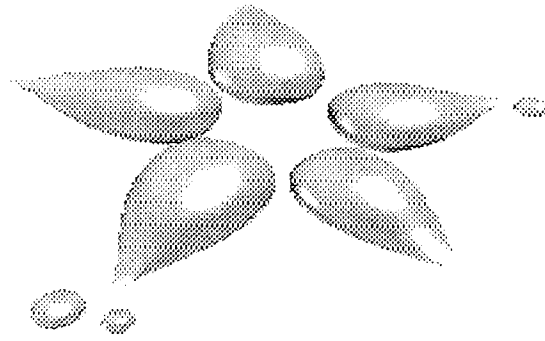


ORIGINAL



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

05508 MAY 18 88

FPSC-RECORDS/REPORTING

Book 5 of 7

**SEWER
OPERATING REPORTS
1997**

PART II GENERAL INFORMATION

(1) MONTH: December YEAR: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE POND

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: A CERT. NO. 2225

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

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

LEAD OPERATOR Charles R. Davis A-2225
signature cert. no.

(*) SLUDGE HAULER HAULED 0.098 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.543
(17) PERMITTED CAPACITY	mgd		1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.530
(19) PERCENT OF PERMITTED CAPACITY	%	****	53
(20) CBOD 5 EFFLUENT	mg/l	000082	2.7
(21) TSS EFFLUENT	mg/l	900201	5.0
(22) CUOD	lbs/d	****	16.2
(23) NUOD	lbs/d	****	15.3
(24) UOD	lbs/d	****	31.5
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.73
(27) TOTAL NITROGEN	mg/L	000625	
(28) TKM	mg/l	000610	0.79
(29) NITRATE + NITRITE	mg/l	071850	
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	
(32) ORTHO-PHOSPHORUS	mg/l	****	
(33) TOTAL AMMONIA (NH3-N)			0.06
(34)		****	
(35)		****	
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	49
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	51
(38) MINIMUM pH		****	7.00
(39) MAXIMUM pH		****	7.70
(40)			
(41)			

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH December YEAR 1997

DAY OF THE MONTH	FLOW mgd	EFF NH3 mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF max.	pH EFF min.	EFF ORGAN NIT mg/l	CUOD EFF lbs/d	NUOD EFF lbs/d	UOD EFF lbs/d	FECAL COLIFORM (#/100ml)
01	0.529						7.50	7.10					
02	0.471						7.60	7.20					34
03	0.493						7.70	7.20					
04	0.489	0.10	184	1696	2.2	4.8	7.40	7.10	0.36	12.8	8.6	21.4	
05	0.483						7.70	7.20					
06	0.549						7.60	7.10					
07	0.582						7.60	7.10					
08	0.581						7.60	7.20					
09	0.493						7.60	7.10					42
10	0.488						7.50	7.10					
11	0.481	0.06	289	1103	2.5	3.5	7.50	7.10	1.35	14.3	25.8	40.2	
12	0.555						7.50	7.20					
13	0.568						7.60	7.20					
14	0.631						7.40	7.10					
15	0.769						7.50	7.10					
16	0.546						7.40	7.10					52
17	0.556						7.40	7.20					
18	0.536	< 0.05	254	473	2.8	4.5	7.60	7.20	0.53	17.9	11.8	29.8	
19	0.547						7.50	7.10					
20	0.572						7.50	7.10					
21	0.596						7.40	7.10					
22	0.545						7.50	7.10					
23	0.540	0.06	264	657	3.2	7.0	7.50	7.10	0.74	20.6	16.5	37.1	68
24	0.546						7.60	7.10					
25	0.524						7.60	7.10					
26	0.546						7.40	7.00					
27	0.563						7.60	7.10					
28	0.569						7.50	7.20					
29	0.524						7.50	7.20					
30	0.501	< 0.05	194	460	2.6	5.3	7.50	7.20	0.66	15.5	13.6	29.1	58
31	0.525						7.50	7.20					
TOTAL	16.818	0.32	1105	4389	13.3	25.1			3.64	81.2	76.3	157.5	254
MEAN	0.543	0.06	221	878	2.7	5.0			0.73	16.2	15.3	31.5	51
MAX	0.769	0.10	264	1696	3.2	7.0	7.70	7.20	1.35				68
MIN	0.471	0.05	184	460	2.2	3.5	7.40	7.00	0.36				34

