(33)					
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	1
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		1
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.1
(37)	CUOD		lbs/day	****	14.7
(38)	NUOD		lbs/day	****	7.8
(39)	UOD		lbs/day	****	22.2
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0009
(41)	NO2 + NO3	08-06-96	mg/l	000630	7.68

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 32 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

August 1996

DAY OF THE MONTH	FLOW mgd	EFF TEMP (GRAB) deg C	EFF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.191							7.35	7.48		6.5			
02	1.214							7.36	7.44		6.4			
03	1.250							7.38	7.44		7.0			
04	1.321							7.37	7.61		7.2			
05	1.337							7.37	7.46		6.5			
06	1.205	28.0	7.42	146	121	<1.0	0.4	7.38	7.48	0.05	6.6	1	0.07	0.001
07	1.200							7.42	7.53		6.7			
08	1.175							7.25	7.40		6.6			
09	1.205							7.28	7.52		7.0			
10	1.269							7.36	7.50		7.0			
11	1.360							7.44	7.51		7.5			
12	1.340							7.37	7.48		6.7			
13	1.311	27.5	7.45	161	181	<1.0	0.2	7.35	7.45	0.04	6.7	<1	<0.05	<0.000
14	1.430							7.32	7.45		6.6			
15	1.413							7.28	7.44		6.5			
16	1.253							7.35	7.44		6.8			
17	1.315							7.31	7.52		7.1			
18	1.357							7.31	7.49		7.0			
19	1.391							7.38	7.43		6.7			
20	1.195	27.7	7.38	166	141	<1.0	0.3	7.35	7.40	0.05	6.4	<1	<0.05	<0.000
21	1.178							7.39	7.46		6.5			
22	1.172							7.33	7.41		6.3			
23	1.133							7.37	7.47		6.5			
24	1.220							7.39	7.45		6.7			
25	1.307							7.39	7.47		6.9			
26	1.200							7.31	7.44		6.9			
27	1.221	26.9	7.38	202	212	<1.0	0.4	7.30	7.41	0.05	6.1	1	<0.05	<0.000
28	1.144							7.39	7.58		6.8			
29	1.170							7.30	7.55		6.8			
30	1.108							7.29	7.44		6.7			
31	1.233							7.44	7.49		7.4			
TOT	38.818	110.1	29.63	675	655	4.0	1.3	227.88	231.64	0.19	209.1	4	0.22	0.003
AVG	1.252	27.5	7.41	169	164	<1.0	0.3	7.35	7.47	0.05	6.7	1	0.06	0.000
MAX	1.430	28.0	7.45	202	212	<1.0	0.4	7.44	7.61	0.05	7.5	1	0.07	0.001
MIN	1.108	26.9	7.38	146	121	<1.0	0.2	7.25	7.40	0.04	6.1	1	0.05	0.000

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 9-11-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP. -Jax Heights
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	001 1
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)

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

SANITARY WASTEWATER 12345
(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE |__| ***

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)
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******		26.9	27.5	28.0	(04)	0	1/7	Grab
00010 1 0 1 FLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	REPORT MO AVG	REPORT MAXIMUM	DEG.C		WEEKLY	GRAB
YGEN, DISSOLVED (00)	SAMPLE MEASUREMENT	******	******		6.1	******	******	(19)	0	1/Day	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	******	MG/L		SEE PERMIT	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.6	(12)	0	1/Hour	Grab
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	8.5 MAXIMUM	SU		SEE PERMIT	CK RE
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	164	******	(19)	0	1/7	16 comp
00530 G 0 1 RAW SEW/INFLUENT	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	******	MG/L		WEEKLY	COMP-
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	0.6	******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	**** ****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCT
LIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		0.3	0.3	0.4	(19)	0	1/7	16 comp
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	20.0 MO AVG	45.0 WKLY AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP-
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	0.07	******	(19)	0	1/30	calc
00610 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	**** ****	******	1.6 ANNL AVG	******	MG/L		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.)*	M. Sambamurthi	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: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	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
(SUBR JA)
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)*
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		0.05	0.05	0.05	(19)	0	1/7	16 comp
00610 1 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	2.0 MO AVG	2.4 WKLY AVG	3.2 DAILY MX	MG/L		WEEKLY	COMP-
FLUENT GROSS VALUE											
W, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.146	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 1	PERMIT REQUIREMENT	2.50 ANNL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
ANNUAL AVERAGE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=9	(19) *	—	—	—
50060 1 0 0	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	2	*******	(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	*******	*******		/	/	/	(13)	0	1/7	Grab
74055 1 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	200 MO GEOMN	400 90TH %	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
RFLOW USE, URANCES	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	calc
74062 1 0 0	PERMIT REQUIREMENT	*******	0 MO TOTAL	OCCUR/ MONTH	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	169	*******	(19)	0	1/7	16 comp
80082 G 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT MO AVG	*******	MG/L		WEEKLY	COMP-
RAW SEW/INFLUENT											

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 6 years.)*

M. Sambamurthi
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
904	725-2865	96	09	24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.
Disinfection by Ultraviolet.

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P.O. BOX 8004
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LOCATION JACKSONVILLE FL 32239
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(2-16) *(17-19)*

FL0023671	001 1
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	(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) 12549
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)*
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 NUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	8.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
D, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		1.0	1.0	1.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	8.0 MO AVG	12.0 WKLY AVG	16.0 DAILY MX	MG/L		WEEKLY	COMP-
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
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	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	09	21
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NAME JAX SUBURBAN UTILITIES CORP. – Jax Heights
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P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023671 PERMIT NUMBER
(17-19) 001 Q DISCHARGE NUMBER

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

(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	08	01	TO	96	08	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)
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	7.85	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
NITROGEN, ORGANIC TOTAL (AS N) 00605 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.12	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
AMMONIA, UNIONIZED 00619 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.0012	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	7.68	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	3.15	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
PHOSPHORUS, IN TOTAL ORTHOPHOSPHATE 70507 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	2.06	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	GRAB
	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: AREA CODE 904, NUMBER 725-2865

DATE: YEAR 96, MO 09, DAY 24

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

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

NAME JAX SUBURBAN UTILITIES CORP.-Jax Heights

ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671 — PERMIT NUMBER

001 T — 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 05-31-9
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)*	SAMPL TYPE *(69-7C*
NOEL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP3B P 0 0 E COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK R
EL STATRE 7DAY CHR CERIODAPHNIA	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP3B Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK R
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP6C P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK R
NOEL STATRE 7DAY CHR PIMEPHALES	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
TBP6C Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK R
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President
TYPED OR PRINTED

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M. Sambamurthi
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904 | NUMBER 725-2865

DATE: YEAR 96 | MO 09 | D. 2

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

P= ROUTINE TESTS. Q= ADDITIONAL TESTS. IF NOT REQUIRED THISMONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX." COLUMN.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: July YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Greg Bauer B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.340
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.225
(19)	PERCENT OF PERMITTED CAPACITY		%	****	49
(20)	CBOD5 EFFLUENT		mg/l	080082	< 1.0
(21)	TSS EFFLUENT		mg/l	900201	0.3
(22)	MINIMUM pH			900241	7.27
(23)	MAXIMUM pH			900242	7.66
(24)	NITRITE (NO2)	07-02-96	mg/l	000615	< 0.05
(25)	NITRATE (NO3)	07-02-96	mg/l	071850	8.21
(26)	TKN	07-02-96	mg/l	000625	0.65
(27)	TOTAL N	07-02-96	mg/l	000600	8.91
(28)	ORGANIC N	07-02-96	mg/l	000605	0.600
(29)	~~NH3N + NH4N~~ TOTAL NH3	MONTHLY AVERAGE	mg/l	000610	0.10
(30)	TOTAL PHOSPHORUS	07-02-96	mg/l	000665	3.200
(31)	ORTHO PHOSPHORUS	07-02-96	mg/l	070507	1.670
(32)	MINIMUM CHLORINE RESIDUAL		mg/l	900243	
(33)	MAXIMUM CHLORINE RESIDUAL		mg/l	900244	
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	2
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		5
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.2
(37)	CUOD		lbs/day	****	15.4
(38)	NUOD		lbs/day	****	31.7
(39)	UOD		lbs/day	****	47.0
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0017
(41)	NO2 + NO3	07-02-96	mg/l	000630	8.26

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 22 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method code for TRC - 4500 C1(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

July 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.341							7.29	7.41		6.5			
02	1.280			170	158	<1.0	0.3	7.32	7.42	< 0.05	6.6	<1	<0.05	<0.0008
03	1.352							7.35	7.42		6.9			
04	1.290							7.34	7.44		6.9			
05	1.485							7.31	7.47		6.9			
06	1.623							7.37	7.43		6.9			
07	1.690							7.36	7.44		7.1			
08	1.610							7.28	7.39		6.4			
09	1.402			136	141	<1.0	0.1	7.30	7.44	0.18	6.6	3	<0.05	<0.0008
10	1.500							7.35	7.44		6.8			
11	1.337							7.37	7.45		6.7			
12	1.339							7.34	7.41		6.5			
13	1.448							7.40	7.48		6.9			
14	1.340							7.43	7.66		6.9			
15	1.340							7.34	7.48		6.3			
16	1.340			121	140	<1.0	0.2	7.31	7.48	0.13	6.2	<1	0.24	0.0050
17	1.160							7.27	7.48		6.3			
18	1.290							7.36	7.41		6.3			
19	1.240							7.35	7.44		6.6			
20	1.283							7.28	7.38		6.9			
21	1.332							7.27	7.36		7.3			
22	1.205							7.30	7.37		6.8			
23	1.240			156	182	<1.0	0.5	7.33	7.38	0.09	6.3	21	<0.05	<0.0008
24	1.300							7.35	7.46		7.5			
25	1.279							7.40	7.64		6.7			
26	1.239							7.41	7.49		6.4			
27	1.263							7.44	7.50		7.0			
28	1.300							7.44	7.52		7.3			
29	1.293							7.40	7.55		6.4			
30	1.202			177	143	<1.0	0.4	7.44	7.51	< 0.05	6.5	<1	<0.05	<0.0010
31	1.206							7.45	7.54		6.4			
TOT	41.549			760	764	5.0	1.5	227.95	231.29	0.50	207.8	27	0.44	0.0084
AVG	1.340			152	153	1.0	0.3	7.35	7.46	0.10	6.7	5	0.09	0.0017
MAX	1.690			177	182	<1.0	0.5	7.45	7.66	0.18	7.5	21	0.24	0.0056
MIN	1.160			121	140	< 1.0	0.1	7.27	7.36	< 0.05	6.2	1	0.05	0.0008

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 8-13-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOA R.D. Jax Heights
P.O. BOX 3004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP NEIL-PRES./9047252865

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

FL0023671	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)

SANITARY WASTEWATER
(SUBR JA)
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 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)*
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		26.8	27.4	27.6	(04)	0	1/week	Grab
	PERMIT REQUIREMENT	*******	*******	**** *****	REPORT MINIMUM	REPORT MO AVG	REPORT MAXIMUM	DEG.C		1/MONTH	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		6.2	*******	*******	(19)	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	**** *****	2.0 MINIMUM	*******	*******	MG/L		1/DAY	GRAB
PH 00400 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		7.3	*******	7.7	(12)	0	1/Hour	Grab
	PERMIT REQUIREMENT	*******	*******	**** *****	5.0 MINIMUM	*******	8.5 MAXIMUM	SU		1/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 1 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		*******	153	*******	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** *****	*******	REPORT MO AVG	*******	MG/L		1/WEEK	16-HR COMP
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.6	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** *****	*******	30.0 ANNL AVG	*******	MG/L		1/YEAR	CALCU
SOLIDS, TOTAL SUSPENDED 00530 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		0.3	0.3	0.5	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** *****	20.0 MO AVG	45.0 WKLY AVG	60.0 DAILY MX	MG/L		1/WEEK	16-HR COMP
NITROGEN, AMMONIA TOTAL (AS N) 00610 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.07	*******	(19)	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******	**** *****	*******	1.5 ANNL AVG	*******	MG/L		1/YEAR	CALCU

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)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOAT RD. Jax Heights
P.O. BOX 3004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP NEIL-PRES./904725200

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

FL0023671	001 1
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	07	01	TO	96	07	31
	(20-21)	*(22-23)*	*(24-26)*		*(26-27)*	*(28-29)*	*(30-31)*

SANITARY WASTEWATER
(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)* *(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)*
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		0.10	0.10	0.18	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	2.0 MO AVG	2.9 WKLY AVG	3.2 DAILY MX	MG/L		WEEKLY	COMP
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	1.140	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	2.00 ANN AVG	*******	MGD	*******	*******	*******	**** ****		ONCE/ MONTH	CALCT
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=9	(19) *	NA	NA	NA
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 ANN AVG	*******	#/ 100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		2	5	21	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	200 MO GEOMN	400 90TH %	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
OVERFLOW USE, ACCORDANCES 74062 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	*******	0 MO TOTAL	OCCUR/ MONTH	*******	*******	*******	**** ****		ONCE/ MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 80082 6 0 1 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		*******	152	*******	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT NO AVG	*******	MG/L		WEEKLY	COMP

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.)*

M. Sambamurthi
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)*
F: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.
* Disinfection by UV.

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS [illegible] Jax Heights
P.O. BOX 3004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	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)

SANITARY WASTEWA
(SUBR JA)
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)*
00[illegible], CARBONACEOUS	SAMPLE MEASUREMENT	*******	*******		******	1.1	*******	(19)	0	1/30	calc
05 DAY, 20C	PERMIT REQUIREMENT	*******	*******	*****	******	6.0 MONTHLY AVG	*******	MG/L		MONTHLY	CALCULATED
00082 Y 0 0											
ANNUAL AVERAGE											
00[illegible], CARBONACEOUS	SAMPLE MEASUREMENT	*******	*******		1.0	1.0	1.0	(19)	0	1/7	16 comp
05 DAY, 20C	PERMIT REQUIREMENT	*******	*******	*****	6.0 DO AVG	12.0 MALY AVG	19.0 DAILY MX	MG/L		WEEKLY	COMP
00082 1 0 1											
EFFLUENT GROSS VALU											
	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

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)*
00: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
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P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL-PRES./9047252665

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

FL0023671	001 T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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	(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
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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	*(54-61)* AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
MOEL STATRE 7DAY CH CERIODAPHNIA TOPSO P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	GR RE T
MOEL STATRE 7DAY CH CERIODAPHNIA TOPSO W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	GR RE T
MOEL STATRE 7DAY CH PIMEPHALES TOP6C P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	GR RE T
MOEL STATRE 7DAY CH PIMEPHALES TOP6C W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		NODI=9	******	******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	GR RE T
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.)*	M. Sambamurthi	904	725-2865	96	08	26
Vice President			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P= ROUTINE TESTS. Q= ADDITIONAL TESTS. IF NOT REQUIRED THISMONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS
IN "NO. EX." COLUMN.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: June YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

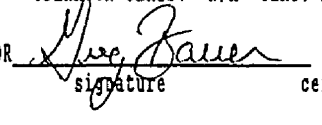
NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR  B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.272
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.159
(19)	PERCENT OF PERMITTED CAPACITY		%	****	46
(20)	CBOD5 EFFLUENT		mg/l	080082	1.0
(21)	TSS EFFLUENT		mg/l	900201	0.4
(22)	MINIMUM pH			900241	6.53
(23)	MAXIMUM pH			900242	7.60
(24)	NITRITE (NO2)	06-04-96	mg/l	000615	<0.05
(25)	NITRATE (NO3)	06-04-96	mg/l	071850	10.20
(26)	TKN	06-04-96	mg/l	000625	0.75
(27)	TOTAL N	06-04-96	mg/l	000600	11.00
(28)	ORGANIC N	06-04-96	mg/l	000605	0.700
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	0.12
(30)	TOTAL PHOSPHORUS	06-04-96	mg/l	000665	1.950
(31)	ORTHO PHOSPHORUS	06-04-96	mg/l	070507	1.710
(32)	MINIMUM CHLORINE RESIDUAL		mg/l	900243	
(33)	MAXIMUM CHLORINE RESIDUAL		mg/l	900244	
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	1
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		1
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.1
(37)	CUOD		lbs/day	****	13.9
(38)	NUOD		lbs/day	****	30.3
(39)	UOD		lbs/day	****	42.9
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	<0.0007
(41)	NO2 + NO3	06-04-96	mg/l	000630	10.25

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 30 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method code for TRC - 4500 Cl(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

June 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.125							6.53	7.13		6.7			
02	1.135							6.84	7.23		6.7			
03	1.143							7.01	7.17		6.1			
04	1.060			154	196	< 1.0	0.5	7.11	7.23	<0.05	6.1	< 1	< 0.05	< 0.0006
05	1.048							7.12	7.31		6.1			
06	1.057							6.99	7.32		6.2			
07	1.103							6.91	7.37		6.3			
08	1.202							7.22	7.35		7.4			
09	1.200							6.78	7.38		6.7			
10	1.146							7.14	7.32		6.6			
11	1.188			164	204	<1.0	0.5	7.20	7.38	0.32	6.3	< 1	< 0.05	< 0.0008
12	1.191							7.27	7.44		6.3			
13	1.209							7.20	7.44		6.4			
14	1.140							7.17	7.43		6.1			
15	1.418							7.19	7.28		6.9			
16	1.410							6.99	7.22		7.1			
17	1.304							7.26	7.51		6.7			
18	1.218			171	141	<1.0	0.4	7.23	7.40	<0.05	6.6	< 1	< 0.05	< 0.0006
19	1.400							7.18	7.48		6.7			
20	1.472							7.19	7.36		6.5			
21	1.396							7.10	7.42		6.7			
22	1.476							7.23	7.60		7.4			
23	1.454							7.21	7.30		7.5			
24	1.134							7.31	7.51		7.1			
25	1.189			168	99	< 1.0	0.2	7.23	7.44	< 0.05	6.5	< 1	< 0.05	< 0.0008
26	1.277							7.31	7.54		7.0			
27	1.510							7.33	7.42		6.9			
28	1.538							7.38	7.44		7.0			
29	1.572							7.33	7.48		7.6			
30	1.440							7.20	7.49		7.4			
TOT	38.155			657	640	4.0	1.6	214.16	221.39	0.47	201.6	4	0.20	0.0028
AVG	1.272			164	160	1.0	0.4	7.14	7.38	0.12	6.7	1	0.05	0.0001
MAX	1.572			171	204	1.0	0.5	7.38	7.60	0.32	7.6	1	0.05	0.0008
MIN	1.048			154	99	1.0	0.2	6.53	7.13	0.05	6.1	1	0.05	0.0006

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 7-8-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 3004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
TIN: PHILLIP NEIL-PRES./9047252665

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

FL0023671	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
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SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [__] ***

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

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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)*
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	********	********		6.1	********	********	(19)	0	1/Day	Grab
00300 1 0 0	PERMIT REQUIREMENT	********	********	****	6.0 MINIMUM	********	********	MG/L		1/Month	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		6.5	********	7.6	(12)	0	1/Hour	Grab
00400 1 0 0	PERMIT REQUIREMENT	********	********	****	REPORT MINIMUM	********	REPORT MAXIMUM	SU		1/Month	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	********	********		********	0.6	********	(19)	0	1/30	Calc
00530 Y 0 0	PERMIT REQUIREMENT	********	********	****	********	20.0 ANNL AVG	********	MG/L		1/Month	CALC
ANNUAL AVERAGE	SAMPLE MEASUREMENT	********	********		********	0.4	0.5	(19)	0	1/7	16 comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	********	********	****	********	20.0 MO AVG	60.0 DAILY MX	MG/L		1/Week	16 COMP
00530 1 0 0	SAMPLE MEASUREMENT	********	********		********	0.07	********	(19)	0	1/30	calc
NITROGEN, TOTAL AMMONIA (AS N)	PERMIT REQUIREMENT	********	********	****	********	1.0 ANNL AVG	********	MG/L		1/Month	CALC
00630 Y 0 0	SAMPLE MEASUREMENT	********	********		********	0.12	0.32	(19)	0	1/7	16 comp
ANNUAL AVERAGE	PERMIT REQUIREMENT	********	********	****	********	2.0 MO AVG	3.0 DAILY MX	MG/L		1/Week	16 COMP
NITROGEN, TOTAL Kjeldahl (AS N)	SAMPLE MEASUREMENT	********	********		********	********	<0.0008	(19)	0	1/7	calc
00625 1 0 0	PERMIT REQUIREMENT	********	********	****	********	********	0.002 DAILY MX	MG/L		1/Week	CALC
EFFLUENT GROSS VALUE											

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.)*		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)*
#1: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

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P.O. BOX 6004
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LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0025071	001
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SANITARY WASTEWATER
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MAJOR
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*** 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)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	1.117		(03) MGD					0	1/30 DAILY MONTH	calc CALCULATION
	PERMIT REQUIREMENT	REPORT ANNL AVG									
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.272	1.572	(03) MGD					0	Cont CONTINUOUS	Flow Meter RECORD
	PERMIT REQUIREMENT	REPORT 30 AVG	REPORT DAILY MX								
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						NODI=9	(19) * MG/L	—	NA DAILY	NA GRAB
	PERMIT REQUIREMENT						0.01 DAILY MX				
LENGTH OF LONGEST PLUME EXCURSION 72197 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT						0	(14) MIN-UTES	0	1/30 DAILY MONTH	calc CALCULATION
	PERMIT REQUIREMENT						00 DAILY MX				
% OF TIME EXCEEDING MIN LIMITS 72196 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT						0	(23) PER-CENT	0	1/30 DAILY MONTH	calc CALCULATION
	PERMIT REQUIREMENT						100 MAXIMUM				
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT					2		(13) # / 100ML	0	1/30 DAILY MONTH	calc CALCULATION
	PERMIT REQUIREMENT					200 ANNL AVG					
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<1	(13) # / 100ML	0	1/7 WEEKLY	Grab GRAB
	PERMIT REQUIREMENT						800 DAILY MX				

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.)*		904 725-7865	96	07	17
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* Disinfection by UV.

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

(2-16)	(17-19)
FL0023671	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	06	01	TO	96	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER
(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)
OVERFLOW USE, BYPASSES 74052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	0	(93)	********	********	********		0	1/30	calc
	PERMIT REQUIREMENT	********	0 NO TOTAL	COUR/ MONTH	********	********	********	*****		ONCE/ MONTH	CALCULATION
CBOD, CARBONACEOUS 5 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	********	********		********	1.2	********	(19)	0	1/30	calc
	PERMIT REQUIREMENT	********	********	***** *****	********	5.0 ANNL AVG	********	MG/L		ONCE/ MONTH	CALCULATION
CBOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	********	********		********	1.0	1.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	********	********	***** *****	********	5.0 MO AVG	10.0 DAILY MX	MG/L		WEEKLY	COMPOSITE
	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	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)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 6004
JACKSONVILLE FL 32234
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047252365

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

FL0023671	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)

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)* 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)*
NOEL STATKE 7DAY CHR CERIODAPHNIA TOPSD P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********		NODI=9	********	********	(23)			
	PERMIT REQUIREMENT	********	********	**** ****	LGD MINIMUM	********	********	PER-CENT		SEE PERMIT	SEE PERMIT
NOEL STATKE 7DAY CHR CERIODAPHNIA TOPSD U O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********		NODI=9	********	********	(23)			
	PERMIT REQUIREMENT	********	********	**** ****	LGD MINIMUM	********	********	PER-CENT		SEE PERMIT	SEE PERMIT
NOEL STATKE 7DAY CHR PIMEPHALES TOP6C P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********		NODI=9	********	********	(23)			
	PERMIT REQUIREMENT	********	********	**** ****	LGD MINIMUM	********	********	PER-CENT		SEE PERMIT	SEE PERMIT
NOEL STATKE 7DAY CHR PIMEPHALES TOP6C U O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********		NODI=9	********	********	(23)			
	PERMIT REQUIREMENT	********	********	**** ****	LGD MINIMUM	********	********	PER-CENT		SEE PERMIT	SEE PERMIT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 6 years.)*	904/725-2365		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. A= ADDITIONAL TESTS. IF NOT REQUIRED THISMONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX." COLUMN.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: May YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Greg Bauer B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.113
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.129
(19)	PERCENT OF PERMITTED CAPACITY		%	****	45
(20)	CBOD5 EFFLUENT		mg/l	080082	1.1
(21)	TSS EFFLUENT		mg/l	900201	0.5
(22)	MINIMUM pH			900241	6.48
(23)	MAXIMUM pH			900242	7.50
(24)	NITRITE (NO2)	05-07-96	mg/l	000615	< 0.05
(25)	NITRATE (NO3)	05-07-96	mg/l	071850	8.59
(26)	TKN	05-07-96	mg/l	000625	0.67
(27)	TOTAL N	05-07-96	mg/l	000600	9.31
(28)	ORGANIC N	05-07-96	mg/l	000605	0.620
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	< 0.05
(30)	TOTAL PHOSPHORUS	05-07-96	mg/l	000665	2.630
(31)	ORTHO PHOSPHORUS	05-07-96	mg/l	070507	2.200
(32)	MINIMUM CHLORINE RESIDUAL		mg/l	900243	
(33)	MAXIMUM CHLORINE RESIDUAL		mg/l	900244	
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	< 1
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		< 1
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.0
(37)	CUOD		lbs/day	****	13.7
(38)	NUOD		lbs/day	****	28.8
(39)	UOD		lbs/day	****	42.3
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	< 0.0005
(41)	NO2 + NO3	05-07-96	mg/l	000630	8.64

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 40 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method code for TRC - 4500 Cl(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

May 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.124							6.87	7.33		7.4			
02	1.164							6.88	7.17		7.0			
03	1.120							7.07	7.23		6.8			
04	1.163							6.81	7.23		8.0			
05	1.179							7.21	7.32		7.9			
06	1.194							7.33	7.50		7.3			
07	1.129			214	204	<1.0	0.5	6.70	7.45	<0.05	7.0	<1	<0.05	<0.000
08	1.099							6.90	7.46		7.0			
09	1.175							6.80	7.48		6.8			
10	1.064							7.18	7.36		7.0			
11	1.128							7.35	7.48		7.2			
12	1.145							6.90	7.40		6.7			
13	1.120							6.85	7.01		7.0			
14	1.029			198	199	<1.0	0.3	6.95	7.42	<0.05	7.0	<1	<0.05	<0.000
15	1.029							7.15	7.20		6.7			
16	1.089							6.96	7.24		7.2			
17	1.003							7.00	7.13		7.2			
18	1.138							7.13	7.32		7.2			
19	1.167							7.12	7.21		7.2			
20	1.188							6.98	7.20		6.3			
21	1.082			215	268	1.2	0.8	6.98	7.17	<0.05	6.4	<1	<0.05	<0.000
22	1.100							6.98	7.35		6.3			
23	1.114							6.97	7.28		6.2			
24	1.062							6.84	7.33		6.2			
25	1.081							6.48	6.79		8.6			
26	1.082							6.75	7.18		6.6			
27	1.195							7.06	7.23		7.0			
28	1.149			184	217	<1.0	0.4	6.95	7.33	<0.05	6.1	<1	<0.05	<0.000
29	1.070							6.89	7.11		6.0			
30	1.092							6.77	7.20		6.6			
31	1.036							6.51	6.97		6.5			
TOT	34.510			811	888	4.2	2.0	215.32	225.08	0.20	214.4	4	0.20	0.002
AVG	1.113			203	222	1.1	0.5	6.95	7.26	<0.05	6.9	<1	<0.05	<0.000
MAX	1.195			215	268	1.2	0.8	7.35	7.50	<0.05	8.6	<1	<0.05	<0.000
MIN	1.003			184	199	1.0	0.3	6.48	6.79	<0.05	6.0	<1	<0.05	<0.000

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 6-17-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	001 1
PERMIT NUMBER	DISCHARGE NUMBER

SANITARY WASTEWAT
(SUBR JA) 12945
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***
NOTE: Read instructions before completing this form.

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

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)

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)*
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		6.0	*******	*******	(19)	0	1/Day	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	*******	MG/L		CONTI NUOUS	GRAB
	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.5	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTI NUOUS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	0.6	*******	(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	*******	*******		*******	0.5	0.8	(19)	0	1/7	1/6 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPI
NITROGEN, TOTAL Ammonia (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.06	*******	(19)	0	1/30	calc
00608 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	1.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
NITROGEN, TOTAL Ammonia (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	NODI=B	NODI=B	(19) ¥	0	1/7	1/6 comp
00608 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	2.0 MO AVG	3.2 DAILY MX	MG/L		WEEKLY	COMPI
AMMONIA, UNIONIZED	SAMPLE MEASUREMENT	*******	*******		*******	*******	<0.0007	(19)	0	1/7	calc
00619 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.02 DAILY MX	MG/L		WEEKLY	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	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)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.
¥ Method code for NH3+NH4 is 350.1. Detection limit is 0.05 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	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 WASTEWAT 12345
(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)* *(54-61)* AVERAGE	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)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	1.092	*******	(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	1.113	1.195	(03)	*******	******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTIN UOUS	CONT
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	******	NODI=9	(19) *	0	NA	NA
	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT
% OF TIME EXCEEDING PH LIMITS 72108 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc.
	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	1.0 MAXIMUM	PER-CENT		ONCE/ MONTH	CALCT
UNIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2	*******	(13)	0	1/30	calc.
	PERMIT REQUIREMENT	*******	******* ****	****	*******	200 ANNL AVG	*******	/ 100ML		ONCE/ MONTH	CALCT
FOLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	<1	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	******* ****	****	*******	*******	800 DAILY MX	/ 100ML		WEEKLY	GRAB

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)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

* Disinfection by UV.

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

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY JACKSONVILLE HEIGHTS STPL

LOCATION JACKSONVILLE FL 32244

ATTN: PHILLIP NEIL-PRES./9047252865

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

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

FL0025871	001 1
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

SANITARY WASTEWATER
(SUBR JA) 12345
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM	96	05	01	TO	96	05	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)*
OVERFLOW USE,	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	Calc
CCURANCES	PERMIT REQUIREMENT	*******	0 TOTAL	CCUR/ MONTH	*******	*******	*******	**** *****		ONCE/ MONTH	CALCT
, CARBONACEOUS	SAMPLE MEASUREMENT	*******	*******		*******	1.2	*******	(19)	0	1/30	Calc
5 DAY, 20C	PERMIT REQUIREMENT	*******	*******	**** *****	*******	8.0 ANN AVG	*******	MG/L		ONCE/ MONTH	CALCT
OD, CARBONACEOUS	SAMPLE MEASUREMENT	*******	*******		*******	1.1	1.2	(19)	0	1/7	6 comp
5 DAY, 20C	PERMIT REQUIREMENT	*******	*******	**** ****	*******	8.0 MO AVG	16.0 DAILY MX	MG/L		WEEKLY	COMPOS
	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.)*		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: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8009
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL 0037671	001 T
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)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
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)*
TOXICITY, CHRONIC, 7-DAY, CERIODAPHNIA DUBIA, SURVIVAL, (PASS/FAIL) TGP3B P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 MOS	24 COMP
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GRAB
TOXICITY, CHRONIC, 7-DAY, CERIODAPHNIA DUBIA, REPRODUCTION, (PASS/FAIL) TGP3B Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GRAB
TOXICITY, CHRONIC, 7-DAY, PIMEPHALES PROMELAS, SURVIVAL, (PASS/FAIL) TGP6C P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		>100	*******	*******	(23)	0	1/6 MOS	24 COMP
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GRAB
TOXICITY, CHRONIC, 7-DAY, PIMEPHALES PROMELAS, REPRODUCTION, (PASS/FAIL) TGP6C Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 06	DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* See HER report # 812.
P= ROUTINE TESTS. Q= ADDITIONAL TESTS. IF NOT REQUIRED THIS MONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: April YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.155
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.073
(19)	PERCENT OF PERMITTED CAPACITY		%	****	43
(20)	CBOD5 EFFLUENT		mg/l	080082	1.0
(21)	TSS EFFLUENT		mg/l	900201	0.4
(22)	MINIMUM pH			900241	6.52
(23)	MAXIMUM pH			900242	7.44
(24)	NITRITE (NO2)	04-09-96	mg/l	000615	< 0.05
(25)	NITRATE (NO3)	04-09-96	mg/l	071850	10.10
(26)	TKN	04-09-96	mg/l	000625	0.94
(27)	TOTAL N	04-09-96	mg/l	000600	11.09
(28)	ORGANIC N	04-09-96	mg/l	000605	0.890
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	0.06
(30)	TOTAL PHOSPHORUS	04-09-96	mg/l	000665	1.740
(31)	ORTHO PHOSPHORUS	04-09-96	mg/l	070507	1.580
(32)	MINIMUM CHLORINE RESIDUAL		mg/l	900243	
(33)	MAXIMUM CHLORINE RESIDUAL		mg/l	900244	
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	1
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		1
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.4
(37)	CUOD		lbs/day	****	13.6
(38)	NUOD		lbs/day	****	39.5
(39)	UCD		lbs/day	****	52.7
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0003
(41)	NO2 + NO3	04-09-96	mg/l	000630	10.15

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 34 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method code for TRC - 4500 Cl(G)

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

April 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.290							7.04	7.12		7.0			
02	1.158			170	181	<1.0	0.4	7.07	7.24	0.08	7.2	< 1	< 0.05	<0.0004
03	1.156							6.94	7.20		7.2			
04	1.160							6.99	7.29		7.2			
05	1.151							7.05	7.14		7.4			
06	1.128							6.73	6.88		7.6			
07	1.158							7.13	7.30		7.4			
08	1.243							6.95	7.24		7.5			
09	1.104			181	179	<1.0	0.4	7.03	7.13	<0.05	7.4	< 1	< 0.05	<0.0003
10	1.122							6.92	7.18		7.8			
11	1.137							6.99	7.11		7.5			
12	1.063							7.12	7.23		7.8			
13	1.182							7.08	7.27		8.0			
14	1.209							7.18	7.21		7.9			
15	1.244							6.87	7.23		7.6			
16	1.143			196	165	<1.0	0.5	6.98	7.17	<0.05	7.5	< 1	< 0.05	<0.0004
17	1.144							6.98	7.14		7.8			
18	1.138							6.96	7.03		7.7			
19	1.120							6.97	7.11		7.8			
20	1.150							6.98	7.10		7.7			
21	1.176							6.92	7.15		7.6			
22	1.180							6.79	7.20		7.5			
23	1.078			238	200	<1.0	0.4	7.05	7.18	<0.05	7.2	< 1	< 0.05	<0.0003
24	1.084							6.97	7.14		7.0			
25	1.109							7.03	7.21		7.4			
26	1.074							6.89	7.28		7.2			
27	1.167							6.90	7.12		7.7			
28	1.176							7.30	7.42		7.5			
29	1.203							7.00	7.44		6.4			
30	1.213			203	171	<1.0	0.4	6.52	7.23	<0.05	7.5	< 1	< 0.05	<0.0003
TOT	34.660			988	896	5.0	2.1	209.33	215.69	0.28	224.0	5	0.25	0.001
AVG	1.155			198	179	< 1.0	0.4	6.98	7.19	0.06	7.5	1	0.05	< 0.0003
MAX	1.290			238	200	< 1.0	0.5	7.30	7.44	0.08	8.0	1	0.05	< 0.0004
MIN	1.063			170	165	< 1.0	0.4	6.52	6.88	<0.05	6.4	1	0.05	< 0.0003

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 5-15-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location (if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 6004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047252865

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

FL0023671	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	04	01	TO	98	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWAT
(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)*		*(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)*
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.4	*******	*******	(19)	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	*****	5.0 MINIMUM	*******	*******	MG/L		1 GRAB/ MONTH	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.4	(12)	0	1/Hour	Grab
	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTINUOUS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.4	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		1 ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.4	0.5	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 MO AVG	60.0 DAILY MX	MG/L		1 WEEKLY	COMPOS
NITROGEN, TOTAL Ammonia (AS N) 00600 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	0.07	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	1.0 ANNL AVG	*******	MG/L		1 ONCE/ MONTH	CALCTD
NITROGEN, TOTAL Ammonia (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.06	0.08	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	2.0 MO AVG	3.2 DAILY MX	MG/L		1 WEEKLY	COMPOS
AMMONIA, UNIONIZED 00619 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	<0.0004	(19)	0	1/7	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.02 DAILY MX	MG/L		1 WEEKLY	CALCTD

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 6 years.)*		904	725-2865	96	05	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 PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME: JAX SUBURBAN UTILITIES CORP.
ADDRESS: 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY: JACKSONVILLE HEIGHTS STPL
LOCATION: JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047252865

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0063673 — PERMIT NUMBER
(17-19) 001 — 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)

SANITARY WASTEWATER (SUBR JA) 12345
P - 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) (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)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	1.085	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	***** *****		INCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.155	1.290	(03)	*******	*******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		UNITUOUS	CORDR
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	WDAT=9	(19) ★	0	NA	NA
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 DAILY MX	MIN-UTES		INCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 MAXIMUM	PER-CENT		INCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	8	*******	(13) /	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	100ML		INCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	<1	(13) /	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX	100ML		EEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
PNeil
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)*
: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

★ Discontinued by WL.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 03416/960401-1725 PAGE 2 OF 3

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047252865

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

FL0023671	001 1
PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

SANITARY WASTEWATER
(SUBR JA) 12345
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	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)*		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)*
OVERFLOW USE, OCCURANCES 4062 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	*******	0 OCCUR/ MONTH TOTAL		*******	*******	*******	**** ****		ONCE/ MONTH	CALCTD
CARBONACEOUS 5 DAY, 20C 0082 Y 0 0 MONTHLY AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** *****	*******	6.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
CARBONACEOUS 5 DAY, 20C 0082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	NODI=B	NODI=B	(19) #	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	6.0 MO AVG	16.0 DAILY MX	MG/L		WEEKLY	COMPTE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PNeil
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)*

: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

Method code for CBOD is 5210 B. Detection limit is 1.0 mg/l

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

PAGE OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME . OAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOED RD.
P.O. BOX 3004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	001 T
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)

TOXICITY TESTING
(SUBR JA) 12345
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)*
50E STATRE 7DAY CHI CERIODAPHNIA TDP3B P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ***	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR REC
50E STATRE 7DAY CHI CERIODAPHNIA TDP3B Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ***	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR REC
50E STATRE 7DAY CHI PIMEPHALES TDP6C P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ***	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR REC
50E STATRE 7DAY CHI PIMEPHALES TDP6C Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ***	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR REC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.)*	904 725-8865		96	05	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)*
P= ROUTINE TESTS. Q= ADDITIONAL TESTS. IF NOT REQUIRED THISMONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS
IN NO. EX " COLUMN.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1] MONTH: March YEAR: 1996

2] PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

3] PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

4] PLANT ADDRESS: 5957 TAMPICO ROAD

5] CITY: JACKSONVILLE

6] COUNTY: DUVAL

7] PHONE NUMBER: (904) 725-2865

8] PERMIT NUMBER: DO16-222480

9] PLANT TYPE: 2B

10] TEST SITE IDENTIFICATION NUMBER: 3116X10079

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:

NOT APPLICABLE

15] PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 2738
signature cert. no.