LEAD OPERATOR: THIS IS TO CERTIFY THAT 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 DATE: 1/9/98

NAME: CHARLES R. DAVIS, CERTIFIED OPERATOR NO. A-2225

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

(*)

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
MAILING ADDRESS: 1400 Millcoo Road
Jacksonville, FL 32225

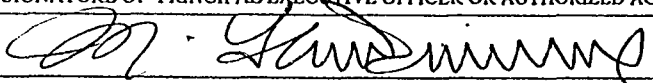
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD: From: 9/7/12/01
LIMIT: FINAL
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 9/7/12/31
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12393

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	0.539							0	1/30	calc.
STORET No. 50050 Y	Permit Requirement	1.0 (Ann. Avg.)		MGD						Continuous	Meter / Totalizer
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	0.543							0	cont	Flow Meter
STORET No. 50050 I	Permit Requirement	REPORT (Mo. Avg.)		MGD						Continuous	Meter / Totalizer
Fecal Coliform Bacteria	Sample Measurement				43				0	1/30	calc.
STORET No. 31616 Y	Permit Requirement				200 (Ann. Avg.)			#/100ml		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				51		68		0	1/7	Grab
STORET No. 31616 I	Permit Requirement				Report (Mo. Geo. Mean)		600 (Max.)	#/100ml		Weekly	Grab
Ammonia, Total as N	Sample Measurement				0.06				0	1/30	calc.
STORET No. 00610 Y	Permit Requirement				2.0 (Ann. Avg.)			mg/L as N		Weekly	16-hour FPC
Ammonia, Total as N	Sample Measurement				0.06		0.10		0	1/7	16 comp
STORET No. 00610 I	Permit Requirement				2.5 (Mo. Avg.)		4.0 (Max.)	mg/L as N		Weekly	16-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. Sambarathi Vice President		(904) 721-4600	98/01/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holly Oaks WWTF

PERMIT NUMBER: FL0023621

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9100

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TSS	Sample Measurement			10.7		0	1/30	calc
STORET No. 00530 Y Mon. Site No. EFF-1	Permit Requirement			20 (An. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement			5.0	7.0	0	1/7	16 comp
STORET No. 00530 I Mon. Site No. EFF-1	Permit Requirement			30 (Mo. Avg.)	60 (Max.)		Weekly	16-hour FPC
CBOD5	Sample Measurement			3.4		0	1/30	calc
STORET No. 80082 Y Mon. Site No. EFF-1	Permit Requirement			6.0 (An. Avg.)			Weekly	16-hour FPC
CBOD5	Sample Measurement			2.7	3.2	0	1/7	16 comp
STORET No. 80082 I Mon. Site No. EFF-1	Permit Requirement			7.5 (Mo. Avg.)	12.0 (Max.)		Weekly	16-hour FPC
pH	Sample Measurement				7.0	0	cont	pH meter
STORET No. 00400 I Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)		Continuous	On line pH meter or hourly grab
TSS	Sample Measurement			878		0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
CBOD5	Sample Measurement			221		0	1/7	16 comp
STORET No. 80082 CI Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
Organic Nitrogen, as N	Sample Measurement			0.73		0	1/7	16 comp
STORET No. 00603 I Mon. Site No. EFF-1	Permit Requirement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC

G = Influent, I = Effluent, Y = Annual Average

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
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621

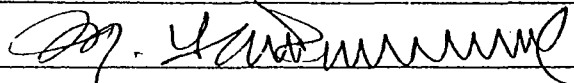
MONITORING PERIOD : From: 97/12/01

LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 97/12/31
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphate, Ortho as PO ₄	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 00660 1	Permit Requirement			Report (Max.)	mg/L as P		Quarterly	16-hour FPC
Mon. Site No. EPP-1	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 00665 1	Permit Requirement			Report (Max.)	mg/L as P		Quarterly	16-hour FPC
Mon. Site No. EPP-1	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 00660 1	Permit Requirement			Report (Max.)	mg/L as N		Quarterly	16-hour FPC
Mon. Site No. EPP-1	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 00630 1	Permit Requirement			Report (Max.)	mg/L as N		Quarterly	16-hour FPC
Mon. Site No. EPP-1	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	98/01/19