PARAMETER		UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW		mgd	050053	1.193
(17) PERMITTED CAPACITY		mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.011
(19) PERCENT OF PERMITTED CAPACITY		%	****	40
(20) CBOD5 EFFLUENT		mg/l	080082	1.0
(21) TSS EFFLUENT		mg/l	900201	0.8
(22) MINIMUM pH			900241	6.63
(23) MAXIMUM pH			900242	7.57
(24) NITRITE (NO2)	03-05-96	mg/l	000615	< 0.05
(25) NITRATE (NO3)	03-05-96	mg/l	071850	10.10
(26) TKN	03-05-96	mg/l	000625	0.79
(27) TOTAL N	03-05-96	mg/l	000600	10.94
(28) ORGANIC N	03-05-96	mg/l	000605	0.740
(29) NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	0.07
(30) TOTAL PHOSPHORUS	03-05-96	mg/l	000665	2.780
(31) ORTHO PHOSPHORUS	03-05-96	mg/l	070507	2.400
(32) MINIMUM CHLORINE RESIDUAL		mg/l	900243	
(33) MAXIMUM CHLORINE RESIDUAL		mg/l	900244	
(34) FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	2
(35) FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		6
(36) TOTAL D.O. (Minimum)		mg/l	000300	6.8
(37) CUOD		lbs/day	****	13.5
(38) NUOD		lbs/day	****	27.7
(39) UOD		lbs/day	****	38.7
(40) AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0007
(41) NO2 + NO3	03-05-96	mg/l	000630	10.15

*] SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
*] DUVAL SEPTIC HAULED 36 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

March 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.055							6.77	6.95		7.8			
02	1.118							6.82	6.98		8.2			
03	1.100							6.87	7.04		8.2			
04	1.045							6.99	7.23		7.7			
05	0.921			150	157	<1.0	0.9	7.11	7.18	0.05	7.8	22	0.31	0.0016
06	0.929							6.70	7.29		7.1			
07	0.991							6.63	6.92		7.4			
08	1.041							6.74	7.10		8.2			
09	1.298							6.81	6.88		8.2			
10	1.378							7.03	7.07		8.3			
11	1.417							7.09	7.18		8.1			
12	1.245			148	160	<1.0	0.7	7.04	7.12	<0.05	8.2	<1	<0.05	<0.0002
13	1.261							7.19	7.31		8.0			
14	1.192							7.30	7.36		7.6			
15	1.044							7.11	7.31		7.4			
16	1.205							7.04	7.21		7.9			
17	1.150							7.16	7.27		8.0			
18	1.624							7.23	7.42		7.7			
19	1.222			164	125	<1.0	0.7	7.13	7.34	0.11	7.8	<1	0.08	0.0007
20	1.240							7.12	7.19		8.0			
21	1.247							7.20	7.33		7.9			
22	1.157							7.16	7.27		7.8			
23	1.250							7.20	7.31		7.7			
24	1.215							7.26	7.38		7.5			
25	1.290							7.18	7.26		6.8			
26	1.138			180	156	<1.0	0.8	7.21	7.38	<0.05	7.3	<1	<0.05	<0.0004
27	1.180							7.10	7.40		7.2			
28	1.198							7.07	7.29		7.0			
29	1.145							7.14	7.29		7.2			
30	1.312							7.13	7.57		7.3			
31	1.366							7.00	7.30		7.4			
TOT	36.974			642	598	4.0	3.1	218.53	224.13	0.26	238.7	25	0.49	0.0029
AVG	1.193			161	150	1.0	0.8	7.05	7.23	0.07	7.7	6	0.12	0.0007
MAX	1.624			180	160	1.0	0.9	7.30	7.57	0.11	8.3	22	0.31	0.0016
MIN	0.921			148	125	1.0	0.7	6.63	6.88	0.05	6.8	1	0.05	0.0002

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 4-11-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME SJWA SOUTHEAST UTILITIES CORP.
ADDRESS 1400 MILLCOVE RD.
P.O. BOX 6006
JACKSONVILLE FL 32236
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047252869

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

FL0023671	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 WASTEWA (SUBM JA)
P - 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)*
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		6.8	*******	*******	(19)	0	1/Day	Grab
00300 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	6.0 MINIMUM	*******	*******	MG/L		CONTI MSRD	CONTI NUOUS
	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.6	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTI MSRD	CONTI NUOUS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	0.4	*******	(19)	0	1/30	Calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCU LATED
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	0.8	0.9	(19)	0	1/1	Grab
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 MO AVG	20.0 DAILY MX	MG/L		WEEKL Y	SAMPL E
NITROGEN, TOTAL Ammonia (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.07	*******	(19)	0	1/30	Calc
00608 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	1.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCU LATED
NITROGEN, TOTAL Ammonia (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.07	0.11	(19)	0	1/7	Grab
00608 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	*******	2.0 MO AVG	3.2 DAILY MX	MG/L		WEEKL Y	SAMPL E
AMMONIA, UNIONIZED	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.0016	(19)	0	1/1	Calc
00619 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.02 DAILY MX	MG/L		WEEKL Y	CALCU LATED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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: 04 | DAY: 23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOA RD.
P.O. BOX 6004
JACKSONVILLE FL 32236
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047252865

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0023671 — PERMIT NUMBER
(17-19) 001 1 — DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR 95 MO 03 DAY 01 *(20-21) (22-23) (24-25)*
TO YEAR 95 MO 03 DAY 31 *(26-27) (28-29) (30-31)*

SANITARY WASTEWA
(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)*
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	1.041	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	REPORT MO AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.193	1.624	(03)	*******	*******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTI NUOUS	RECORD
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	*******	NOD = 9	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT
# OF TIME EXCEEDING PH LIMITS 72103 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 MAXIMUM	PER-CENT		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	8	*******	(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	*******	*******		*******	*******	22	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB

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	04	23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
PH: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.
~~* Method code for TRC is 4500 CL(G); Detection limit is 0.20 mg/l.~~ * Disinfection by UV.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 2251/9601 5-0914 PAGE 2 OF 2

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8009
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047252665

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

FL0023671	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)

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

SANITARY WASTEWA
(SUBR JA)
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)*
OVERFLOW USE, OCCURANCES 74062 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	*******	0 TOTAL	OCCUR/ MONTH	*******	*******	*******	*******		ONCE/ MONTH	CALCT
O, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 SEASONAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*******	*******	8.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
,000, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	1.0	1.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*******	*******	8.0 30 AVG	15.0 DAILY MX	MG/L		WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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)*
P: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047232865

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

FL0023671	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

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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)*
MODL STATRE 7DAY CHR CERIODAPHNIA TOPSD P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ***	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CR RE
MDL STATRE 7DAY CHR CERIODAPHNIA TOPSD P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ***	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CR RE
MDL STATRE 7DAY CHR PIMEPHALES TOPDC P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ***	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CR RE
MDL STATRE 7DAY CHR PIMEPHALES TOPDC P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ***	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CR 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 6 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 NOT REQUIRED THISMONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS

MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: February YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-222480

(9) PLANT TYPE: 28

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 2738
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	0.931
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	0.990
(19)	PERCENT OF PERMITTED CAPACITY		%	****	40
(20)	CBOD5 EFFLUENT		mg/l	080082	1.6
(21)	TSS EFFLUENT		mg/l	900201	1.0
(22)	MINIMUM pH			900241	6.50
(23)	MAXIMUM pH			900242	7.28
(24)	NITRITE (NO2)	02-06-96	mg/l	000615	<0.05
(25)	NITRATE (NO3)	02-06-96	mg/l	071850	11.00
(26)	TKN	02-06-96	mg/l	000625	0.89
(27)	TOTAL N	02-06-96	mg/l	000600	11.94
(28)	ORGANIC N	02-06-96	mg/l	000605	0.840
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	0.10
(30)	TOTAL PHOSPHORUS	02-06-96	mg/l	000665	2.140
(31)	ORTHO PHOSPHORUS	02-06-96	mg/l	070507	2.090
(32)	MINIMUM CHLORINE RESIDUAL		mg/l	900243	0.50
(33)	MAXIMUM CHLORINE RESIDUAL		mg/l	900244	<0.20
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	3
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		4
(36)	TOTAL D.O. (Minimum)		mg/l	000300	7.3
(37)	CUOD		lbs/day	****	16.5
(38)	NUOD		lbs/day	****	29.2
(39)	UOD		lbs/day	****	46.7
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0004
(41)	NO2 + NO3	02-06-96	mg/l	000630	11.05

(*) SLUDGE MANAGEMENT HAULED 30 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 10 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Worksheet 1 for EPA 4500-C1/C1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

February 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	0.900	0.60	<0.20					6.75	7.00		7.6			
02	0.730	0.50	<0.20					6.72	7.03		8.0			
03	1.168	0.70	<0.20					6.70	6.88		7.9			
04	1.239	0.70	<0.20					6.60	6.99		8.5			
05	1.140	0.50	<0.20					6.78	7.15		8.0			
06	0.862	0.50	<0.20	146	150	1.7	1.1	6.95	7.28	<0.05	8.4	10	<0.05	<0.0002
07	0.714	0.60	<0.20					6.89	7.14		8.0			
08	0.910	0.60	<0.20					6.74	7.01		8.1			
09	0.865	0.80	<0.20					6.64	6.91		7.8			
10	0.930	0.50	<0.20					6.71	6.86		8.0			
11	0.990	0.60	<0.20					6.64	6.87		7.9			
12	0.990	0.50	<0.20					6.81	7.08		8.0			
13	0.906	0.50	<0.20	142	146	1.6	1.1	6.81	6.94	0.24	8.0	<2	0.29	0.0010
14	0.872	0.50	<0.20					6.83	6.96		7.9			
15	0.870	0.50	<0.20					6.80	6.95		7.9			
16	0.876	0.50	<0.20					6.73	6.93		8.0			
17	0.989	0.60	<0.20					6.82	6.90		7.9			
18	0.940	0.60	<0.20					6.91	7.05		8.1			
19	1.000	0.60	<0.20					6.83	7.14		8.0			
20	0.861	0.50	<0.20	232	184	1.8	1.1	6.89	7.18	<0.05	7.7	<2	<0.05	<0.0002
21	0.860	0.50	<0.20					6.81	6.98		7.8			
22	0.928	0.50	<0.20					6.73	6.94		7.6			
23	0.854	0.50	<0.20					6.71	6.87		7.3			
24	0.981	0.50	<0.20					6.74	6.90		7.8			
25	1.000	0.50	<0.20					6.50	7.10		7.8			
26	0.880	0.50	<0.20					6.97	7.21		7.3			
27	0.897	0.50	<0.20	230	194	1.2	0.8	6.85	7.08	<0.05	7.5	<1	<0.05	<0.0003
28	0.950	0.50	<0.20					6.68	6.97		7.7			
29	0.910	0.50	<0.20					6.70	6.83		7.3			
TOT	27.012	15.90	<0.20	750	674	6.3	4.1	196.24	203.13	0.39	227.8	15	0.44	0.0017
AVG	0.931	0.55	<0.20	188	169	1.6	1.0	6.77	7.00	0.10	7.9	4	0.11	0.0004
MAX	1.239	0.80	<0.20	232	194	1.8	1.1	6.97	7.28	0.24	8.5	10	0.29	0.0010
MIN	0.714	0.50	<0.20	142	146	1.2	0.8	6.50	6.83	0.05	7.3	1	0.05	0.0002

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 3-11-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 3004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047252865

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

FL0023671	001 T
PERMIT NUMBER	DISCHARGE NUMBER

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

TOXICITY TESTING
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*** NO DISCHARGE |__| ***

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50GEL STATRE 7DAY Ch CERIODAPHNIA TOPSB P 0 20 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR GR T
50GEL STATRE 7DAY Ch CERIODAPHNIA TOPSB Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR GR T
50GEL STATRE 7DAY Ch PIMEPHALES TSP6C P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR GR T
50GEL STATRE 7DAY Ch PIMEPHALES TSP6C Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR GR T
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
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IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX." COLUMN.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

July 1996

AY F THE ONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.341							7.29	7.41		6.5			
02	1.280			170	158	<1.0	0.3	7.32	7.42	< 0.05	6.6	<1	<0.05	<0.0008
03	1.352							7.35	7.42		6.9			
04	1.290							7.34	7.44		6.9			
05	1.485							7.31	7.47		6.9			
06	1.623							7.37	7.43		6.9			
07	1.690							7.36	7.44		7.1			
08	1.610							7.28	7.39		6.4			
09	1.402			136	141	<1.0	0.1	7.30	7.44	0.18	6.6	3	<0.05	<0.0008
10	1.500							7.35	7.44		6.8			
11	1.337							7.37	7.45		6.7			
12	1.339							7.34	7.41		6.5			
13	1.448							7.40	7.48		6.9			
14	1.340							7.43	7.66		6.9			
15	1.340							7.34	7.48		6.3			
16	1.340			121	140	<1.0	0.2	7.31	7.48	0.13	6.2	<1	0.24	0.0050
17	1.160							7.27	7.48		6.3			
18	1.290							7.36	7.41		6.3			
19	1.240							7.35	7.44		6.6			
20	1.283							7.28	7.38		6.9			
21	1.332							7.27	7.36		7.3			
22	1.205							7.30	7.37		6.8			
23	1.240			156	182	<1.0	0.5	7.33	7.38	0.09	6.3	21	<0.05	<0.0008
24	1.300							7.35	7.46		7.5			
25	1.279							7.40	7.64		6.7			
26	1.239							7.41	7.49		6.4			
27	1.263							7.44	7.50		7.0			
28	1.300							7.44	7.52		7.3			
29	1.293							7.40	7.55		6.4			
30	1.202			177	143	<1.0	0.4	7.44	7.51	< 0.05	6.5	<1	<0.05	<0.0010
31	1.206							7.45	7.54		6.4			
TOT	41.549			760	764	5.0	1.5	227.95	231.29	0.50	207.8	27	0.44	0.0084
AVG	1.340			152	153	1.0	0.3	7.35	7.46	0.10	6.7	5	0.09	0.0017
MAX	1.690			177	182	<1.0	0.5	7.45	7.66	0.18	7.5	21	0.24	0.0056
MIN	1.160			121	140	< 1.0	0.1	7.27	7.36	< 0.05	6.2	1	0.05	0.0008

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Greg Bauer DATE: 8-13-96

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

COMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JEA SOUTHERN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL.
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047252665

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

FL0023671	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	02	01	TO	96	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWA
(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	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)*
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		7.3	*******	*******	(19)	0	1/Day	Grab
00300 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	6.0 MINIMUM	*******	*******	MG/L		1/DAY	GRAB
	SAMPLE MEASUREMENT	*******	*******		6.5	*******	7.3	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	REPORT MINIMUM	*******	REPORT MAXIMUM	SU		1/DAY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	0.4	*******	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 ANNL AVG	*******	MG/L		1/MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	1.0	1.1	(19)	0	1/7	Recomp
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, TOTAL Ammonia (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.07	*******	(19)	0	1/30	calc
00600 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	*****	*******	1.0 ANNL AVG	*******	MG/L		1/MONTH	CALCT
NITROGEN, TOTAL Ammonia (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	0.10	0.24	(19)	0	1/7	Recomp
00600 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	*******	2.0 MO AVG	3.0 DAILY MX	MG/L		WEEKLY	COMPOS
AMMONIA, UNIONIZED	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.0010	(19)	0	1/7	calc
00619 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.02 DAILY MX	MG/L		WEEKLY	CALCT

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	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: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOR RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./904/725-2865

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

FL0023671	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)

SANITARY WASTEWA
(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)*
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	1.041	*******	(03) MGD	*******	*******	*******	*****	0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******		*******	*******	*******	*****		CONST/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.931	1.239	(03) MGD	*******	*******	*******	*****	0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	*******	*******	*****		CONT RECD	RECORD
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI-B	(19) * MG/L	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX			DAILY	GRAB
LENGTH OF LONGEST PA EXCURSION 72107 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14) MIN-UTES	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 DAILY MX			CONST/ MONTH	CALCT
% OF TIME EXCEEDING PH LIMITS 72108 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23) PER-CENT	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0 MAXIMUM			CONST/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	8	*******	(13) / 100ML	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	200 ANNL AVG	*******			CONST/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	*******	10	(13) / 100ML	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	800 DAILY MX			TEST/WEEK	GRAB

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	03	19

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

PH: THE PH RANGE IS 6.0 TO 8.5 STD. UNITS.

* Method code for TRC is 4500 C1(G). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOVE RD.
P.O. BOX 6004
JACKSONVILLE FL 32236
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047252865

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

(2-16)	(17-19)
FL0023671	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)

SANITARY WASTEWA
(SUBR JA)
F - FINAL
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*** 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)
OVERFLOW USE, OCCURANCES 74062 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	*******	0 NO TOTAL	OCCUR/ MONTH	*******	*******	*******	*****		ONCE/ MONT	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	3.0 ANNL AVG	*******	MG/L		ONCE/ MONT	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	1.6	1.8	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	*****	*******	3.0 MO AVG	10.0 DAILY MX	MG/L		ONCE/ WEEK	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Phil Neil 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 03	DAY 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: THE PH RANGE IS 6.0 TO 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: 3116P01970

(3) PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5957 TAMPICO ROAD

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-222480

(9) PLANT TYPE: 2B

(10) TEST SITE IDENTIFICATION NUMBER: 3116Z10079

(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:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 6612

EVENING SHIFT OPERATOR CLASS: C CERT. NO. 4764

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR _____ B 2738
Signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	1.018
(17)	PERMITTED CAPACITY		mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	1.017
(19)	PERCENT OF PERMITTED CAPACITY		%	****	41
(20)	CBOD5 EFFLUENT		mg/l	080082	1.1
(21)	TSS EFFLUENT		mg/l	900201	0.8
(22)	MINIMUM pH			900241	6.67
(23)	MAXIMUM pH			900242	7.44
(24)	NITRITE (NO2)	01-02-96	mg/l	000615	$\leq$0.05
(25)	NITRATE (NO3)	01-02-96	mg/l	071850	10.20
(26)	TKN	01-02-96	mg/l	000625	0.45
(27)	TOTAL N	01-02-96	mg/l	000600	10.70
(28)	ORGANIC N	01-02-96	mg/l	000605	0.400
(29)	NH3N + NH4N	MONTHLY AVERAGE	mg/l	000610	0.05
(30)	TOTAL PHOSPHORUS	01-02-96	mg/l	000665	1.910
(31)	ORTHO PHOSPHORUS	01-02-96	mg/l	070507	1.770
(32)	MINIMUM CHLORINE RESIDUAL		mg/l	900243	0.50
(33)	MAXIMUM CHLORINE RESIDUAL		mg/l	900244	<0.20
(34)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	2
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		4
(36)	TOTAL D.O. (Minimum)		mg/l	000300	6.7
(37)	CUOD		lbs/day	****	13.1
(38)	NUOD		lbs/day	****	18.7
(39)	UOD		lbs/day	****	33.0
(40)	AMMONIA - UN	MONTHLY AVERAGE	mg/l	000612	0.0008
(41)	NO2 + NO3	01-02-96	mg/l	000630	10.25

(*) SLUDGE MANAGEMENT HAULED 33 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 6 LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT
DEP ID#: 3116P01970

January 1996

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	EFF pH MINIMUM (0.01)	EFF pH MAXIMUM (0.01)	EFF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
31	1.053	0.70	<0.20					7.08	7.16		7.4			
--	1.089	0.50	<0.20	224	217	1.1	0.7	7.07	7.20	<0.05	7.8	<1	<0.05	<0.0003
03	1.087	0.50	<0.20					7.05	7.19		7.8			
04	1.031	0.70	<0.20					6.97	7.09		7.9			
05	0.990	0.60	<0.20					7.03	7.13		7.9			
06	1.099	0.60	<0.20					7.15	7.25		7.8			
07	1.100	0.70	<0.20					7.19	7.27		7.9			
--	1.050	0.60	<0.20					7.07	7.44		7.9			
09	1.028	0.70	<0.20	194	147	1.2	0.6	7.05	7.13	0.07	8.2	<1	0.65	0.0025
10	0.996	0.60	<0.20					6.95	7.11		7.9			
11	0.998	0.50	<0.20					6.93	7.11		8.0			
12	0.949	0.60	<0.20					6.90	7.04		8.0			
13	1.041	0.60	<0.20					6.92	7.05		8.6			
--	1.020	0.70	<0.20					7.00	7.11		8.1			
15	1.090	0.50	<0.20					6.88	7.16		7.0			
16	0.930	0.50	<0.20	156	131	1.2	0.7	7.01	7.12	<0.05	7.6	<1	<0.05	<0.0002
17	0.960	0.50	<0.20					6.85	6.99		7.7			
18	0.980	0.60	<0.20					6.78	6.95		6.7			
19	1.000	0.50	<0.20					6.79	6.98		7.7			
--	1.101	0.60	<0.20					6.80	6.97		7.5			
21	1.080	0.80	<0.20					6.72	7.00		8.0			
22	1.050	0.70	<0.20					6.90	7.08		7.8			
23	0.948	0.70	<0.20	200	181	0.8	0.5	6.87	6.98	<0.05	7.8	2	0.39	0.0011
24	0.956	0.50	<0.20					6.77	6.89		7.8			
25	1.012	0.50	<0.20					6.67	6.97		7.3			
--	0.945	0.70	<0.20					6.70	6.83		7.4			
27	1.033	0.60	<0.20					6.68	6.88		7.9			
28	1.060	0.60	<0.20					6.85	6.97		8.1			
29	0.980	0.70	<0.20					6.78	6.99		7.4			
30	0.975	0.70	<0.20	196	246	1.2	1.3	6.80	6.90	<0.05	7.9	17	<0.05	<0.0001
31	0.937	0.70	<0.20					6.74	6.92		7.8			
TOT	31.568	19.00	<0.20	970	922	5.5	3.8	213.95	218.86	0.27	240.6	22	1.19	0.0042
AVG	1.018	0.61	<0.20	194	184	1.1	0.8	6.90	7.06	0.05	7.8	4	0.24	0.0008
MAX	1.101	0.80	<0.20	224	246	1.2	1.3	7.19	7.44	0.07	8.6	17	0.65	0.0025
MIN	0.930	0.50	<0.20	156	131	0.8	0.5	6.67	6.83	0.05	6.7	1	0.05	0.0001

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 BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

IGNED: Megan Bauer DATE: 2-13-96

AME: GREG BAUER

OMPANY NAME: UNITED WATER FLORIDA INC. PHONE NUMBER (904) 725-2865

OMMENTS:

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOA RD.
P.O. BOX 6004
JACKSONVILLE FL 32236
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047292865

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

FL0025671 (2-16)	001 1 (17-19)
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
MAJOR
EFFLUENT
*** NO DISCHARGE [__] ***

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

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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)
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT				6.7			(19)	0	1/Day	Grab
00300 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT				6.0 MINIMUM			MG/L		EIGHT/ MONTH	GRAB
	SAMPLE MEASUREMENT				6.7		7.4	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT				REPORT MINIMUM		REPORT MAXIMUM	SU		CONTI NUOUS	RECO
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					0.7		(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT					20.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCU
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					0.8	1.3	(19)	0	1/7	Recomp
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT					20.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPT
NITROGEN, TOTAL (AS N) Ammonia	SAMPLE MEASUREMENT					0.06		(19)	0	1/30	Calc
00600 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT					1.0 ANNL AVG		MG/L		ONCE/ MONTH	CALCU
NITROGEN, TOTAL (AS N) Ammonia	SAMPLE MEASUREMENT					0.05	0.07	(19)	0	1/7	Recomp
00600 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT					2.0 MO AVG	3.0 DAILY MX	MG/L		WEEKLY	COMPT
AMMONIA, UNIONIZED	SAMPLE MEASUREMENT						* 0.0025	(19)	0	1/7	Calc
00619 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT						0.02 DAILY MX	MG/L		WEEKLY	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
Phil 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	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 02	DAY 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P: THE PH RANGE IS 6.0 TO 6.5 STD. UNITS.
* Method detection limit is 4.500 NH3 (N). Detection limit is 0.05 mg/L.

PERMITTEE NAME/ADDRESS *(Includes Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 6004
JACKSONVILLE FL 32236
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP McIL-PRES./9047252865

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

FL0023671	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 WASTEWA
(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)*
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	1.045	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	REPORT MONL AVG	*******	MGD	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.018	1.101	(03)	*******	*******	*******		0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTIN UOUS	RECRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI= B	(19) #	0	1/day	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCT
% OF TIME EXCEEDING PH LIMITS 72108 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 MAXIMUM	PER-CENT		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	15	*******	(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	*******	*******		*******	*******	17	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
P.Mc.P. 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 PH RANGE IS 6.0 TO 8.5 STD. UNITS.
* Methanol Per TRC is 4500 C(6). Detection limit is 0.21 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSUNVILLE FL 32244
ATTN: PHILLIP NEIL-PRES./9047292885

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

FL0023671	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 (SUBP. DA)
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)*
OVERFLOW USE, OCCURANCES 74062 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	0	(93)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	*******	0 MO TOTAL	OCCUR/ MONTH	*******	*******	*******	***** *****		ONCE/ MONTH	CALCT
..., CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.1	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	6.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCT
..., CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	1.1	1.2	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	6.0 MO AVG	10.0 DAILY MX	MG/L		WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 6 years.)*		AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 02	DAY 22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD.
P.O. BOX 2004
JACKSONVILLE FL 32239
FACILITY JACKSONVILLE HEIGHTS STPL
LOCATION JACKSONVILLE FL 32244
ATTN: PHILLIP HEIL-PRES./9047252865

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

FL0023671	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)*
NOEL STATRE 7DAY CH CERIODAPHNIA TOPSS P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE T
NOEL STATRE 7DAY CH CERIODAPHNIA TOPSS W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE T
NOEL STATRE 7DAY CH PIMEPHALES TOPOC P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE T
NOEL STATRE 7DAY CH PIMEPHALES TOPOC W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE T
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 725-8845	YEAR 96	MO 02	DAY 22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
F= ROUTINE TESTS. W= ADDITIONAL TESTS. IF NOT REQUIRED THIS MONTH, REPORT "NODI=9".
IF MORE THAN ONE ADDITIONAL TEST RUN ON A SPECIES, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX." COLUMN.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: December YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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	0.020
(17)	PERMITTED CAPACITY	mgd	****	.050
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.020
(19)	PERCENT OF PERMITTED CAPACITY	%	****	39
(20)	CBOD5 EFFLUENT	mg/l	080082	21.2
(21)	CBOD5 EFFLUENT	lbs/day	****	3
(22)	TSS EFFLUENT	mg/l	900201	11.2
(23)	TSS EFFLUENT	lbs/day	****	1
(24)	MINIMUM pH		****	7.2
(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	0.25
(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

PART II - GENERAL INFORMATION

(1) MONTH: November YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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	0.019
(17)	PERMITTED CAPACITY	mgd	****	.050
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.020
(19)	PERCENT OF PERMITTED CAPACITY	%	****	40
(20)	CBOD5 EFFLUENT	mg/l	080082	5.2
(21)	CBOD5 EFFLUENT	lbs/day	****	1
(22)	TSS EFFLUENT	mg/l	900201	10.0
(23)	TSS EFFLUENT	lbs/day	****	2
(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	6.81
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.6
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.3
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	340

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.024	2.2					7.4		
02	0.014								
03	0.021								
04	0.024	2.2					7.4		
05	0.019	1.8					7.4		340
06	0.011	2.2					7.4		
07	0.018	2.2	256	184	5.2	10.0	7.4	6.81	
08	0.022								
09	0.022								
10	0.020								
11	0.014	1.9					7.4		
12	0.021	1.8					7.4		
13	0.021	2.0					7.5		
14	0.017	2.3					7.4		
15	0.021	1.9					7.4		
16	0.013								
17	0.019								
18	0.023	2.0					7.5		
19	0.014	1.8					7.4		
20	0.023	2.1					7.4		
21	0.015	1.8					7.4		
22	0.018	1.9					7.4		
23	0.018								
24	0.017								
25	0.021	1.6					7.4		
26	0.019	2.0					7.2		
27	0.015	2.1					7.2		
28	0.014	2.0					7.3		
29	0.021	2.0					7.3		
30	0.024								
TOT	0.563	39.8	256	184	5.2	10.0	147.6	6.81	340
AVG	0.019	2.0	256	184	5.2	10.0	7.4	6.81	340
MAX	0.024	2.3	256	184	5.2	10.0	7.5	6.81	340
MIN	0.011	1.6	256	184	5.2	10.0	7.2	6.81	340

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH 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: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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	0.022
(17) PERMITTED CAPACITY	mgd	****	.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.020
(19) PERCENT OF PERMITTED CAPACITY	%	****	40
(20) CBOD5 EFFLUENT	mg/l	080082	5.2
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	4.8
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.1
(25) MAXIMUM pH		****	7.6
(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	7.52
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.4
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.2
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	< 1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.023	2.1					7.2		
02	0.028	2.0					7.2		
03	0.018	2.2					7.2		
04	0.021	2.0					7.1		
05	0.040								
06	0.039								
07	0.052	1.4					7.3		
08	0.022	1.8					7.2		
09	0.020	2.2					7.5		
10	0.021	2.0					7.5		
11	0.025	2.2					7.5		
12	0.026								
13	0.018								
14	0.016	2.1					7.5		
15	0.020	1.8					7.4		<1
16	0.021	2.0					7.4		
17	0.018	2.2	238	163	5.2	4.8	7.6	7.52	
18	0.018	2.2					7.5		
19	0.020								
20	0.021								
21	0.022	2.0					7.5		
22	0.012	2.1					7.5		
23	0.017	1.8					7.6		
24	0.018	2.2					7.5		
25	0.018	2.0					7.5		
26	0.018								
27	0.016								
28	0.018	2.0					7.4		
29	0.015	2.1					7.5		
30	0.014	2.2					7.5		
31	0.014	2.0					7.5		
TOT	0.669	46.6	238	163	5.2	4.8	170.6	7.52	<1
AVG	0.022	2.0	238	163	5.2	4.8	7.4	7.52	<1
MAX	0.052	2.2	238	163	5.2	4.8	7.6	7.52	<1
MIN	0.012	1.4	238	163	5.2	4.8	7.1	7.52	<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 AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth A Snyder DATE: 11-13-96

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: September YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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	0.01
(17)	PERMITTED CAPACITY	mgd	****	.050
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.02
(19)	PERCENT OF PERMITTED CAPACITY	%	****	4
(20)	CBOD5 EFFLUENT	mg/l	080082	3.9
(21)	CBOD5 EFFLUENT	lbs/day	****	
(22)	TSS EFFLUENT	mg/l	900201	3.
(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	3.0
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.021								
02	0.023	1.5					7.2		
03	0.027	1.6					7.2		
04	0.019	2.0					7.1		
05	0.023	2.2					7.2		
06	0.021	2.2					7.2		
07	0.018								
08	0.022								
09	0.019	2.0					7.2		
10	0.020	1.2					7.2		4
11	0.018	2.0					7.2		
12	0.020	2.2	302	221	3.9	3.2	7.5	3.05	
13	0.021	2.2					7.3		
14	0.021								
15	0.014								
16	0.020	2.0					7.4		
17	0.020	2.2					7.3		
18	0.017	2.2					7.3		
19	0.018	2.0					7.3		
20	0.020	2.2					7.2		
21	0.024								
22	0.015								
23	0.021	2.2					7.2		
24	0.014	2.2					7.1		
25	0.019	2.0					7.2		
26	0.014	2.2					7.1		
27	0.018	2.0					7.1		
28	0.024								
29	0.013								
30	0.020	2.2					7.2		
TOT	0.584	42.5	302	221	3.9	3.2	151.7	3.05	4
AVG	0.019	2.0	302	221	3.9	3.2	7.2	3.05	4
MAX	0.027	2.2	302	221	3.9	3.2	7.5	3.05	4
MIN	0.013	1.2	302	221	3.9	3.2	7.1	3.05	4

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 10-8-96

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: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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:

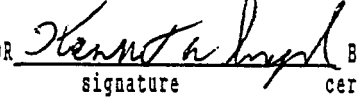
NOT APPLICABLE

(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	0.019
(17)	PERMITTED CAPACITY	mgd	****	.050
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.020
(19)	PERCENT OF PERMITTED CAPACITY	%	****	40
(20)	CBOD5 EFFLUENT	mg/l	080082	5.7
(21)	CBOD5 EFFLUENT	lbs/day	****	1
(22)	TSS EFFLUENT	mg/l	900201	2.6
(23)	TSS EFFLUENT	lbs/day	****	0
(24)	MINIMUM pH		****	7.1
(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	0.96
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.6
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.2
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.018	1.8					7.2		
02	0.023	2.0					7.3		
03	0.021								
04	0.011								
05	0.019	2.1					7.3		
06	0.013	2.0					7.3		
07	0.014	2.1					7.2		
08	0.026	2.0					7.1		
09	0.026	1.8					7.2		
10	0.024								
11	0.016								
12	0.021	1.7					7.3		
13	0.012	2.2					7.2		<1
14	0.019	2.0					7.2		
15	0.015	2.2	261	167	5.7	2.6	7.2	0.96	
16	0.014	2.0					7.3		
17	0.021								
18	0.012								
19	0.020	2.2					7.2		
20	0.011	1.8					7.3		
21	0.015	2.0					7.3		
22	0.018	1.6					7.3		
23	0.017	2.0					7.2		
24	0.020								
25	0.021								
26	0.023	2.1					7.2		
27	0.018	2.0					7.2		
28	0.015	1.8					7.2		
29	0.019	1.8					7.3		
30	0.029	2.0					7.3		
31	0.032								
TOT	0.583	43.2	261	167	5.7	2.6	159.3	0.96	<1
AVG	0.019	2.0	261	167	5.7	2.6	7.2	0.96	<1
MAX	0.032	2.2	261	167	5.7	2.6	7.3	0.96	<1
MIN	0.011	1.6	261	167	5.7	2.6	7.1	0.96	<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: 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: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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:

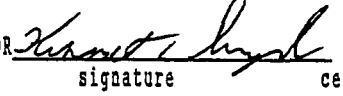
NOT APPLICABLE

(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	0.020
(17)	PERMITTED CAPACITY	mgd	****	.050
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.021
(19)	PERCENT OF PERMITTED CAPACITY	%	****	42
(20)	CBOD5 EFFLUENT	mg/l	080082	12.4
(21)	CBOD5 EFFLUENT	lbs/day	****	2
(22)	TSS EFFLUENT	mg/l	900201	1.8
(23)	TSS EFFLUENT	lbs/day	****	0
(24)	MINIMUM pH		****	7.2
(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	1.03
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.4
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.2
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	16

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.029	2.1					7.2		
02	0.018	2.0					7.3		
03	0.024	1.8					7.3		
04	0.018								
05	0.022	2.0					7.2		
06	0.016								
07	0.029								
08	0.024	1.8					7.3		
09	0.033	2.0					7.2		
10	0.018	1.8					7.3		
11	0.021	1.5					7.2		
12	0.021	1.6					7.4		
13	0.019								
14	0.021								
15	0.025	1.8					7.3		
16	0.013	1.9					7.2		16
17	0.021	1.8					7.2		
18	0.017	2.2	294	421	12.4	1.8	7.3	1.03	
19	0.021	2.0					7.2		
20	0.021								
21	0.017								
22	0.017	1.8					7.2		
23	0.020	2.0					7.2		
24	0.019	2.0					7.2		
25	0.016	1.9					7.2		
26	0.020	1.9					7.2		
27	0.019								
28	0.018								
29	0.016	1.7					7.3		
30	0.015	1.9					7.3		
31	0.016	1.4					7.2		
TOT	0.624	40.9	294	421	12.4	1.8	159.4	1.03	16
AVG	0.020	1.9	294	421	12.4	1.8	7.2	1.03	16
MAX	0.033	2.2	294	421	12.4	1.8	7.4	1.03	16
MIN	0.013	1.4	294	421	12.4	1.8	7.2	1.03	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, COMPLETE AND ACCURATE.

SIGNED: Kenneth 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: June YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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	0.020
(17)	PERMITTED CAPACITY	mgd	****	.050
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.022
(19)	PERCENT OF PERMITTED CAPACITY	%	****	44
(20)	CBOD5 EFFLUENT	mg/l	080082	12.5
(21)	CBOD5 EFFLUENT	lbs/day	****	2
(22)	TSS EFFLUENT	mg/l	900201	2.3
(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	8.76
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.0
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.2
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.022								
02	0.019								
03	0.022	1.0					7.1		
04	0.022	2.2					7.1		<1
05	0.013	2.2					7.1		
06	0.018	2.2	327	227	9.7	3.4	7.1	15.80	
07	0.023	2.2					7.1		
08	0.013								
09	0.023								
10	0.018	1.8					7.1		
11	0.016	1.5					7.1		
12	0.017	1.6					7.1		
13	0.018	2.0					7.2		
14	0.018	2.1					7.2		
15	0.016								
16	0.020								
17	0.017	2.0					7.5		
18	0.012	2.0					7.4		
19	0.018	1.8					7.4		
20	0.018	2.0			15.2	1.2	7.2	1.71	
21	0.018	2.2					7.4		
22	0.032								
23	0.018								
24	0.028	2.2					7.4		
25	0.025	2.0					7.3		
26	0.026	2.2					7.4		
27	0.021	2.2					7.4		
28	0.024	2.0					7.3		
29	0.024								
30	0.023								
TOT	0.602	39.4	327	227	24.9	4.6	144.9	17.51	<1
AVG	0.020	2.0	327	227	12.5	2.3	7.2	8.76	<1
MAX	0.032	2.2	327	227	15.2	3.4	7.5	15.80	<1
MIN	0.012	1.0	327	227	9.7	1.2	7.1	1.71	<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: 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: May YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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	0.021
(17)	PERMITTED CAPACITY	mgd	****	.050
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.023
(19)	PERCENT OF PERMITTED CAPACITY	%	****	46
(20)	CBOD5 EFFLUENT	mg/l	080082	18.3
(21)	CBOD5 EFFLUENT	lbs/day	****	3
(22)	TSS EFFLUENT	mg/l	900201	9.8
(23)	TSS EFFLUENT	lbs/day	****	2
(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	11.75
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.2
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.2
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.021	1.5					7.0		
02	0.023	1.4					7.0		
03	0.019	1.6					7.0		
04	0.026								
05	0.032								
06	0.018	1.2					7.0		
07	0.021	2.0					7.0		<1
08	0.013	1.8					7.0		
09	0.019	2.0	236	184	19.0	10.2	7.0	13.60	
10	0.027	2.0					7.0		
11	0.012								
12	0.019								
13	0.025	1.8					7.2		
14	0.018	1.6					7.2		
15	0.018	2.2					7.2		
16	0.019	2.2					7.1		
17	0.020	2.2					7.1		
18	0.016								
19	0.023								
20	0.028	2.2					7.1		
21	0.016	2.2					7.1		
22	0.021	2.0					7.2		
23	0.020	2.2			17.6	9.4	7.1	9.89	
24	0.026	2.2					7.2		
25	0.023	2.0							
26	0.015								
27	0.027								
28	0.013	2.2					7.2		
29	0.026	1.6					7.1		
30	0.022	1.5					7.1		
31	0.018	1.6					7.1		
TOT	0.644	43.2	236	184	36.6	19.6	156.0	23.49	<1
AVG	0.021	1.9	236	184	18.3	9.8	7.1	11.75	<1
MAX	0.032	2.2	236	184	19.0	10.2	7.2	13.60	<1
MIN	0.012	1.2	236	184	17.6	9.4	7.0	9.89	<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: 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: April YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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:

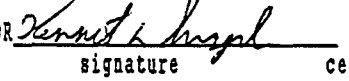
NOT APPLICABLE

(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	0.023
(17) PERMITTED CAPACITY	mgd	****	.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.023
(19) PERCENT OF PERMITTED CAPACITY	%	****	45
(20) CBOD5 EFFLUENT	mg/l	080082	6.0
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	4.2
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	6.9
(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	4.17
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.8
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.2
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	57

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.035								
02	0.026	1.6					7.1		
03	0.013	1.8					7.0		
04	0.024	1.5					7.1		
05	0.024	1.6					7.1		
06	0.027								
07	0.026								
08	0.028	1.5					7.1		
09	0.021	2.2					7.0		57
10	0.025	1.8					7.1		
11	0.026	2.0	289	139	6.0	4.2	7.2	4.17	
12	0.032	1.7					7.1		
13	0.026								
14	0.016								
15	0.029	1.5					7.1		
16	0.020	1.6					7.1		
17	0.020	0.8					6.9		
18	0.020	1.0					7.0		
19	0.024	1.4							
20	0.020								
21	0.020								
22	0.021	1.0					7.0		
23	0.016	1.2					7.0		
24	0.024	1.7					6.9		
25	0.016	1.5					6.9		
26	0.020	1.6					6.9		
27	0.022	1.4					7.0		
28	0.021	1.7					7.0		
29	0.024	1.5					7.0		
30	0.022	1.3					7.0		
TOT	0.688	34.9	289	139	6.0	4.2	154.6	4.17	57
AVG	0.023	1.5	289	139	6.0	4.2	7.0	4.17	57
MAX	0.035	2.2	289	139	6.0	4.2	7.2	4.17	57
MIN	0.013	0.8	289	139	6.0	4.2	6.9	4.17	57

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH 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: 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

| MONTH: March YEAR: 1996

| PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

| PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

| PLANT ADDRESS: 111 STEWART AVENUE

| CITY: YULEE

| COUNTY: NASSAU

| PHONE NUMBER: (904) 725-2865

| PERMIT NUMBER: DT45-238675

| PLANT TYPE: 3C

0| TEST SITE IDENTIFICATION NUMBER: 3145X12577

1| FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

2| TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

3| LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

4| CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

5| 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 Wright B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.026
(17) PERMITTED CAPACITY	mgd	****	.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.022
(19) PERCENT OF PERMITTED CAPACITY	%	****	44
(20) CBOD5 EFFLUENT	mg/l	080082	14.6
(21) CBOD5 EFFLUENT	lbs/day	****	3
(22) TSS EFFLUENT	mg/l	900201	20.0
(23) TSS EFFLUENT	lbs/day	****	4
(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	8.37
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.7
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.0
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	9

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

March 1996

AY F THE ONTH	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	0.021	1.6					7.1		
02	0.023	1.8					7.1		
03	0.023	1.4					7.0		
04	0.027	1.5					7.1		
05	0.018	1.5					7.1		
06	0.024	0.7					7.0		
07	0.024	0.8					7.0		
08	0.027	0.8					7.0		
09	0.030								
10	0.024								
11	0.029	0.7					6.8		
12	0.020	0.7					7.0		
13	0.024	1.2					7.0		
14	0.022	2.0	340	383	16.0	30.9	7.0	8.37	9
15	0.023	1.1					7.0		
16	0.020								
17	0.024								
18	0.026	1.0					7.0		
19	0.025	1.2					7.0		
20	0.026	1.5					7.0		
21	0.020	1.4			13.1	9.1	7.1		
22	0.024	1.5					7.0		
23	0.034								
24	0.024								
25	0.037	1.6					7.0		
26	0.022	1.5					7.1		
27	0.026	0.8					7.2		
28	0.032	0.9					7.2		
29	0.030	1.0					7.1		
30	0.033								
31	0.032								
OT	0.794	28.2	340	383	29.1	40.0	161.9	8.37	9
VG	0.026	1.2	340	383	14.6	20.0	7.0	8.37	9
AX	0.037	2.0	340	383	16.0	30.9	7.2	8.37	9
IN	0.018	0.7	340	383	13.1	9.1	6.8	8.37	9

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 BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

IGNED: Kenneth A Snyder DATE: 4-11-96

AME: KENNETH SNYDER

OMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

.] MONTH: February YEAR: 1996

] PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

3] PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

4] PLANT ADDRESS: 111 STEWART AVENUE

] CITY: YULEE

6] COUNTY: NASSAU

7] PHONE NUMBER: (904) 725-2865

.] PERMIT NUMBER: DT45-238675

9] PLANT TYPE: 3C

10] TEST SITE IDENTIFICATION NUMBER: 3145X12577

.1] 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

.4] 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	0.019
(17]	PERMITTED CAPACITY	mgd	****	.050
(18]	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.021
(19]	PERCENT OF PERMITTED CAPACITY	%	****	43
(20]	CBOD5 EFFLUENT	mg/l	080082	11.2
(21]	CBOD5 EFFLUENT	lbs/day	****	1
(22]	TSS EFFLUENT	mg/l	900201	10.7
(23]	TSS EFFLUENT	lbs/day	****	1
(24]	MINIMUM pH		****	7.0
(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	0.54
(30]	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31]	MINIMUM CHLORINE RESIDUAL	mg/l	****	1.2
(32]	MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.2
(33]	OTHER EFFLUENT PARAMETERS			
(34]	FECAL COLIFORM	#/100 ml	****	<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.018	2.2					7.4		
02	0.021	1.8					7.3		
03	0.027								
04	0.027								
05	0.013	1.6					7.3		
06	0.017	1.6					7.2		
07	0.016	1.5					7.0		
08	0.016	1.6					7.0		
09	0.017	1.9					7.1		
10	0.025								
11	0.013								
12	0.019	1.5					7.0		
13	0.018	2.2					7.1		<1
14	0.018	2.2					7.1		
15	0.015	2.0	287	141	11.2	10.7	7.0	0.54	
16	0.019	2.2					7.0		
17	0.022								
18	0.019								
19	0.019								
20	0.015	1.9					7.1		
21	0.021	2.0					7.1		
22	0.013	2.2					7.1		
23	0.019	2.2					7.2		
24	0.022								
25	0.023								
26	0.028	2.2					7.2		
27	0.015	2.2					7.2		
28	0.020	1.2					7.0		
29	0.018	1.5					7.0		
TOT	0.553	37.7	287	141	11.2	10.7	142.4	0.54	1
AVG	0.019	1.9	287	141	11.2	10.7	7.1	0.54	1
MAX	0.028	2.2	287	141	11.2	10.7	7.4	0.54	1
MIN	0.013	1.2	287	141	11.2	10.7	7.0	0.54	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: 3-11-96

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

Eng

MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: January YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

(3) PLANT NAME: LOFTON OAKS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 111 STEWART AVENUE

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DT45-238675

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3145X12577

(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. Lloyd B 3180
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.02
(17)	PERMITTED CAPACITY	mgd	****	.050
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.01
(19)	PERCENT OF PERMITTED CAPACITY	%	****	3
(20)	CBOD5 EFFLUENT	mg/l	080082	7.
(21)	CBOD5 EFFLUENT	lbs/day	****	
(22)	TSS EFFLUENT	mg/l	900201	8.
(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	7.
(30)	TOTAL PHOSPHORUS	mg/l	000685	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	****	1
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	****	2
(33)	OTHER EFFLUENT PARAMETERS			
(34)	FECAL COLIFORM	#/100 ml	****	

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
LOFTON OAKS WWTP
DEP ID #: 3145P01895

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	0.040								
02	0.032	2.2					7.6		12
03	0.015	2.2					7.5		
04	0.024	2.2	232	84	7.8	8.9	7.5	7.48	
05	0.036	2.2					7.6		
06	0.025								
07	0.023								
08	0.033	2.2					7.5		
09	0.017	2.2					7.4		
10	0.031	2.2					7.4		
11	0.024	2.2					7.4		
12	0.026	2.2					7.3		
13	0.024								
14	0.025								
15	0.030	2.2					7.2		
16	0.021	2.2					7.2		
17	0.019	2.2					7.4		
18	0.019	2.2					7.4		
19	0.028	2.2					7.4		
20	0.018								
21	0.018								
22	0.031	2.0					7.3		
23	0.021	1.8					7.2		
24	0.017	2.0					7.2		
25	0.018	1.7					7.2		
26	0.023	2.2					7.3		
27	0.024								
28	0.021								
29	0.029	2.0					7.3		
30	0.017	2.2					7.3		
31	0.016	2.2					7.3		
TOT	0.745	46.9	232	84	7.8	8.9	161.9	7.48	12
AVG	0.024	2.1	232	84	7.8	8.9	7.4	7.48	12
MAX	0.040	2.2	232	84	7.8	8.9	7.6	7.48	12
MIN	0.015	1.7	232	84	7.8	8.9	7.2	7.48	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 KNOWLEDG AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder , DATE: 2-13-96

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: December YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.556
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.977
(19) PERCENT OF PERMITTED CAPACITY	%	****	99
(20) CBOD 5 EFFLUENT	mg/l	080082	3.8
(21) CBOD 5 EFFLUENT	lbs/day	****	173.4
(22) TSS EFFLUENT	mg/l	900201	8.9
(23) TSS EFFLUENT	lbs/day	****	73.2
(24) MINIMUM pH		****	6.80
(25) MAXIMUM pH		****	7.90
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	
(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	****	N/A
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	257
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	335
(35) ULTRAVIOLET INTENSITY			50.2
(36) DISSOLVED OXYGEN	mg/l	****	5.6

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

NOTE 0.168 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100ml	DISSOLVED OXYGEN mg/l	UV INTENSITY
01	2.514			250	138	<2.0	1.4	6.90	6.90			6.7	76.0
02	2.418							7.30	7.10			6.8	49.0
03	2.902							7.30	7.10		118	5.0	69.0
04	3.164							7.10	7.10			1.9	70.0
05	2.679							6.90	6.80			2.1	48.0
06	2.560							7.20	6.90			6.1	45.0
07	2.750							7.00	7.00			2.0	77.0
08	2.714							7.00	7.00			6.4	59.0
09	2.883							7.20	7.10			6.4	58.0
10	2.759							7.20	7.00			6.2	48.0
11	2.635							7.20	7.00		116	6.0	54.0
12	2.394			205	279	8.2	23.6	7.20	7.20			5.9	54.0
13	2.595							7.20	7.10			5.8	40.0
14	2.438							7.00	7.00			6.0	69.0
15	2.498							7.00	7.00			5.8	54.0
16	2.409							7.20	7.00			6.1	52.0
17	2.796							7.20	7.10		>320	5.6	42.0
18	2.357							7.20	7.20			6.1	22.0
19	2.542			101	110	<1.0	2.3	7.80	7.20			6.0	21.0
20	2.636							7.20	7.20			5.9	26.0
21	2.530							7.20	7.20			6.2	28.0
22	2.565							7.20	7.20			6.4	18.0
23	2.607							7.70	7.20			5.9	22.0
24	2.405							7.20	7.20		>800	7.6	78.0
25	2.366							7.20	7.20			5.8	76.0
26	2.033			193	284	3.9	8.5	7.20	7.20			6.5	64.0
27	2.342							7.20	7.10			5.5	74.0
28	2.423							7.00	7.00			5.6	47.0
29	2.449							7.00	7.00			5.6	50.0
30	2.418							7.00	7.00		>320	4.6	30.0
31	2.452							7.90	7.10			5.9	37.0
TOTAL	79.233			749	811	15.1	35.8				1674		
MEAN	2.556			187	203	3.8	8.9				335	5.6	50.2
MAX	3.164			250	284	8.2	23.6	7.90	7.20		800	7.6	78.0
MIN	2.033			101	110	1.0	1.4	6.90	6.80		116	1.9	18.0

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

SIGNED: Robert L. Starling DATE: 1-15-97

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS: MAX AND MIN PH AVERAGED DUE TO START UP PROBLEMS

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection

Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD–From: 96/12/01 To: 96/12/31
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Monthly
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	2.920							0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Requirement	3.00 ANN AVG		MGD				MGD		CONTIN-UOUS	METER/ TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.9			0	1/7	16 comp
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					3.8	8.2		0	1/7	16 comp
STORET No. 80082 1 Mon. Site No. OUT-1	Permit Requirement					25.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					3.1			0	1/7	16 comp
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					8.9	23.6		0	1/7	16 comp
STORET No. 00530 1 Mon. Site No. OUT-1	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF,M-FC BROTH, 44.5 C	Sample Measurement					71			0	1/7	Grab
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Requirement					200 ANN AVG		#/100 ML		WEEKLY	GRAB

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	97/01/20

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

96/12/01 - 96/12/31

Part A continued Facility Name: Monterey WWTP Facility ID FL0023604 **Discharge Point # D001** WAFR Site No. 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FECAL COLIFORM BACTERIA	Sample Measurement					257	>800	**	1	1/7	Grab
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MOGEOMN	800 MAX	#/100ML		WEEKLY	GRAB
pH	Sample Measurement				6.8		7.9		0	cont	Recorder
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN		8.5 MAX	S.U.		CONTIN-UOUS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement				1.9				0	1/Day	Grab
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Requirement				1.5 MIN			MG/L		DAILY, 3 7/WEEK	METER OR GRAB
TOTAL RESIDUAL CHLORINE (AFTER DISINFECTION)	Sample Measurement					NODI=9			*		
STORET No. 50060 A Mon. Site No. EFA-1	Permit Requirement					2.0 ANNAVG		MG/L		WEEKLY	8-HR COMP.
TOTAL RESIDUAL CHLORINE (AFTER DECHLORINATION)	Sample Measurement					NODI=9			*	1/Day	Grab
STORET No. 50060 W Mon. Site No. OUT-1	Permit Requirement					2.0 MO.AVG	4.0 MAX	MG/L		WEEKLY	8-HR COMP.
	Sample Measurement										
STORET No. Y Mon. Site No.	Permit Requirement										
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
BOD, CARBONACEOUS 5-DAY, 20 C	Sample Measurement					187			0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					203			0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.

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

* Disinfection by U.V.

** Fecal Coliform on 12/24 is TNTC (10ml volume) = >800. High values are due to initial plant startup problems.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: 96/12/01 To: 96/12/31
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Quarterly
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
NITORGEN, TOTAL	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 00600 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
NO2+NO3, NITROGEN AS N	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 00630 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
UNIONIZED AMMONIA AS N	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 00619 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
TEMPERATURE, DEG C	Sample Measurement						NODI=9			1/90	16 Comp
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.
PHOSPHORUS, ORTHO AS P	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 70507 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.
NITROGEN, TOTAL KJELDAHL	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 00625 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	97/01/20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection

Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: 96/12/01 To: 96/12/31
LIMIT: Interim
REPORT: Toxicity
CLASS SIZE: Major
FACILITY ID: FL0023604
GROUP: DW
GMS ID NO.: 3116P01316
GMS TEST SITE NO.: 3116X00022
DISCHARGE POINT NUMBER: D001
WAFR SITE NO. : 9124
PLANT SIZE/TREATMENT TYPE: 2B

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement				NODI=9					1/6 mos	4 Grab
STORET No. TAN3E P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA(DEFINITIVE)*	Sample Measurement				NODI=9						
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPHALES.PROM(ROUTINE)	Sample Measurement				NODI=9					1/6 mos	4 Grab
STORET No. TAN6C P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPH.PROM(DEFINITIVE)*	Sample Measurement				NODI=9						
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	97/01/20

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: November YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.733
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.024
(19) PERCENT OF PERMITTED CAPACITY	%	****	101
(20) CBOD 5 EFFLUENT	mg/l	080082	1.5
(21) CBOD 5 EFFLUENT	lbs/day	****	98.9
(22) TSS EFFLUENT	mg/l	900201	4.3
(23) TSS EFFLUENT	lbs/day	****	34.2
(24) MINIMUM pH		****	6.70
(25) MAXIMUM pH		****	7.70
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.77
(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	****	N/A
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	53
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	73
(35) ULTRAVIOLET INTENSITY			68.4
(36) DISSOLVED OXYGEN	mg/l	****	6.8

LEAD OPERATOR Robert L. Stanley
Signature Class B Cert. No. 2735

NOTE 0.147 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH November YEAR 1

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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100ml	DISSOLVED OXYGEN mg/l	UV INTENSITY
01	2.848							6.80	6.70			6.6	99.0
02	2.945							6.80	6.80			6.4	92.0
03	2.945							6.90	6.80			6.8	88.0
04	2.800							6.90	6.70			7.2	88.0
05	2.776							6.80	6.70		78	7.2	82.0
06	2.752							6.80	6.70			7.2	82.0
07	2.824			191	231	2.4	8.2	6.80	6.70	0.77		6.9	66.0
08	2.293							6.80	6.70			6.5	64.0
09	2.196							6.90	6.80			6.4	64.0
10	2.800							6.90	6.80			6.6	59.0
11	3.560							6.90	6.80			7.0	57.0
12	1.182							6.90	6.80		>160	6.4	54.0
13	2.240							6.90	6.80			6.9	52.0
14	2.893			143	171	1.3	3.7	6.80	6.80			6.9	54.0
15	2.413							6.90	6.80			6.7	48.0
16	2.173							6.80	6.80			6.9	48.0
17	2.897							6.90	6.80			6.9	48.0
18	2.897							6.90	6.80			6.3	48.0
19	3.381							6.80	6.70		34	6.6	43.0
20	2.889							7.70	6.80			6.8	45.0
21	2.657			168	152	1.3	4.2	6.80	7.40			7.0	92.0
22	3.142							7.50	6.80			6.6	34.0
23	3.389							7.50	7.40			6.8	90.0
24	3.394							7.50	6.80			6.5	84.0
25	2.411							7.60	7.40			7.2	82.0
26	3.626							7.70	7.50		18	6.5	79.0
27	2.418							6.90	6.80			6.8	79.0
28	2.418			187	166	1.0	1.0	7.00	6.90			6.9	77.0
29	2.418							7.00	7.00			6.9	77.0
30	2.418							7.10	7.00			6.9	76.0
TOTAL	81.995			689	720	6.0	17.1			0.77	290		
MEAN	2.733			172	180	1.5	4.3			0.77	73	6.8	68.4
MAX	3.626			191	231	2.4	8.2	7.70	7.50	0.77	160	7.2	99.0
MIN	1.182			143	152	1.0	1.0	6.80	6.70	0.77	18	6.3	34.0

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

SIGNED: Robert L. Starling DATE: 12-16-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS: ERRATIC FLOWS DUE TO FILLING AND DRAINING SBRS

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD–From: 96/11/01 To: 96/11/30
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Monthly
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	2.937							0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Requirement	3.00 ANN AVG		MGD				MGD		CONTIN-UOUS	METER/ TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.8			0	1/7	16 comp
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.5	2.4		0	1/7	16 comp
STORET No. 80082 1 Mon. Site No. OUT-1	Permit Requirement					25.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					2.7			0	1/7	16 comp
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					4.3	8.2		0	1/7	16 comp
STORET No. 00530 1 Mon. Site No. OUT-1	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF,M-FC BROTH, 44.5 C	Sample Measurement					46			0	1/7	Grab
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Requirement					200 ANN AVG		#/100 ML		WEEKLY	GRAB

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/12/19

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

96/11/01 - 96/11/30

Part A continued Facility Name: Monterey WWTP Facility ID FL0023604 Discharge Point # D001 WAFR Site No. 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FECAL COLIFORM BACTERIA	Sample Measurement					53	160		0	1/7	Grab
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MODEOMN	800 MAX	#/100ML		WEEKLY	GRAB
pH	Sample Measurement				6.7		7.7		0	cont	Recorder
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN		8.5 MAX	S.U.		CONTIN- UOUS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement				6.3				0	1/Day	Grab
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Requirement				1.5 MIN			MG/L		DAILY, 5 7/WEEK	METER OR GRAB
TOTAL RESIDUAL CHLORINE (AFTER DISINFECTION)	Sample Measurement					NODI=9		*	0	—	—
STORET No. 50060 A Mon. Site No. EFA-1	Permit Requirement					2.0 ANNAVG		MG/L		WEEKLY	8-HR COMP.
TOTAL RESIDUAL CHLORINE (AFTER DECHLORINATION)	Sample Measurement					NODI=9		*	0	1/Day	Grab
STORET No. 50060 W Mon. Site No. OUT-1	Permit Requirement					2.0 MO.AVG	4.0 MAX	MG/L		WEEKLY	8-HR COMP.
	Sample Measurement										
STORET No. Y Mon. Site No.	Permit Requirement										
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
BOD, CARBONACEOUS 5-DAY, 20 C	Sample Measurement					172			0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					180			0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.

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

* Disinfection by UV.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD–From: 96/11/01 To: 96/11/30
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Quarterly
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
NITORGEN, TOTAL	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 00600 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
NO2+NO3, NITROGEN AS N	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 00630 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
UNIONIZED AMMONIA AS N	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 00619 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
TEMPERATURE, DEG C	Sample Measurement						NODI=9			1/90	16 Comp
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.
PHOSPHORUS, ORTHO AS P	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 70507 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.
NITROGEN, TOTAL KJELDAHL	Sample Measurement						NODI=9			1/Quarter	16 comp
STORET No. 00625 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/12/19

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

DEP Form 62-620.910(10)
Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection

Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: *Monterey* WWTP
LOCATION: 5802 Harris Street, Jacksonville
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: 96/11/01 To: 96/11/30
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Toxicity
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement				NODI=9					1/6 mos	4 Grab
STORET No. TAN3E P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA(DEFINITIVE)*	Sample Measurement				NODI=9						
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPHALES.PROM(ROUTINE)	Sample Measurement				NODI=9					1/6 mos	4 Grab
STORET No. TAN6C P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPH.PROM(DEFINITIVE)*	Sample Measurement				NODI=9						
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.

**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/12/19

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: October YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	3.384
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.982
(19) PERCENT OF PERMITTED CAPACITY	%	****	99
(20) CBOD 5 EFFLUENT	mg/l	080082	1.2
(21) CBOD 5 EFFLUENT	lbs/day	****	103.3
(22) TSS EFFLUENT	mg/l	900201	3.7
(23) TSS EFFLUENT	lbs/day	****	33.2
(24) MINIMUM pH		****	6.60
(25) MAXIMUM pH		****	7.00
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	4.93
(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	****	N/A
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	56
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	59
(35) ULTRAVIOLET INTENSITY			57.4
(36) DISSOLVED OXYGEN	mg/l	****	6.8

LEAD OPERATOR Charles R Davis
Signature .Class ~~B~~ A Cert. No. ~~2735~~ 2225

NOTE 0.210 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH October 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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100ml	DISSOLVED OXYGEN mg/l	UV INTENSITY
01	3.090							7.00	6.80		78	6.2	73.0
02	3.259							6.90	6.70			7.0	69.0
03	3.717			104	105	< 1.0	3.6	6.80	6.70	4.93		6.4	65.0
04	3.573							6.80	6.70			6.6	78.0
05	3.381							6.90	6.80			7.1	76.0
06	3.381							6.90	6.80			6.6	71.0
07	5.287							6.90	6.70			6.6	13.0
08	4.418							6.80	6.70			7.4	50.0
09	3.959							6.80	6.70			7.0	45.0
10	3.741			120	182	< 1.0	3.4	6.80	6.70		62	7.0	40.0
11	3.524							6.90	6.80			6.6	41.0
12	3.645							6.90	6.80			7.2	43.0
13	3.597							7.00	6.80			7.1	43.0
14	3.404							7.00	6.80			6.2	45.0
15	3.307							6.80	6.80		28	6.8	43.0
16	3.424							6.90	6.70			6.2	41.0
17	3.384			130	147	1.0	2.9	6.80	6.70			7.3	41.0
18	2.750							6.80	6.70			6.9	41.0
19	2.779							6.80	6.70			6.8	43.0
20	3.194							6.90	6.70			7.2	38.0
21	2.928							6.90	6.70			6.2	41.0
22	3.338							6.80	6.70		54	7.6	36.0
23	3.291							6.80	6.70			6.6	73.0
24	3.121			150	184	1.6	4.9	6.80	6.60			6.7	73.0
25	3.022							6.80	6.70			6.4	71.0
26	3.145							6.80	6.80			6.9	69.0
27	3.097							6.80	6.70			6.7	68.0
28	3.146							6.80	6.80			7.2	56.0
29	3.184							6.80	6.70		74	6.7	100.0
30	2.921							6.80	6.70			6.2	96.0
31	2.897			140	140	1.4	3.7	6.80	6.70			7.0	97.0
TOTAL	104.904			644	758	6.0	18.5			4.93	296		
MEAN	3.384			129	152	1.2	3.7			4.93	59	6.8	57.4
MAX	5.287			150	184	1.6	4.9	7.00	6.80	4.93	78	7.6	100.0
MIN	2.750			104	105	1.0	2.9	6.80	6.60	4.93	28	6.2	13.0

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

SIGNED: Charles R. Davis A#2225 DATE: 11-14-96

~~Robert L. Sterling~~
CHARLES R. DAVIS

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS:

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

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

FL0023604	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)*

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

TOTAL FACILITY DISCHARGE 12345
(SUBR JA)
M - INTERIM
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)*
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		6.2	*******	*******	(19)	0	1/Day	Grab
00300 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	1.5 MINIMUM	*******	*******	MG/L		DAILY	METER
	SAMPLE MEASUREMENT	*******	*******		6.6	*******	7.0	(12)	0	cont	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		CONTINUOUS	METER
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	152	*******	(19)	0	1/7	16 comp
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	*******	MG/L		WEEKLY	COMP-8
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	2.6	*******	(19)	0	1/7	16 comp
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		WEEKLY	COMP-8
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	3.7	4.9	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	30.0 MO AVG	60.0 MAXIMUM	MG/L		WEEKLY	COMP-24
COLIFORM, FECAL MF, M-FC BROTH,44.5C	SAMPLE MEASUREMENT	*******	*******		*******	43	*******	(13)	0	1/7	Grab
31616 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 ANNL AVG	*******	/ 100ML		WEEKLY	GRAB
COLIFORM, FECAL MF, M-FC BROTH,44.5C	SAMPLE MEASUREMENT	*******	*******		*******	56	78	(13)	0	1/7	Grab
31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO GEOMN	800 MAXIMUM	/ 100ML		WEEKLY	GRAB

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	904 725-7865		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: ALLOWABLE RANGE FOR PH IS 6.0 - 8.5.

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

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

FL0023604 — PERMIT NUMBER
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)

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

TOTAL FACILITY DISCHARGE
(SUBR JA) 12345
M - INTERIM
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)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 INUAL AVERAGE	SAMPLE MEASUREMENT	2.943	*******	(03)	*******	*******	*******		O	Cont	Flow Meter
	PERMIT REQUIREMENT	3.00 ANNL AVG	*******	MGD	*******	*******	*******	**** ****		CONTINUOUS	METER
CHLORINE, TOTAL RESIDUAL 50060 A 0 0 DISINFECT,PRCS CMPLT	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(19) #			
	PERMIT REQUIREMENT	*******	*******	**** ****	0.5 MINIMUM	*******	*******	MG/L		WEEKLY	COMP-8
CHLORINE, TOTAL RESIDUAL 50060 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=9	(19) #			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.01 MAXIMUM	MG/L		WEEKLY	COMP-8
BOD, CARBONACEOUS 05 DAY, 20C 80082 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		*******	129	*******	(19)	O	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	*******	MG/L		WEEKLY	COMP-8
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.8	*******	(19)	O	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	20.0 ANNL AVG	*******	MG/L		WEEKLY	COMP-8
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.2	1.6	(19)	O	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	25.0 MO AVG	60.0 MAXIMUM	MG/L		WEEKLY	COMP-8
	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)*
P: ALLOWABLE RANGE FOR PH IS 6.0 - 8.5.

Disinfection by UV.

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

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

(2-16)	(17-19)
FL0023604	001 Q
PERMIT NUMBER	DISCHARGE NUMBER

(SUBR JA)
M - INTERIM
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)
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*******	*******		*******	*******	14.2	(04)	O	1/90	16 comp
00010 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT MAXIMUM	DEG.C		QTRLY	COMP-8
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	*******	13.89	(19)	O	1/90	16 comp
00600 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	COMP-8
AMMONIA, UNIONIZED	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.0018	(19)	O	1/90	calc
00619 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	CALCTD
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	*******	4.93	(19)	O	1/90	16 comp
00625 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	COMP-8
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	*******	8.96	(19)	O	1/90	16 comp
00630 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	COMP-5
PHOSPHORUS, IN TOTAL ORTHOPHOSPHATE	SAMPLE MEASUREMENT	*******	*******		*******	*******	0.89	(19)	O	1/90	16 comp
70507 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT MAXIMUM	MG/L		QTRLY	COMP-8
	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	11 MO	20 DAY

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

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

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

FL0023604	001 T
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

TOXICITY MONITORING
(SUBR JA) 12345
M - INTERIM
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)*	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)*
LC50 STATRE 96HR ACU MYSID. BAHIA	SAMPLE MEASUREMENT	*******	*******		>30	*******	*******	(23)	0	1/6 MOS	Grab
TAN3E P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	30 MINIMUM	*******	*******	PER-CENT		SEMI-ANNUAL	COMP24
LC50 STATRE 96HR ACU MYSID. BAHIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN3E Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	30 MINIMUM	*******	*******	PER-CENT		SEMI-ANNUAL	COMP24
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		>30	*******	*******	(23)	0	1/6 MOS	Grab
TAN6C P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	30 MINIMUM	*******	*******	PER-CENT		SEMI-ANNUAL	COMP24
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN6C Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	30 MINIMUM	*******	*******	PER-CENT		SEMI-ANNUAL	COMP24
	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.)*		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)* HER report #836 is attached.
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 DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C	Cert. No. 8460
Day Shift Operator:	Class C	Cert. No. 8085
Evening Shift Operator:	Class A	Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.961
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.960
(19) PERCENT OF PERMITTED CAPACITY	%	****	99
(20) CBOD 5 EFFLUENT	mg/l	080082	1.6
(21) CBOD 5 EFFLUENT	lbs/day	****	62.2
(22) TSS EFFLUENT	mg/l	900201	2.8
(23) TSS EFFLUENT	lbs/day	****	36.7
(24) MINIMUM pH		****	6.70
(25) MAXIMUM pH		****	7.10
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.78
(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	****	
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	38
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	42
(35) TRC METHOD CODE: 4500 CL (G) MINIMUM DETECTION LEVEL: 0.20 mg/l			
(36) DISSOLVED OXYGEN	mg/l	****	6.6

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

DOMESTIC WASTEWATER TREATMENT PLA

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH September 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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100ml	DISSOLVED OXYGEN mg/l
01	2.881							7.10	7.00			7.1
02	3.074							6.90	6.80			7.2
03	2.905							7.00	6.90		26	6.7
04	2.857							6.90	6.70			6.3
05	2.856			166	152	<1.0	1.8	6.90	6.80	0.78		6.6
06	2.760							7.00	6.90			6.7
07	2.905							6.90	6.80			6.8
08	2.954							7.00	6.80			6.8
09	2.881							7.00	7.00			6.3
10	2.905							7.00	6.90		57	6.7
11	2.348							7.00	6.90			6.3
12	2.615			148	148	1.1	1.8	6.90	6.90			6.2
13	2.857							7.00	6.90			6.5
14	3.170							7.00	6.90			6.2
15	3.220							7.00	6.90			6.7
16	3.147							7.10	7.00			6.5
17	3.195							7.10	7.00		22	6.4
18	3.050							7.10	7.00			6.4
19	2.471			136	153	2.6	6.0	7.10	6.90			6.7
20	3.002							7.10	6.90			6.4
21	3.339							7.00	7.00			6.6
22	3.171							7.00	7.00			6.0
23	3.026							7.00	7.00			6.6
24	2.808							7.00	6.90		64	6.8
25	2.883							7.00	6.90			6.8
26	3.209			144	192	1.7	1.6	7.00	6.90			6.8
27	3.115							7.00	6.90			6.9
28	3.114							7.10	6.90			6.5
29	3.137							7.00	6.90			6.5
30	2.969							7.00	6.90			6.2
TOTAL	88.824			594	645	6.4	11.2			0.78	169	
MEAN	2.961			149	161	1.6	2.8			0.78	42	6.6
MAX	3.339			166	192	2.6	6.0	7.10	7.00	0.78	64	7.2
MIN	2.348			136	148	1.0	1.6	6.90	6.70	0.78	22	6.0

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

SIGNED: Robert L. Starling DATE: 10-9-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: 09/01/96 To: 09/30/96
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Monthly
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	2.939	3.339						0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Requirement	3.00 ANN AVG		MGD				MGD		CONTIN-UOUS	METER/ TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.9			0	1/7	16 comp
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.6	2.6		0	1/7	16 comp
STORET No. 80082 1 Mon. Site No. OUT-1	Permit Requirement					25.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					2.5			0	1/7	16 comp
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					2.8	6.0		0	1/7	16 comp
STORET No. 00530 1 Mon. Site No. OUT-1	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF,M-FC BROTH, 44.5 C	Sample Measurement					42			0	1/7	Grab
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Requirement					200 ANN AVG		#/100 ML		WEEKLY	GRAB

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/10/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection

Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD–From: 09/01/96 To: 09/30/96
LIMIT: Interim
REPORT: Monthly
CLASS SIZE: Major
FACILITY ID: FL0023604
GROUP: DW
GMS ID NO.: 3116P01316
GMS TEST SITE NO.: 3116X00022
DISCHARGE POINT NUMBER: D001
WAFR SITE NO. : 9124
PLANT SIZE/TREATMENT TYPE: 2B

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	2.939	3.339						0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Requirement	3.00 ANN AVG		MGD				MGD		CONTINUOUS	METER/TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.9			0	1/7	16 comp
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.6	2.6		0	1/7	16 comp
STORET No. 80082 1 Mon. Site No. OUT-1	Permit Requirement					25.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					2.5			0	1/7	16 comp
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					2.8	6.0		0	1/7	16 comp
STORET No. 00530 1 Mon. Site No. OUT-1	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF,M-FC BROTH, 44.5 C	Sample Measurement					42			0	1/7	Grab
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Requirement					200 ANN AVG		#/100 ML		WEEKLY	GRAB

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/10/21

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

Please read instructions before completing this form. 09/96

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FECAL COLIFORM BACTERIA	Sample Measurement					38	64		0	1/7	Grab
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MOGEOMN	800 MAX	#/100ML		WEEKLY	GRAB
pH	Sample Measurement				6.7		7.1		0	cont	Recorder
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN		8.5 MAX	S.U.		CONTIN- UOUS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement				6.0				0	1/Day	Grab
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Requirement				5.0 MIN			MG/L		DAILY, 7/WEEK	METER OR GRAB
TOTAL RESIDUAL CHLORINE (AFTER DISINFECTION)	Sample Measurement					NOOI=9		*	/	—	—
STORET No. 50060 A Mon. Site No. EFA-1	Permit Requirement					2.0 ANNAVG		MG/L		WEEKLY	8-HR COMP.
TOTAL RESIDUAL CHLORINE (AFTER DECHLORINATION)	Sample Measurement					NOOI=9	NOOI=9	*	/	1/Day	~~Grab~~
STORET No. 50060 W Mon. Site No. OUT-1	Permit Requirement					2.0 MO.AVG	4.0 MAX	MG/L		WEEKLY	8-HR COMP.
	Sample Measurement										
STORET No. Y Mon. Site No.	Permit Requirement										
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
BOD, CARBONACEOUS 5-DAY, 20 C	Sample Measurement					149			0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					161			0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.

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

* Disinfection by UV.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: 09/01/96 To: 09/30/96
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Quarterly
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
NITORGEN, TOTAL	Sample Measurement						NOD I=9			1/Quarter	16 comp
STORET No. 00600 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
NO2+NO3, NITROGEN AS N	Sample Measurement						NOD I=9			1/Quarter	16 comp
STORET No. 00630 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
UNIONIZED AMMONIA AS N	Sample Measurement						NOD I=9			1/Quarter	16 comp
STORET No. 00619 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
TEMPERATURE, DEG C	Sample Measurement						NOD I=9			1/90	16 Comp
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP
PHOSPHORUS, ORTHO AS P	Sample Measurement						NOD I=9			1/Quarter	16 comp
STORET No. 70507 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP
NITROGEN, TOTAL KJELDAHL	Sample Measurement						NOD I=9			1/Quarter	16 comp
STORET No. 00625 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/10/21

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

Quarterly nutrients run 8/96.

DEP Form 62-620.910(10)
Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection

Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: 09/01/96 To: 09/30/96
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B
REPORT: Toxicity
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement				NODI=9					1/6 mos	4 Grab
STORET No. TAN3E P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA(DEFINITIVE)*	Sample Measurement				NODI=9						
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPHALES.PROM(ROUTINE)	Sample Measurement				NODI=9					1/6 mos	4 Grab
STORET No. TAN6C P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPH.PROM(DEFINITIVE)*	Sample Measurement				NODI=9						
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 725-2865	96/10/21

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: August YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.728
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.007
(19) PERCENT OF PERMITTED CAPACITY	%	****	100
(20) CBOD 5 EFFLUENT	mg/l	080082	1.6
(21) CBOD 5 EFFLUENT	lbs/day	****	53.8
(22) TSS EFFLUENT	mg/l	900201	2.4
(23) TSS EFFLUENT	lbs/day	****	35.
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	5.76 ~~N~~
(27) TKN	mg/l	000625	0.76 ~~2.5~~
(28) Total AMMONIA (NH3-N)	mg/l	000610	0.16 ~~N~~
(29) NITRATE	mg/l	071850	5.04 ~~N~~
(30) TOTAL PHOSPHORUS	mg/l	000685	1.88 ~~N~~
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.2
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	5
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	5
(35) TRC METHOD CODE: 4500 CL (G) MINIMUM DETECTION LEVEL: 0.20 mg/l			
(36) DISSOLVED OXYGEN	mg/l	****	6.
(34) Nitrite	mg/L		0.1
(35) Ortho Phosphorus	mg/L		1.7
(37) ~~Total~~ Organic N (calc)	mg/L		0.44

LEAD OPERATOR Robert L. Stuby B-2735
Signature Class B Cert. No. 2735

NOTE 0.161 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLAN.

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH August 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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100ml	DISSOLVED OXYGEN mg/l
01	2.799	0.8	< 0.20	160	152	1.8	1.8	7.20	7.00			6.9
02	2.724	0.7	< 0.20					7.20	7.10			7.0
03	2.818	0.7	< 0.20					7.10	6.90			7.0
04	2.883	0.6	< 0.20					7.20	7.00			7.2
05	3.017	0.5	< 0.20					7.20	6.90			7.2
06	2.957	0.6	< 0.20					7.20	7.00		38	7.4
07	2.682	0.5	< 0.20					7.10	7.10			7.0
08	2.542	0.5	< 0.20	175	229	1.3	2.0	7.20	7.00	0.92		7.2
09	2.715	0.9	< 0.20					7.20	7.00			6.9
10	2.749	0.7	< 0.20					7.10	7.00			6.8
11	2.800	0.8	< 0.20					7.10	7.00			7.1
12	2.814	0.7	< 0.20					7.20	7.10			7.2
13	2.739	0.5	< 0.20					7.10	7.00		46	7.2
14	2.767	0.6	< 0.20					7.10	7.00			6.8
15	2.827	0.6	< 0.20	160	356	1.8	4.8	7.10	6.90	0.60		6.1
16	2.744	0.6	< 0.20					7.30	6.90			6.8
17	2.801	0.6	< 0.20					7.30	6.90			6.6
18	2.687	0.6	< 0.20					7.10	7.00			7.0
19	2.688	0.9	< 0.20					7.30	7.10			7.4
20	2.653	0.6	< 0.20					7.30	7.10		76	6.6
21	2.595	0.5	< 0.20					7.10	6.90			6.2
22	2.647	0.6	< 0.20	170	184	1.9	1.6	7.30	7.20			6.6
23	2.682	0.5	< 0.20					7.20	7.10			6.2
24	2.678	0.6	< 0.20					7.20	6.90			6.6
25	2.752	0.6	< 0.20					7.30	7.20			6.8
26	2.682	0.6	< 0.20					7.20	7.10			6.9
27	2.682							7.20	7.10		51	7.1
28	2.610							7.20	7.10			7.4
29	2.543			206	169	<1.0	1.7	7.20	7.10			7.0
30	2.565							7.20	7.10			7.0
31	2.723							7.20	7.10			6.8
TOTAL	84.565	16.4		871	1090	7.8	11.9			~~0.92~~ 1.52	211	
MEAN	2.728	0.6	< 0.20	174	218	1.6	2.4			~~0.92~~ 0.76	53	6.9
MAX	3.017	0.9	< 0.20	206	356	1.9	4.8	7.30	7.20	0.92	76	7.4
MIN	2.542	0.5	< 0.20	160	152	1.0	1.6	7.10	6.90	~~0.92~~ 0.60	38	6.1

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: Robert L. Starling DATE: 9-18-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS: ESTIMATED FLOWS 8-7,8-23,8-26,& 8-27
STARTED UV SYSTEM 8-27

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD–From: 96/08/01 To: 96/08/31
LIMIT: Interim
REPORT: Monthly
CLASS SIZE: Major
FACILITY ID: FL0023604
GROUP: DW
GMS ID NO.: 3116P01316
GMS TEST SITE NO.: 3116X00022
DISCHARGE POINT NUMBER: D001
WAFR SITE NO. : 9124
PLANT SIZE/TREATMENT TYPE: 2B

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	2.965	*						0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Requirement	3.00 ANN AVG		MGD				MGD		CONTIN-UOUS	METER/ TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.8			0	1/7	16 comp
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.6	1.9		0	1/7	16 comp
STORET No. 80082 1 Mon. Site No. OUT-1	Permit Requirement					25.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					2.4			0	1/7	16 comp
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					2.4	4.8		0	1/7	16 comp
STORET No. 00530 1 Mon. Site No. OUT-1	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF,M-FC BROTH, 44.5 C	Sample Measurement					47			0	1/7	Grab
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Requirement					200 ANN AVG		#/100 ML		WEEKLY	GRAB

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/09/24

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

Part A continued Facility Name: Monterey WWTP Facility ID FL0023604 **Discharge Point # D001** WAFR Site No. 9124

96/08/01 to 96/08/31

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FECAL COLIFORM BACTERIA	Sample Measurement					51	76		0	1/7	Grab
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MOGEOMN	800 MAX	#/100ML		WEEKLY	GRAB
pH	Sample Measurement				6.9		7.3		0	cont	Recorder
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN		8.5 MAX	S.U.		CONTIN- UOUS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement				6.1				0	1/Day	Grab
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Requirement				1.5 MIN			MG/L		DAILY, 7/ 7/WEEK	METER OR GRAB
TOTAL RESIDUAL CHLORINE (AFTER DISINFECTION)	Sample Measurement										
STORET No. 50060 A Mon. Site No. EFA-1	Permit Requirement					2.0 ANNAVG		MG/L		WEEKLY	8-HR COMP.
TOTAL RESIDUAL CHLORINE (AFTER DECHLORINATION)	Sample Measurement					NODI=B	NODI=B		0	1/Day	Grab
STORET No. 50060 W Mon. Site No. OUT-1	Permit Requirement					2.0 MO.AVG	4.0 MAX	MG/L		WEEKLY	8-HR COMP.
	Sample Measurement										
STORET No. Y Mon. Site No.	Permit Requirement										
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
BOD, CARBONACEOUS 5-DAY, 20 C	Sample Measurement					174			0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					218			0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.

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

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

(2)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: 96/08/01 To: 96/08/31
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Quarterly
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
NITORGEN, TOTAL	Sample Measurement						5.76		0	1/Quarter	16 comp
STORET No. 00600 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
NO2+NO3, NITROGEN AS N	Sample Measurement						5.16		0	1/Quarter	16 comp
STORET No. 00630 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
UNIONIZED AMMONIA AS N	Sample Measurement						0.0010		0	1/Quarter	16 comp
STORET No. 00619 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
TEMPERATURE, DEG C	Sample Measurement						26.8		0	1/90	16 Comp
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.
PHOSPHORUS, ORTHO AS P	Sample Measurement						1.72		0	1/Quarter	16 comp
STORET No. 70507 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.
NITROGEN, TOTAL KJELDAHL	Sample Measurement						0.60		0	1/Quarter	16 comp
STORET No. 00625 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	M. Hanumanth	(904) 725-2865	96/09/24

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

DEP Form 62-620.910(10)
Effective November 29, 1994

(3)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection

Wastewater Facilities Mgmt, MS 3551, 2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: 96/08/01 To: 96/08/31
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Toxicity
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement		*		NODI = 9					1/6 mos	4 Grab
STORET No. TAN3E P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA(DEFINITIVE)*	Sample Measurement				NODI = 9						
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPHALES.PROM(ROUTINE)	Sample Measurement				NODI = 9					1/6 mos	4 Grab
STORET No. TAN6C P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPH.PROM(DEFINITIVE)*	Sample Measurement				NODI = 9						
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/09/24

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: July YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	3.123
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.044
(19) PERCENT OF PERMITTED CAPACITY	%	****	101
(20) CBOD 5 EFFLUENT	mg/l	080082	1.8
(21) CBOD 5 EFFLUENT	lbs/day	****	73.8
(22) TSS EFFLUENT	mg/l	900201	2.8
(23) TSS EFFLUENT	lbs/day	****	45.9
(24) MINIMUM pH		****	6.89
(25) MAXIMUM pH		****	7.41
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	4.68
(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 (GEO MEAN)	no/100 ml	****	96
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	114

(35) TRC METHOD CODE: 4500 CL (G)
MINIMUM DETECTION LEVEL: 0.20 mg/l

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

NOTE 0.210 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH July 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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100 ml
01	3.411	0.6	< 0.20					7.13	6.97		
02	3.215	0.6	< 0.20					7.12	6.89		84
03	3.304	0.6	< 0.20					7.14	6.98		
04	3.098	0.6	< 0.20	129	142	1.8	1.6	7.13	6.99	4.68	
05	3.454	0.5	< 0.20					7.12	6.89		
06	3.438	0.6	< 0.20					7.11	6.91		
07	3.567	0.5	< 0.20					7.12	6.94		
08	3.364	0.5	< 0.20					7.11	6.92		
09	3.282	0.7	< 0.20					7.20	7.10		42
10	3.375	0.7	< 0.20					7.20	7.10		
11	3.381	0.6	< 0.20	153	170	1.3	2.2	7.20	7.10		
12	3.260	0.7	< 0.20					7.19	7.00		
13	3.369	0.6	< 0.20					7.16	6.91		
14	3.323	0.7	< 0.20					7.14	6.99		
15	3.261	0.5	< 0.20					7.12	6.98		
16	3.098	0.5	< 0.20					7.19	6.96		236
17	2.991	0.5	< 0.20					7.12	7.00		
18	3.205	0.6	< 0.20	138	178	2.1	4.6	7.15	6.90		
19	3.100	0.7	< 0.20					7.20	7.05		
20	3.100	0.6	< 0.20					7.30	7.15		
21	3.072	0.7	< 0.20					7.23	7.10		
22	2.850	0.6	< 0.20					7.15	7.09		
23	2.818	0.7	< 0.20					7.40	7.14		74
24	2.939	0.6	< 0.20					7.36	7.05		
25	2.950	0.5	< 0.20	184	358	1.8	2.8	7.27	6.90		
26	2.832	0.6	< 0.20					7.38	7.19		
27	2.771	0.7	< 0.20					7.41	7.11		
28	2.652	0.6	< 0.20					7.30	7.15		
29	2.786	1.0	< 0.20					7.30	7.20		
30	2.771	0.6	< 0.20					7.35	7.05		132
31	2.764	0.6	< 0.20					7.20	7.00		
TOTAL	96.801	19.1		604	848	7.0	11.2			4.68	568
MEAN	3.123	0.6	< 0.20	151	212	1.8	2.8			4.68	114
MAX	3.567	1.0	< 0.20	184	358	2.1	4.6	7.41	7.20	4.68	236
MIN	2.652	0.5	< 0.20	129	142	1.3	1.6	7.11	6.89	4.68	42

LEAD OPERATOR: This is to certify that 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: Robert L. Starling DATE: 8-20-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS: increases in flow BEGINNING MARCH 2 DUE TO CONSTRUCTION WELL-POINT WATER BEING DISCHARGED THROUGH TREATMENT PLANT

NAME JAX SUBURBAN UTIL - MONTEREY
ADDRESS 1400 MILLCOE ROAD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - MONTEREY
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP HEIL, VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)

FL0023604	001 T
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

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

OMB No. 2040-0004
Approval expires 05-31-98
1234

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)
C50 STAT 48HR ACU M SID. BAHIA AA3E P 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	******	******	*** ****	30 MINIMUM	******	******	PER- CENT		SEE PERMIT	CK REQ
C5 STAT 48HR ACU M SID. BAHIA AA3E Q 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ****	30 MINIMUM	******	******	PER- CENT		SEE PERMIT	CK REQ
C50 STATRE 96HR ACU MENIDIA AN6B P 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ****	30 MINIMUM	******	******	PER- CENT		SEE PERMIT	CK REQ
C50 STATRE 96HR ACU MENIDIA AN6B Q 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*** ****	30 MINIMUM	******	******	PER- CENT		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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: AREA CODE 904, NUMBER 725-2865

DATE: YEAR 96, MO 08, DAY 26

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."