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

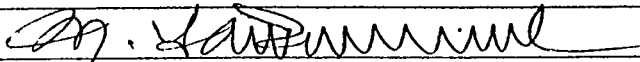
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD: From: 97/12/01
LIMIT: FINAL
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 97/12/31
REPORT: Toxicity
GROUP: Domestic
WAFR SITE NO.: 9100
OMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia - Routine	Sample Measurement			NOE = 9			1/60	24 comp
STORET No. TBP3B P	Permit Requirement			100 (Min.)	percent		Di-monthly	24 hour composite
Mon. Site No. EFF-1								
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia - Additional	Sample Measurement			NOE = 9				
STORET No. TBP3E Q	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
Mon. Site No. EFF-1								
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia - Additional	Sample Measurement			NOE = 9				
STORET No. TBP3E R	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
Mon. Site No. EFF-1								
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia - Additional	Sample Measurement			NOE = 9				
STORET No. TBP3E S	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
Mon. Site No. EFF-1								
NOEC Larv. Surv. and Growth Test Menidia beryllina - Routine	Sample Measurement			NOE = 9			1/60	24 comp
STORET No. TPD6B P	Permit Requirement			100 (Min.)	percent		Di-monthly	24 hour composite
Mon. Site No. EFF-1								
NOEC Larv. Surv. and Growth Test Menidia beryllina - Additional	Sample Measurement			NOE = 9				
STORET No. TPD6B Q	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
Mon. Site No. EFF-1								
NOEC Larv. Surv. and Growth Test Menidia beryllina - Additional	Sample Measurement			NOE = 9				
STORET No. TPD6B R	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
Mon. Site No. EFF-1								
NOEC Larv. Surv. and Growth Test Menidia beryllina - Additional	Sample Measurement			NOE = 9				
STORET No. TPD6B S	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
Mon. Site No. EFF-1								

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	98/01/19

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

DISCHARGE MONITORING REPORT - PART A (Toxicity Continued)

FACILITY NAME: Holly Oaks WWTF

PERMIT NUMBER: FL0023621

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9100

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia -- Routine	Sample Measurement					<i>NOI = 9</i>			<i>1/60</i>	<i>calc</i>
STORET No. TANJE P Mon. Site No. EFF-1	Permit Requirement					100 (Min.)	percent		Bi-monthly	calculated
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia -- Additional	Sample Measurement									
STORET No. TANJE Q Mon. Site No. EFF-1	Permit Requirement					100 (Min.)	percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia -- Additional	Sample Measurement									
STORET No. TANJE R Mon. Site No. EFF-1	Permit Requirement					100 (Min.)	percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia -- Additional	Sample Measurement									
STORET No. TANJE S Mon. Site No. EFF-1	Permit Requirement					100 (Min.)	percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina -- Routine	Sample Measurement					<i>NOI = 9</i>			<i>1/60</i>	<i>calc</i>
STORET No. TAN6B P Mon. Site No. EFF-1	Permit Requirement					100 (Min.)	percent		Bi-monthly	calculated
LC50 96 HOUR STAT. RENEWAL Menidia beryllina -- Additional	Sample Measurement									
STORET No. TAN6B Q Mon. Site No. EFF-1	Permit Requirement					100 (Min.)	percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina -- Additional	Sample Measurement									
STORET No. TAN6B R Mon. Site No. EFF-1	Permit Requirement					100 (Min.)	percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina -- Additional	Sample Measurement									
STORET No. TAN6B S Mon. Site No. EFF-1	Permit Requirement					100 (Min.)	percent		as needed	24 hour composite

If more tests are required, attach additional pages.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: November YEAR: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE POND