E JAX SUBURBAN UTIL - MONTEREY
RESS 1400 MILLCOE ROAD
SUITE 108
JACKSONVILLE FL 32239
LITY JAX SUBURBAN UTIL - MONTEREY
ATION JACKSONVILLE FL 32239
TN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023604	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
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)
D, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		******	1.8	*******	(19)	0	1/30	calc
3 Y 0 0 N - AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	******	20.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
D, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		******	1.8	2.1	(19)	0	1/7	1/6 comp
310 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP 1a
pH	SAMPLE MEASUREMENT	*******	*******		6.9	*******	7.4	(12)	0	cont	Recorder
400 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		CONTINUOUS	RCORDR
LIDS, TOTAL SPENDED	SAMPLE MEASUREMENT	*******	*******		******	2.4	*******	(19)	0	1/30	calc
530 Y 0 0 NUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	******	20.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
LIDS, TOTAL SPENDED	SAMPLE MEASUREMENT	*******	*******		******	2.8	4.6	(19)	0	1/7	1/6 comp
53 1 0 0 F NT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	******	30.0 30DA AVG	60.0 DAILY MX	MG/L		WEEKLY	COMP 1a
O.., IN CONDUIT OR RU TREATMENT PLAN	SAMPLE MEASUREMENT	2.994	*******	(03)	******	*******	*******		0	1/30	calc
050 Y 0 0 NUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	**** ****		ONCE/ MONTH	CALCTD
OW, IN CONDUIT OR RU TREATMENT PLANT	SAMPLE MEASUREMENT	3.123	3.567	(03)	******	*******	*******		0	cont	Recorder
050 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	RCORDR

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	08	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

AMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
ALLOWABLE RANGE FOR PH IS 6.0 - 8.5.

E JAX SUBURBAN UTIL - MONTEREY
RESS 1400 MILLCOE ROAD
SUITE 108
JACKSONVILLE FL 32239
LITY JAX SUBURBAN UTIL - MONTEREY
ATION JACKSONVILLE FL 32239
TN: PHILLIP HEIL, VICE PRESIDENT

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

FL0023604	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
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)
LORINE, TOTAL SI AL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI = B	(19) *	0	1/Day	Grab
0 1 0 1 · FL ENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
NGTH OF LONGEST PH XCURSION	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	Calc
107 P 0 1 E COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	60 DAILY MX	MIN-UTES		ONCE/ MONTH	CALCTD
OF TIME EXCEEDING LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	Calc
108 P 0 1 E COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1.0 DAILY MX	PER-CENT		ONCE/ MONTH	CALCTD
LIFORM, FECAL NERAL	SAMPLE MEASUREMENT	*******	*******		*******	47	*******	(13)	0	1/30	Calc
055 Y 0 0 NUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 ANNL AVG	*******	#/ 100ML		ONCE/ MONTH	CALCTD
LIFORM, FECAL NERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	236	(13)	0	1/7	Grab
05 1 0 0 F ENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

ME/TITLE PRINCIPAL EXECUTIVE OFFICER

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	725-5865	96	08	26

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

ALLOWABLE RANGE FOR PH IS 6.0 - 8.5.

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

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: June YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C	Cert. No. 8460
Day Shift Operator:	Class C	Cert. No. 8085
Evening Shift Operator:	Class A	Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	3.059
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.032
(19) PERCENT OF PERMITTED CAPACITY	%	****	101
(20) CBOD 5 EFFLUENT	mg/l	080082	1.6
(21) CBOD 5 EFFLUENT	lbs/day	****	31.6
(22) TSS EFFLUENT	mg/l	900201	1.2
(23) TSS EFFLUENT	lbs/day	****	40.2
(24) MINIMUM pH		****	6.90
(25) MAXIMUM pH		****	7.67
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	1.31
(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 (GEO MEAN)	no/100 ml	****	94
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	99

(35) TRC METHOD CODE: 4500 CL (G)
MINIMUM DETECTION LEVEL: 0.20 mg/l

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

NOTE 0.168 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLA.

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH June 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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100 ml
01	2.896	0.6	< 0.20					7.13	6.92		
02	2.933	0.6	< 0.20					7.20	6.95		
03	2.856	0.5	< 0.20					7.20	7.00		
04	2.931	0.5	< 0.20					7.29	7.08		68
05	2.831	0.5	< 0.20					7.19	6.99		
06	2.943	0.5	< 0.20	148	148	1.6	1.1	7.14	7.08	1.31	
07	2.900	0.6	< 0.20					7.11	7.02		
08	3.000	0.6	< 0.20					7.16	7.05		
09	2.953	0.6	< 0.20					7.22	7.12		
10	2.891	0.5	< 0.20					7.12	6.95		
11	2.930	0.6	< 0.20					7.14	6.90		116
12	2.838	0.5	< 0.20					7.20	7.00		
13	2.898	0.7	< 0.20	117	124	1.7	1.6	7.24	7.09		
14	2.985	0.6	< 0.20					7.31	7.07		
15	2.984	0.6	< 0.20					7.29	7.01		
16	3.002	0.6	< 0.20					7.31	7.10		
17	2.975	0.5	< 0.20					7.67	7.34		
18	2.900	0.6	< 0.20					7.26	7.10		68
19	2.840	0.6	< 0.20					7.21	7.09		
20	3.122	0.6	< 0.20	180	135	1.5	1.2	7.19	7.08		
21	2.983	0.6	< 0.20					7.22	7.07		
22	3.032	0.6	< 0.20					7.26	7.13		
23	3.122	0.6	< 0.20					7.29	7.17		
24	3.127	0.6	< 0.20					7.44	7.26		
25	3.087	0.5	< 0.20					7.12	6.99		144
26	3.445	0.5	< 0.20					7.21	6.99		
27	3.552	0.6	< 0.20	136	170	1.4	1.0	7.10	7.00		
28	3.700	0.6	< 0.20					7.10	6.90		
29	3.600	0.7	< 0.20					7.00	6.90		
30	3.508	0.6	< 0.20					7.00	6.90		
TOTAL	91.764	17.3		581	577	6.2	4.9			1.31	396
MEAN	3.059	0.6	< 0.20	145	144	1.6	1.2			1.31	99
MAX	3.700	0.7	< 0.20	180	170	1.7	1.6	7.67	7.34	1.31	144
MIN	2.831	0.5	< 0.20	117	124	1.4	1.0	7.00	6.90	1.31	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: Robert L. Starling DATE: 7-7-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS: INCREASES IN FLOW BEGINNING MARCH 2 DUE TO CONSTRUCTION WELL-POINT WATER BEING DISCHARGED THROUGH TREATMENT PLANT

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)*
FL0023604	001 T

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

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						
	PERMIT REQUIREMENT				MINIMUM						
	SAMPLE MEASUREMENT				NODI=9						
	PERMIT REQUIREMENT				MINIMUM						
	SAMPLE MEASUREMENT				NODI=9						
	PERMIT REQUIREMENT				MINIMUM						
	SAMPLE MEASUREMENT				NODI=9						
	PERMIT REQUIREMENT				MINIMUM						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Fred 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.)*		904 725-8765	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

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

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

MONITORING PERIOD

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

TOTAL FACILITY
(SUBMIT)
P - 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					1.8			0	1/30	calc
	PERMIT REQUIREMENT							MG/L			
	SAMPLE MEASUREMENT					1.6	1.7		0	1/7	4h comp
	PERMIT REQUIREMENT						DAILY MX	MG/L			
PH	SAMPLE MEASUREMENT				6.9		7.7		0	Cont	Recorder
	PERMIT REQUIREMENT				6.0		MAXIMUM	SU			
	SAMPLE MEASUREMENT					2.4			0	1/30	calc
	PERMIT REQUIREMENT					MONTHLY AVG		MG/L			
	SAMPLE MEASUREMENT					1.2	1.6		0	1/7	4h comp
	PERMIT REQUIREMENT						DAILY MX	MG/L			
	SAMPLE MEASUREMENT	2.968							0	1/30	calc
	PERMIT REQUIREMENT	MONTHLY AVG		MGD							
	SAMPLE MEASUREMENT	3.059	3.100						0	Cont	Recorder
	PERMIT REQUIREMENT		DAILY MX	MGD							

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.)*		904 725-2265	96	07	17
TYPED OR PRINTED		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 OAK SOUTHERN OIL - [illegible]
ADDRESS 1900 MELLOW ROAD
SUITE 200
JACKSONVILLE FL 32211
FACILITY OAK SOUTHERN OIL - [illegible]
LOCATION JACKSONVILLE FL 32205
ATTN: PHILIP DAILY VICE PRESIDENT

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

(2-16)	(17-19)
FL0023094	001 1
PERMIT NUMBER	DISCHARGE NUMBER

TOTAL FACILITY
(SOUR OIL)
F - FINAL
MAJOR
EFFLUENT
SOUR OIL DISCHARGE [illegible]

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	06	01	TO	95	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

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] TOTAL [illegible]	SAMPLE MEASUREMENT						NODI T 5	*	0	1/Day	Grab
	PERMIT REQUIREMENT						DAILY AV	mg/L			
[illegible]	SAMPLE MEASUREMENT						0		0	1/30	calc
	PERMIT REQUIREMENT						DAILY AV	MGD			
[illegible]	SAMPLE MEASUREMENT						0		0	1/30	calc
	PERMIT REQUIREMENT						DAILY AV	MGD			
[illegible]	SAMPLE MEASUREMENT					41			0	1/30	calc
	PERMIT REQUIREMENT					ANNL AVG		/ 100 mL			
[illegible]	SAMPLE MEASUREMENT						144		0	1/1	Grab
	PERMIT REQUIREMENT						DAILY AV	/ 100 mL			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Philip 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.)*	[signature]	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)*
[illegible] - [illegible]
* Method code Rep. THC is 4500 C:(6), Detection limits are 0.20 mg/L.

cc: T. Griffis

Department of Environmental Protection

Lawton Chiles
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

Virginia B. Wetherell
Secretary

CERTIFIED MAIL - RETURN RECEIPT

RECEIVED
JUN 1 0 1996
UNITED WATER FLORIDA

June 6, 1996

Mr. Philip Heil, Vice President
United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225

Please in monitoring permit — Discharge file

Dear Heil:

Duval County - Domestic Waste
Monterey WWTF - FL0023604

Please find attached a revised Discharge Monitoring Report (DMR) form for the subject facility. This form replaces the one sent with the final permit issuance. The form reflects changes made by the Department to update the monitoring codes and to separate the monthly and quarterly monitoring parameters to individual forms.

Please submit a completed copy of the attached form for all future monitoring reports. All other portions of your permit remain in effect and fully enforceable.

If you have any questions, please feel free to contact me at (904) 448-4330, extention 316.

Sincerely,

David J. Bolam, P.E.
Domestic Wastewater Section

DJB/rms
cc: Bruce Boler, DEP

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, **2600 Blair Stone Rd, Tallahassee FL 32399-2400**

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: To:
LIMIT: Interim REPORT: Monthly
CLASS SIZE: Major
FACILITY ID: FL0023604 GROUP: DW
GMS ID NO.: 3116P01316 GMS TEST SITE NO.: 3116X00022
DISCHARGE POINT NUMBER: D001 WAFR SITE NO. : 9124
PLANT SIZE/TREATMENT TYPE: 2B

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement										
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Requirement	3.00 ANN AVG		MGD				MGD		CONTIN-UOUS	METER/ TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement										
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement										
STORET No. 80082 1 Mon. Site No. OUT-1	Permit Requirement					25.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement										
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement										
STORET No. 00530 1 Mon. Site No. OUT-1	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF,M-FC BROTH, 44.5 C	Sample Measurement										
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Requirement					200 ANN AVG		#/100 ML		WEEKLY	GRAB

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)

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

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
FECAL COLIFORM BACTERIA	Sample Measurement										
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MOGEOMN	800 MAX	#/100ML		WEEKLY	GRAB
pH	Sample Measurement										
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN		8.5 MAX	S.U.		CONTIN- UOUS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement										
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Requirement				1.5 MIN			MG/L		DAILY, 7/WEEK	METER OR GRAB
TOTAL RESIDUAL CHLORINE (AFTER DISINFECTION)	Sample Measurement										
STORET No. 50060 A Mon. Site No. EFA-1	Permit Requirement					2.0 ANNAVG		MG/L		WEEKLY	8-HR COMP.
TOTAL RESIDUAL CHLORINE (AFTER DECHLORINATION)	Sample Measurement										
STORET No. 50060 W Mon. Site No. OUT-1	Permit Requirement					2.0 MO.AVG	4.0 MAX	MG/L		WEEKLY	8-HR COMP.
	Sample Measurement										
STORET No. Y Mon. Site No.	Permit Requirement										
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
BOD, CARBONACEOUS 5-DAY, 20 C	Sample Measurement										
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement										
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection
Wastewater Facilities Mgmt, MS 3551, **2600 Blair Stone Rd, Tallahassee FL 32399-2400**

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville, FL
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: To:
LIMIT: Interim
CLASS SIZE: Major
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 2B

REPORT: Quarterly
GROUP: DW
GMS TEST SITE NO.: 3116X00022
WAFR SITE NO. : 9124

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
NITORGEN, TOTAL	Sample Measurement										
STORET No. 00600 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
NO2+NO3, NITROGEN AS N	Sample Measurement										
STORET No. 00630 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
UNIONIZED AMMONIA AS N	Sample Measurement										
STORET No. 00619 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		QRTLY	8-HR COMP.
TEMPERATURE, DEG C	Sample Measurement										
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.
PHOSPHORUS, ORTHO AS P	Sample Measurement										
STORET No. 70507 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.
NITROGEN, TOTAL KJELDAHL	Sample Measurement										
STORET No. 00625 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	MG/L		WKLY	8-HR COMP.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, FL 32225
FACILITY: Monterey WWTP
LOCATION: 5802 Harris Street, Jacksonville
COUNTY: Duval

PERMIT NUMBER: FL0023604
MONITORING PERIOD--From: To:
LIMIT: Interim REPORT: Toxicity
CLASS SIZE: Major
FACILITY ID: FL0023604 GROUP: DW
GMS ID NO.: 3116P01316 GMS TEST SITE NO.: 3116X00022
DISCHARGE POINT NUMBER: D001 WAFR SITE NO. : 9124
PLANT SIZE/TREATMENT TYPE: 2B

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement		*								
STORET No. TAN3E P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA(DEFINITIVE)*	Sample Measurement										
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPHALES.PROM(ROUTINE)	Sample Measurement										
STORET No. TAN6C P Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		SEMI-ANNUAL	4 GRABS/ 24 HOUR
LC50 STATRE 96HOUR ACUTE PIMEPH.PROM(DEFINITIVE)*	Sample Measurement										
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Requirement				30 MIN			PERCENT		ADD'NL DEFINIT	4 GRABS/ 24 HOUR
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										
	Sample Measurement										
STORET No. 1 Mon. Site No.	Permit Requirement										

*IF A SECOND DEFINITIVE TEST IS REQUIRED, ENTER THE RESULT IN AN EMPTY ROW.
**ENTER NODI=9 IN THE RESULTS COLUMN IF NO DISCHARGE OCCURRED DURING THIS REPORTING PERIOD.
ENTER NODI=9 IN THE RESULTS COLUMN IF NO DEFINITIVE TESTS ARE REQUIRED.

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: May YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.933
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.017
(19) PERCENT OF PERMITTED CAPACITY	%	****	101
(20) CBOD 5 EFFLUENT	mg/l	080082	1.5
(21) CBOD 5 EFFLUENT	lbs/day	****	52.1
(22) TSS EFFLUENT	mg/l	900201	2.1
(23) TSS EFFLUENT	lbs/day	****	37.6
(24) MINIMUM pH		****	6.70
(25) MAXIMUM pH		****	7.42
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.51
(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 (GEO MEAN)	no/100 ml	****	80
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	92

(35) TRC METHOD CODE: 4500 CL (G)
MINIMUM DETECTION LEVEL: 0.20 mg/l

NOTE 0.189 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLA

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH May 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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100 ml
01	3.125	0.5	< 0.20					7.28	7.00		
02	3.014	0.7	< 0.20	134	161	1.4	2.1	7.17	7.00		
03	2.946	0.6	< 0.20					7.21	6.95		
04	3.005	0.6	< 0.20					7.30	6.98		
05	3.000	0.6	< 0.20					7.30	7.10		
06	3.000	0.6	< 0.20					7.34	7.06		
07	2.900	0.5	< 0.20					7.01	6.99		36
08	3.000	0.6	< 0.20					7.00	6.70		
09	3.097	0.6	< 0.20	132	169	1.4	1.4	7.10	7.00	0.51	
10	2.857	0.6	< 0.20					7.10	7.00		
11	2.971	0.7	< 0.20					7.10	7.00		
12	2.978	0.7	< 0.20					7.20	7.00		
13	2.931	0.6	< 0.20					7.20	7.00		
14	2.857	0.5	< 0.20					7.20	7.10		88
15	2.878	0.5	< 0.20					7.20	7.00		
16	2.887	0.7	< 0.20	138	202	1.8	4.5	7.10	6.95		
17	2.900	0.6	< 0.20					7.11	7.00		
18	3.000	0.7	< 0.20					7.18	7.00		
19	2.977	0.6	< 0.20					7.25	7.08		
20	2.890	0.7	< 0.20					7.30	7.12		
21	2.643	0.5	< 0.20					7.42	7.15		76
22	2.401	0.6	< 0.20					7.40	7.10		
23	2.988	0.5	< 0.20	156	174	1.7	1.2	7.42	7.00		
24	2.925	0.7	< 0.20					7.01	6.96		
25	3.009	0.7	< 0.20					7.01	6.89		
26	2.976	0.6	< 0.20					7.01	6.98		
27	3.107	0.5	< 0.20					7.00	6.90		
28	3.060	0.7	< 0.20					7.20	9.98		168
29	2.915	0.5	< 0.20					7.15	6.95		
30	2.839	0.5	< 0.20	177	233	1.3	1.4	7.15	6.90		
31	2.857	0.6	< 0.20					7.18	7.06		
TOTAL	90.933	18.6		737	939	7.6	10.6			0.51	368
MEAN	2.933	0.6	< 0.20	147	188	1.5	2.1			0.51	92
MAX	3.125	0.7	< 0.20	177	233	1.8	4.5	7.42	9.98	0.51	168
MIN	2.401	0.5	< 0.20	132	161	1.3	1.2	7.00	6.70	0.51	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: Robert L. Starling DATE: 6-10-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS: INCREASES IN FLOW BEGINNING MARCH 2 DUE TO CONSTRUCTION WELL-POINT WATER BEING DISCHARGED THROUGH TREATMENT PLANT

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

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

PERMIT NUMBER	DISCHARGE NUMBER
FL0[illegible]	[illegible]

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 [illegible]
(SUBM'D) 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)*		*(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)*
300, 5-DAY (20 DEG. C) 00310 Y 0 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.8	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	2**.* ANNL AVG	*******	MG/L		UNCL/ MONTH	CALCT
300, 5-DAY (20 DEG. C) 00310 1 0 5 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	1.5	1.8	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******		*******	3**.* 30DA AVG	5**.* DAILY MX	MG/L		CONTIN	COMPOS
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		6.7	*******	7.4	(12)	0	cont	Recor
	PERMIT REQUIREMENT	*******	*******		REPORT MINIMUM	*******	REPORT MAXIMUM	SU		CONTIN	CONT
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.5	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	2**.* ANNL AVG	*******	MG/L		UNCL/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	2.1	4.5	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*******	*******		*******	3**.* 30DA AVG	5**.* DAILY MX	MG/L		CONTIN	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	2.943	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AV	*******	MGD	*******	*******	*******	***** *****		UNCL/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.933	3.125	(03)	*******	*******	*******		0	cont	Flow mete
	PERMIT REQUIREMENT	REPORT 30DA AV	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTIN	RECORD

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]	904/725-2845	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)*
P: ALLOWABLE RANGE FOR PH IS 6.0 - 8.5

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAA SUBURBAN UTIL - MONTEREY
ADDRESS 1400 MILLCOE ROAD
SUITE 103
JACKSONVILLE FL 32239
FACILITY JAA SUBURBAN UTIL - MONTEREY
LOCATION JACKSONVILLE FL 32239
ATTN: PHILIP NOEL, VICE PRESIDENT

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

(2-16)	(17-19)
FL0041955	001
PERMIT NUMBER	DISCHARGE NUMBER

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	05	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)
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI-B	(19)	0	1/Day	Grab
50060 1 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.01 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*******	*******	*	*******	*******	0	(19)	0	1/30	calc.
72197 0 0 1	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	60 DAILY MX	I.- UTES		ONCE/ MONTH	CALC.
# OF TOX EXCEEDING # LIMITS	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(00)	0	1/30	calc
72199 0 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 DAILY MX	NO- CENT		ONCE/ MONTH	CALC
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	37	*******	(13)	0	1/30	calc
74055 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 GMAV MO	*******	/ 100ML		ONCE/ MONTH	CALC
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	168	(13)	0	1/7	Grab
74055 1 0 3 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX	/ 100ML		ONCE/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.)*		904 725-3465		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)*

PH: ACCEPTABLE RANGE FOR PH IS 6.0 - 8.5.

A Method code for TRC is usually C(6). Detection limit is 0.20 mg/l.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTIL - MONTEREY
ADDRESS 1400 MILLCOB ROAD
SUITE 105
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - MONTEREY
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP NEIL, VICE PRESIDENT

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

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
[illegible]	[illegible]

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM	[illegible]	06	1	TO	[illegible]	06	30

TOXICITY MONITOR
[illegible] JAX
F - FINAL
MAJOR
EFFLUENT
*** NO DISCHARGE [illegible] ***

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 96HR ACU P YSIS, SANTA [illegible] P C O [illegible] PERCENTS BELOW	SAMPLE MEASUREMENT	******	*******		MIN = 9	*******	*******	(23)			
	PERMIT REQUIREMENT	******	*******		[illegible]	*******	*******	PER-CENT		[illegible]	[illegible]
LC50 STAT 96HR ACU P YSIS, DANIA [illegible] P C O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	*******		MIN = 9	*******	*******	(23)			
	PERMIT REQUIREMENT	******	*******		[illegible]	*******	*******	PER-CENT		[illegible]	[illegible]
LC50 STATIC 96HR ACU MENIDIA [illegible] P C O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	*******		MIN = 9	*******	*******	(23)			
	PERMIT REQUIREMENT	******	*******		[illegible]	*******	*******	PER-CENT		[illegible]	[illegible]
LC50 STATIC 96HR ACU MENIDIA [illegible] P C O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	*******		MIN = 9	*******	*******	(23)			
	PERMIT REQUIREMENT	******	*******		[illegible]	*******	*******	PER-CENT		[illegible]	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
PNeil 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 06	DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY CODE NOT USED, ENTER "0".
IF MORE THAN ONE ADDITIONAL TEST TAKEN, [illegible] NUMBER OF FAILED TESTS IN MAJ. CAT.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: April YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	3.074
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.898
(19) PERCENT OF PERMITTED CAPACITY	%	****	97
(20) CBOD 5 EFFLUENT	mg/l	080082	1.6
(21) CBOD 5 EFFLUENT	lbs/day	****	40.6
(22) TSS EFFLUENT	mg/l	900201	1.6
(23) TSS EFFLUENT	lbs/day	****	41.2
(24) MINIMUM pH		****	6.80
(25) MAXIMUM pH		****	7.35
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.24
(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 (GEO MEAN)	no/100 ml	****	17
(34) FECAL COLIFORM (ARITH MEAN)]	no/100ml	****	20

(35) TRC METHOD CODE: 4500 CL (G)
MINIMUM DETECTION LEVEL: 0.20 mg/l

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

NOTE 0.224 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100 ml
01	3.268	0.6	< 0.20					7.18	6.96		
02	3.190	0.7	< 0.20					7.20	7.00		11
03	3.138	0.7	< 0.20					7.15	6.98		
04	3.090	0.7	< 0.20	142	163	2.4	2.4	7.12	7.00		
05	3.035	0.6	< 0.20					7.24	6.95		
06	2.983	0.8	< 0.20					7.22	7.00		
07	3.070	0.7	< 0.20					7.22	7.01		
08	3.291	0.6	< 0.20					7.20	6.98		
09	3.285	0.7	< 0.20					7.12	6.90		22
10	3.196	0.8	< 0.20					7.12	6.90		
11	3.184	0.6	< 0.20	198	211	1.1	1.1	7.04	6.98	0.24	
12	3.190	0.7	< 0.20					7.05	7.01		
13	3.094	0.7	< 0.20					7.18	6.90		
14	3.059	0.6	< 0.20					7.20	6.98		
15	3.052	0.8	< 0.20					7.20	6.99		
16	3.025	0.7	< 0.20					7.20	6.80		7
17	3.053	0.6	< 0.20					7.20	6.99		
18	3.138	0.7	< 0.20	178	164	1.3	1.2	7.20	7.00		
19	2.965	0.7	< 0.20					7.20	7.00		
20	2.991	0.6	< 0.20					7.30	7.16		
21	3.094	0.6	< 0.20					7.24	7.04		
22	2.979	0.5	< 0.20					7.30	7.08		
23	3.016	0.5	< 0.20					7.35	7.10		26
24	2.910	0.7	< 0.20					7.26	7.05		
25	2.987	0.6	< 0.20	183	250	1.6	1.6	7.16	6.90		
26	2.900	0.6	< 0.20					7.17	6.98		
27	3.000	0.7	< 0.20					7.20	6.98		
28	3.035	0.6	< 0.20					7.12	7.08		
29	2.935	0.5	< 0.20					7.10	6.99		
30	3.059	0.7	< 0.20					7.10	6.98		33
TOTAL	92.212	19.6		701	788	6.4	6.3			0.24	99
MEAN	3.074	0.7	< 0.20	175	197	1.6	1.6			0.24	20
MAX	3.291	0.8	< 0.20	198	250	2.4	2.4	7.35	7.16	0.24	33
MIN	2.900	0.5	< 0.20	142	163	1.1	1.1	7.04	6.80	0.24	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: Robert L. Starling DATE: 5-8-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS: Increases in flow beginning March 2 due to construction well-point water being discharged through treatment plant.

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

NAME: AVATAR SUBURBAN UTIL - MONTEREY

ADDRESS: 1900 MILLCOE ROAD
SUITE 105
JACKSONVILLE FL 32239

FACILITY LOCATION: AVATAR SUBURBAN UTIL - MONTEREY
JACKSONVILLE FL 32239

ATTN: PHILIP NEAL, VICE PRESIDENT

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

PERMIT NUMBER: FL0

DISCHARGE NUMBER:

TOTAL FACILITY DISCHARGE
(SUBR 3A)
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	95	04	01	TO	95	04	30
	(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)*
00400 PH (SU)	SAMPLE MEASUREMENT	*******	*******		*******	1.8	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******		*******	*******	*******	SU		INST MONTH	CALC
00310 BOD, 5-DAY, 20 DEG. C, INFLUENT, MONTHLY AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.6	2.4	(19)	0	1/7	16 comp-S
	PERMIT REQUIREMENT	*******	*******		*******	*******	*******	MG/L		WEEKLY	COMP-S
PH	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.4	(12)	0	CONT	Recor
00400 PH (SU) EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******		6.0 MINIMUM	*******	8.5 MAXIMUM	00		CONTIN UOUS	RECORD
00310 BOD, 5-DAY, 20 DEG. C, INFLUENT, MONTHLY AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.6	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	20.0 MONTHLY AVG	*******	MG/L		INST MONTH	CALC
00310 BOD, 5-DAY, 20 DEG. C, INFLUENT, WEEKLY AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	1.6	2.4	(19)	0	1/7	16 comp-S
	PERMIT REQUIREMENT	*******	*******	*****	*******	30.0 7 DAY AVG	45.0 DAILY MX	MG/L		WEEKLY	COMP-S
50050 FLOW IN CONDUIT OR THRU TREATMENT PLANT, MONTHLY AVERAGE	SAMPLE MEASUREMENT	2.885	*******	(03)	*******	*******	*******		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	**** ****		INST MONTH	CALC
50050 FLOW IN CONDUIT OR THRU TREATMENT PLANT, DAILY MAXIMUM	SAMPLE MEASUREMENT	3.074	3.291	(03)	*******	*******	*******		0	cont	Flow Rate
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTIN UOUS	RECORD

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.)*		904 1725-2865
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER

DATE: 96 (YEAR) 05 (MO) 22 (DAY)

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

PH: ALLOWABLE RANGE FOR PH IS 6.0 - 8.5.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL - MONTEREY
ADDRESS 1400 MILLCOE ROAD
SUITE 103
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - MONTEREY
LOCATION JACKSONVILLE FL 32239
ATT: PHILLIP PEEL, VICE PRESIDENT

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
FL0029904	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	04	01	TO	95	04	30
(20-21)	*(22-23)*	*(24-25)*			*(26-27)*	*(28-29)*	*(30-31)*

TOTAL FACILITY DISCHARGE
(SUBM JA) 1295
P - 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)*
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	METER	(19) *	0	1/DAY	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.02 DAILY MX	MG/L		REQ'D	REQ'D
EFFLUENT, PH, LEAST FREQUENT OF GRAB SAMPLES 72197 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******	* ***** *****	*******	*******	0	(14) STD UNITS	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******		*******	*******	6.0 DAILY MN			NOT REQ'D	NOT REQ'D
% OF TIME EXCEEDING PH LIMITS 72199 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(25) PCT CONT	0	1/30	Calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.0 DAILY MX			NOT REQ'D	NOT REQ'D
COLIFORM, FECAL GENERAL 74055 7 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	37	*******	(13) / 100ML	0	1/30	Calc.
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANN AV	*******			NOT REQ'D	NOT REQ'D
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	33	(13) / 100ML	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	800 DAILY MX			REQ'D	REQ'D
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
P Peel 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	725-8865	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)*

P: ALLOWABLE RANGE FOR PH IS 6.0 - 8.5.

* Method will be TRC = 450 mg/(Q). Detection limit is 0.20 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JEA SUBURBAN UTIL - MONTEREY
ADDRESS 1400 MILLCOB ROAD
SUITE 100
JACKSONVILLE FL 32239
FACILITY JEA SUBURBAN UTIL - MONTEREY
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP [illegible], VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0027804 — PERMIT NUMBER
(17-19) 001 T — 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)

TOXICITY MONITORING
(SURF WA) 1294
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)*
LC50 STAT RENW ACU MYSID SHRIMP 48 HR	SAMPLE MEASUREMENT	*******	*******		>30	*******	*******	(23)	0	1/6 MOS	Grab
	PERMIT REQUIREMENT	*******	*******			*******	*******	PER-CENT		SEE PERMIT	SEE PERMIT
LC50 STAT RENW ACU MYSID SHRIMP 48 HR	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******		30 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	SEE PERMIT
LC50 STATIC RENW ACU MYSID SHRIMP 96 HR	SAMPLE MEASUREMENT	*******	*******		>30	*******	*******	(23)	0	1/6 MOS	Grab
	PERMIT REQUIREMENT	*******	*******		30 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	SEE PERMIT
LC50 STATIC RENW ACU MYSID SHRIMP 96 HR	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******		30 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	SEE PERMIT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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]	904 725-8465	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)* See attached HER report # 809.
[illegible] TESTS. [illegible] TESTS. IF ANY LINE [illegible] "NODI=9".
IF [illegible] ADDITIONAL TEST TAKEN, ENTER [illegible] AND [illegible] NUMBER OF FAILED TESTS IN "NO. EX."

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: March YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	3.159
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.760
(19) PERCENT OF PERMITTED CAPACITY	%	****	92
(20) CBOD 5 EFFLUENT	mg/l	080082	1.8
(21) CBOD 5 EFFLUENT	lbs/day	****	37.4
(22) TSS EFFLUENT	mg/l	900201	1.4
(23) TSS EFFLUENT	lbs/day	****	48.6
(24) MINIMUM pH		****	6.60
(25) MAXIMUM pH		****	7.42
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	1.28
(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 (GEO MEAN)	no/100 ml	****	25
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	26

(35) TRC METHOD CODE: 4500 CL (G)
MINIMUM DETECTION LEVEL: 0.20 mg/l

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

NOTE 0.196 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH March 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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100 ml
01	2.846	0.6	< 0.20					7.20	6.95		
02	2.990	0.6	< 0.20					7.10	6.92		
03	3.045	0.6	< 0.20					7.09	6.90		
04	2.961	0.5	< 0.20					7.31	7.12		
05	2.808	0.8	< 0.20					7.17	7.06		23
06	2.746	0.5	< 0.20					7.42	7.14		
07	2.945	0.6	< 0.20	179	229	1.8	2.4	7.18	7.00	1.28	
08	2.983	0.8	< 0.20					7.21	6.99		
09	3.025	0.6	< 0.20					7.24	7.00		
10	3.099	0.6	< 0.20					7.38	7.12		
11	2.911	0.5	< 0.20					7.40	6.82		
12	2.926	0.7	< 0.20					7.22	6.97		19
13	3.203	0.6	< 0.20					7.18	6.98		
14	3.614	0.6	< 0.20	110	111	1.8	1.0	7.10	6.88		
15	3.400	0.6	< 0.20					7.07	6.95		
16	3.300	0.6	< 0.20					7.14	6.95		
17	2.328	0.9	< 0.20					7.00	6.95		
18	3.494	0.8	< 0.20					7.00	6.71		
19	3.518	0.7	< 0.20					6.82	6.60		32
20	3.547	0.6	< 0.20					7.05	6.60		
21	3.489	0.7	< 0.20	120	208	1.3	1.0	7.09	7.00		
22	3.441	0.6	< 0.20					7.21	6.91		
23	3.378	0.6	< 0.20					7.18	6.99		
24	3.449	0.6	< 0.20					7.22	7.02		
25	3.282	0.6	< 0.20					7.22	7.00		
26	3.169	0.8	< 0.20					7.18	7.05		28
27	3.125	0.6	< 0.20					7.25	7.00		
28	3.157	0.7	< 0.20	174	207	2.2	1.2	7.16	7.00		
29	3.259	0.9	< 0.20					7.19	7.02		
30	3.201	0.8	< 0.20					7.22	7.04		
31	3.276	0.7	< 0.20					7.20	7.01		
TOTAL	97.915	20.4		583	755	7.1	5.6			1.28	102
MEAN	3.159	0.7	< 0.20	146	189	1.8	1.4			1.28	26
MAX	3.614	0.9	< 0.20	179	229	2.2	2.4	7.42	7.14	1.28	32
MIN	2.328	0.5	< 0.20	110	111	1.3	1.0	6.82	6.60	1.28	19

LEAD OPERATOR: This is to certify that 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: Robert L. Starling DATE: 4-29-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS: Increase in flow beginning March 2 due to discharge of construction wellpoint

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JEA SOUTHSIDE UTIL - MONTAGUE
ADDRESS 1400 MILLCOE ROAD
SUITE 103
JACKSONVILLE FL 32234
FACILITY JEA SOUTHSIDE UTIL - MONTAGUE
LOCATION JACKSONVILLE FL 32234
ATTN: PHILLIP MILLS, VICE PRESIDENT

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

(2-16)	*(17-19)*
FL0033604	001
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)*

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

TOTAL FACILITY D
(SUBM'DA)
F - FINAL
FINDER
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)*
[illegible]	SAMPLE MEASUREMENT					1.7		(19)	0	1/30	calc
	PERMIT REQUIREMENT							MG/L		SAMPLE MONTH	CALC
[illegible]	SAMPLE MEASUREMENT					1.8	2.2	(19)	0	1/4	24 hr comp
	PERMIT REQUIREMENT							MG/L		RECORD	COMP
[illegible]	SAMPLE MEASUREMENT				6.6		7.4	(12)	0	cont	Recorder
	PERMIT REQUIREMENT				REPORT (6.0)			SU		CONT RECORD	RECORD
[illegible] TOTAL	SAMPLE MEASUREMENT					2.6		(19)	0	1/30	calc
	PERMIT REQUIREMENT							MG/L		SAMPLE MONTH	CALC
[illegible] TOTAL	SAMPLE MEASUREMENT					1.4	2.4	(19)	0	1/4	24 hr comp
	PERMIT REQUIREMENT							MG/L		RECORD	COMP
[illegible]	SAMPLE MEASUREMENT	8.745		(03)					0	1/30	calc
	PERMIT REQUIREMENT	REPORT		MGD						SAMPLE MONTH	CALC
[illegible]	SAMPLE MEASUREMENT	3.159	3.614	(03)					0	cont	Flow-Meter
	PERMIT REQUIREMENT	REPORT	REPORT	MGD						CONT RECORD	RECORD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
[illegible] M. Mills, 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]	904/725-2465	96	04	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)*
[illegible] NO DISCHARGE MADE FOR PH IN JAN - FEB.

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

TOTAL FACILITY
(SUBM'D)
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	95	03	01	TO	95	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)*
	SAMPLE MEASUREMENT						ANLF-B	#	0	1/BW	Grab
	PERMIT REQUIREMENT						DAILY MX	mg/L		DAILY	GRAB
	SAMPLE MEASUREMENT						0	lbs	0	1/30	calc
	PERMIT REQUIREMENT						DAILY MX	1.0		DAILY	CALCT
	SAMPLE MEASUREMENT						0	lbs	0	1/30	calc
	PERMIT REQUIREMENT						DAILY MX	1.0		DAILY	CALCT
	SAMPLE MEASUREMENT					39		lbs	0	1/30	calc
	PERMIT REQUIREMENT					ANNL AVG		1.0		DAILY	CALCT
	SAMPLE MEASUREMENT						32.	lbs	0	1/1	Grab
	PERMIT REQUIREMENT						DAILY MX	1.0		DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
F Heid 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	725-2265	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)*

* Method calc for TRC is 40 CFR (6). Detection limit is 0.20 mg/L.

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

NAME JEA SOUTHSIDE UTIL - MONTEREY

ADDRESS 1201 MILLER ROAD
SUITE 100
JACKSONVILLE FL 32205

FACILITY JEA SOUTHSIDE UTIL - MONTEREY

LOCATION JACKSONVILLE FL 32205
ATTN: PHILLIP NEIL, VICE PRESIDENT

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

FL0023094 | PERMIT NUMBER
001 T | DISCHARGE NUMBER

TOXICITY MONITORING
(CHRON 3A)
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	96	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)*
LC50 STAT NOEC ACU Ceriodaphnia Dubia TAX 6 P 3 0	SAMPLE MEASUREMENT				NODI=9			(23			
	PERMIT REQUIREMENT			**** ****	90 MINIMUM			% Lethal Conf		1/QUARTER	24 HR COMPOSITE 1
LC50 STAT NOEC ACU Pimephales Promelas TAX 6 P 3 0	SAMPLE MEASUREMENT				NODI=9			(23			
	PERMIT REQUIREMENT			**** ****	90 MINIMUM			% Lethal Conf		1/QUARTER	24 HR COMPOSITE 1
LC50 STAT NOEC ACU Menidia Beryllina TAX 6 P 3 0	SAMPLE MEASUREMENT				NODI=9			(23			
	PERMIT REQUIREMENT			**** ****	90 MINIMUM			% Lethal Conf		1/QUARTER	24 HR COMPOSITE 1
LC50 STAT NOEC ACU Cyprinodon Variegatus TAX 6 P 3 0	SAMPLE MEASUREMENT				NODI=9			(23			
	PERMIT REQUIREMENT			**** ****	90 MINIMUM			% Lethal Conf		1/QUARTER	24 HR COMPOSITE 1
	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.)*		904 725-2845		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)*

FAILING TESTS, REQUITIONAL TESTS, IF ANY LINE NOT USED, ENTER "NODI=9".
IF ONE TEST AND 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: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.652
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.716
(19) PERCENT OF PERMITTED CAPACITY	%	****	91
(20) CBOD 5 EFFLUENT	mg/l	080082	2.7
(21) CBOD 5 EFFLUENT	lbs/day	****	83.4
(22) TSS EFFLUENT	mg/l	900201	4.0
(23) TSS EFFLUENT	lbs/day	****	57.0
(24) MINIMUM pH		****	6.82
(25) MAXIMUM pH		****	7.40
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.78
(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	****	0.6
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	13
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	16

(35) TRC METHOD CODE: 4500 CL (G)
MINIMUM DETECTION LEVEL: 0.20 mg/l

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

NOTE 0.175 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100 ml
01	2.608	0.7	< 0.20	240	194	2.6	2.8	7.30	7.16		
02	2.500	0.9	< 0.20					7.27	7.14		
03	2.700	1.0	< 0.20					7.25	7.12		
04	3.015	0.8	< 0.20					7.38	7.13		
05	2.892	0.7	< 0.20					7.38	7.20		
06	2.852	0.7	< 0.20					7.18	6.96		8
07	2.717	0.7	< 0.20					7.19	6.98		
08	2.653	0.8	< 0.20	146	207	2.1	1.4	7.27	7.08	0.78	
09	2.445	0.8	< 0.20					7.21	7.05		
10	2.555	0.8	< 0.20					7.21	7.00		
11	2.685	0.8	< 0.20					7.40	7.14		
12	2.687	0.6	< 0.20					7.36	7.01		
13	2.606	0.7	< 0.20					7.19	6.97		32
14	2.542	0.8	< 0.20					7.12	6.99		
15	2.599	0.8	< 0.20	202	234	2.0	1.1	7.20	6.98		
16	2.583	0.8	< 0.20					7.12	6.98		
17	2.814	1.0	< 0.20					7.13	6.98		
18	2.665	1.0	< 0.20					7.13	7.00		
19	2.703	1.0	< 0.20					7.28	6.90		
20	2.483	0.8	< 0.20					7.20	7.00		6
21	2.544	0.7	< 0.20					7.22	6.90		
22	2.530	0.7	< 0.20	198	209	4.1	10.2	7.18	6.98		
23	2.600	0.7	< 0.20					7.25	7.04		
24	2.600	0.7	< 0.20					7.18	6.98		
25	2.640	0.7	< 0.20					7.22	7.09		
26	2.887	0.8	< 0.20					7.22	7.06		
27	2.787	0.8	< 0.20					7.20	6.91		16
28	2.766	0.6	< 0.20					7.09	6.82		
29	2.239	0.7	< 0.20	203	188	2.8	4.6	7.07	6.86		
TOTAL	76.897	22.6		989	1032	13.6	20.1			0.78	62
MEAN	2.652	0.8	< 0.20	198	206	2.7	4.0			0.78	16
MAX	3.015	1.0	< 0.20	240	234	4.1	10.2	7.40	7.20	0.78	32
MIN	2.239	0.6	< 0.20	146	188	2.0	1.1	7.07	6.82	0.78	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: Robert L. Starling DATE: 3-7-96

Robert L. Starling

COMPANY NAME: United Water Florida Inc. TELEPHONE NUMBER: (904) 725-2865

COMMENTS:

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

NAME JAX SUBURBAN UTIL - [illegible]EY

ADDRESS 1400 MILLCOE ROAD

SUITE 108

JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTIL - [illegible]EY

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER [illegible]

(17-19) DISCHARGE NUMBER 001

FACILITY [illegible]

(SOUTH JA)

P - FINAL

[illegible]

EFFLUENT

*** NO DISCHARGE [ ] ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(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)*
LC50 STAT 96HR ACU YSIS. DANIA TAKE P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	[illegible]		NOLI = 9	[illegible]	[illegible]	(23)			
	PERMIT REQUIREMENT	*******	[illegible]		[illegible]	[illegible]	[illegible]	PER CENT		[illegible]	[illegible]
LC50 STAT 96HR ACU YSIS. DANIA TAKE P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	[illegible]		NOLI = 9	[illegible]	[illegible]	(23)			
	PERMIT REQUIREMENT	*******	[illegible]		[illegible]	[illegible]	[illegible]	PER CENT		[illegible]	[illegible]
LC50 STATIC 96HR ACU DANIA TAKE P O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	[illegible]		NOLI = 9	[illegible]	[illegible]	(23)			
	PERMIT REQUIREMENT	*******	[illegible]		[illegible]	[illegible]	[illegible]	PER CENT		[illegible]	[illegible]
LC50 STATIC 96HR ACU RIOLIA TAKE K O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	[illegible]		NOLI = 9	[illegible]	[illegible]	(23)			
	PERMIT REQUIREMENT	*******	[illegible]		[illegible]	[illegible]	[illegible]	PER CENT		SEE PERMIT	[illegible]
	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.)*	904 725-2805	96	03	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)*

PENDING TESTS. QUALITATIVE TESTS. IF ANY LIMIT IS NOT MET, ENTER "1" IN [illegible]. IF MORE THAN ONE ACUTE TEST TAKEN [illegible] ENTER NUMBER OF FAILED TESTS IN "NO. EX."

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL - MINERVA
ADDRESS 1900 HILLCREST ROAD
SUITE 100
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL - MINERVA
LOCATION JACKSONVILLE FL 32239
ATTN: PHILLIP REILY VICE PRESIDENT

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

PERMIT NUMBER	DISCHARGE NUMBER
FL0037966	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	12	01	TO	96	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TOTAL FACILITY (SUBR JA)
F - FINAL
MAJOR
EFFLUENT
NO DISCHARGE 001

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)	SAMPLE MEASUREMENT					1.7			0	1/30	calc
	PERMIT REQUIREMENT							mg/L			
BOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					2.7	4.1		0	1/7	24 hour
	PERMIT REQUIREMENT							mg/L			
PH	SAMPLE MEASUREMENT				6.8		7.4		0	once	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							SU			
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE ANNUAL AVERAGE	SAMPLE MEASUREMENT					2.8			0	1/30	calc
	PERMIT REQUIREMENT							mg/L			
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					4.0	10.2		0	1/7	24 hour
	PERMIT REQUIREMENT							mg/L			
FLOW IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT GROSS VALUE ANNUAL AVERAGE	SAMPLE MEASUREMENT	2.796							0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANN'L AVG									
FLOW IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.652	3.015						0	once	Flow meter
	PERMIT REQUIREMENT	REPORT ANN'L AVG	REPORT DAILY MX								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Phil Reily 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	03	19
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)*
pH: ALLOWABLE RANGE FOR pH IS 6.0 - 8.5.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL - MONTEREY
ADDRESS 1400 MILLCOE ROAD
& SUITE 100
JACKSONVILLE FL 32211
FACILITY JAX SUBURBAN UTIL - MONTEREY
LOCATION JACKSONVILLE FL 32211
ATTN: PHILLIP NEIL, VICE PRESIDENT

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

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

TOTAL FACILITY
(SUM OF)
F - FINAL
(NEW)
(CHANGE)
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 3000 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******			*******	*******	NODI = B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******			*******	*******		MG/L		DAILY	GRAB
LOWEST OF LOWEST PH EXCURSION 7101 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******		*	*******	*******	0	(12)	0	1/30	calc
	PERMIT REQUIREMENT	*******			*******	*******		I-- UNITS		*****	*****
# OF TIME EXCEEDING PH LIMITS 7101 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******			*******	*******	0	(22)	0	1/30	calc
	PERMIT REQUIREMENT	*******			*******	*******	**	# - CENT		*****	*****
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******			*******	42	*******	(13) / 100 ML	0	1/30	grab
	PERMIT REQUIREMENT	*******			*******	*******	*******			*****	*****
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******			*******	*******	32	(13) / 100 ML	0	1/1	Grab
	PERMIT REQUIREMENT	*******			*******	*******	200			DAILY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
PNeil
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 03 DAY 19

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

#: ALLOWABLE RANGE FOR PH IS 5.0 - 8.5

* Method code for TRC is 4500 Cl(G). Detection limit is 0.2 mg/L.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: January YEAR: 1996

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P01316

(3) PLANT NAME: Monterey Wastewater Treatment Facility

(4) PLANT ADDRESS: 5802 Harris Avenue

(5) CITY: Jacksonville

(6) COUNTY: Duval

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: DO16-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(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 C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.681
(17) PERMITTED CAPACITY	mgd	****	3.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.838
(19) PERCENT OF PERMITTED CAPACITY	%	****	95
(20) CBOD 5 EFFLUENT	mg/l	080082	2.0
(21) CBOD 5 EFFLUENT	lbs/day	****	38.2
(22) TSS EFFLUENT	mg/l	900201	1.8
(23) TSS EFFLUENT	lbs/day	****	43.3
(24) MINIMUM pH		****	6.89
(25) MAXIMUM pH		****	7.46
(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	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	14
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	23

(35) TRC METHOD CODE: 4500 CL (G)
MINIMUM DETECTION LEVEL: 0.20 mg/l

LEAD OPERATOR Robert L. Stanley B-2735
Signature Class B Cert. No. 2735

NOTE 0.245 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.R. Identification Number 3116P01316

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	MAX EFF pH	MIN EFF pH	TKN EFF mg/l	FECAL COLIFORM no/100 ml
01	2.669	0.5	< 0.20					7.46	7.16		
02	2.832	1.4	< 0.20					7.30	7.14		1
03	2.668	1.4	< 0.20					7.36	7.00		
04	2.883	0.6	< 0.20	204	167	1.8	1.4	7.36	7.00	0.43	
05	2.816	0.6	< 0.20					7.21	7.02		
06	2.909	0.6	< 0.20					7.14	6.98		
07	3.000	0.8	< 0.20					7.21	6.98		
08	3.058	0.6	< 0.20					7.38	7.10		
09	2.979	0.6	< 0.20					7.11	6.96		42
10	2.917	0.6	< 0.20					7.05	6.90		
11	2.737	0.7	< 0.20	206	151	2.1	1.4	7.18	6.95		
12	2.700	0.7	< 0.20					7.25	7.05		
13	2.756	0.8	< 0.20					7.21	7.05		
14	2.688	0.8	< 0.20					7.21	7.08		
15	2.700	0.8	< 0.20					7.17	7.07		
16	2.415	0.6	< 0.20					7.28	6.89		22
17	2.123	0.6	< 0.20					7.28	7.01		
18	2.695	0.8	< 0.20	226	288	2.2	2.5	7.24	6.98		
19	2.673	0.7	< 0.20					7.30	7.15		
20	2.667	0.7	< 0.20					7.30	7.14		
21	2.670	0.6	< 0.20					7.30	7.15		
22	2.847	0.7	< 0.20					7.30	7.10		
23	2.722	0.7	< 0.20					7.17	7.08		18
24	2.529	0.6	< 0.20					7.20	6.99		
25	2.056	0.5	< 0.20	240	234	1.9	1.8	7.15	6.98		
26	2.428	0.7	< 0.20					7.18	6.98		
27	2.617	0.7	< 0.20					7.16	6.90		
28	2.837	0.7	< 0.20					7.29	7.08		
29	2.529	0.7	< 0.20					7.29	7.07		
30	2.520	0.7	< 0.20					7.13	6.90		32
31	2.471	0.7	< 0.20					7.31	7.01		
TOTAL	83.111	22.2		876	840	8.0	7.1			0.43	115
MEAN	2.681	0.7	< 0.20	219	210	2.0	1.8			0.43	23
MAX	3.058	1.4	< 0.20	240	288	2.2	2.5	7.46	7.16	0.43	42
MIN	2.056	0.5	< 0.20	204	151	1.8	1.4	7.05	6.89	0.43	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: Robert L. Starling DATE: 2-8-96

Robert L. Starling

COMPANY NAME: Jacksonville Suburban Utilities Corporation TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTIL - MONTEREY
ADDRESS 1400 MILLCOA ROAD
SUITE 106
JACKSONVILLE FL 32257
FACILITY JAX SUBURBAN UTIL - MONTEREY
LOCATION JACKSONVILLE FL 32257
[illegible] Vice President

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0025604	001 1

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	95	01	01	TO	95	01	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)
[illegible] STORM (50050 C)	SAMPLE MEASUREMENT					1.7		(19)	0	1/30	calc
	PERMIT REQUIREMENT					2.0 AVG MO AVG		MG/L		SAMPLE MONTH	CALC
[illegible] (50050 C)	SAMPLE MEASUREMENT					3.0	3.2	(19)	0	1/7	Measured
	PERMIT REQUIREMENT					5.0 2.0 AVG	5.0 DAILY MX	MG/L		SAMPLE WEEK	CALC
	SAMPLE MEASUREMENT				6.9		7.5	(12)	0	0.4	Recorded
	PERMIT REQUIREMENT				6.0 MINIMUM		REPORT MAXIMUM	SU		SAMPLE WEEK	CALC
[illegible] TOTAL [illegible] (00530)	SAMPLE MEASUREMENT					2.8		(19)	0	1/30	calc
	PERMIT REQUIREMENT					2.0 AVG MO AVG		MG/L		SAMPLE MONTH	CALC
[illegible] TOTAL [illegible] (00530)	SAMPLE MEASUREMENT					1.8	2.5	(19)	0	1/7	Measured
	PERMIT REQUIREMENT					5.0 2.0 AVG	5.0 DAILY MX	MG/L		SAMPLE WEEK	CALC
[illegible] EFFLUENT ON [illegible] TREATMENT PLANT (50060)	SAMPLE MEASUREMENT	2.132		(03)					0	1/30	Calc
	PERMIT REQUIREMENT	REPORT AVG MO AVG		MGD						SAMPLE MONTH	CALC
[illegible] EFFLUENT ON [illegible] TREATMENT PLANT (50060)	SAMPLE MEASUREMENT	2.181	3.058	(03)					0	Cont	Flow Meter
	PERMIT REQUIREMENT	REPORT 2 AVG	REPORT DAILY MX	MGD						CONTIN	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	02	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)*
[illegible] FAILED [illegible] FOR PH [illegible]

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

NAME JEA SUBURBAN UTIL - MONTEREY

ADDRESS 1400 PILLSBURY ROAD
SUITE 100
JACKSONVILLE FL 32211

FACILITY JEA SUBURBAN UTIL - MONTEREY

LOCATION JACKSONVILLE FL 32239

ATTN: PHILLIP NEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	*(17-19)*
FL0026638	001
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 DMR
(SOUR JEA)
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	SAMPLE MEASUREMENT						MRL=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT						0.01 DAILY MX	MG/L		DAILY	GRAB
[illegible] LOWEST MO. AVERAGE	SAMPLE MEASUREMENT						0	(19)	0	1/30	Calc
	PERMIT REQUIREMENT						[illegible] DAILY MX	19= UNITS		[illegible] MONT	CALCU
[illegible] DAILY MAXIMUM	SAMPLE MEASUREMENT						0	(19)	0	1/30	Calc
	PERMIT REQUIREMENT						1.0 DAILY MX	PER-CENT		[illegible] MONTH	CALCU
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT					44		(13)	0	1/30	Calc
	PERMIT REQUIREMENT					200 GEOM AVG		#/ 100ML		[illegible] MONTH	CALCU
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT						42	(13)	0	1/7	Grab
	PERMIT REQUIREMENT						400 DAILY MX	#/ 100ML		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	725-2845	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)*

PH: RECOVERY RANGE FOR PH IS 5.0 - 9.0.

* Method code for TRC is 450Q01(A). Detection limit is 0.02 mg/L.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JEA SCHERER UTIL - GAINESVILLE
ADDRESS 1000 FILLYAW ROAD
SUITE 100
JACKSONVILLE FL 32277
FACILITY JEA SCHERER UTIL - MONTICELLO
LOCATION JACKSONVILLE FL 32277
ATTN: PHILLIP HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) FL0004049 — PERMIT NUMBER
(17-19) 001 — DISCHARGE NUMBER

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

TOXICITY MONITOR
(SCOR 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 RESID. (TRC)	SAMPLE MEASUREMENT				UNITY			(23			
	PERMIT REQUIREMENT				0.0 MINIMUM			PER-CENT		SEE PERMIT	CA 24 H
CHLORINE, TOTAL RESID. (TRC)	SAMPLE MEASUREMENT				UNITY			(23			
	PERMIT REQUIREMENT				0.0 MINIMUM			PER-CENT		SEE PERMIT	CA 24 H
CHLORINE, TOTAL RESID. (TRC)	SAMPLE MEASUREMENT				UNITY			(23			
	PERMIT REQUIREMENT				0.0 MINIMUM			PER-CENT		SEE PERMIT	CA 24 H
CHLORINE, TOTAL RESID. (TRC)	SAMPLE MEASUREMENT				UNITY			(23			
SEE COMMENTS BELOW	PERMIT REQUIREMENT				0.0 MINIMUM			PER-CENT		SEE PERMIT	CA 24 H
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Phil 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	AREA CODE 904	NUMBER 825-2465	YEAR 96	MO 02	DAY 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
PERFORM TOXIC ADDITIONAL TESTS IF ANY LIMIT USED, ENTER "NODI=Y".
IF MORE THAN ONE ADDITIONAL TEST FAILS, 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: December YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

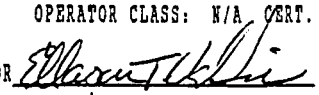
NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR  C 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.169
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.168
(19)	PERCENT OF PERMITTED CAPACITY	%	****	99
(20)	CBOD5 EFFLUENT	mg/l	080082	2.5
(21)	TSS EFFLUENT	mg/l	900201	3.4
(22)	MINIMUM pH		900241	7.1
(23)	MAXIMUM pH		900242	7.3
(24)	TKN	mg/l	000625	1.51
(25)	TOTAL N	mg/l	000600	16.08
(26)	TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.77
(27)	ORGANIC N	mg/l	000605	~~0.74~~ 1.13
(28)	NITRITE (NO2)	mg/l	000615	
(29)	NITRATE (NO3)	mg/l	071850	
(30)	NO2 + NO3	mg/l	000630	14.40
(31)	TOTAL PHOSPHOROUS	mg/l	000665	1.64
(32)	ORTHO PHOSPHOROUS	mg/l	070507	1.46
(33)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.8 ~~0.00~~
(34)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(35)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		33
(36)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	16
(37)	TOTAL D.O. (MINIMUM)	mg/l		8.6
(38)	UOD Monthly Average (Calc)	lbs/day		13.3

(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

Method Code for TRC - 4500 Cl(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

December 1996

DAY OF THE MONTH	FLOW mgd	C12 RES AFTER CONTACT mg/l	C12 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.136											8.7		
02	0.192	1.4	<0.20					7.3	7.3			8.6		
03	0.159	1.3	<0.20	147	102	1.8	1.3	7.3	7.3	2.04	6	9.1	21.1	0.91
04	0.181	4.4	<0.20					7.2	7.2			9.2		
05	0.161	1.2	<0.20					7.3	7.3			9.1		
06	0.132	1.0	<0.20					7.2	7.2			9.0		
07	0.187											8.8		
08	0.157											9.2		
09	0.175	1.2	<0.20					7.1	7.1			9.2		
10	0.191	1.2	<0.20					7.3	7.3			9.1		
11	0.168	1.1	<0.20					7.3	7.3			9.1		
12	0.146	1.0	<0.20					7.2	7.2			9.0		
13	0.203	0.9	<0.20					7.2	7.2			8.7		
14	0.161											9.0		
15	0.186											8.8		
16	0.107	1.1	<0.20					7.3	7.3			9.1		
17	0.145	1.1	<0.20	174	167	3.1	5.5	7.1	7.1	0.98	8	9.1	20.9	0.62
18	0.184	0.9	<0.20					7.3	7.3			9.0		
19	0.248	0.9	<0.20					7.3	7.3			9.2		
20	0.206	0.9	<0.20					7.2	7.2			9.2		
21	0.207											9.3		
22	0.203											9.0		
23	0.166	0.8	<0.20					7.1	7.1			8.8		
24	0.184											9.0		
25	0.195							7.2				8.8		
26	0.145	1.0	<0.20					7.2	7.2			8.6		
27	0.117	1.2	<0.20						7.2			8.8		
28	0.145											8.8		
29	0.133							7.3				8.8		
30	0.150	1.2	<0.20					7.3	7.3		84	8.8		
31	0.158	1.2	<0.20						7.3			8.8		
TOT	5.228	25.0	<0.20	321	269	4.9	6.8	144.7	144.7	3.02	98	277.7		1.53
AVG	0.169	1.3	<0.20	161	135	2.5	3.4	7.2	7.2	1.51	33	9.0	21.0	0.77
MAX	0.248	4.4	<0.20	174	167	3.1	5.5	7.3	7.3	2.04	84	9.3	21.1	0.91
MIN	0.107	0.8	<0.20	147	102	1.8	1.3	7.1	7.1	0.98	6	8.6	20.9	0.62

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 1-8-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

MAIL TO: Wastewater Facilities Regulation Section, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/12/01 To: 96/12/31
LIMIT: Final
CLASS SIZE:
GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW (050053)	Sample Measurement	0.169							0	cont	Flow Meter
	Permit Requirement	0.220		MGD						DAILY	FLOWMETER
CARBONACEOUS BIOLOGICAL OXYGEN DEMAND (5 day)	Sample Measurement		3.75						0	1/14	8 comp
	Permit Requirement	Report	5.67	lbs/day						Every two weeks	8 hour, flow proportioned composite
CBOD5 (Annual Average) (080082)	Sample Measurement					3.2			0	1/14	(calc) 8 comp
	Permit Requirement					3.2		mg/L		Every two weeks	8 hour, flow proportioned composite
CBOD5 (30 Day Average)	Sample Measurement					2.5	3.1		0	1/14	8 comp
	Permit Requirement					4.0	8.0	mg/L		Every two weeks	8 hour, flow proportioned composite
TOTAL SUSPENDED SOLIDS (900163)	Sample Measurement		6.65						0	1/14	8 comp
	Permit Requirement	Report	28.36	lbs/day						Every two weeks	8 hour, flow proportioned composite
TSS (Annual Average) (000530)	Sample Measurement					2.8			0	1/14	(calc) 8 comp
	Permit Requirement					20		mg/L		Every two weeks	8 hour, flow proportioned composite
TSS (30 Day Average)	Sample Measurement					3.4	5.5		0	1/14	8 comp
	Permit Requirement					30	60	mg/L		Every two weeks	8 hour, flow proportioned composite
DISSOLVED OXYGEN (000300)	Sample Measurement				8.6				0	1/Day	Grab
	Permit Requirement				7.0			mg/L		Every two weeks	8 hour, flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MO/DD)
M. Sambamurthi Vice President		(904) 725-2865	97/01/20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1A

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/12/01 To: 96/12/31
LIMIT: Final
CLASS SIZE: Minor GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL CHLORINE RESIDUAL (For Disinfection) (900243)	Sample Measurement				0.8				0	1/Day	Grab
	Permit Requirement				0.5			mg/L		DAILY	GRAB
CBOD5 INFLUENT	Sample Measurement				147				0	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
TSS INFLUENT	Sample Measurement				102				0	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
FECAL COLIFORM BACTERIA (031616)	Sample Measurement					33	84		0	1/14	Grab
	Permit Requirement					200	800	per 100 mL		Every two weeks	GRAB
pH (900241, 900242)	Sample Measurement				7.1		7.3		0	1/Day	Grab
	Permit Requirement				6.5		8.5	Standard Units		Daily	GRAB
TOTAL CHLORINE RESIDUAL (After Dechlorination) (900244)	Sample Measurement				NODET = B				0*	1/DAY	Grab
	Permit Requirement				0.01			mg/L		Every two weeks	GRAB
TOTAL KJELDAHL NITROGEN (as N) (900177)	Sample Measurement		2.70						0	1/14	8 comp
	Permit Requirement	Report	12.48	lbs/day						Every two weeks	8 hour, flow proportioned composite

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 belie the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 725-2865	97/01/20

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

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L. -1A-

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1B

PERMITTEE NAME: Philip Hell
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/12/01 To: 96/12/31
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0025828, (3116P00034, 3116x10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

GROUP: Domestic

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL KJELDAHL NITROGEN (Annual Average) (000625)	Sample Measurement					1.77			0	1/14	8 comp
	Permit Requirement					8.8		mg/L		Every Two Weeks	8 hour, flow proportioned composite
TOTAL KJELDAHL NITROGEN (30 Day Average)	Sample Measurement					1.51	2.04		0	1/14	8 comp
	Permit Requirement					8.8	17.6	mg/L		Every Two Weeks	8 hour, flow proportioned composite
TEMPERATURE (Degrees F) (000011)	Sample Measurement				30.9				0	1/14	Grab
	Permit Requirement				Report			Degrees		Every Three Months	Grab
TOTAL NITROGEN (000600)	Sample Measurement				16.08				0	1/90	(calc) 8 comp
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL AMMONIA NITROGEN (000610)	Sample Measurement				0.77				0	1/14	8 comp
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORGANIC NITROGEN (000605)	Sample Measurement				1.13				0	1/90	8 comp (calc)
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORTHO PHOSPHOROUS (070507)	Sample Measurement				1.46				0	1/90	8 comp
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL PHOSPHOROUS (000665)	Sample Measurement				1.64				0	1/90	8 comp
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M Sambamurthi Vice President		(904) 725-2865	97/01/20

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: November YEAR: 1996

2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

5) CITY: JACKSONVILLE

6) COUNTY: DUVAL

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D016-163819

9) PLANT TYPE: 2C

10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Elbert J. Wilkie C 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.150
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.161
(19)	PERCENT OF PERMITTED CAPACITY	%	****	95
(20)	CBOD5 EFFLUENT	mg/l	080082	2.2
(21)	TSS EFFLUENT	mg/l	900201	1.9
(22)	MINIMUM pH		900241	7.0
(23)	MAXIMUM pH		900242	7.3
(24)	TKN	mg/l	000625	0.40
(25)	TOTAL N	mg/l	000600	
(26)	TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.17
(27)	ORGANIC N	mg/l	000605	0.24
(28)	NITRITE (NO2)	mg/l	000615	
(29)	NITRATE (NO3)	mg/l	071850	
(30)	NO2 + NO3	mg/l	000630	
(31)	TOTAL PHOSPHOROUS	mg/l	000665	
(32)	ORTEO PHOSPHOROUS	mg/l	070507	
(33)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	~~0.00~~ 0.9
(34)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(35)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		13
(36)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	13
(37)	TOTAL D.O. (MINIMUM)	mg/l		8.0
(38)	UOD Monthly Average (Calc)	lbs/day		5.9

(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

Method Code for TRC - 4500 Cl(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

November 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.115	0.9	<0.20					7.3	7.3			8.2		
02	0.157											8.0		
03	0.197											8.0		
04	0.128	1.1	<0.20					7.1	7.1			8.6		
05	0.151	0.9	<0.20	145	131	2.1	1.7	7.3	7.3	0.75	16	8.4	23.4	0.28
06	0.124	1.2	<0.20					7.2	7.2			8.2		
07	0.128	0.9	<0.20					7.2	7.2			8.4		
08	0.191	0.9	<0.20					7.3	7.3			8.3		
09	0.209											8.5		
10	0.191											8.4		
11	0.126	1.0	<0.20					7.2	7.2			8.5		
12	0.169	1.0	<0.20					7.2	7.2			8.4		
13	0.146	0.9	<0.20					7.0	7.0			9.1		
14	0.145	1.3	<0.20					7.2	7.2			8.7		
15	0.157	1.1	<0.20					7.3	7.3			8.7		
16	0.179											8.8		
17	0.125											8.8		
18	0.120	1.2	<0.20					7.2	7.2			8.6		
19	0.130	1.1	<0.20	203	240	2.2	2.0	7.3	7.3	<0.05	10	8.6	23.2	<0.05
20	0.149	0.9	<0.20					7.2	7.2			8.7		
21	0.124	1.2	<0.20					7.2	7.2			8.8		
22	0.154	1.3	<0.20					7.1	7.1			8.6		
23	0.151											8.7		
24	0.176											8.7		
25	0.115	1.4	<0.20					7.3	7.3			8.6		
26	0.153	1.4	<0.20					7.3	7.3			8.7		
27	0.165	1.3	<0.20					7.2	7.2			8.7		
28	0.171											8.7		
29	0.136											8.7		
30	0.126											8.6		
TOT	4.508	21.0	<0.20	348	371	4.3	3.7	137.1	137.1	0.80	26	256.7		0.33
AVG	0.150	1.1	<0.20	174	186	2.2	1.9	7.2	7.2	0.40	13	8.6	23.3	0.17
MAX	0.209	1.4	<0.20	203	240	2.2	2.0	7.3	7.3	0.75	16	9.1	23.4	0.28
MIN	0.115	0.9	<0.20	145	131	2.1	1.7	7.0	7.0	0.05	10	8.0	23.2	0.05

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T Valentine DATE: 12-13-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

MAIL TO: Wastewater Facilities Regulation Section, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225

FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/11/01 To: 96/11/30
LIMIT: Final
CLASS SIZE:
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

GROUP: Domestic

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW (050053)	Sample Measurement	0.150							0	cont	Flow Meter
	Permit Requirement	0.220		MGD						DAILY	FLOWMETER
CARBONACEOUS BIOLOGICAL OXYGEN DEMAND (5 day)	Sample Measurement		2.64						0	1/14	8 comp
	Permit Requirement	Report	5.67	lbs/day						Every two weeks	8 hour, flow proportioned composite
CBOD5 (Annual Average) (080082)	Sample Measurement					3.2			0	1/14	(calc) 8 comp
	Permit Requirement					3.2		mg/L		Every two weeks	8 hour, flow proportioned composite
CBOD5 (30 Day Average)	Sample Measurement					2.2	2.2		0	1/14	8 comp
	Permit Requirement					4.0	8.0	mg/L		Every two weeks	8 hour, flow proportioned composite
TOTAL SUSPENDED SOLIDS (900163)	Sample Measurement		2.16						0	1/14	8 comp
	Permit Requirement	Report	28.36	lbs/day						Every two weeks	8 hour, flow proportioned composite
TSS (Annual Average) (000530)	Sample Measurement					2.7			0	1/14	(calc) 8 comp
	Permit Requirement					20		mg/L		Every two weeks	8 hour, flow proportioned composite
TSS (30 Day Average)	Sample Measurement					1.9	2.0		0	1/14	8 comp
	Permit Requirement					30	60	mg/L		Every two weeks	8 hour, flow proportioned composite
DISSOLVED OXYGEN (000300)	Sample Measurement				8.0				0	1/Day	Grab
	Permit Requirement				7.0			mg/L		Every two weeks	8 hour, flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/12/19

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1A

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/11/01 To: 96/11/30
LIMIT: Final
CLASS SIZE: Minor GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL CHLORINE RESIDUAL (For Disinfection) (900243)	Sample Measurement				0.9				0	1/Day	Grab
	Permit Requirement				0.5			mg/L		DAILY	GRAB
CBOD5 INFLUENT	Sample Measurement				145				0	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
TSS INFLUENT	Sample Measurement				131				0	1/14	8comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
FECAL COLIFORM BACTERIA (031616)	Sample Measurement					13	16		0	1/14	Grab
	Permit Requirement					200	800	per 100 mL		Every two weeks	GRAB
pH (900241, 900242)	Sample Measurement				7.0		7.3		0	1/Day	Grab
	Permit Requirement				6.5		8.5	Standard Units		Daily	GRAB
TOTAL CHLORINE RESIDUAL (After Dechlorination) (900244)	Sample Measurement				NODI=B			~~NODI=B~~	0*	1/DAY	Grab
	Permit Requirement				0.01			mg/L		Every two weeks	GRAB
TOTAL KJELDAHL NITROGEN (as N) (900177)	Sample Measurement		0.94						0	1/14	8 comp
	Permit Requirement	Report	12.48	lbs/day						Every two weeks	8 hour, flow proportioned composite

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 belie the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 725-2865	96/12/19

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

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L. -1A-

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1B

PERMITTEE NAME: Philip Hell
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/11/01 To: 96/11/30
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0025828, (3116P00034, 3116x10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

GROUP: Domestic

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL KJELDAHL NITROGEN (Annual Average) (000625)	Sample Measurement					1.84			0	1/14	8 comp
	Permit Requirement					8.8		mg/L		Every Two Weeks	8 hour, flow proportioned composite
TOTAL KJELDAHL NITROGEN (30 Day Average)	Sample Measurement					0.40	0.75		0	1/14	8 comp
	Permit Requirement					8.8	17.6	mg/L		Every Two Weeks	8 hour, flow proportioned composite
TEMPERATURE (Degrees F) (000011)	Sample Measurement				23.2				0	1/14	Grab
	Permit Requirement				Report			Degrees		Every Three Months	Grab
TOTAL NITROGEN (000600)	Sample Measurement				NODI=9				—	1/90	(calc) 8 comp
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL AMMONIA NITROGEN (000610)	Sample Measurement				NODI=9				—	1/14	8 comp
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORGANIC NITROGEN (000605)	Sample Measurement				NODI=9				—	1/90	8 comp (calc)
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORTHO PHOSPHOROUS (070507)	Sample Measurement				NODI=9				—	1/90	8 comp
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL PHOSPHOROUS (000665)	Sample Measurement				NODI=9				—	1/90	8 comp
	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite

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 believ the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M Sambamurthi Vice President		(904) 725-2865	96/12/19

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: October YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Allan T. Wilkins 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.208
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.150
(19)	PERCENT OF PERMITTED CAPACITY	%	****	87
(20)	CBOD5 EFFLUENT	mg/l	080082	3.1
(21)	TSS EFFLUENT	mg/l	900201	1.9
(22)	MINIMUM pH		900241	7.0
(23)	MAXIMUM pH		900242	7.4
(24)	TKN	mg/l	000625	2.57
(25)	TOTAL N	mg/l	000600	
(26)	TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	1.19
(27)	ORGANIC N	mg/l	000605	
(28)	NITRITE (NO2)	mg/l	000615	
(29)	NITRATE (NO3)	mg/l	071850	
(30)	NO2 + NO3	mg/l	000630	
(31)	TOTAL PHOSPHOROUS	mg/l	000665	
(32)	ORTHO PHOSPHOROUS	mg/l	070507	
(33)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.00
(34)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(35)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		6
(36)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	6
(37)	TOTAL D.O. (MINIMUM)	mg/l		7.8
(38)	UOD Monthly Average (Calc)	lbs/day		26.9

(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

Method Code for TRC - 4500 Cl(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

October 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.156	1.2	<0.20					7.3	7.3			7.9		
02	0.148	1.0	<0.20					7.3	7.3			7.9		
03	0.298	1.2	<0.20					7.2	7.2			8.0		
04	0.162	1.2	<0.20					7.3	7.3			8.0		
05	0.231											8.0		
06	0.310											8.0		
07	0.503	0.7	<0.20					7.1	7.1			7.8		
08	0.345	0.7	<0.20					7.2	7.2			7.9		
09	0.280	0.9	<0.20					7.2	7.2			7.9		
10	0.247	0.9	<0.20					7.3	7.3			8.3		
11	0.276	1.1	<0.20					7.3	7.3			8.1		
12	0.228											8.0		
13	0.235											8.1		
14	0.139	0.8	<0.20					7.4	7.4			8.1		
15	0.202	1.0	<0.20	69	80	4.5	2.0	7.3	7.3	3.23	6	8.1	26.1	0.94
16	0.185	1.0	<0.20					7.3	7.3			8.0		
17	0.179	0.9	<0.20					7.3	7.3			8.0		
18	0.246	1.0	<0.20					7.2	7.2			8.0		
19	0.196											8.2		
20	0.177											8.2		
21	0.131	1.1	<0.20					7.3	7.3			8.2		
22	0.196	1.2	<0.20	106	84	1.6	1.8	7.0	7.0	1.91	6	8.4	23.7	1.44
23	0.145	0.9	<0.20					7.2	7.2			8.2		
24	0.142	1.1	<0.20					7.2	7.2			8.3		
25	0.159	0.9	<0.20					7.3	7.3			8.3		
26	0.159											8.2		
27	0.189											8.3		
28	0.133	0.9	<0.20					7.3	7.3			8.3		
29	0.157	1.0	<0.20					7.3	7.3			8.4		
30	0.128	1.0	<0.20					7.2	7.2			8.4		
31	0.178	0.8	<0.20					7.3	7.3			8.3		
TOT	6.460	22.5	<0.20	175	164	6.1	3.8	166.8	166.8	5.14	12	251.8		2.38
AVG	0.208	1.0	<0.20	88	82	3.1	1.9	7.3	7.3	2.57	6	8.1	24.9	1.19
MAX	0.503	1.2	<0.20	106	84	4.5	2.0	7.4	7.4	3.23	6	8.4	26.1	
MIN	0.128	0.7	<0.20	69	80	1.6	1.8	7.0	7.0	1.91	6	7.8	23.7	

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 11-13-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

MAIL TO: Wastewater Facilities Regulation Section, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/10/01 To: 96/10/31
LIMIT: Final
CLASS SIZE: GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	Ce.208							C	cont	Flow Meter
(50050053)	Permit Requirement	0.220		MGD						DAILY	FLOWMETER
CARBONACEOUS BIOLOGICAL	Sample Measurement		7.58							1/14	8 comp
OXYGEN DEMAND (5 day)	Permit Requirement	Report	5.67	lbs/day						Every two weeks	8 hour, flow proportioned composite
CBOD5 (Annual Average)	Sample Measurement					3.2			C	1/14	(calc) 8 comp
(080082)	Permit Requirement					3.2		mg/L		Every two weeks	8 hour, flow proportioned composite
CBOD5	Sample Measurement					3.1	4.5		C	1/14	8 comp
(30 Day Average)	Permit Requirement					4.0	8.0	mg/L		Every two weeks	8 hour, flow proportioned composite
TOTAL SUSPENDED SOLIDS	Sample Measurement		3.37						C	1/14	8 comp
(00900163)	Permit Requirement	Report	28.36	lbs/day						Every two weeks	8 hour, flow proportioned composite
TSS	Sample Measurement					2.8			C	1/14	(calc) 8 comp
(Annual Average) (000530)	Permit Requirement					20		mg/L		Every two weeks	8 hour, flow proportioned composite
TSS	Sample Measurement					1.9	2.0		C	1/14	8 comp
(30 Day Average)	Permit Requirement					30	60	mg/L		Every two weeks	8 hour, flow proportioned composite
DISSOLVED OXYGEN	Sample Measurement				7.8				C	1/Day	Grab
(000300)	Permit Requirement				7.0			mg/L		Every two weeks	8 hour, flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 725-2865	96/11/20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1A

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/10/01 To: 96/10/31
LIMIT: Final
CLASS SIZE: Minor GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL CHLORINE RESIDUAL (For Disinfection) (900243)	Sample Measurement				0.7				C	1/Day	Grab
	Permit Requirement				0.5			mg/L		DAILY	GRAB
CBOD5 INFLUENT	Sample Measurement				69				C	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
TSS INFLUENT	Sample Measurement				80				C	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
FECAL COLIFORM BACTERIA (031616)	Sample Measurement					6	6		C	1/14	Grab
	Permit Requirement					200	800	per 100 mL		Every two weeks	GRAB
pH (900241, 900242)	Sample Measurement				7.0		7.4		C	1/Day	Grab
	Permit Requirement				6.5		8.5	Standard Units		Daily	GRAB
TOTAL CHLORINE RESIDUAL (After Dechlorination) (900244)	Sample Measurement				NODI = B				C#	1/DAY	Grab
	Permit Requirement				0.01			mg/L		Every two weeks	GRAB
TOTAL KJELDAHL NITROGEN (as N) (900177)	Sample Measurement		5.44						C	1/14	8 comp
	Permit Requirement	Report	12.48	lbs/day						Every two weeks	8 hour, flow proportioned composite

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 beli the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 725-2865	96/11/20

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

Method code for TRC is 4500 Cl (G). Detection limit is 0.02 mg/L-1A-

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1B

PERMITTEE NAME: Philip Hell
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/10/01 To: 96/10/31
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0025828, (3116P00034, 3116x10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

GROUP: Domestic

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
JTAL KJELDAHL NITROGEN	Sample Measurement					2.12			0	1/14	8 comp
nnual Average) (000625)	Permit Requirement					8.8		mg/L		Every Two Weeks	8 hour, flow proportioned composite
TOTAL KJELDAHL NITROGEN	Sample Measurement					2.57	3.23		0	1/14	8 comp
(30 Day Average)	Permit Requirement					8.8	17.6	mg/L		Every Two Weeks	8 hour, flow proportioned composite
TEMPERATURE	Sample Measurement				23.7				0	1/14	Grab
(Degrees F) (000011)	Permit Requirement				Report			Degrees		Every Three Months	Grab
TOTAL NITROGEN	Sample Measurement				NOT = 9					1/90	(Calc) 8 comp
(000600)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL AMMONIA	Sample Measurement				NOT = 9					1/14	8 comp
NITROGEN (000610)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
RGANIC	Sample Measurement				NOT = 9					1/90	8 comp (Calc)
ITROGEN (000605)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORTHO PHOSPHOROUS	Sample Measurement				NOT = 9					1/90	8 comp
(070507)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL PHOSPHOROUS	Sample Measurement				NOT = 9					1/90	8 comp
(000665)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/11/20

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: September YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Ellason T. Ellis C 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.129
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.138
(19)	PERCENT OF PERMITTED CAPACITY	%	****	81
(20)	CBOD5 EFFLUENT	mg/l	080082	2.2
(21)	TSS EFFLUENT	mg/l	900201	1.0
(22)	MINIMUM pH		900241	7.2
(23)	MAXIMUM pH		900242	7.4
(24)	TKN	mg/l	000625	1.14
(25)	TOTAL N	mg/l	000600	
(26)	TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.69
(27)	ORGANIC N	mg/l	000605	0.45
(28)	NITRITE (NO2)	mg/l	000615	
(29)	NITRATE (NO3)	mg/l	071850	
(30)	NO2 + NO3	mg/l	000630	
(31)	TOTAL PHOSPHOROUS	mg/l	000665	
(32)	ORTHO PHOSPHOROUS	mg/l	070507	
(33)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	~~0.0~~
(34)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(35)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		40
(36)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	38
(37)	TOTAL D.O. (MINIMUM)	mg/l		7.9
(38)	UOD Monthly Average (Calc)	lbs/day		7.7

(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

Method Code for TRC - 4500 Cl(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

September 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.186											7.9		
02	0.124											8.0		
03	0.181	0.9	<0.20					7.2	7.2			8.0		
04	0.154	0.9	<0.20					7.3	7.3			7.9		
05	0.170	1.1	<0.20					7.3	7.3			7.9		
06	0.128	1.0	<0.20					7.2	7.2			7.9		
07	0.130											8.0		
08	0.145											8.0		
09	0.116	1.0	<0.20					7.3	7.3			7.9		
10	0.141	0.9	<0.20	130	107	2.0	1.3	7.4	7.4	0.91	28	7.9	28.2	0.70
11	0.139	1.0	<0.20					7.3	7.3			7.9		
12	0.154	1.1	<0.20					7.3	7.3			8.0		
13	0.153	0.9	<0.20					7.4	7.4			7.9		
14	0.135											8.0		
15	0.107											7.9		
16	0.117	1.0	<0.20					7.3	7.3			8.0		
17	0.127	1.1	<0.20					7.3	7.3			8.0		
18	0.124	1.1	<0.20					7.2	7.2			8.1		
19	0.102	1.1	<0.20					7.3	7.3			7.9		
20	0.105	1.0	<0.20					7.3	7.3			8.1		
21	0.124											8.0		
22	0.138											8.1		
23	0.092	1.0	<0.20					7.4	7.4			8.2		
24	0.090	0.9	<0.20	112	134	2.4	0.7	7.3	7.3	1.36	52	8.1	27.5	0.67
25	0.093	1.2	<0.20					7.3	7.3			8.1		
26	0.111	0.9	<0.20					7.3	7.3			8.0		
27	0.100	1.0	<0.20					7.2	7.2			8.0		
28	0.150											8.0		
29	0.121											7.9		
30	0.107	0.8	<0.20					7.3	7.3			8.0		
TOT	3.864	19.9	<0.20	242	241	4.4	2.0	145.9	145.9	2.27	80	239.6		1.37
AVG	0.129	1.0	<0.20	121	121	2.2	1.0	7.3	7.3	1.14	40	8.0	27.9	0.69
MAX	0.186	1.2	<0.20	130	134	2.4	1.3	7.4	7.4	1.36	52	8.2	28.2	0.70
MIN	0.090	0.8	<0.20	112	107	2.0	0.7	7.2	7.2	0.91	28	7.9	27.5	0.67

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarsan T. Valentine DATE: 10-8-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

MAIL TO: Wastewater Facilities Regulation Section, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD–From: 96/09/01 To: 96/09/30
LIMIT: Final
CLASS SIZE:
GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW (050053)	Sample Measurement	0.129							0	Cont	Flow Meter
	Permit Requirement	0.220		MGD						DAILY	FLOWMETER
CARBONACEOUS BIOLOGICAL OXYGEN DEMAND (5 day)	Sample Measurement		1.75						0	1/14	8 comp
	Permit Requirement	Report	5.67	lbs/day						Every two weeks	8 hour, flow proportioned composite
CBOD5 (Annual Average) (080082)	Sample Measurement					3.0			0	1/14	(calc) 8 comp
	Permit Requirement					3.2		mg/L		Every two weeks	8 hour, flow proportioned composite
CBOD5 (30 Day Average)	Sample Measurement					2.2	2.4		0	1/14	8 comp
	Permit Requirement					4.0	8.0	mg/L		Every two weeks	8 hour, flow proportioned composite
TOTAL SUSPENDED SOLIDS (900163)	Sample Measurement		1.52						0	1/14	8 comp
	Permit Requirement	Report	28.36	lbs/day						Every two weeks	8 hour, flow proportioned composite
TSS (Annual Average) (000530)	Sample Measurement					2.9			0	1/14	(calc) 8 comp
	Permit Requirement					20		mg/L		Every two weeks	8 hour, flow proportioned composite
TSS (30 Day Average)	Sample Measurement					1.0	1.3		0	1/14	8 comp
	Permit Requirement					30	60	mg/L		Every two weeks	8 hour, flow proportioned composite
DISSOLVED OXYGEN (000300)	Sample Measurement				7.9				0	1/Day	Grab
	Permit Requirement				7.0			mg/L		Every two weeks	8 hour, flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/10/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1A

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/09/01 To: 96/09/30
LIMIT: Final
CLASS SIZE: Minor GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL CHLORINE RESIDUAL (For Disinfection) (900243)	Sample Measurement				0.8				0	1/Day	Grab
	Permit Requirement				0.5			mg/L		DAILY	GRAB
CBOD5 INFLUENT	Sample Measurement				112				0	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
TSS INFLUENT	Sample Measurement				107				0	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
FECAL COLIFORM BACTERIA (031616)	Sample Measurement					40	52		0	1/14	Grab
	Permit Requirement					200	800	per 100 mL		Every two weeks	GRAB
pH (900241, 900242)	Sample Measurement				7.2		7.4		0	1/Day	Grab
	Permit Requirement				6.5		8.5	Standard Units		Daily	GRAB
TOTAL CHLORINE RESIDUAL (After Dechlorination) (900244)	Sample Measurement				NODI = B			*	0	1/DAY	Grab
	Permit Requirement				0.01			mg/L		Every two weeks	GRAB
TOTAL KJELDAHL NITROGEN (as N) (900177)	Sample Measurement		1.00						0	1/14	8 comp
	Permit Requirement	Report	12.48	lbs/day						Every two weeks	8 hour, flow proportioned composite

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 believ the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/10/21

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1B

PERMITTEE NAME: Philip Hell
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/09/01 To: 96/09/30
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0025828, (3116P00034, 3116x10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

GROUP: Domestic

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL KJELDAHL NITROGEN	Sample Measurement					2.29			0	1/14	8 comp
(Annual Average) (000625)	Permit Requirement					8.8		mg/L		Every Two Weeks	8 hour, flow proportioned composite
TOTAL KJELDAHL NITROGEN	Sample Measurement					1.14	1.36		0	1/14	8 comp
(30 Day Average)	Permit Requirement					8.8	17.6	mg/L		Every Two Weeks	8 hour, flow proportioned composite
TEMPERATURE	Sample Measurement				27.5				0	1/14	Grab
(Degrees F) (000011)	Permit Requirement				Report			Degrees		Every Three Months	Grab
TOTAL NITROGEN	Sample Measurement				NODI=9				0	1/90	(calc) 8 comp
(000600)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL AMMONIA	Sample Measurement				NODI=9				0	1/14	8 comp
NITROGEN (000610)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORGANIC	Sample Measurement				NODI=9				0	1/90	8 comp (calc)
NITROGEN (000605)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORTHO PHOSPHOROUS	Sample Measurement				NODI=9				0	1/90	8 comp
(070507)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL PHOSPHOROUS	Sample Measurement				NODI=9				0	1/90	8 comp
(000665)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/10/21

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

Nutrient analysis sampled 8/96.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: August YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Edward T. Vokes C 3407
signature cert. no.

	PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW		mgd	050053	0.131
(17)	PERMITTED CAPACITY		mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW		mgd	900238	0.132
(19)	PERCENT OF PERMITTED CAPACITY		%	****	77
(20)	CBOD5 EFFLUENT		mg/l	080082	2.4
(21)	TSS EFFLUENT		mg/l	900201	1.4
(22)	MINIMUM pH			900241	7.0
(23)	MAXIMUM pH			900242	7.4
(24)	TKN		mg/l	000625	1.55
(25)	TOTAL N	08-13-96	mg/l	000600	15.02
(26)	TOTAL NH3	MONTHLY AVERAGE	mg/l	000610	0.62
(27)	ORGANIC N	08-13-96	mg/l	000605	0.93
(28)	NITRITE (NO2)		mg/l	000615	0.26
(29)	NITRATE (NO3)		mg/l	071850	12.60
(30)	NO2 + NO3		mg/l	000630	12.86
(31)	TOTAL PHOSPHOROUS	08-13-96	mg/l	000665	2.03
(32)	ORTHO PHOSPHOROUS	08-13-96	mg/l	070507	1.72
(33)	MINIMUM CHLORINE RESIDUAL		mg/l	900243	~~0.00~~
(34)	MAXIMUM CHLORINE RESIDUAL		mg/l	900244	<0.20
(35)	FECAL COLIFORM (ARITHMETIC MEAN)		#/100ml		78
(36)	FECAL COLIFORM (GEOMETRIC MEAN)		#/100ml	031616	74
(37)	TOTAL D.O. (MINIMUM)		mg/l		7.7
(38)	UOD Monthly Average (Calc)		lbs/day		12.5

(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

Method Code for TRC - 4500 Cl(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

August 1996

DAY OF THE MONTH	FLOW mgd	C12 RES AFTER CONTACT mg/l	C12 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.101	1.2	<0.20					7.3	7.3			7.7		
02	0.134	0.9	<0.20					7.4	7.4			7.8		
03	0.118											7.7		
04	0.126											7.7		
05	0.110	0.8	<0.20					7.3	7.3			7.8		
06	0.110	1.0	<0.20					7.3	7.3			7.8		
07	0.123	1.1	<0.20					7.3	7.3			7.7		
08	0.118	1.1	<0.20					7.3	7.3			7.9		
09	0.118	0.9	<0.20					7.2	7.2			7.8		
10	0.129											7.8		
11	0.147											7.8		
12	0.154	0.8	<0.20					7.3	7.3			7.9		
13	0.157	0.9	<0.20	117	138	2.4	1.6	7.3	7.3	2.16	54	8.0	27.8	0.77
14	0.188	1.1	<0.20					7.4	7.4			8.1		
15	0.143	0.9	<0.20					7.3	7.3			8.1		
16	0.167	1.0	<0.20					7.3	7.3			8.1		
17	0.138											8.0		
18	0.126											8.1		
19	0.126	0.8	<0.20					7.0	7.0			7.9		
20	0.121	0.9	<0.20					7.2	7.2			8.0		
21	0.125	1.1	<0.20					7.3	7.3			7.9		
22	0.101	1.1	<0.20					7.3	7.3			7.8		
23	0.164	0.8	<0.20					7.2	7.2			8.0		
24	0.109											7.9	27.6	
25	0.100											7.9		
26	0.122	0.8	<0.20					7.4	7.4			8.0		
27	0.119	0.8	<0.20	136	123	2.4	1.2	7.1	7.1	0.93	102	8.1		0.46
28	0.123	0.8	<0.20					7.3	7.3			8.0		
29	0.113	1.1	<0.20					7.3	7.3			7.9		
30	0.140	0.9	<0.20					7.3	7.3			7.9		
31	0.178											8.1		
TOT	4.048	20.8	<0.20	253	261	4.8	2.8	160.1	160.1	3.09	156	245.2		1.23
AVG	0.131	0.9	<0.20	127	131	2.4	1.4	7.3	7.3	1.55	78	7.9	27.7	0.62
MAX	0.188	1.2	<0.20	136	138	2.4	1.6	7.4	7.4	2.16	102	8.1	27.8	0.77
MIN	0.100	0.8	<0.20	117	123	2.4	1.2	7.0	7.0	0.93	54	7.7	27.6	0.46

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 9-11-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

MAIL TO: Wastewater Facilities Regulation Section, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/08/01 To: 96/08/31
LIMIT: Final
CLASS SIZE: GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0.131							0	Cont	Flow Meter
(00053)	Permit Requirement	0.220		MGD						DAILY	FLOWMETER
CARBONACEOUS BIOLOGICAL	Sample Measurement		3.14						0	1/14	8 comp
OXYGEN DEMAND (5 day)	Permit Requirement	Report	5.67	lbs/day						Every two weeks	8 hour, flow proportioned composite
CBOD5 (Annual Average)	Sample Measurement					2.9			0	1/14	(calc) 8 comp
(080082)	Permit Requirement					3.2		mg/L		Every two weeks	8 hour, flow proportioned composite
CBOD5	Sample Measurement					2.4	2.4		0	1/14	8 comp
(30 Day Average)	Permit Requirement					4.0	8.0	mg/L		Every two weeks	8 hour, flow proportioned composite
TOTAL SUSPENDED SOLIDS	Sample Measurement		2.10						0	1/14	8 comp
(900163)	Permit Requirement	Report	28.36	lbs/day						Every two weeks	8 hour, flow proportioned composite
	Sample Measurement					3.0			0	1/14	(calc) 8 comp
(Annual Average) (000530)	Permit Requirement					20		mg/L		Every two weeks	8 hour, flow proportioned composite
TSS	Sample Measurement					1.4	1.6		0	1/14	8 comp
(30 Day Average)	Permit Requirement					30	60	mg/L		Every two weeks	8 hour, flow proportioned composite
DISSOLVED OXYGEN	Sample Measurement				7.7				0	1/Day	Grab
(000300)	Permit Requirement				7.0			mg/L		Every two weeks	8 hour, flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President	M. Sambamurthi	(904) 725-2865	96/09/24

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1A

PERMITTEE NAME: Philip Heil, V.P.,
MAILING ADDRESS: United Water Florida
1400 Millcoe Road
Jacksonville, Florida 32225
FACILITY: Ortega Hills WWTP
LOCATION: 5033 Greenway Drive, Jacksonville

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/08/01 To: 96/08/31
LIMIT: Final
CLASS SIZE: Minor GROUP: Domestic
FACILITY ID: FL0025828, (3116P00334, 3116X10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL CHLORINE RESIDUAL (For Disinfection) (900243)	Sample Measurement				0.8				0 *	1/Day	Grab
	Permit Requirement				0.5			mg/L		DAILY	GRAB
CBOD5 INFLUENT	Sample Measurement				117				0	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
TSS INFLUENT	Sample Measurement				123				0	1/14	8 comp
	Permit Requirement				Report			mg/L		Every two weeks	8 hour, flow proportioned composite
FECAL COLIFORM BACTERIA (031616)	Sample Measurement					78	102		0	1/14	Grab
	Permit Requirement					200	800	per 100 mL		Every two weeks	GRAB
(900241, 900242)	Sample Measurement				7.0		7.4		0	1/Day	Grab
	Permit Requirement				6.5		8.5	Standard Units		Daily	GRAB
TOTAL CHLORINE RESIDUAL (After Dechlorination) (900244)	Sample Measurement				NODI=B				0	1/DAY	Grab
	Permit Requirement				0.01			mg/L	(*)	Every two weeks	GRAB
TOTAL KJELDAHL NITROGEN (as N) (900177)	Sample Measurement		2.83						0	1/14	8 comp
	Permit Requirement	Report	12.48	lbs/day						Every two weeks	8 hour, flow proportioned composite

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 belie the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 725-2865	96/09/24

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ADDITIONAL SHEET 1B

PERMITTEE NAME: Phillip Hall
MAILING ADDRESS: United Water Florida
1400 Millooe Road
Jacksonville, Florida 32225
FACILITY: Onega Hills WWTP
LOCATION: 5033 Greenway Drive

PERMIT NUMBER: FL0025828
MONITORING PERIOD--From: 96/08/01 To: 96/08/31
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0025828, (3116P00034, 3116x10687)
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: 1C

GROUP: Domestic

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
TOTAL KJELDAHL NITROGEN	Sample Measurement					2.49			0	1/14	8 comp
ual Average) (000625)	Permit Requirement					8.8		mg/L		Every Two Weeks	8 hour, flow proportioned composite
TOTAL KJELDAHL NITROGEN	Sample Measurement					1.55	2.16		0	1/14	8 comp
(30 Day Average)	Permit Requirement					8.8	17.6	mg/L		Every Two Weeks	8 hour, flow proportioned composite
TEMPERATURE	Sample Measurement				27.6				0	1/14	Grab
(Degrees F) (000011)	Permit Requirement				Report			Degrees		Every Three Months	Grab
TOTAL NITROGEN	Sample Measurement				15.02				0	1/90	(calc) 8 comp
(000600)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL AMMONIA	Sample Measurement				0.62				0	1/14	8 comp
NITROGEN (000610)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORGANIC	Sample Measurement				*0.93				0	1/90	8 comp (calc)
OGEN (000605)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
ORTHO PHOSPHOROUS	Sample Measurement				1.72				0	1/90	8 comp
(070507)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite
TOTAL PHOSPHOROUS	Sample Measurement				2.03				0	1/90	8 comp
(000665)	Permit Requirement				Report			mg/L		Every Three Months	8 hour, flow proportioned composite

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 believ the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M Sambamurthi Vice President	[signature]	(904) 725-2865	96/09/24

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: July YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Ellouson T. Valentine 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.139
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.127
(19)	PERCENT OF PERMITTED CAPACITY	%	****	75
(20)	CBOD5 EFFLUENT	mg/l	080082	2.5
(21)	CBOD5 EFFLUENT	lbs/day	****	2.8
(22)	TSS EFFLUENT	mg/l	900201	2.6
(23)	TSS EFFLUENT	lbs/day	****	2.6
(24)	MINIMUM pH		900241	7.1
(25)	MAXIMUM pH		900242	7.4
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	1.41
(28)	AMMONIA (NH3)	mg/l	000610	N/A
(29)	TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.87
(30)	NITRATE	mg/l	071850	N/A
(31)	TOTAL PHOSPHOROUS	mg/l	000665	N/A
(32)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.8
(33)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(34)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		46
(35)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	42
(36)	TOTAL D.O. (MINIMUM)	mg/l	000300	7.8
(37)	CUOD Monthly Average (Calc)	lbs/day		4.0
(38)	NUOD Monthly Average (Calc)	lbs/day		7.1
(39)	UOD Monthly Average (Calc)	lbs/day		11.1

(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method Code for TRC - 4500 Cl(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

July 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.125	1.0	<0.20					7.3	7.4			7.9		
02	0.152	0.8	<0.20	148	132	3.2	0.9	7.1	7.3	1.08	56	7.9	27.9	
03	0.109	0.9	<0.20					7.2	7.4			7.9		
04	0.128											8.0		
05	0.171	0.8	<0.20					7.2	7.3			8.1		
06	0.217											8.0		
07	0.163											7.8		
08	0.153	1.1	<0.20					7.3	7.4			8.2		
09	0.161	0.8	<0.20					7.2	7.4			8.2		
10	0.153	1.1	<0.20					7.3	7.4			8.1		
11	0.201	0.8	<0.20					7.3	7.4			8.0		
12	0.118	1.0	<0.20					7.2	7.3			8.1		
13	0.153											8.0		
14	0.156											8.0		
15	0.137	0.9	<0.20					7.1	7.3			7.9		
16	0.142	0.8	<0.20	130	110	1.3	0.6	7.3	7.4	1.40	22	7.9	28.2	0.74
17	0.129	0.9	<0.20					7.2	7.4			8.0		
18	0.140	0.8	<0.20					7.2	7.4			7.9		
19	0.185	0.9	<0.20					7.3	7.3			8.0		
20	0.128											8.0		
21	0.084											7.9		
22	0.124	1.1	<0.20					7.3	7.3			8.0		
23	0.118	1.0	<0.20					7.4	7.4			8.0		
24	0.123	1.2	<0.20					7.3	7.3			8.1		
25	0.139	0.9	<0.20					7.3	7.3			8.1		
26	0.129	1.0	<0.20					7.3	7.3			7.9		
27	0.124											8.0		
28	0.144											8.0		
29	0.085	0.9	<0.20					7.4	7.4			8.1		
30	0.114	1.1	<0.20	157	156	2.9	6.2	7.3	7.3	1.75	59	7.9	28.6	0.99
31	0.112	0.9	<0.20					7.1	7.1			7.8		
TOT	4.317	20.7	<0.20	435	398	7.4	7.7	159.6	161.5	4.23	137	247.7		1.73
AVG	0.139	0.9	<0.20	145	133	2.5	2.6	7.3	7.3	1.41	46	8.0	28.2	0.87
MAX	0.217	1.2	<0.20	157	156	3.2	6.2	7.4	7.4	1.75	59	8.2	28.6	0.99
MIN	0.084	0.8	<0.20	130	110	1.3	0.6	7.1	7.1	1.08	22	7.8	27.9	0.74

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 8-14-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY ORTEGA HILLS
LOCATION JACKSONVILLE FL 32239
ATTN: GEORGE J. FLEGAL, AREA ENG.

(2-16) FL0025828 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)

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

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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	11.1	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	81.4 MO AVG	*******	LBS/DY	*******	*******	*******	********		ONCE/ MONTH	CALCTD
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		7.8	*******	*******	(19)	0	1/day	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	7.0 DAILY MN	*******	*******	MG/L		5 TIME /WEEK	GRAB
PH	SAMPLE MEASUREMENT	*******	*******		7.1	*******	7.4	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		HOURLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	2.6	6.2	(19)	0	1/14	8 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	20.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	2.63	*******	(19)	0	1/30	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	********	*******	8.8 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
NITROGEN, KJELDAHL TO (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	1.41	1.75	(19)	0	1/14	8 comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	********	*******	11.0 MO AVG	17.6 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.152	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	********		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.)*	J. Landrum	904 725-3865	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)*

FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

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: ORTEGA HILLS

LOCATION: JACKSONVILLE FL 32239

ATTN: GEORGE J. FLEGAL, AREA ENG.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0025828	001 1

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)

SANITARY WASTEWATER
(SUBR JA) 12345
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	SAMPLE MEASUREMENT	0.139	0.217	(03)	*******	*******	*******		0	Cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		5 TIMES /WEEK	REPRES
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) A	0	1/Day	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	***** ****	*******	*******	0.010 DAILY MX	MG/L		ONCE/ 2WEEKS	GRAB
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	*******	*******		*******	*******	59	(13)	0	1/14	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	800 DAILY MX	#/ 100ML		ONCE/ 2WEEKS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	2.9	*******	(19)	0	1/30	calc
80082 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	4.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
BOD CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	2.5	3.2	(19)	0	1/14	Stmp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.)	J. M. Hardenne	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) A Method code for TRC is 4500 Cl(G). Detection limit is 0.020 mg/L.

FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: June YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Ellanson T. Valentine C 3407
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.132
(17) PERMITTED CAPACITY	mgd	****	0.170
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.127
(19) PERCENT OF PERMITTED CAPACITY	%	****	75
(20) CBOD5 EFFLUENT	mg/l	080082	2.8
(21) CBOD5 EFFLUENT	lbs/day	****	2.9
(22) TSS EFFLUENT	mg/l	900201	2.9
(23) TSS EFFLUENT	lbs/day	****	2.9
(24) MINIMUM pH		900241	7.0
(25) MAXIMUM pH		900242	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	1.12
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000665	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.8
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(33) FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		35
(34) FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	34
(35) TOTAL D.O. (MINIMUM)	mg/l	000300	7.9
(36) CUOD Monthly Average (Calc)	lbs/day		4.1
(37) NUOD Monthly Average (Calc)	lbs/day		5.2
(38) UOD Monthly Average (Calc)	lbs/day		9.3

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method Code for TRC - 4500 Cl(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

June 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C
01	0.096											8.3	
02	0.104											8.1	
03	0.083	1.0	<0.20					7.2	7.4			7.9	
04	0.108	1.2	<0.20	158	164	3.5	3.8	7.1	7.3	1.46	27	8.3	25.8
05	0.105	1.2	<0.20					7.2	7.3			8.1	
06	0.087	1.1	<0.20					7.2	7.4			8.1	
07	0.122	1.1	<0.20					7.2	7.4			8.2	
08	0.131											8.0	
09	0.110											8.1	
10	0.125	0.9	<0.20					7.2	7.4			8.0	
11	0.142	1.2	<0.20					7.2	7.4			8.2	
12	0.101	1.0	<0.20					7.2	7.3			8.2	
13	0.130	0.9	<0.20					7.2	7.3			8.3	
14	0.125	1.0	<0.20					7.2	7.3			8.2	
15	0.140											8.1	
16	0.142											8.1	
17	0.119	0.9	<0.20					7.3	7.4			8.4	
18	0.148	0.9	<0.20	132	114	2.1	2.0	7.2	7.3	0.77	42	8.3	26.5
19	0.159	0.9	<0.20					7.2	7.4			8.4	
20	0.120	1.2	<0.20					7.3	7.4			8.2	
21	0.169	1.2	<0.20					7.2	7.4			8.4	
22	0.150											8.1	
23	0.133											8.2	
24	0.115	1.0	<0.20					7.2	7.4			8.0	
25	0.122	0.9	<0.20					7.0	7.4			8.0	
26	0.154	1.0	<0.20					7.2	7.3			7.9	
27	0.200	0.9	<0.20					7.2	7.3			8.1	
28	0.252	0.8	<0.20					7.2	7.4			8.2	
29	0.165											8.1	
30	0.116											8.0	
TOT	3.973	20.3	<0.20	290	278	5.6	5.8	143.9	147.2	2.23	69	244.5	
AVG	0.132	1.0	<0.20	145	139	2.8	2.9	7.2	7.4	1.12	35	8.1	26.2
MAX	0.252	1.2	<0.20	158	164	3.5	3.8	7.3	7.4	1.46	42	8.4	26.5
MIN	0.083	0.8	<0.20	132	114	2.1	2.0	7.0	7.3	0.77	27	7.9	25.8

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 7-9-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY ORTEGA HILLS
LOCATION JACKSONVILLE FL 32239
ATTN: GEORGE J. FLEGAL, AREA ENG.

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

FL0025828	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)

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

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

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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	9.3	******	(26)	******	******	******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	81.4 MO AVG	******	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	CALCTD
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7.9	******	******	(19)	0	1/day	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		7.0 DAILY MN	******	******	MG/L		5 TIME /WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.4	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.0 MINIMUM	******	8.5 MAXIMUM	SU		HOURLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	2.9	3.8	(19)	0	1/14	8 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	20.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	2.73	******	(19)	0	1/30	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	****** **** ****		******	8.8 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	1.12	1.46	(19)	0	1/4	8 comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	11.0 MO AVG	17.6 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.151	******	(03)	******	******	******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	******	MGD	******	******	******	**** ****		ONCE/ MONTH	CALCTD

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 07 | DAY 17

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

FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

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 ORTEGA HILLS

LOCATION JACKSONVILLE FL 32239

ATTN: GEORGE J. FLEGAL, AREA ENG.

DISCHARGE MONITORING REPORT (DMR)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0025828	001 1

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD

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

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 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.132	0.252	(03)	******	******	******		0	CONT	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		5 TIMES /WEEK	REPRES
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	NODI=B	(19) A	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		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	42	(13)	0	1/14	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 DAILY MX	#/ 100ML		ONCE/ 2WEEKS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	2.8	******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	4.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	2.8	3.5	(19)	0	1/14	Stmp
	PERMIT REQUIREMENT	******	******	**** ****	******	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
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	AREA CODE 904	NUMBER 725-2865	YEAR 96	MO 07	DAY 17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* * Method code for TKN is 4500 C1(6). Detection limit is 0.30 mg/L.
FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY ORTEGA HILLS

LOCATION JACKSONVILLE FL 32239

ATTN: GEORGE J. FLEGAL, AREA ENG.

(2-16) PERMIT NUMBER: FL0025828

(17-19) DISCHARGE NUMBER: 001 1

SANITARY WASTEWATER (SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

Approval expires 05-31-98

12349

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	06	01	TO	96	06	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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	12.1	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	81.4 MO AVG	*******	LBS/DY	*******	*******	*******	******		ONCE/ MONTH	CALCTD
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		8.0	*******	*******	(19)	0	1/day	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	7.0 DAILY MN	*******	*******	MG/L		5 TIME /WEEK	GRAB
PH	SAMPLE MEASUREMENT	*******	*******		7.2	*******	7.4	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		HOURLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	1.9	2.4	(19)	0	1/14	8 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	*******	20.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	2.99	*******	(19)	0	1/30	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	******	*******	8.8 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
NITROGEN, KJELDAHL TO . (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	1.38	1.73	(19)	0	1/14	8 comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	*******	11.0 MO AVG	17.6 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.151	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	******		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PH Veil
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: AREA CODE 904 | NUMBER 725-2865

DATE: YEAR 96 | MO 06 | DAY 30

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

FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: May YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Ellauson T. Valentine 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.113
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.142
(19)	PERCENT OF PERMITTED CAPACITY	%	****	84
(20)	CBOD5 EFFLUENT	mg/l	080082	5.1
(21)	CBOD5 EFFLUENT	lbs/day	****	4.5
(22)	TSS EFFLUENT	mg/l	900201	1.9
(23)	TSS EFFLUENT	lbs/day	****	1.7
(24)	MINIMUM pH		900241	7.2
(25)	MAXIMUM pH		900242	7.4
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	1.38
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	N/A
(30)	TOTAL PHOSPHORUS	mg/l	000665	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.8
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(33)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		18
(34)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	16
(35)	TOTAL D.O. (MINIMUM)	mg/l	000300	8.0
(36)	CUOD Monthly Average (Calc)	lbs/day		6.5
(37)	NUOD Monthly Average (Calc)	lbs/day		5.6
(38)	UOD Monthly Average (Calc)	lbs/day		12.1

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method Code for TRC = 4500 Cl(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

May 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C
01	0.137	0.9	<0.20					7.2	7.4			9.1	
02	0.099	1.0	<0.20					7.3	7.4			9.1	
03	0.156	0.8	<0.20					7.2	7.4			9.0	
04	0.112											8.9	
05	0.107											8.9	
06	0.100	1.0	<0.20					7.3	7.4			8.8	
07	0.104	0.9	<0.20	165	144	6.1	1.4	7.3	7.4	1.73	24	8.7	25.4
08	0.123	1.0	<0.20					7.2	7.4			8.9	
09	0.103	0.9	<0.20					7.3	7.4			8.8	
10	0.109	0.9	<0.20					7.3	7.4			9.0	
11	0.108											8.9	
12	0.122											8.9	
13	0.102	1.2	<0.20					7.2	7.4			8.6	
14	0.103	1.2	<0.20					7.2	7.4			8.7	
15	0.113	1.2	<0.20					7.2	7.4			8.6	
16	0.125	1.0	<0.20					7.2	7.3			8.7	
17	0.176	1.2	<0.20					7.3	7.4			8.6	
18	0.095											8.6	
19	0.126											8.8	
20	0.095	0.9	<0.20					7.2	7.4			8.6	
21	0.111	1.3	<0.20	140	145	4.1	2.4	7.3	7.4	1.02	11	8.1	26.8
22	0.092	1.0	<0.20					7.3	7.4			8.3	
23	0.111	1.1	<0.20					7.2	7.4			8.3	
24	0.141	1.1	<0.20					7.2	7.4			8.2	
25	0.096											8.1	
26	0.101											8.2	
27	0.098											8.0	
28	0.108	1.0	<0.20					7.3	7.4			8.2	
29	0.110	1.2	<0.20					7.2	7.4			8.4	
30	0.072	1.2	<0.20					7.2	7.4			8.1	
31	0.142	1.1	<0.20					7.2	7.3			8.3	
TOT	3.497	23.1	<0.20	305	289	10.2	3.8	159.3	162.6	2.75	35	266.4	
AVG	0.113	1.1	<0.20	153	145	5.1	1.9	7.2	7.4	1.38	18	8.6	26.1
MAX	0.176	1.3	<0.20	165	145	6.1	2.4	7.3	7.4	1.73	24	9.1	26.8
MIN	0.072	0.8	<0.20	140	144	4.1	1.4	7.2	7.3	1.02	11	8.0	25.4

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 6-14-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

NAME JAX SUBURBAN UTILITIES CORP. \C

ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY ORTEGA HILLS

LOCATION JACKSONVILLE FL 32239

ATTN: GEORGE J. FLEGAL, AREA ENG.

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

FL0025828 — PERMIT NUMBER

001 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)

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 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)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.113	0.176	(03)	******	******	******		0	CONT	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		5 TIMES/WEEK	REPRES
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	NODI=B	(19) A	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) #/100ML	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	200 ANNL AVG	******			ONCE/MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	24	(13) #/100ML	0	1/14	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 DAILY MX			ONCE/2WEEKS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	2.8	******	(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	4.0 ANNL AVG	******			ONCE/MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	5.1	6.1	(19) MG/L	0	1/14	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	5.0 MO AVG	8.0 DAILY MX			ONCE/2WEEKS	COMP-8
	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: AREA CODE 904 NUMBER 725-2865

DATE: YEAR 96 MO 06 DAY 20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* * Method code for TRC is 4500 Cl(G). Detection limit is 0.020 mg/L.

FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

Approval expires 05-31-98

ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY ORTEGA HILLS
LOCATION JACKSONVILLE FL 32239

ATTN: GEORGE J. FLEGAL, AREA ENG.

FL 0025828 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

MONITORING PERIOD
FROM: YEAR 96 MO 05 DAY 01 (20-21) (22-23) (24-25)
TO: YEAR 96 MO 06 DAY 31 (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)
OXYGEN DEMAND, ULTIMATE	SAMPLE MEASUREMENT	12.1	*******	(26)	*******	*******	*******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	81.4 MO AVG	*******	LBS/DY	*******	*******	*******	******		ONCE/ MONTH	CALCTD
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******		8.0	*******	*******	(19)	0	1/day	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	7.0 DAILY MN	*******	*******	MG/L		5 TIME /WEEK	GRAB
PH	SAMPLE MEASUREMENT	*******	*******		7.2	*******	7.4	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		HOURLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	1.9	2.4	(19)	0	1/14	8 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	*******	20.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	2.99	*******	(19)	0	1/30	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	******	*******	8.8 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
NITROGEN, KJELDAHL TOT. (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	1.38	1.73	(19)	0	1/14	8 comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	*******	11.0 MO AVG	17.6 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.151	*******	(03)	*******	*******	*******		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*******	MGD	*******	*******	*******	******		ONCE/ MONTH	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PHeil
Vice President
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 904 NUMBER 725-3865

DATE: YEAR 96 MO 06 DAY 20

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

FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY ORTEGA HILLS
LOCATION JACKSONVILLE FL 32239
ATTN: GEORGE J. FLEGAL, AREA ENG.

(2-16) FL0025828 PERMIT NUMBER
(17-19) 001 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)

SANITARY WASTEWATER (SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

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	0.113	0.176	(03)	******	******	******		0	CONT	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		5 TIME /WEEK	REPRES
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	NODI=B	(19) *	0	1/Day	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	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		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	24	(13)	0	1/14	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	800 DAILY MX	#/ 100ML		ONCE/ 2WEEKS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	******	******		******	2.8	******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	4.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	5.1	6.1	(19)	0	1/14	Stmp
	PERMIT REQUIREMENT	******	******	**** ****	******	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
	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	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)* * Method code for TRC is 4500 Cl(G). Detection limit is 0.020 mg/L.
FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: April YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

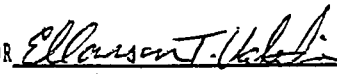
NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR  C 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.131
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.156
(19)	PERCENT OF PERMITTED CAPACITY	%	****	92
(20)	CBOD5 EFFLUENT	mg/l	080082	4.7
(21)	CBOD5 EFFLUENT	lbs/day	****	5.1
(22)	TSS EFFLUENT	mg/l	900201	2.3
(23)	TSS EFFLUENT	lbs/day	****	2.4
(24)	MINIMUM pH		900241	7.0
(25)	MAXIMUM pH		900242	7.5
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	2.36
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	N/A
(30)	TOTAL PHOSPHORUS	mg/l	000665	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.8
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(33)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		7
(34)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	7
(35)	TOTAL D.O. (MINIMUM)	mg/l	000300	8.7
(36)	CUOD Monthly Average (Calc)	lbs/day		7.2
(37)	NUOD Monthly Average (Calc)	lbs/day		11.6
(38)	UOD Monthly Average (Calc)	lbs/day		18.8

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method Code for TRC - 4500 C1(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

April 1996

DAY OF THE MONTH	FLOW mgd	C12 RES AFTER CONTACT mg/l	C12 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C
01	0.168	1.2	<0.20					7.2	7.4			9.3	
02	0.154	1.0	<0.20					7.1	7.3			9.6	
03	0.140	0.9	<0.20					7.2	7.3			9.6	
04	0.173	0.9	<0.20					7.3	7.5			9.5	
05	0.139	0.8	<0.20					7.0	7.3			9.3	
06	0.144											9.5	
07	0.144											9.5	
08	0.111	1.0	<0.20					7.3	7.4			9.8	
09	0.137	1.1	<0.20	138	147	6.0	2.3	7.2	7.4	3.00	8	9.6	21.1
10	0.140	1.1	<0.20					7.3	7.5			9.6	
11	0.120	0.9	<0.20					7.2	7.4			9.7	
12	0.124	0.9	<0.20					7.2	7.4			9.7	
13	0.121											9.6	
14	0.145											9.7	
15	0.156	1.0	<0.20					7.3	7.5			9.0	
16	0.149	0.8	<0.20					7.2	7.3			9.8	
17	0.113	1.2	<0.20					7.2	7.4			9.6	
18	0.156	0.8	<0.20					7.2	7.4			9.5	
19	0.096	1.0	<0.20					7.3	7.4			9.2	
20	0.144											9.5	
21	0.109											9.4	
22	0.120	0.8	<0.20					7.2	7.4			9.1	
23	0.115	0.8	<0.20	150	129	3.4	2.2	7.0	7.3	1.71	6	9.2	23.4
24	0.114	0.9	<0.20					7.3	7.4			9.1	
25	0.091	0.9	<0.20					7.3	7.5			9.2	
26	0.152	0.8	<0.20					7.2	7.4			9.3	
27	0.115											9.2	
28	0.088											9.2	
29	0.112	0.8	<0.20					7.2	7.3			8.7	
30	0.137	0.9	<0.20					7.2	7.4			9.0	
TOT	3.927	20.5	<0.20	288	276	9.4	4.5	158.6	162.6	4.71	14	282.0	
AVG	0.131	0.9	<0.20	144	138	4.7	2.3	7.2	7.4	2.36	7	9.4	22.3
MAX	0.173	1.2	<0.20	150	147	6.0	2.3	7.3	7.5	3.00	8	9.8	23.4
MIN	0.088	0.8	<0.20	138	129	3.4	2.2	7.0	7.3	1.71	6	8.7	21.1

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: Ellarson T. Valentine DATE: 5-15-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS 1400 MILLCOE RD. \C
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY ORTEGA HILLS
LOCATION JACKSONVILLE FL 32239
ATTN: GEORGE J. FLEGAL, AREA ENG.

DISCHARGE MONITORING REPORT (DMR) (2-16)

FL0025828	001 1
PERMIT NUMBER	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)

SANITARY WASTEWATER (SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***
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	0.131	0.173	(03)	*******	*******	*******		0	CONT	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		5 TIMES/WEEK	REPRES
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) A	0	1/Day	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.010 DAILY MX	MG/L		ONCE/2WEEKS	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	17	*******	(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	*******	*******		*******	*******	8	(13)	0	1/14	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	800 DAILY MX	#/100ML		ONCE/2WEEKS	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	2.4	*******	(19)	0	1/30	calc
80082 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	4.0 ANNL AVG	*******	MG/L		ONCE/MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*******	*******		*******	4.7	6.0	(19)	0	1/14	Grab
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/2WEEKS	COMP-S
	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 05, DAY 23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* # Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.
FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

NAME JAX SUBURBAN UTILITIES CORP. \C

ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239

FACILITY ORTEGA HILLS

LOCATION JACKSONVILLE FL 32239

ATTN: GEORGE J. FLEGAL, AREA ENG.

(2-16) PERMIT NUMBER: FL0025828

(17-19) DISCHARGE NUMBER: 001 1

SANITARY WASTEWATER NO. 2[illegible]
(SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE |__| ***

Approval expires 05-31-98

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)
OXYGEN DEMAND, CARBONACEOUS	SAMPLE MEASUREMENT	18.8	******	(26)	******	******	******		0	1/30	calc
00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	81.4 MO AVG	******	LBS/DY	******	******	******	******		ONCE/ MONTH	CALCTD
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		8.7	******	******	(19)	0	1/day	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	7.0 DAILY MN	******	******	MG/L		5 TIME/WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.5	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	8.5 MAXIMUM	SU		HOURLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	2.3	2.3	(19)	0	1/14	8 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	20.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	3.31	******	(19)	0	1/3C	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	******	******	******	******	8.8 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
NITROGEN, KJELDAHL TOT (AS N)	SAMPLE MEASUREMENT	******	******		******	2.36	3.00	(19)	0	1/14	8 comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	11.0 MO AVG	17.6 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.152	******	(03)	******	******	******		0	1/3C	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	******	MGD	******	******	******	******		ONCE/ MONTH	CALCTD

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 05, DAY 23

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

FOR THE PARAMETERS CBOD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE DEEMED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST 12 MONTHS FROM THE EFFECTIVE DATE OF THE PERMIT.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: March YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Ellsworth Klein C 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.171
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.164
(19)	PERCENT OF PERMITTED CAPACITY	%	****	96
(20)	CBOD5 EFFLUENT	mg/l	080082	3.0
(21)	CBOD5 EFFLUENT	lbs/day	****	4.1
(22)	TSS EFFLUENT	mg/l	900201	4.6
(23)	TSS EFFLUENT	lbs/day	****	6.7
(24)	MINIMUM pH		900241	7.1
(25)	MAXIMUM pH		900242	7.5
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	3.02
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	N/A
(30)	TOTAL PHOSPHORUS	mg/l	000665	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.9
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(33)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		16
(34)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	8
(35)	TOTAL D.O. (MINIMUM)	mg/l	000300	9.4
(36)	CUOD Monthly Average (Calc)	lbs/day		5.9
(37)	NUOD Monthly Average (Calc)	lbs/day		18.3
(38)	UOD Monthly Average (Calc)	lbs/day		24.2

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED 5 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

Method Code for TRC - 4500 Cl(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

March 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C
01	0.272	0.8	<0.20					7.2	7.3			9.7	
02	0.179											9.5	
03	0.137											9.8	
04	0.152	1.3	<0.20					7.3	7.5			10.3	
05	0.148	0.8	<0.20					7.2	7.3			9.9	
06	0.142	1.1	<0.20					7.2	7.3			9.5	
07	0.116	0.9	<0.20					7.2	7.3			9.5	
08	0.322	1.2	<0.20					7.3	7.3			9.9	
09	0.193											10.2	
10	0.195											10.1	
11	0.202	1.2	<0.20					7.1	7.2			9.4	
12	0.188	1.3	<0.20	116	124	3.6	6.8	7.2	7.4	2.81	4	10.4	
13	0.167	0.9	<0.20					7.3	7.4			10.5	
14	0.136	1.2	<0.20					7.3	7.4			10.3	
15	0.140	1.1	<0.20					7.2	7.3			10.3	
16	0.136											10.1	
17	0.149											10.2	
18	0.231	0.9	<0.20					7.3	7.5			9.5	
19	0.182	1.0	<0.20					7.3	7.4			9.8	
20	0.221	1.1	<0.20					7.3	7.5			10.1	
21	0.178	1.0	<0.20					7.3	7.4			10.4	
22	0.163	1.1	<0.20					7.3	7.4			10.2	
23	0.143											10.0	
24	0.157											10.5	
25	0.144	1.1	<0.20					7.2	7.4			9.7	
26	0.135	1.1	<0.20	133	134	2.3	2.4	7.2	7.4	3.22	16	9.7	
27	0.138	1.2	<0.20					7.3	7.4			9.6	
28	0.131	1.3	<0.20					7.2	7.3			9.5	
29	0.193	0.9	<0.20					7.2	7.4			9.7	
30	0.189											9.6	
31	0.118											9.8	
TOT	5.297	22.5	<0.20	249	258	5.9	9.2	152.1	154.8	6.03	20	307.7	
AVG	0.171	1.1	<0.20	125	129	3.0	4.6	7.2	7.4	3.02	10	9.9	
MAX	0.322	1.3	<0.20	133	134	3.6	6.8	7.3	7.5	3.22	16	10.5	
MIN	0.116	0.8	<0.20	116	124	2.3	2.4	7.1	7.2	2.81	4	9.4	

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 4-11-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JEA SUBURBAN UTILITIES CORP.
ADDRESS [illegible]
[illegible]
JACKSONVILLE FL 32277
FACILITY ORTEGA HILLS
LOCATION JACKSONVILLE FL 32277
ATTN: GEORGE J. FLEGAL, AREA ENG.

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

PERMIT NUMBER	DISCHARGE NUMBER
[illegible]	001

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 (SUBPART JA)
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)*
NITROGEN, AMMONIA TOTAL [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	25.6		( )					0	1/30	calc
	PERMIT REQUIREMENT	32.0 MO AVG		LBS/D						ONCE/ MONTH	CALCULATED
OXYGEN, DISSOLVED (DO) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				8.1			(19)	0	1/Week	Grab
	PERMIT REQUIREMENT				7.0 DAILY MN			MG/L		5 TIMES/ WEEK	GRAB
PH [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.0		7.3	(12)	0	1/Week	Grab
	PERMIT REQUIREMENT				6.0 MINIMUM		8.5 MAXIMUM	SU		5/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					5.3	7.4	(17)	0	1/14	24HRC
	PERMIT REQUIREMENT					30.0 30 DAY AVG	60.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP
NITROGEN, KJELDAHL TOTAL (AS N) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					3.73		(19)	0	1/30	calc
	PERMIT REQUIREMENT					4.0 ANNUAL AVG		MG/L		ONCE/ MONTH	CALCULATED
NITROGEN, KJELDAHL TOTAL (AS N) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					2.74	4.53	(17)	0	1/14	24HRC
	PERMIT REQUIREMENT					10.0 30 DAY AVG	15.0 DAILY MX	MG/L		ONCE/ 2WEEKS	COMP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.119		( )					0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANN AVG		MGD						ONCE/ MONTH	CALCULATED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
[illegible] 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	725-3445	96	02	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)*
[illegible]

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

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)

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

SANITARY WASTEWATER
(GOLF CA)
P - FINAL
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 1 0 0 LONG TERM AVG VALUE	SAMPLE MEASUREMENT	0.170	0.340	(03)					0	CONT	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AV	REPORT DAILY MX	MGD						5/WEEK	RECORD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 PERCENT OF GRAB VALUE	SAMPLE MEASUREMENT						NODI = B	(19) X	0	1/14	Grab
	PERMIT REQUIREMENT						0.01 DAILY MX	MG/L		DAILY EFFLU	GRAB S
COLIFORM, FECAL GENERAL 74055 1 0 0 GEOMETRIC MEAN	SAMPLE MEASUREMENT					17		(13) / 100ML	0	1/30	calc
	PERMIT REQUIREMENT					200 GEOM MN				5/WEEK MONTH	CALC
COLIFORM, FECAL GENERAL 74055 1 0 0 PERCENT GRAB VALUE	SAMPLE MEASUREMENT						16	(13) / 100ML	0	1/14	Grab
	PERMIT REQUIREMENT						800 DAILY MX			DAILY EFFLU	GRAB S
OIL & GREASE 00556 1 0 0 GEOMETRIC MEAN	SAMPLE MEASUREMENT					2.0		(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT					10 GEOM MN				5/WEEK MONTH	CALC
OIL & GREASE 00556 1 0 0 PERCENT GRAB VALUE	SAMPLE MEASUREMENT					3.7	5.2		0	1/14	Grab
	PERMIT REQUIREMENT						15 DAILY MX			DAILY EFFLU	GRAB S
	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.)*		904 725-8865		96	02	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)* * Method code for TKN is 450.1(1)0, Est. Det. Limit is 0.20 mg/L

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: February YEAR: 1996

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

(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: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Ellanor T. Vellis 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.150
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.160
(19)	PERCENT OF PERMITTED CAPACITY	%	****	94
(20)	CBOD5 EFFLUENT	mg/l	080082	3.7
(21)	CBOD5 EFFLUENT	lbs/day	****	4.4
(22)	TSS EFFLUENT	mg/l	900201	4.7
(23)	TSS EFFLUENT	lbs/day	****	5.7
(24)	MINIMUM pH		900241	7.1
(25)	MAXIMUM pH		900242	7.5
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	2.07
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	N/A
(30)	TOTAL PHOSPHORUS	mg/l	000665	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.2
(33)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		1
(34)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	1
(35)	TOTAL D.O. (MINIMUM)	mg/l	000300	9.
(36)	CUOD Monthly Average (Calc)	lbs/day		6.
(37)	NUOD Monthly Average (Calc)	lbs/day		11.
(38)	UOD Monthly Average (Calc)	lbs/day		18.

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
(*) DUVAL SEPTIC HAULED (1) 7000 GALLON LOAD AND (2) 5000 GALLONS LOADS OF DIGESTER SLUDGE TO LANDILL.

Method Code for TRC - 4500 Cl(G)
Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

February 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C
1	0.127	0.9	<0.20					7.1	7.3			9.7	
2	0.191	0.9	<0.20					7.1	7.2			9.7	
3	0.198											9.9	
4	0.174											10.0	
5	0.218	0.9	<0.20					7.1	7.3			10.2	
6	0.205	0.8	<0.20					7.1	7.3			10.5	
7	0.174	0.8	<0.20					7.1	7.3			10.5	
8	0.151	0.8	<0.20					7.3	7.4			10.6	
9	0.189	0.8	<0.20					7.2	7.5			10.3	
10	0.128											9.8	
11	0.130											9.9	
12	0.165	0.9	<0.20					7.3	7.4			10.3	
13	0.161	0.9	<0.20	100	127	2.9	5.5	7.2	7.4	2.94	12	10.4	18.3
14	0.146	0.9	<0.20					7.3	7.4			10.4	
15	0.127	1.0	<0.20					7.2	7.4			9.9	
16	0.170	0.8	<0.20					7.2	7.4			10.0	
17	0.182											10.6	
18	0.161											10.4	
19	0.152											10.4	
20	0.126	0.8	<0.20					7.3	7.4			9.9	
21	0.111	1.0	<0.20					7.3	7.4			10.2	
22	0.132	1.3	<0.20					7.3	7.4			9.8	
23	0.114	1.2	<0.20					7.3	7.4			9.9	
24	0.127											10.1	
25	0.121											9.9	
26	0.117	0.9	<0.20					7.2	7.4			9.6	
27	0.129	1.0	<0.20	154	192	4.5	3.8	7.2	7.4	1.19	12	9.5	21.8
28	0.107	0.8	<0.20					7.2	7.4			9.3	
29	0.118	1.2	<0.20					7.2	7.3			9.5	
TOT	4.351	18.6	<0.20	254	319	7.4	9.3	144.2	147.4	4.13	24	291.2	
AVG	0.150	0.9	<0.20	127	160	3.7	4.7	7.2	7.4	2.07	12	10.0	20.1
MAX	0.218	1.3	<0.20	154	192	4.5	5.5	7.3	7.5	2.94	12	10.6	21.8
MIN	0.107	0.8	<0.20	100	127	2.9	3.8	7.1	7.2	1.19	12	9.3	18.3

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 3-12-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS [illegible]
FACILITY [illegible]
LOCATION [illegible]

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(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)*
OXYGEN, DEMAND, ULTIMATE (00 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	19.2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	1/30	calc
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]
OXYGEN, DISSOLVED (DO) (00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	9.3	[illegible]	[illegible]	(19)	0	1/Day	Grab
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	7.0 DAILY MN	[illegible]	[illegible]	MG/L		[illegible]	[illegible]
PH (00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	7.1	[illegible]	7.5	(12)	0	1/Mon	Grab
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	6.0 DAILY MN	[illegible]	8.5 DAILY MX	SU		[illegible]	[illegible]
SOLIDS, TOTAL SUSPENDED (00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	4.7	5.5	(19)	0	1/14	Comp
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	20.0 30 AVG	45.0 DAILY MX	MG/L		[illegible] 2WEEKS	[illegible]
NITROGEN, KJELDAHL TOTAL (AS N) (00625 Y 0 0 TOTAL AVERAGE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	3.54	[illegible]	(19)	0	1/30	calc
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] MNTH AVG	[illegible]	MG/L		[illegible] MONTH	[illegible]
NITROGEN, KJELDAHL TOTAL (AS N) (00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]	[illegible]	[illegible]	2.07	2.94	(19)	0	1/14	Comp
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] [illegible]	[illegible] DAILY MX	MG/L		[illegible] 2WEEKS	[illegible]
FLOW, IN CONDUIT OR THRU TREATMENT PLANT (50050 Y 0 0 TOTAL AVERAGE	SAMPLE MEASUREMENT	0.148	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0	1/30	calc
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible] MONTH	[illegible]

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] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 725-2865 AREA CODE NUMBER	96 YEAR	03 MO	19 DAY
TYPED OR PRINTED						

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

FOR THE PARAMETERS COD, TKN, AND FECAL COLIFORM, NO VIOLATIONS FOR ANNUAL AVERAGE WILL BE RECKED TO HAVE OCCURRED UNTIL DATA HAVE BEEN COLLECTED FOR THE FIRST [illegible] AFTER THE EFFECTIVE DATE OF THE PERMIT.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JAX SUBURBAN UTILITIES CORP.
ADDRESS [illegible] FL
FACILITY [illegible]
LOCATION JACKSONVILLE FL 32257
ATTN: JEFFREY O. NEAL, AREA MGR.

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

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

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

SANITARY WASTEWATER (DOMESTIC)
[illegible]
*** 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 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.150	0.218	(03) MGD					0	cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD						5 TIMES/WEEK	RECORD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.05 DAILY MX	MG/L		1/WEEK	GRAB
COLIFORM, FECAL GENERAL 74055 1 30 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	18	*******	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 ANNL AVG	*******	#/100ML		1/MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 50 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	12	(13)	0	1/14	Grab
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	400 DAILY MX	#/100ML		1/MONTH	GRAB
BOD, CARBONACEOUS (5 DAY, 20C 80082 1 30 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.2	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	***** ANNL AVG	*******	MG/L		1/MONTH	CALCT
BOD, CARBONACEOUS (5 DAY, 20C 80082 1 50 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	3.1	4.5	(19)	0	1/14	Comp
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	***** ANNL AVG	***** DAILY MX	MG/L		1/WEEK	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Neil 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 03	DAY 19

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)* * Method code for TRC is 450 01 (6). Detection limit is 0.20 mg/L.
FOR THE PARAMETERS COD, TKN, AND FECAL COLIFORM, NO VALUES FOR THE ANNUAL AVERAGE WILL BE REPORTED TO EPA ACCORDING TO DATA HAVE BEEN COLLECTED FOR THE FIRST [illegible] OF THE EFFECTIVE DATE OF THE PERMIT.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

ONTH: January YEAR: 1996

LANT'S DEP IDENTIFICATION NUMBER: 3116P00334

LANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

LANT ADDRESS: 5033 GREENWAY DRIVE NORTH

ITY: JACKSONVILLE

OUNTY: DUVAL

HONE NUMBER: (904) 725-2865

ERMIT NUMBER: D016-163819

LANT TYPE: 2C

EST SITE IDENTIFICATION NUMBER: 3116X10687

ECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [ ] MOST PROBABLE NUMBER

TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATER

LIMITED WET WEATHER DISCHARGE ACTIVATED:

[ ] YES [ ] NO [X] NOT APPLICABLE

CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Ellen T Udo 3407
signature cert. no.

	PARAMETER	UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	0.170
(17)	PERMITTED CAPACITY	mgd	****	0.170
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.161
(19)	PERCENT OF PERMITTED CAPACITY	%	****	95
(20)	CBOD5 EFFLUENT	mg/l	080082	3.7
(21)	CBOD5 EFFLUENT	lbs/day	****	5.2
(22)	TSS EFFLUENT	mg/l	900201	5.3
(23)	TSS EFFLUENT	lbs/day	****	7.4
(24)	MINIMUM pH		900241	7.0
(25)	MAXIMUM pH		900242	7.3
(26)	TOTAL N	mg/l	000600	N/A
(27)	TKN	mg/l	000625	2.74
(28)	AMMONIA (NH3-N)	mg/l	000610	N/A
(29)	NITRATE	mg/l	071850	N/A
(30)	TOTAL PHOSPHORUS	mg/l	000665	N/A
(31)	MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.7
(32)	MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(33)	FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		8
(34)	FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	6
(35)	TOTAL D.O. (MINIMUM)	mg/l	000300	8.7
(36)	CUOD Monthly Average (Calc)	lbs/day		7.4
(37)	NUOD Monthly Average (Calc)	lbs/day		18.2
(38)	UOD Monthly Average (Calc)	lbs/day		25.6

) SLUDGE MANAGEMENT HAULED 3 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
) DUVAL SEPTIC HAULED - - LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

htod Code for TRC - 4500 Cl(G)
nimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

January 1996

DAY OF THE MONTH	FLOW mgd	Cl2 RES AFTER CONTACT mg/l	Cl2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l
01	0.145		<0.20									9.8
02	0.203	1.2	<0.20	154	307	5.2	7.4	7.1	7.3	4.53	4	9.5
03	0.198	1.0	<0.20					7.0	7.2			9.4
04	0.198	0.9	<0.20					7.1	7.2			9.3
05	0.186	1.1	<0.20					7.1	7.2			9.6
06	0.180		<0.20									9.6
07	0.240		<0.20									9.5
08	0.211	0.9	<0.20					7.1	7.2			9.3
09	0.203	1.0	<0.20					7.1	7.2			9.5
10	0.185	0.9	<0.20					7.1	7.3			9.5
11	0.172	0.9	<0.20					7.1	7.2			9.4
12	0.239	1.0	<0.20					7.0	7.2			9.1
13	0.173		<0.20									9.3
14	0.140		<0.20									9.2
15	0.174	1.0	<0.20					7.1	7.2			9.5
16	0.147	0.9	<0.20	206	135	3.6	4.4	7.1	7.2	1.86	16	9.2
17	0.145	0.9	<0.20					7.0	7.2			9.1
18	0.130	0.9	<0.20					7.0	7.2			8.7
19	0.168	0.9	<0.20					7.0	7.2			8.8
20	0.183		<0.20									9.0
21	0.170		<0.20									8.9
22	0.168	0.9	<0.20					7.1	7.3			9.3
23	0.136	0.8	<0.20					7.1	7.3			8.9
24	0.138	0.9	<0.20					7.1	7.2			8.7
25	0.170	0.8	<0.20					7.1	7.3			9.3
26	0.142	0.9	<0.20					7.1	7.3			9.1
27	0.160		<0.20									9.0
28	0.159		<0.20									9.2
29	0.144	0.9	<0.20					7.1	7.3			9.2
30	0.131	1.0	<0.20	163	132	2.2	4.0	7.1	7.3	1.83	4	9.1
31	0.128	0.7	<0.20					7.1	7.2			9.7
TOT	5.266	20.4	<0.20	523	574	11.0	15.8	155.7	159.2	8.22	24	286.7
AVG	0.170	0.9	<0.20	174	191	3.7	5.3	7.1	7.2	2.74	8	9.2
MAX	0.240	1.2	<0.20	206	307	5.2	7.4	7.1	7.3	4.53	16	9.8
MIN	0.128	0.7	<0.20	154	132	2.2	4.0	7.0	7.2	1.83	4	8.7

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDG AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Ellarson T. Valentine DATE: 2-13-96

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

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

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible] FL 32229

FACILITY [illegible]

LOCATION [illegible] FL 32259

ATTN: [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
FL0026638	001

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	01	01	TO	93	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SANITARY WASTEWATER (GOOD DAY)

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)
CARBON, ORGANIC, ULTIMATE (WEST [illegible] 00680 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	24.2		( )					0	1/30	calc
	PERMIT REQUIREMENT	REPORT 30 AVG		[illegible]						ONCE/ MONTH	CALCULATION
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.4			(19) MG/L	0	1/Hour	Grab
	PERMIT REQUIREMENT				7.0 DAILY MN					2 TIMES / WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.1		7.5	(12) SU	0	1/Hour	Grab
	PERMIT REQUIREMENT				6.0 MINIMUM		8.5 MAXIMUM	SU		1/DAY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					4.6	6.8	(19) MG/L	0	1/14	8-hour Composite
	PERMIT REQUIREMENT					20.0 30 DAY AVG	40.0 DAILY MX			ONCE/ 2WEEKS	COMPOSITE
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT					2.43		(19) MG/L	0	1/30	calc
	PERMIT REQUIREMENT					0.5 ANNL AVG				ONCE/ MONTH	CALCULATION
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					3.02	3.32	(19) MG/L	0	1/14	8-hour Composite
	PERMIT REQUIREMENT					11.0 30 DAY AVG	17.0 DAILY MX			ONCE/ 2WEEKS	COMPOSITE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.150		( )					0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG		MGD						ONCE/ MONTH	CALCULATION

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
[illegible] 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]	AREA CODE 904	NUMBER 725-3405	YEAR 93	MO 02	DAY 25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

[illegible]

[illegible] PAGE [illegible] OF [illegible]

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: December Year: 1996

(2) Plants DEP Identification Number: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: _____ C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.02
(17) Permitted capacity	mgd	---	0.10
(18) Three-month average daily flow	mgd	---	0.02
(19) Percent of permitted capacity	%	---	2
(20) CBOD5 Effluent	mg/L	080082	3.
(21) CBOD5 Effluent	lbs/day	---	0.
(22) TSS Effluent	mg/L	900201	5.
(23) TSS Effluent	lbs/day	---	0.
(24) Minimum pH		---	7.
(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	15.
(30) Total Phosphorus	mg/L	000665	N.
(31) Minimum Chlorine Residual	mg/L	---	0.
(32) Maximum Chlorine Residual	n/a	---	3.
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		6

(*) Duval Septic Hauled Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(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	0.014	2.2						7.0					
02	0.022	2.1						7.0					
03	0.016	2.0						7.1					
04	0.021	1.8						7.1					
05	0.026	1.9						7.1					
06	0.029	1.6						7.1					
07	0.029	1.8						7.1					
08	0.016	2.0						7.1					
09	0.026	1.8						7.0					
10	0.019	1.0						7.1					620
11	0.019	0.5						7.1					
12	0.019	0.9		196	166	2.3	2.2	7.0			8.11		
13	0.019	1.5						7.1					
14	0.019	3.0						7.1					
15	0.019	2.5						7.2					
16	0.018	2.8						7.0					
17	0.017	1.9						7.1					
18	0.028	1.6						7.1					
19	0.029	1.8						7.1					
20	0.023	2.0						7.3					
21	0.037	3.0						7.4					
22	0.019	2.5						7.3					
23	0.018	2.5						7.4					
24	0.023	2.8						7.2					
25	0.039	2.4						7.1					
26	0.020	2.5		294	220	4.8	8.3	7.3			22.10		
27	0.018	2.1						7.3					
28	0.026	2.5						7.4					
29	0.028	2.3						7.4					
30	0.035	2.1						7.3					
31	0.025	2.0						7.3					
Tot	0.716	63.4		490	386	7.1	10.5				30.21		620
Avg	0.023	2.0		245	193	3.6	5.3				15.11		620
Max	0.039	3.0		294	220	4.8	8.3	7.4			22.10		620
Min	0.014	0.5		196	166	2.3	2.2	7.0			8.11		620

Lead 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: Roger C. Atwood Date: 1-13-97

Roger C. Atwood

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: 3155P00510

3) Plant Name: Ponce De Leon Wastwater Treatment Facility

4) Plant Address: 3154 A1A South

5) City: Goodwin Beach

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DC55116156

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X12533

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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: Roger C Stewart C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.020
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.020
(19) Percent of permitted capacity	%	---	20
(20) CBOD5 Effluent	mg/L	080082	4.0
(21) CBOD5 Effluent	lbs/day	---	0.7
(22) TSS Effluent	mg/L	900201	4.8
(23) TSS Effluent	lbs/day	---	0.8
(24) Minimum pH		---	7.0
(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	6.70
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		<1

#) Duval Septic Hauled Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(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	0.017	2.4						7.3					
02	0.017	2.3						7.1					
03	0.032	2.5						7.2					
04	0.019	3.0						7.5					
05	0.018	2.9						7.4					
06	0.021	2.5						7.4					
07	0.018	2.7						7.4					
08	0.026	2.5						7.4					
09	0.012	2.6						7.4					
10	0.026	2.7						7.3					
11	0.022	2.6						7.3					
12	0.018	2.2						7.3					<1
13	0.017	3.0						7.0					
14	0.025	2.8		214	237	4.9	4.0	7.1			6.50		
15	0.021	2.5						7.5					
16	0.022	0.8						7.5					
17	0.027	0.8						7.5					
18	0.022	0.5						7.5					
19	0.012	0.5						7.5					
20	0.023	0.6						7.4					
21	0.021	0.8						7.4					
22	0.024	1.4						7.4					
23	0.017	1.2						7.5					
24	0.023	0.5						7.4					
25	0.016	0.7						7.4					
26	0.016	1.0		206	53	3.0	5.6	7.4			6.90		
27	0.013	3.0						7.5					
28	0.016	2.0						7.3					
29	0.016	1.7						7.1					
30	0.022	1.8						7.1					
Tot	0.599	56.5		420	290	7.9	9.6				13.40		<1
Avg	0.020	1.9		210	145	4.0	4.8				6.70		1
Max	0.032	3.0		214	237	4.9	5.6	7.5			6.90		<1
Min	0.012	0.5		206	53	3.0	4.0	7.0			6.50		<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: Roger C. Atwood Date: 12-10-96

Roger C. Atwood

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: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: _____ C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.022
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.021
(19) Percent of permitted capacity	%	---	21
(20) CBOD5 Effluent	mg/L	080082	5.4
(21) CBOD5 Effluent	lbs/day	---	0.9
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	---	0.5
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071650	6.32
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	1.0
(32) Maximum Chlorine Residual	n/a	---	3.5
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		< 1

(*) Duval Septic Hauled Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(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	0.014	1.8						7.4					<1
02	0.018	1.8						7.3					
03	0.020	2.2		176	239	5.0	2.6	7.1			6.37		
04	0.014	2.1						7.2					
05	0.017	2.3						7.1					
06	0.028	2.5						7.0					
07	0.025	2.3						7.1					
08	0.027	2.8						7.0					
09	0.028	2.5						7.1					
10	0.022	2.3						7.1					
11	0.020	2.8						7.0					
12	0.021	1.8						7.0					
13	0.029	1.3						7.0					
14	0.022	2.0						7.2					
15	0.022	1.7						7.3					
16	0.018	1.5						7.3					
17	0.021	1.2		160	262	4.9	3.9	7.2			5.59		
18	0.042	1.0						7.2					
19	0.017	1.8						7.3					
20	0.021	3.5						7.3					
21	0.023	3.0						7.2					
22	0.019	3.0						7.4					
23	0.018	2.8						7.3					
24	0.022	2.6						7.3					
25	0.020	2.6						7.4					
26	0.022	1.0						7.4					
27	0.019	3.0						7.4					
28	0.025	2.4						7.4					
29	0.025	2.1						7.3					
30	0.016	3.0						7.3					
31	0.020	2.8		222	161	6.3	2.6	7.3			7.00		
Tot	0.675	69.5		558	662	16.2	9.1				18.96		<1
Avg	0.022	2.2		186	221	5.4	3.0				6.32		<1
Max	0.042	3.5		222	262	6.3	3.9	7.4			7.00		<1
Min	0.014	1.0		160	161	4.9	2.6	7.0			5.59		<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: Roger C. Atwood Date: 11-14-96

Roger C. Atwood

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: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] C-6191

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.018
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.021
(19) Percent of permitted capacity	%	---	21
(20) CBOD5 Effluent	mg/L	080082	4.7
(21) CBOD5 Effluent	lbs/day	---	0.8
(22) TSS Effluent	mg/L	900201	1.3
(23) TSS Effluent	lbs/day	---	0.2
(24) Minimum pH		---	6.8
(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	12.09
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		< 1

(*) Duval Septic Hauled 2 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(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	0.018	3.0						7.5					
02	0.022	2.7						7.5					
03	0.020	3.0						7.4					<1
04	0.008	1.0						7.5					
05	0.018	0.6		231	239	1.0	1.0	7.5			9.27		
06	0.018	0.9						7.5					
07	0.015	1.2						7.4					
08	0.020	1.0						7.4					
09	0.021	1.3						7.3					
10	0.019	2.8						7.3					
11	0.017	2.4						7.3					
12	0.017	2.1						7.4					
13	0.013	1.8						7.3					
14	0.017	1.9						7.3					
15	0.026	1.6						7.3					
16	0.021	1.7						7.3					
17	0.024	2.4						7.2					
18	0.012	2.0						7.4					
19	0.021	2.5		198	93	8.3	1.6	7.1			14.90		
20	0.021	2.3						7.3					
21	0.017	2.5						7.3					
22	0.018	0.5						6.8					
23	0.018	0.8						6.9					
24	0.017	2.5						7.3					
25	0.017	2.2						7.2					
26	0.019	2.1						7.3					
27	0.015	2.5						7.5					
28	0.018	3.0						7.5					
29	0.023	3.0						7.5					
30	0.018	2.9						7.4					
Tot	0.548	60.2		429	332	9.3	2.6				24.17		<1
Avg	0.018	2.0		215	166	4.7	1.3				12.09		<1
Max	0.026	3.0		231	239	8.3	1.6	7.5			14.90		<1
Min	0.008	0.5		198	93	1.0	1.0	6.8			9.27		<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: Roger C. Atwood Date: 10-9-96

Roger C. Atwood

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: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: _____ Cert No. C-6191
signature

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.025
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.021
(19) Percent of permitted capacity	%	---	21
(20) CBOD5 Effluent	mg/L	080082	5.8
(21) CBOD5 Effluent	lbs/day	---	0.9
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	---	0.2
(24) Minimum pH		---	7.0
(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	8.62
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		1

(*) Duval Septic Hauled Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(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	0.014	1.1						7.0					
02	0.220	1.0						7.1					
03	0.022	2.0						7.5					
04	0.022	1.8						7.5					
05	0.017	1.6						7.4					
06	0.015	1.7						7.3					<1
07	0.022	1.6						7.4					
08	0.018	1.5		210	251	5.5	1.2	7.4			8.74		
09	0.021	1.5						7.4					
10	0.021	1.3						7.3					
11	0.018	1.4						7.4					
12	0.021	1.3						7.3					
13	0.015	1.1						7.3					
14	0.022	1.7						7.2					
15	0.019	1.5						7.2					
16	0.019	1.4						7.3					
17	0.016	1.3						7.2					
18	0.018	1.0						7.2					
19	0.020	1.1						7.2					
20	0.012	1.3						7.2					
21	0.017	1.2						7.1					
22	0.019	1.8		277	267	6.0	1.6	7.4			8.50		
23	0.023	1.7						7.3					
24	0.014	2.0						7.3					
25	0.016	2.5						7.2					
26	0.020	1.8						7.3					
27	0.019	2.0						7.3					
28	0.012	1.9						7.3					
29	0.022	2.5						7.3					
30	0.015	3.0						7.5					
31	0.026	3.0						7.5					
Tot	0.775	51.6		487	518	11.5	2.8				17.24		<1
Avg	0.025	1.7		244	259	5.8	1.4				8.62		<1
Max	0.220	3.0		277	267	6.0	1.6	7.5			8.74		<1
Min	0.012	1.0		210	251	5.5	1.2	7.0			8.50		<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:_____ Date:_____

Roger C. Atwood

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: 3155P00510

3) Plant Name: Ponce De Leon Wastwater Treatment Facility

4) Plant Address: 3154 A1A South

5) City: Goodwin Beach

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DC55116156

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X12539

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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.020
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.019
(19) Percent of permitted capacity	%	---	19
(20) CBOD5 Effluent	mg/L	080082	4.6
(21) CBOD5 Effluent	lbs/day	---	0.7
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	---	0.3
(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	9.90
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	n/a	---	2.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		<2

(*) Duval Septic Hauled Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: June Year: 1996

(2) Plants DEP Identification Number: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.019
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.019
(19) Percent of permitted capacity	%	---	19
(20) CBOD5 Effluent	mg/L	080082	7.5
(21) CBOD5 Effluent	lbs/day	---	1.2
(22) TSS Effluent	mg/L	900201	2.8
(23) TSS Effluent	lbs/day	---	0.5
(24) Minimum pH		---	7.0
(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	11.05
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	n/a	---	2.9
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		<1

(#) Duval Septic Hauled Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(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	0.017	1.5						7.0					
02	0.017	0.8						7.2					
03	0.018	0.9						7.1					
04	0.017	1.1						7.2					
05	0.023	1.2						7.3					
06	0.019	1.2						7.3					
07	0.018	1.4						7.4					
08	0.012	0.5						7.4					
09	0.011	0.5						7.4					
10	0.025	0.8						7.3					
11	0.013	0.8						7.4					<1
12	0.020	0.9						7.3					
13	0.017	1.1		272	309	8.8	2.4	7.1			16.40		
14	0.024	1.0						7.2					
15	0.011	1.0						7.1					
16	0.023	1.0						7.2					
17	0.021	1.1						7.2					
18	0.017	1.2						7.1					
19	0.022	1.1						7.1					
20	0.023	1.0						7.1					
21	0.019	1.1						7.0					
22	0.024	1.1						7.0					
23	0.017	0.9						7.1					
24	0.018	1.0						7.1					
25	0.022	0.9						7.1					
26	0.016	0.8						7.0					
27	0.022	0.9		226	282	6.2	3.1	7.0			5.70		
28	0.024	1.0						7.1					
29	0.020	2.9						7.3					
30	0.016	1.8						7.2					
Tot	0.566	32.5		498	591	15.0	5.5				22.10		<1
Avg	0.019	1.1		249	296	7.5	2.8				11.05		<1
Max	0.025	2.9		272	309	8.8	3.1	7.4			16.40		<1
Min	0.011	0.5		226	282	6.2	2.4	7.0			5.70		<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: _____ Date: 7-8-96

Roger C. Atwood

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: 3155P00510

3) Plant Name: Ponce De Leon Wastwater Treatment Facility

4) Plant Address: 3154 A1A South

5) City: Goodwin Beach

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DC55116156

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X12539

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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: _____ C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.018
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.021
(19) Percent of permitted capacity	%	---	21
(20) CBOD5 Effluent	mg/L	080082	5.5
(21) CBOD5 Effluent	lbs/day	---	0.9
(22) TSS Effluent	mg/L	900201	3.6
(23) TSS Effluent	lbs/day	---	0.6
(24) Minimum pH		---	7.0
(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	7.24
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		<1

*) Duval Septic Hauled Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

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	0.016	2.4						7.3					
2	0.016	2.8						7.3					
3	0.022	3.0		232	113	6.3	4.1	7.5			6.62		
4	0.023	2.7						7.3					
5	0.011	3.0						7.4					
6	0.021	2.4						7.4					
7	0.015	2.0						7.3					
8	0.021	2.1						7.3					
9	0.018	2.4						7.1					
0	0.014	1.8						7.2					
1	0.018	1.5						7.4					
2	0.021	1.2						7.5					
3	0.020	1.3						7.4					
4	0.014	1.0						7.2					<1
5	0.019	1.2						7.2					
6	0.016	1.1		293	423	6.8	3.8	7.2			6.02		
7	0.016	1.6						7.3					
8	0.024	1.8						7.2					
9	0.016	1.3						7.2					
0	0.021	1.5						7.2					
1	0.017	1.4						7.1					
2	0.018	1.3						7.1					
3	0.015	1.4						7.1					
4	0.021	1.4						7.1					
5	0.019	1.2						7.2					
6	0.019	1.3						7.1					
7	0.024	1.2						7.1					
8	0.018	1.3						7.1					
9	0.023	1.3						7.0					
0	0.020	1.5		276	341	3.3	2.9	7.1			9.09		
1	0.016	1.4						7.0					
Tot	0.572	52.8		801	877	16.4	10.8				21.73		1
Avg	0.018	1.7		267	292	5.5	3.6				7.24		1
Max	0.024	3.0		293	423	6.8	4.1	7.5			9.09		1
Min	0.011	1.0		232	113	3.3	2.9	7.0			6.02		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: _____ Date: 6-11-96

Roger C. Atwood

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: April Year: 1996

2) Plants DEP Identification Number: 3155P00510

3) Plant Name: Ponce De Leon Wastwater Treatment Facility

4) Plant Address: 3154 A1A South

5) City: Goodwin Beach

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DC55116156

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X12539

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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.019
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.022
(19) Percent of permitted capacity	%	---	22
(20) CBOD5 Effluent	mg/L	080082	8.8
(21) CBOD5 Effluent	lbs/day	---	1.4
(22) TSS Effluent	mg/L	900201	6.3
(23) TSS Effluent	lbs/day	---	1.0
(24) Minimum pH		---	7.0
(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	5.09
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.9
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		< 1

*) Duval Septic Hauled 0 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

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)
	0.018	1.1						7.2					
	0.021	1.0		181	136	10.1	5.8	7.1			4.92		<1
	0.026	1.1						7.1					
	0.017	1.0						7.0					
	0.020	2.8						7.5					
	0.019	2.0						7.3					
	0.020	3.0						7.2					
	0.023	2.2						7.1					
	0.017	1.6						7.2					
	0.021	1.4						7.1					
	0.020	1.3						7.1					
	0.018	2.8						7.4					
	0.023	2.0						7.5					
	0.024	2.2						7.5					
	0.018	1.8						7.4					
	0.017	1.5						7.4					
	0.025	1.9						7.2					
	0.016	1.6		192	177	7.5	6.8	7.2			5.25		
	0.015	1.3						7.1					
	0.030	1.3						7.0					
	0.013	0.9						7.0					
	0.024	1.0						7.1					
	0.017	1.1						7.0					
	0.017	1.1						7.1					
	0.016	1.0						7.1					
	0.018	1.1						7.2					
	0.018	1.1						7.1					
	0.022	1.6						7.0					
	0.015	1.5						7.0					
	0.015	1.8						7.2					
t	0.583	47.1		373	313	17.6	12.6				10.17		<1
g	0.019	1.6		187	157	8.8	6.3				5.09		<1
x	0.030	3.0		192	177	10.1	6.8	7.5			5.25		<1
n	0.013	0.9		181	136	7.5	5.8	7.0			4.92		<1

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

gned: _____ Date: 5-8-96

Roger C. Atwood

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(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	0.020	0.9						7.2					
02	0.025	1.0						7.2					
03	0.017	1.0						7.2					
04	0.021	0.8						7.2					
05	0.041	1.0						7.4					<1
06	0.040	2.0						7.6					
07	0.022	2.5		194	110	6.3	6.2	7.3			8.07		
08	0.026	2.0						7.4					
09	0.023	2.3						7.1					
10	0.018	2.1						7.4					
11	0.015	1.6						7.3					
12	0.018	1.9						7.4					
13	0.021	0.5						7.4					
14	0.021	1.0						7.3					
15	0.021	2.5						7.4					
16	0.020	2.0						7.4					
17	0.021	2.5						7.4					
18	0.029	1.8						7.3					
19	0.010	1.9						7.2					
20	0.022	1.8						7.2					
21	0.018	1.6		196	146	2.9	4.2	7.2			6.12		
22	0.025	1.5						7.1					
23	0.008	1.7						7.0					
24	0.024	1.5						7.0					
25	0.024	1.6						7.1					
26	0.020	1.4						7.1					
27	0.023	1.0						7.2					
28	0.018	1.1						7.2					
29	0.018	1.2						7.3					
30	0.023	1.0						7.2					
31	0.021	1.1						7.1					
Tot	0.673	47.8		390	256	9.2	10.4				14.19		<1
Avg	0.022	1.5		195	128	4.6	5.2				7.10		<1
Max	0.041	2.5		196	146	6.3	6.2	7.6			8.07		<1
Min	0.008	0.5		194	110	2.9	4.2	7.0			6.12		<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 an belief, this information is true and accurate.

Signed: Roger C. Atwood Date: 4-11-96

Roger C. Atwood

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: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(11) Fecal Colifora 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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: _____ C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.0
(17) Permitted capacity	mgd	---	0.1
(18) Three-month average daily flow	mgd	---	0.0
(19) Percent of permitted capacity	%	---	
(20) CBOD5 Effluent	mg/L	080082	8.
(21) CBOD5 Effluent	lbs/day	---	1
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	---	1
(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	9.
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	(
(32) Maximum Chlorine Residual	n/a	---	
(33) Other Effluent Parameters			
Fecal Colifora	no/100 ml		

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: January Year: 1996

) Plants DEP Identification Number: 3155P00510

) Plant Name: Ponce De Leon Wastwater Treatment Facility

) Plant Address: 3154 A1A South

) City: Goodwin Beach

) County: St. Johns

) Phone Number: (904) 725-2865

)) Permit Number: DC55116156

)) Plant Type: 2-C

.0) Test Site Identification Number: 3155X12539

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.: 6191

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: _____ C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.019
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.019
(19) Percent of permitted capacity	%	---	19
(20) CBOD5 Effluent	mg/L	080082	9.4
(21) CBOD5 Effluent	lbs/day	---	1.4
(22) ISS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	---	0.6
(24) Minimum pH		---	6.9
(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	12.90
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	n/a	---	2.1
(33) Other Effluent Parameters			
Fecal Coliform	no/100 ml		<

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

: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	0.032	1.2						7.3					
02	0.016	1.3						7.2					
03	0.021	1.1						7.2					
04	0.021	1.2						7.1					
05	0.021	1.1						7.1					
06	0.032	1.1						7.1					
07	0.022	1.0						7.2					
08	0.011	1.0						7.1					
09	0.017	1.1						7.0					< 1
10	0.020	1.3						7.0					
11	0.023	1.5		314	206	10.7	3.1	7.1			14.70		
12	0.018	1.2						7.1					
13	0.020	1.0						7.2					
14	0.013	1.2						7.1					
15	0.014	1.1						7.1					
16	0.020	1.4						7.1					
17	0.018	1.2						7.0					
18	0.011	1.5						7.1					
19	0.017	1.3						7.1					
20	0.010	1.1						7.2					
21	0.022	0.5						7.1					
22	0.012	0.9						7.1					
23	0.018	0.9						7.1					
24	0.018	0.9						7.1					
25	0.012	1.0		215	177	8.0	5.8	7.0			11.10		
26	0.021	1.4						7.1					
27	0.021	1.8						6.9					
28	0.021	2.0						7.0					
29	0.022	1.6						7.0					
30	0.014	1.3						7.1					
31	0.019	1.4						7.1					
Tot	0.577	37.6		529	383	18.7	8.9				25.80		1
Avg	0.019	1.2		265	192	9.4	4.5				12.90		1
Max	0.032	2.0		314	206	10.7	5.8	7.3			14.70		1
Min	0.010	0.5		215	177	8.0	3.1	6.9			11.10		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: 2-9-96

Roger C. Atwood

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) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: DO55-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

(16) Duval Septic Hauled 9 Loads of Digester Sludge to Landfill at 7000 gal/load.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.389
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.412
(19) Percent of permitted capacity	%	---	82
(20) CBOD5 Effluent	mg/L	080082	2.7
(21) CBOD5 Effluent	lbs/day	---	7.9
(22) TSS Effluent	mg/L	900201	3.9
(23) TSS Effluent	lbs/day	---	11.6
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.6
(26) Total N	mg/L	000600	6.57
(27) TKN	mg/L	000625	< 0.05
(28) Nitrate	mg/L	071850	3.69
(29) Nitrate + Nitrite	mg/L	---	6.52
(30) Total Phosphorus	mg/L	000665	4.81
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	3.66
Organic N	mg/L	---	<0.01
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	9

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(34)

Month December Year 1996

day of month	Flow (mgd)	chlorine residual after contact	clorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.360	1.3						7.0			
02	0.282	1.0	<0.20					7.3			
03	0.351	1.0						7.3			< 2
04	0.380	1.0						7.6			
05	0.332	1.0		118	135	2.3	2.9	7.4	< 0.05	6.52	
06	0.536	1.0						7.5			
07	0.546	1.0						7.4			
08	0.346	1.0						7.3			
09	0.336	1.0						7.4			
10	0.352	1.0						7.4			37
11	0.380	1.0	<0.20					7.2			
12	0.377	1.0		146	119	2.3	2.2	7.2	< 0.05	3.87	
13	0.434	1.0						7.2			
14	0.415	1.8						7.1			
15	0.318	1.5						7.3			
16	0.377	1.1						7.3			
17	0.361	1.0						7.4			< 2
18	0.377	1.0	<0.20					7.5			
19	0.307	1.0		142	124	1.5	2.2	7.5	< 0.05	4.32	
20	0.435	1.0						7.2			
21	0.378	1.4						7.3			
22	0.416	1.4						7.4			
23	0.497	1.7						7.4			< 1
24	0.380	1.8						7.3			
25	0.255	1.1						7.1			
26	0.375	1.0	<0.20	164	192	4.5	8.2	7.3	< 1.84	<0.05	
27	0.528	1.2						7.3			
28	0.293	1.7						7.3			
29	0.349	1.1						7.4			
30	0.431	1.3	<0.20					7.4			< 1
31	0.567	1.2						7.4			
Tot	12.071	36.6	<0.20	570	570	10.6	15.5		1.99	14.76	43
Avg	0.389	1.2	<0.20	143	143	2.7	3.9		0.50	3.69	9
Max	0.567	1.8	<0.20	164	192	4.5	8.2	7.6	1.84	6.52	37
Min	0.255	1.0	<0.20	118	119	1.5	2.2	7.0	0.05	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: _____ Date: 1/13/97

Simpson A. Mixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	United Water Florida	PERMIT NUMBER:	FL0117951		
MAILING ADDRESS:	1400 Millcoe Road	MONITORING PERIOD From:	96/12/01	To: 96/12/31	
	Jacksonville, FL 32225	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
FACILITY:	Ponte Vedra WWTP	FACILITY ID:	FL0117951	WAFR SITE NO.:	10525
LOCATION:	200 State Road A1A	GMS ID NO.:	3155P05998	GMS TEST SITE NO.:	3155X10696
	Ponte Vedra Beach, FL 32082	DISCHARGE POINT NUMBER:	D001		
COUNTY:	St.Johns	PLANT SIZE/TREATMENT TYPE:	IIC		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.410	0.389						0	cont	Flow Meter
STORET No. 50050 Y Mon.Site No. EFA-1	Permit Measurement	0.5 (An.Avg.)	Report (Mo.Avg.)	mgd						5 Days/Week	Flow Meters
CBOD5	Sample Measurement				4.0				0	1/7	8 comp
STORET No. 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
CBOD5	Sample Measurement				2.7	4.5			0	1/7	8 comp
STORET No. 80082 I Mon.Site No. EFA-1	Permit Measurement				25.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				2.5				0	1/7	8 comp
STORET No. 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				3.9	8.2			0	1/7	8 comp
STORET No. 00530 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904)725-2865	97/01/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

96/12/01 - 96/12/31

FACILITY NAME: Ponte Vedra WWTP | PERMIT NUMBER: FL0117951 | DISCHARGE POINT NUMBER: D001 | WAFR SITE No.: 10525____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				19				0	1/7	Grab
STORET No. 31615 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				9	37			0	1/7	Grab
STORET No. 31613 I Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
pH	Sample Measurement				7.0	7.6			0	1/Day	Grab
STORET No. 00406 I Mon.Site No. OUT-1	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		5 Days/Week	Grab
TRC for disinfection	Sample Measurement				1.0				0	1/Day	Grab
STORET No. 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement				NODI = B				0	1/Day	Grab
STORET No. 50060 I Mon.Site No. OUT-1	Permit Measurement				0.01 (Max.)			mg/L		Weekly	Grab
Ammonia, Total as N	Sample Measurement				NODI=9				**	1/7	Grab
STORET No. 00610 I Mon.Site No. OUT-1	Permit Measurement				1.0 (An. Avg.)			mg/L as N		Weekly	Grab
Ammonia, Total as N	Sample Measurement				0.50	1.84			0	1/7	Grab
STORET No. 00610 I Mon.Site No. OUT-1	Permit Measurement				1.0 (Mo. Avg.)	2.0 (Max.)		mg/L as N		Weekly	Grab
NO3-Nitrogen, Total as N	Sample Measurement				0.52				0	1/7	8 comp
STORET No. 00620 I Mon.Site No. EFA-01	Permit Measurement				12.0 (Max.)			mg/L as N		Weekly	8-hour FPC
CBOD5	Sample Measurement				143				0	1/7	8comp
STORET No. 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				143				0	1/7	8comp
STORET No. 00530 O Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	8-hour FPC

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

** 12 months of data are not available.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: November Year: 1996

) Plants DEP Identification Number: 3155P05998

) Plant Name: Ponte Vedra Wastewater Treatment Facility

) Plant Address: 200 Ponce De Leon Blvd.

) City: Ponte Vedra

) County: St. Johns

) Phone Number: (904) 725-2865

) Permit Number: DO55-185100

) Plant Type: 2-C

0) Test Site Identification Number: 3155X10696

1) Fecal Coliform Sample Method:

[X] Membrane Filter [ ] Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation / Percolation Ponds

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.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.394
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.423
(19) Percent of permitted capacity	%	---	85
(20) CBOD5 Effluent	mg/L	080082	3.1
(21) CBOD5 Effluent	lbs/day	---	9.7
(22) TSS Effluent	mg/L	900201	2.8
(23) TSS Effluent	lbs/day	---	9.0
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.8
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Total NH3	mg/L	000610	0.94
(29) Nitrate	mg/L	071850	3.10
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	< 2

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

) Duval Septic Hauled 8 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(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)	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.411	0.7						7.5					
02	0.418	1.0						7.2					
03	0.398	0.9						7.0					
04	0.372	1.0	<0.20					7.4					
05	0.344	1.0						7.7					
06	0.421	0.9						7.7					
07	0.391	1.0		154	122	3.7	1.1	7.8			0.36		
08	0.345	1.0						7.4					
09	0.494	1.0						7.4					
10	0.381	0.9						7.3					
11	0.385	0.8						7.4					
12	0.386	1.0	<0.20					7.2					<2
13	0.377	0.6						7.4					
14	0.379	0.7		153	140	2.3	2.5	7.3			2.82		
15	0.418	0.5						7.3					
16	0.378	0.8						7.3					
17	0.429	0.7						7.3					
18	0.394	1.0	<0.20					7.4					
19	0.358	0.6						7.3					
20	0.357	0.6						7.7					
21	0.425	0.5		157	160	2.5	4.6	7.4		1.42	4.68		
22	0.427	0.6						7.5					
23	0.458	0.7						7.5					
24	0.254	1.5						7.5					
25	0.393	3.0						7.3					
26	0.322	1.8	<0.20	154	90	4.0	3.1	7.5		0.46	4.52		
27	0.522	0.5						7.1					
28	0.317	0.8						7.4					
29	0.322	1.0						7.3					
30	0.559	0.9						7.4					
Tot	11.835	28.0	<0.20	618	512	12.5	11.3			1.88	12.38		<2
Avg	0.394	0.9	<0.20	155	128	3.1	2.8			0.94	3.10		<2
Max	0.559	3.0	<0.20	157	160	4.0	4.6	7.8		1.42	4.68		<2
Min	0.254	0.5	<0.20	153	90	2.3	1.1	7.0		0.46	0.36		<2

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

Signed: _____ Date: 12/11/96

Simpson A. Mixon

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	United Water Florida	PERMIT NUMBER:	FL0117951		
MAILING ADDRESS:	1400 Millcoe Road	MONITORING PERIOD From:	96/11/01	To: 96/11/30	
	Jacksonville, FL 32225	LIMIT:	Interim	REPORT:	Monthly
		CLASS SIZE:	Minor	GROUP:	Domestic
FACILITY:	Ponte Vedra WWTP	FACILITY ID:	FL0117951	WAFR SITE NO.:	10525
LOCATION:	200 State Road A1A	GMS ID NO.:	3155P05998	GMS TEST SITE NO.:	3155X10696
	Ponte Vedra Beach, FL 32082	DISCHARGE POINT NUMBER:	D001		
COUNTY:	St.Johns	PLANT SIZE/TREATMENT TYPE:	IIC		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.414	0.394						0	cont	Flow Meter
STORET No. 50050 Y Mon.Site No. EFA-1	Permit Measurement	0.5 (An.Avg.)	Report (Mo.Avg.)	mgd						5 Days/Week	Flow Meter
CBOD5	Sample Measurement				4.3				0	1/7	8 comp
STORET No. 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
CBOD5	Sample Measurement				3.1	4.0			0	1/7	8 comp
STORET No. 80082 1 Mon.Site No. EFA-1	Permit Measurement				25.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				2.5				0	1/7	8 comp
STORET No. 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				2.8	4.6			0	1/7	8 comp
STORET No. 00530 1 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904)725-2865	96/12/19

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

11/01 - 11/30/96

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ponte Vedra WWTP PERMIT NUMBER: FL0117951 DISCHARGE POINT NUMBER: D001 WAFR SITE No.: 10525

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				20				0	1/7	Grab
STORET No. 31615 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				<2	<2			0	1/7	Grab
STORET No. 31615 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)		#/100mL		Weekly	Grab
pH	Sample Measurement				7.0	7.8			0	1/Day	Grab
STORET No. 00406 1 Mon.Site No. OUT-1	Permit Measurement				6.0 (Min.)	8.5 (Max.)		S.U.		5 Days/Week	Grab
TRC for disinfection	Sample Measurement				0.5				0	1/Day	Grab
STORET No. 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement				NODI=B			*	0	1/Day	Grab
STORET No. 50060 1 Mon.Site No. OUT-1	Permit Measurement				0.01 (Max.)			mg/L		Weekly	Grab
Ammonia, Total as N	Sample Measurement				NODI=9			**	—	1/7	Grab
STORET No. 00610 1 Mon.Site No. OUT-1	Permit Measurement				1.0 (An. Avg.)			mg/L as N		Weekly	Grab
Ammonia, Total as N	Sample Measurement				0.94	1.42			0	1/7	Grab
STORET No. 00610 1 Mon.Site No. OUT-1	Permit Measurement				1.0 (Mo. Avg.)	2.0 (Max.)		mg/L as N		Weekly	Grab
NO3-Nitrogen, Total as N	Sample Measurement				4.68				0	1/7	8 comp
STORET No. 00620 1 Mon.Site No. EFA-01	Permit Measurement				12.0 (Max.)			mg/L as N		Weekly	8-hour FPC
CBOD5	Sample Measurement				155				0	1/7	8comp
STORET No. 80082 G Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				128				0	1/7	8comp
STORET No. 00530 O Mon.Site No. INF-01	Permit Measurement				Report (Mo.Avg.)			mg/L		Weekly	8-hour FPC

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

** Lack 12 months of data for Ammonia annual average calculation.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: October Year: 1996

2) Plants DEP Identification Number: 3155P05998

3) Plant Name: Ponte Vedra Wastevater Treatment Facility

4) Plant Address: 200 Ponce De Leon Blvd.

5) City: Ponte Vedra

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DO55-185100

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X10696

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:

15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.459
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.430
(19) Percent of permitted capacity	%	---	86
(20) CBOD5 Effluent	mg/L	080082	2.5
(21) CBOD5 Effluent	lbs/day	---	8.8
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	---	5.3
(24) Minimum pH		---	6.9
(25) Maximum pH		---	8.1
(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	5.67
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	4

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

#) Duval Septic Hauled 8 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(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	0.336	1.0	<0.20					7.4					4
02	0.420	1.0						7.3					
03	0.557	0.9		112	123	2.2	1.3	7.5			9.80		
04	0.559	0.5						7.0					
05	0.630	0.8						7.3					
06	0.700	0.8						7.3					
07	0.675	0.5	<0.20					7.6					
08	0.582	0.5						8.1					
09	0.520	0.5						7.2					
10	0.460	0.5		100	77	2.5	1.5	7.2			6.74		
11	0.572	0.5						7.3					
12	0.454	0.6						7.2					
13	0.396	0.7						7.2					
14	0.444	0.5	<0.20					7.5					
15	0.387	0.6						7.3					
16	0.436	0.5						7.4					
17	0.396	0.5		114	109	2.5	2.4	7.3			4.72		
18	0.412	0.5						7.4					
19	0.466	0.6						6.9					
20	0.468	1.0						6.9					
21	0.412	0.7						6.9					
22	0.369	0.6	<0.20					7.0					
23	0.423	0.7						7.4					
24	0.388	0.5		120	101	2.0	1.0	7.4					
25	0.425	0.8						7.2			4.57		
26	0.435	1.0						7.3					
27	0.385	1.0						7.4					
28	0.409	0.5	<0.20					7.4					
29	0.381	1.0						7.6					
30	0.396	0.5						7.3					
31	0.346	0.6		136	111	3.2	1.2	7.5			2.52		
Tot	14.239	20.9	<0.20	582	521	12.4	7.4				28.35		4
Avg	0.459	0.7	<0.20	116	104	2.5	1.5				5.67		4
Max	0.700	1.0	<0.20	136	123	3.2	2.4	8.1			9.80		4
Min	0.336	0.5	<0.20	100	77	2.0	1.0	6.9			2.52		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: _____ Date: 11/13/96

Simpson A. Mixon

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: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: DO55-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.389
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.434
(19) Percent of permitted capacity	%	---	87
(20) CBOD5 Effluent	mg/L	080082	3.5
(21) CBOD5 Effluent	lbs/day	---	11.0
(22) TSS Effluent	mg/L	900201	1.1
(23) TSS Effluent	lbs/day	---	3.3
(24) Minimum pH		---	7.0
(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	10.80
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	<4

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 7 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(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	0.468	0.8						7.4					
02	0.412	0.8						7.5					
03	0.466	0.8	<0.20					7.2					< 4
04	0.350	1.0						7.2					
05	0.390	0.9		142	130	3.5	0.8	7.3			8.08		
06	0.406	0.6						7.0					
07	0.387	0.8						7.2					
08	0.357	1.1						7.4					
09	0.391	0.7	<0.20					7.4					
10	0.339	0.7						7.3					
11	0.402	0.8						7.4					
12	0.372	0.5		132	115	3.3	0.7	7.3			8.02		
13	0.355	0.7						7.2					
14	0.369	0.8						7.3					
15	0.464	0.7						7.2					
16	0.396	0.8	<0.20					7.3					
17	0.374	0.5						7.5					
18	0.364	0.5						7.4					
19	0.383	0.5		127	112	3.2	1.3	7.3			15.60		
20	0.477	0.6						7.3					
21	0.313	0.7						7.3					
22	0.378	0.9						7.3					
23	0.379	0.6						7.4					
24	0.358	0.7	<0.20					7.4					
25	0.362	0.5						7.3					
26	0.378	0.5		138	126	3.9	1.4	7.2			11.50		
27	0.318	0.5											
28	0.426	1.0											
29	0.435	1.0											
30	0.386	1.0											
Tot	11.655	22.0	<0.20	539	483	13.9	4.2				43.20		≤4
Avg	0.389	0.7	<0.20	135	121	3.5	1.1				10.80		< 4
Max	0.477	1.1	<0.20	142	130	3.9	1.4	7.5			15.60		< 4
Min	0.313	0.5	<0.20	127	112	3.2	0.7	7.0			8.02		< 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: _____ Date: 10/9/96

Simpson A. Mixon

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: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: DO55-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.445
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.437
(19) Percent of permitted capacity	%	---	87
(20) CBOD5 Effluent	mg/L	080082	3.4
(21) CBOD5 Effluent	lbs/day	---	11.9
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	---	5.4
(24) Minimum pH		---	6.9
(25) Maximum pH		---	7.8
(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	7.07
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.2
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	<

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 9 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(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	0.392	0.5		150	115	3.6	3.2	7.6			7.90		
02	0.416	0.6						7.3					
03	0.500	0.6						7.3					
04	0.510	0.9						7.3					
05	0.437	0.6	<0.20					7.2					
06	0.419	0.5						7.2					<4
07	0.459	0.6						7.2					
08	0.446	1.3		132	126	3.4	1.2	6.9			7.93		
09	0.599	1.3						6.9					
10	0.402	1.1						7.1					
11	0.339	1.0						7.0					
12	0.494	1.0	<0.20					7.2					
13	0.422	1.0						7.2					
14	0.447	0.7						7.7					
15	0.445	0.7		117	168	3.5	0.8	7.4			4.77		
16	0.544	0.6						7.3					
17	0.414	0.7						7.2					
18	0.537	0.5						7.2					
19	0.454	1.0	<0.20					7.4					
20	0.430	0.5						7.1					
21	0.393	0.5						7.8					
22	0.392	0.6		124	118	3.4	1.0	7.3			6.10		
23	0.492	0.6						7.3					
24	0.416	0.8						7.0					
25	0.476	0.6						7.1					
26	0.486	0.7	<0.20					7.3					
27	0.404	0.5						7.3					
28	0.420	0.6						7.3					
29	0.403	0.5		122	127	3.3	1.8	7.2			8.65		
30	0.365	0.6						7.2					
31	0.476	0.6						7.4					
Tot	13.809	22.3	<0.20	645	654	17.2	8.0				35.35		<4
Avg	0.445	0.7	<0.20	129	131	3.4	1.6				7.07		<4
Max	0.599	1.3	<0.20	150	168	3.6	3.2	7.8			8.65		<4
Min	0.339	0.5	<0.20	117	115	3.3	0.8	6.9			4.77		<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: _____ Date: 9-20-96

Simpson A. Mixon

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: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: DO55-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.429
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.432
(19) Percent of permitted capacity	%	---	86
(20) CBOD5 Effluent	mg/L	080082	3.9
(21) CBOD5 Effluent	lbs/day	---	14.9
(22) TSS Effluent	mg/L	900201	2.1
(23) TSS Effluent	lbs/day	---	7.9
(24) Minimum pH		---	6.9
(25) Maximum pH		---	7.6
(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	5.99
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	24

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 9 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(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	0.442	0.8						7.3					
02	0.389	0.6	<0.20					7.3					
03	0.398	0.6						7.3					
04	0.530	0.5		139	82	4.1	2.2	7.3			2.72		
05	0.415	0.5						7.3					
06	0.538	0.5						7.3					
07	0.517	0.8	<0.20					7.3					
08	0.503	0.9						7.2					
09	0.410	0.5						7.3					24
10	0.409	0.5						7.3					
11	0.430	0.5		124	90	4.0	3.5	7.3			5.19		
12	0.582	0.5						7.2					
13	0.389	0.5						7.2					
14	0.348	0.8						7.3					
15	0.425	1.0	<0.20					7.1					
16	0.402	0.5						7.2					
17	0.402	0.6						7.2					
18	0.434	0.8		130	141	3.9	1.3	7.4			8.47		
19	0.382	0.7						7.6					
20	0.466	0.8						7.5					
21	0.364	0.7						7.5					
22	0.419	1.0	<0.20					7.2					
23	0.369	0.7						7.3					
24	0.390	0.6						7.4					
25	0.419	0.6		143	134	3.7	1.3	7.2			7.56		
26	0.425	0.5						7.1					
27	0.458	0.5						7.2					
28	0.377	1.2						7.1					
29	0.469	1.2						6.9					
30	0.372	0.5	<0.20					7.3					
31	0.416	0.5						7.3					
Tot	13.289	20.9	<0.20	536	447	15.7	8.3				23.94		24
Avg	0.429	0.7	<0.20	134	112	3.9	2.1				5.99		24
Max	0.582	1.2	<0.20	143	141	4.1	3.5	7.6			8.47		24
Min	0.348	0.5	<0.20	124	82	3.7	1.3	6.9			2.72		24

Lead Operator: This is to certify that 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: _____ Date: 8/13/96

Simpson A. Mixon

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: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: DO55-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.447
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.419
(19) Percent of permitted capacity	%	---	8-
(20) CBOD5 Effluent	mg/L	080082	3.9
(21) CBOD5 Effluent	lbs/day	---	15.5
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	---	7.0
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.8
(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	3.48
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.2
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	1

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 8 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(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	0.443	0.9						7.4					
02	0.429	1.0						7.5					
03	0.403	1.0						7.4					
04	0.350	1.0	<0.20					7.3					
05	0.376	0.7						7.2					
06	0.362	0.9		131	105	3.6	1.9	7.2			4.01		
07	0.470	0.7						7.1					
08	0.510	1.0						7.3					
09	0.411	1.0						7.4					
10	0.447	1.0	<0.20					7.2					
11	0.330	1.0						7.2					2
12	0.359	0.8						7.1					
13	0.589	0.6		170	177	4.8	1.9	7.2			3.52		
14	0.536	0.6						7.1					
15	0.490	0.8						7.2					
16	0.405	0.7						7.1					
17	0.473	0.5	<0.20					7.4					
18	0.427	1.0						7.3					
19	0.464	0.5						7.8					
20	0.441	0.7		156	130	3.3	2.2	7.3			2.44		
21	0.469	0.5						7.4					
22	0.430	0.7						7.3					
23	0.434	0.5						7.3					
24	0.440	1.0	<0.20					7.2					
25	0.445	1.0					1.3	7.2					
26	0.419	0.5						7.2					
27	0.501	0.8		126	165	3.7		7.1			3.94		
28	0.606	0.6						7.1					
29	0.471	0.6						7.0					
30	0.466	0.7						7.4					
Tot	13.396	23.3	<0.20	583	577	15.4	7.3				13.91		2
Avg	0.447	0.8	<0.20	146	144	3.9	1.8				3.48		2
Max	0.606	1.0	<0.20	170	177	4.8	2.2	7.8			4.01		2
Min	0.330	0.5	<0.20	126	105	3.3	1.3	7.0			2.44		2

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

Signed: _____ Date: 7/8/96

Simpson A. Mixon

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: 3155P05998

3) Plant Name: Ponte Vedra Wastewater Treatment Facility

4) Plant Address: 200 Ponce De Leon Blvd.

5) City: Ponte Vedra

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DOSS-185100

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X10696

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:

15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.424
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.397
(19) Percent of permitted capacity	%	---	79
(20) CBOD5 Effluent	mg/L	080082	4.2
(21) CBOD5 Effluent	lbs/day	---	14.6
(22) TSS Effluent	mg/L	900201	2.8
(23) TSS Effluent	lbs/day	---	9.8
(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	2.01
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	<1

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

#) Duval Septic Hauled 10 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

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	0.393	1.0						6.9					
2	0.503	0.5		132	138	3.4	4.0	7.2			1.24		
3	0.403	0.9						7.1					
4	0.594	1.0						7.1					
5	0.423	1.0						7.0					
6	0.443	1.0						7.1					
7	0.309	1.0	<0.20					7.2					
8	0.503	1.0						7.1					
9	0.281	1.0		148	148	3.2	3.0	7.2			0.20		
0	0.354	1.0						7.1					
1	0.426	1.0						7.3					
2	0.458	1.0						7.3					
3	0.478	1.0	<0.20					7.2					
4	0.349	1.0						7.1					<1
5	0.436	0.7						7.1					
6	0.455	0.6		200	220	4.4	3.9	7.2			4.48		
7	0.481	0.8						7.3					
8	0.394	0.8						7.3					
9	0.406	0.9						7.0					
0	0.361	1.0	<0.20					7.3					
1	0.395	1.0						7.4					
2	0.344	1.0						7.2					
3	0.427	1.0		177	170	4.4	1.2	7.0			1.77		
4	0.370	1.0						7.0					
5	0.455	1.0						7.1					
6	0.479	0.8						7.0					
7	0.492	0.9						7.1					
8	0.441	1.0	<0.20					7.3					
9	0.412	1.0						7.3					
0	0.423	0.7		150	132	5.4	1.8	7.5			2.35		
1	0.455	0.7						7.4					
Tot	13.143	28.3	<0.20	807	808	20.8	13.9				10.04		<1
Avg	0.424	0.9	<0.20	161	162	4.2	2.8				2.01		<1
Max	0.594	1.0	<0.20	200	220	5.4	4.0	7.5			4.48		<1
Min	0.281	0.5	<0.20	132	132	3.2	1.2	6.9			0.20		<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: _____ Date: 6/20/96

Simpson A. Mixon

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: April Year: 1996

2) Plants DEP Identification Number: 3155P05998

3) Plant Name: Ponte Vedra Wastewater Treatment Facility

4) Plant Address: 200 Ponce De Leon Blvd.

5) City: Ponte Vedra

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DO55-185100

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X10696

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:

15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.410
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.380
(19) Percent of permitted capacity	%	---	75
(20) CBOD5 Effluent	mg/L	080082	5.2
(21) CBOD5 Effluent	lbs/day	---	15.7
(22) TSS Effluent	mg/L	900201	2.8
(23) TSS Effluent	lbs/day	---	8.5
(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	1.38
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	< 1

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

*) Duval Septic Hauled 7 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

34) Month April 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	0.462	0.9	<0.20					7.1					
2	0.361	1.0		202	177	6.6	1.6	6.9			0.79		< 1
3	0.371	1.0						6.9					
4	0.427	1.0						7.0					
5	0.534	1.0						7.0					
6	0.390	1.0						7.3					
7	0.301	1.0						7.2					
8	0.340	1.0						7.2					
9	0.260	1.0	<0.20					7.5					
0	0.321	1.0						6.9					
1	0.394	1.0		174	180	3.9	3.5	7.0			2.85		
2	0.389	0.7						6.9					
3	0.417	1.0						7.3					
4	0.429	0.5						7.4					
5	0.527	1.0	<0.20					7.4					
6	0.341	1.0						7.1					
7	0.564	1.0						7.1					
8	0.296	0.9		214	192	6.4	3.6	7.2			1.41		
9	0.569	0.5						6.9					
0	0.398	0.7						7.0					
1	0.363	0.8						7.0					
2	0.529	1.0	<0.20					7.3					
3	0.280	1.0						7.3					
4	0.366	1.0						7.1					
5	0.434	1.0		174	118	4.0	2.4	7.2			0.48		
6	0.437	0.5						7.3					
7	0.485	0.7						7.0					
8	0.497	0.5						7.2					
29	0.428	0.7	<0.20					7.5					
30	0.385	1.0						7.1					
Tot	12.295	26.4	<0.20	764	667	20.9	11.1				5.53		<1
Avg	0.410	0.9	<0.20	191	167	5.2	2.8				1.38		<1
Max	0.569	1.0	<0.20	214	192	6.6	3.6	7.5			2.85		<1
Min	0.260	0.5	<0.20	174	118	3.9	1.6	6.9			0.48		<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: _____ Date: 5/8/96

Simpson A. Mixon

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: March Year: 1996

Plants DEP Identification Number: 3155P05998

Plant Name: Ponte Vedra Wastewater Treatment Facility

Plant Address: 200 Ponce De Leon Blvd.

City: Ponte Vedra

County: St. Johns

Phone Number: (904) 725-2865

Permit Number: D055-185100

Plant Type: 2-C

) Test Site Identification Number: 3155X10696

) Fecal Coliform Sample Method:

[X] Membrane Filter [ ] Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation / Percolation Ponds

) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

) Cumulative Days of Wet Weather Discharge:

) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.392
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.388
(19) Percent of permitted capacity	%	---	78
(20) CBOD5 Effluent	mg/L	080082	4.7
(21) CBOD5 Effluent	lbs/day	---	16.9
(22) TSS Effluent	mg/L	900201	3.2
(23) TSS Effluent	lbs/day	---	11.5
(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	1.61
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.5
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	1

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

Duval Septic Hauled 9 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

)4) Month March 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	0.331	1.0						7.0					
2	0.423	1.0						7.1					
3	0.335	0.8						7.1					
4	0.448	0.9	<0.20					7.0					
5	0.300	1.0						7.2					4
6	0.332	0.9						7.5					
7	0.374	1.0		160	162	3.6	1.4	7.1			2.76		
8	0.337	0.7						7.0					
9	0.220	0.9						7.0					
0	0.304	1.0						6.9					
1	0.354	1.0						6.9					
2	0.274	1.0	<0.20					7.4					
3	0.303	1.0						7.1					
4	0.365	1.0		178	172	3.8	3.1	7.1			1.71		
5	0.314	1.0						7.2					
6	0.483	1.0						7.3					
7	0.584	1.0						7.2					
8	0.466	1.0	<0.20					7.5					
9	0.372	1.0						7.3					
0	0.365	1.0						7.2					
1	0.457	1.0		150	150	6.6	3.1	7.2			0.87		
2	0.484	0.8						7.2					
3	0.423	0.9						7.0					
4	0.392	1.0						7.1					
5	0.464	1.0	<0.20					7.2					
6	0.334	1.0						7.2					
7	0.557	0.8						7.2					
8	0.482	0.5		189	190	4.9	5.1	7.2			1.10		
9	0.389	1.0						7.1					
0	0.374	0.8						7.2					
1	0.515	0.9						7.1					
ot	12.155	28.9	<0.20	677	674	18.9	12.7				6.44		4
vg	0.392	0.9	<0.20	169	169	4.7	3.2				1.61		1
ax	0.584	1.0	<0.20	189	190	6.6	5.1	7.5			2.76		4
in	0.220	0.5	<0.20	150	150	3.6	1.4	6.9			0.87		4

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: _____ Date: 4/10/96

Simpson A. Mixon

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: February Year: 1996

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: DO55-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.
(17) Permitted capacity	mgd	---	0.
(18) Three-month average daily flow	mgd	---	0.
(19) Percent of permitted capacity	%	---	
(20) CBOD5 Effluent	mg/L	080082	
(21) CBOD5 Effluent	lbs/day	---	1
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	---	
(24) Minimum pH		---	
(25) Maximum pH		---	
(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	2.
(30) Total Phosphorus	mg/L	000665	N/
(31) Minimum Chlorine Residual	mg/L	900243	
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.
(33) Other Effluent Parameters			
Fecal Coliform	no/100 ml	031501	

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: January Year: 1996

2) Plants DEP Identification Number: 3155P05998

3) Plant Name: Ponte Vedra Wastewater Treatment Facility

4) Plant Address: 200 Ponce De Leon Blvd.

5) City: Ponte Vedra

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DO55-185100

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X10696

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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class:_____ Cert. No.:

Night Shift Operator Class:_____ Cert. No.:

Lead Operator: [signature] "B" 2793

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.38
(17) Permitted capacity	mgd	---	0.50
(18) Three-month average daily flow	mgd	---	0.42
(19) Percent of permitted capacity	%	---	8
(20) CBOD5 Effluent	mg/L	080082	6.
(21) CBOD5 Effluent	lbs/day	---	19.
(22) TSS Effluent	mg/L	900201	4.
(23) TSS Effluent	lbs/day	---	12.
(24) Minimum pH		---	6.
(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	5.3
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	0.
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.1
(33) Other Effluent Parameters			
Fecal Coliform (A. Mean)	no/100 ml	031501	168

(34) TRC Method Code: 4500 Cl (G)

Minimum Detection Level: 0.20

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(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	0.443	0.9						7.2					
02	0.305	0.5	<0.20					7.1					
03	0.550	1.0						6.8					
04	0.284	1.0		140	122	6.0	8.0	7.0			5.91		
05	0.389	1.0						6.8					
06	0.424	1.0						7.0					
07	0.387	0.9						7.0					
08	0.649	0.5	<0.20					6.9					330
09	0.235	0.5						6.7					
10	0.378	1.0						7.1					
11	0.381	1.0		167	159	6.2	4.2	6.9			8.55		
12	0.361	1.0						6.8					
13	0.451	0.8						6.9					
14	0.303	1.0						6.9					
15	0.497	0.5						6.9					
16	0.364	0.9	<0.20					7.0					
17	0.238	1.0						7.1					
18	0.453	1.0		216	161	6.2	2.6	6.9			3.47		
19	0.301	1.0						6.8					
20	0.364	0.9						7.1					
21	0.457	0.9	<0.20					7.0					
22	0.537	1.0						7.2					
23	0.309	1.0						6.9					6
24	0.330	0.8						7.1					
25	0.451	1.0		209	203	5.8	1.7	7.5			3.46		
26	0.458	0.9						6.7					
27	0.272	1.0						7.1					
28	0.385	1.0						7.0					
29	0.420	1.0	<0.20					7.3					
30	0.272	1.0						6.9					
31	0.309	1.0						7.6					
Tot	11.957	28.0	<0.20	732	645	24.2	16.5				21.39		336
Avg	0.386	0.9	<0.20	183	161	6.1	4.1				5.35		~~44~~ 168
Max	0.649	1.0	<0.20	216	203	6.2	8.0	7.6			8.55		330
Min	0.235	0.5	<0.20	140	122	5.8	1.7	6.7			3.46		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 a belief, this information is true and accurate.

Signed: _____ Date: 2/9/96

Simpson A. Mixon

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 DER Identification Number: 3116F05360

(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: Walter Farraway
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.176
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.294
(19) Percent of permitted capacity	%	---	71.6
(20) CBOD5 Effluent	mg/L	080082	4.3
(21) TSS Effluent	mg/L	900201	6.6
(22) Minimum pH	mg/L	---	6.9
(23) Maximum pH	mg/L	---	7.2
(24) Organic N	mg/L	---	1.10
(25) TKN	mg/L	000625	1.36
(26) Total Ammonia	mg/L	000610	0.26
(27) Nitrite + Nitrate	mg/L	071850	10.00
(28) Total Phosphorus	mg/L	000665	4.39
(29) Ortho Phosphates	mg/L	---	3.75
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		112
Fecal Coliform (Arithmetic Mean)	#/100 ml		130

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

(34) Sample Date for Nutrients: 12-03-96

(*) Duval Septic Tank hauled 32 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: 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	2.219	0.8	< 0.20					7.1	7.0	
02	2.244	0.5	< 0.20					7.1	7.0	
03	2.249	0.8	< 0.20	140	83	3.7	8.5	7.0	6.9	208
04	2.201	0.6	< 0.20					7.1	7.0	
05	2.321	0.5	< 0.20					7.1	6.9	
06	2.168	0.6	< 0.20					7.1	6.9	
07	2.936	0.6	< 0.20					7.1	7.0	
08	2.007	0.5	< 0.20					7.1	7.1	
09	2.181	0.5	< 0.20					7.2	7.0	
10	2.179	0.7	< 0.20	213	357	4.0	6.4	7.1	7.0	112
11	2.313	0.8	< 0.20					7.1	7.0	
12	2.324	0.7	< 0.20					7.1	6.9	
13	2.324	0.5	< 0.20					7.1	7.0	
14	2.004	0.6	< 0.20					7.0	7.0	
15	1.973	0.5	< 0.20					7.0	7.0	
16	2.246	0.5	< 0.20					7.1	6.9	
17	2.356	0.6	< 0.20	182	86	4.8	6.2	7.0	6.9	48
18	2.440	0.5	< 0.20					7.1	6.9	
19	2.239	0.5	< 0.20					7.0	7.0	
20	2.153	0.6	< 0.20					7.1	6.9	
21	2.005	0.7	< 0.20					7.1	7.0	
22	1.988	0.5	< 0.20					7.1	7.0	
23	2.211	0.5	< 0.20					7.1	7.0	208
24	1.954	0.6	< 0.20					7.1	7.0	
25	1.622	0.6	< 0.20					7.1	7.0	
26	1.953	0.5	< 0.20	200	267	4.5	5.2	7.1	6.9	
27	2.203	0.5	< 0.20					7.1	6.9	
28	1.984	0.5	< 0.20					7.1	7.0	
29	2.001	0.5	< 0.20					7.1	7.0	
30	2.083	0.5	< 0.20					7.1	7.0	76
31	2.368	0.5	< 0.20					7.1	7.0	
Tot	67.449	17.8		735	793	17.0	26.3			652
Avg	2.176	0.6		184	198	4.3	6.6			130
Max	2.936	0.8	< 0.20	213	357	4.8	8.5	7.2	7.1	208
Min	1.622	0.5	< 0.20	140	83	3.7	5.2	7.0	6.9	48

Lead Operator: This is to certify that 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: 12/9/96

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)*

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 |__| ***

1234

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)

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)	0	cont	Recorder
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		CONTINUOUS	RCORDR
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		198	198	357	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*******	*******	**** ****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP16
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	252 ~~5.8~~	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	******	REPORT ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		******	5.8	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	******	******	**** ****	******	10.0 ANNL AVG	******	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.6	6.6	8.5	(19)	0	1/7	16comp
	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 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	2.302	*******	(03)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** ****	******	3.8 ANNL AVG	*******	MGD		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		2.176	2.176	2.936	(03)	0	cont	Recorder
	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	97 YEAR	01 MO	20 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 JSU ROYAL LAKES
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
EFFLUE
*** NO DISCHARGE |__| ***

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

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)

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)	*	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	*******	*******		*******	130	208	(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	*******	*******		184	184	213	(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	*******	*******		*******	229	*******	(19)		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.)*		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)*

P: REPORT INFLUENT VALUE

Q: THE PH RANGE IS 6.5 TO 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 JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-M Q DIRECTOR

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)		
FL0026751	001 1	(SUBR JA)	12345
PERMIT NUMBER	DISCHARGE NUMBER	F - FINAL	
		MAJOR	
		EFFLUE	
		*** NO DISCHARGE |__| ***	

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)

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	*******	*******		*******	4.1	*******	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	**** *****	*******	10.0 ANNL AVG	*******	MG/L		ONCE/ MONTH	CALCTD
P[illegible], CARBONACEOUS 0[illegible] DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		4.3	4.3	4.8	(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 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904	725-2865	97	01	20
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.

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

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

TOXICITY TESTING
(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)
LC50 STATRE 96HR ACU CERIODAPHNIA	SAMPLE MEASUREMENT	*******	*******		NODI=9	*******	*******	(23)			
TAN3B P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT			
1 0 STATRE 96HR ACU CERIODAPHNIA	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

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

TELEPHONE: AREA CODE 904 | NUMBER 7252865

DATE: YEAR 97 | MO 01 | DAY 20

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: November Year: 1996

(2) Plant's DER Identification Number: 3116P05350

(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 Hathaway
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.240
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.358
(19) Percent of permitted capacity	%	---	73.6
(20) CBOD5 Effluent	mg/L	080082	4.4
(21) TSS Effluent	mg/L	900201	6.5
(22) Minimum pH	mg/L	---	6.9
(23) Maximum pH	mg/L	---	7.2
(24) Organic N	mg/L	---	1.60
(25) TKN	mg/L	000625	2.37
(26) Total Ammonia	mg/L	000610	0.77
(27) Nitrite + Nitrate	mg/L	071850	5.49
(28) Total Phosphorus	mg/L	000665	2.64
(29) Ortho Phosphates	mg/L	---	1.10
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		112
Fecal Coliform (Arithmetic Mean)	#/100 ml		134
(33) TRC method code: 4500 Cl (G) minimum detection level: 0.20			
(34) Sample Date for Nutrients: 11-05-96			

(*) Duval Septic Tank hauled 33 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: 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	2.397	0.8	< 0.20					7.1	7.0	
02	2.240	0.7	< 0.20					7.1	7.0	
03	2.092	0.9	< 0.20					7.1	7.0	
04	2.345	0.8	< 0.20					7.2	7.1	
05	2.285	0.8	< 0.20	166	127	4.6	4.8	7.1	7.0	212
06	2.420	0.8	< 0.20					7.1	7.0	
07	2.495	0.6	< 0.20					7.1	7.0	
08	2.349	0.6	< 0.20					7.1	7.0	
09	1.984	0.5	< 0.20					7.0	7.0	
10	1.849	0.6	< 0.20					7.1	7.0	
11	2.210	0.5	< 0.20					7.1	7.0	
12	2.231	0.7	< 0.20	159	86	4.3	6.2	7.1	7.0	42
13	2.233	0.6	< 0.20					7.1	6.9	
14	2.310	0.7	< 0.20					7.1	7.0	
15	2.308	0.5	< 0.20					7.2	6.9	
16	2.043	0.5	< 0.20					7.2	7.0	
17	2.099	0.5	< 0.20					7.1	7.0	
18	2.285	0.6	< 0.20					7.2	7.0	
19	2.384	0.5	< 0.20	144	56	4.3	5.8	7.1	7.0	188
20	2.343	0.5	< 0.20					7.1	7.0	
21	2.861	0.5	< 0.20					7.1	7.0	
22	2.508	0.5	< 0.20					7.2	6.9	
23	2.071	0.5	< 0.20					7.1	7.0	
24	2.126	0.5	< 0.20					7.1	7.0	
25	2.398	0.5	< 0.20					7.1	6.9	
26	2.318	0.5	< 0.20	172	73	4.5	9.3	7.0	6.9	94
27	2.205	0.5	< 0.20					7.1	6.9	
28	1.747	0.6	< 0.20					7.1	7.0	
29	2.013	0.5	< 0.20					7.1	7.0	
30	2.065	0.7	< 0.20					7.0	7.0	
Tot	67.214	18.0		641	342	17.7	26.1			536
Avg	2.240	0.6		160	86	4.4	6.5			134
Max	2.861	0.9	< 0.20	172	127	4.6	9.3	7.2	7.1	212
Min	1.747	0.5	< 0.20	144	56	4.3	4.8	7.0	6.9	42

Lead Operator: This is to certify that 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: 12-10-96

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)*

Form Approved.
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
EFFLUE
*** NO DISCHARGE | | ***

12345

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)

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)	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	*******	*******		86	86	127	(19)	0	1/7	16comp
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	*******	*******		*******	256	*******	(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	*******	*******		*******	5.7	*******	(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	*******	*******		6.5	6.5	9.3	(19)	0	1/7	16comp
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	*******	*******		*******	2.292	*******	(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	*******	*******		2.240	2.240	2.861	(03)	0	cont	Flow rate
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	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	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)*

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 — PERMIT NUMBER
001 1 — 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	11	01	TO	96	11	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)*
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	NODI=B	(19) *	0	1/Day	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	60 MAXIMUM	MIN-UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0 MAXIMUM	PER-CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	62	*******	(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	*******	*******		*******	112	212	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT MO GEOMN	800 DAILY MX	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*******	*******		160	160	172	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*******	*******	*****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMP16
BOD, CARBONACEOUS 05 DAY, 20C 80082 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	237	*******	(19)	0	1/30	calc
	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 6 years.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904	725-2865	96	12	19
			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)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
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	11	01	TO	96	11	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)*
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*******	*******		*******	4.0	*******	(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	*******	*******		4.4	4.4	4.6	(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.)*	M. Sambamurthi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 725-2865 AREA CODE NUMBER	96 YEAR	12 MO	19 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	001 T
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)

TOXICITY TESTING (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)*		*(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. 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	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)*
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."