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: A CERT. NO. 2225

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

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

LEAD OPERATOR Charles R. Davis A-2225

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	0.525
(17) PERMITTED CAPACITY	mgd		1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.537
(19) PERCENT OF PERMITTED CAPACITY	%	****	54
(20) CBOD 5 EFFLUENT	mg/l	080082	2.2
(21) TSS EFFLUENT	mg/l	900201	4.0
(22) CUOD	lbs/d	****	13.1
(23) NUOD	lbs/d	****	4.9
(24) UOD	lbs/d	****	18.1
(25)			
(26) ORGANIC NITROGEN	mg/l	000600	0.21
(27) TOTAL NITROGEN	mg/L	000625	8.13
(28) TKN	mg/l	000610	0.27
(29) NITRATE + NITRITE	mg/l	071850	8.08
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	0.46
(32) ORTHO-PHOSPHORUS	mg/l	****	0.46
(33) TOTAL AMMONIA (NH3-N)			0.06
(34)		****	
(35)		****	
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	66
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	66
(38) MINIMUM pH		****	7.10
(39) MAXIMUM pH		****	8.00
(40)			
(41)			

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH November YEAR 1997

DAY OF THE MONTH	FLOW mgd	EFF NH3 mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF max.	pH EFF min.	EFF ORGAN NIT mg/l	CUOD EFF lbs/d	NUOD EFF lbs/d	UOD EFF lbs/d	FECAL COLIFORM (#/100ml)
01	0.603						7.40	7.20					
02	0.618						7.50	7.20					
03	0.521						7.40	7.20					
04	0.523						7.40	7.10					72
05	0.505						7.50	7.20					
06	0.508	< 0.05	155	316	1.0	1.5	7.60	7.20	0.00	6.1	1.0	7.0	
07	0.507						8.00	7.60					
08	0.550						7.80	7.30					
09	0.603						7.50	7.20					
10	0.505						7.50	7.10					
11	0.527						7.50	7.20					96
12	0.524						7.40	7.20					
13	0.508	< 0.05	174	364	2.5	5.7	7.40	7.20	0.00	15.2	1.0	16.1	
14	0.459						7.40	7.10					
15	0.542						7.30	7.10					
16	0.572						7.40	7.20					
17	0.495						7.30	7.20					
18	0.486						7.30	7.10					52
19	0.484						7.30	7.10					
20	0.464	< 0.05	248	364	2.2	2.9	7.30	7.20	0.72	12.2	13.6	25.8	
21	0.472						7.50	7.20					
22	0.517						7.50	7.20					
23	0.509						7.40	7.20					
24	0.492						7.40	7.20					
25	0.500	0.09	241	865	3.2	5.8	7.40	7.20	0.13	19.1	4.2	23.3	52
26	0.509						7.40	7.20					
27	0.527						7.20	7.60					
28	0.495						7.50	7.10					
29	0.557						7.50	7.10					
30	0.582						7.60	7.10					
TOTAL	15.744	0.24	818	1989	8.9	15.9			0.85	52.5	19.7	72.2	272
MEAN	0.525	0.06	205	477	2.2	4.0			0.21	13.1	4.9	18.1	68
MAX	0.618	0.09	248	865	3.2	5.8	8.00	7.60	0.72				96
MIN	0.459	0.05	155	316	1.0	1.5	7.20	7.10	0.00				52

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

SIGNED: Charles R. Davis DATE: 12/10/97

NAME: CHARLES R. DAVIS, CERTIFIED OPERATOR NO. A-2225

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

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
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225

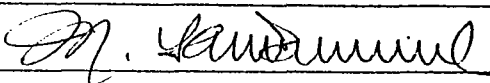
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD: From: 9/7/11/01
LIMIT: FINAL
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 9/7/11/30
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	0.538				0	1/30	calc
STORET No. 50050 Y	Permit Requirement	1.0 (Ann. Avg.)	MGD				Continuous	Meter / Totalizer
Mon. Site No. EFF-1								
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	0.525				0	cont	Flow Meter
STORET No. 50050 I	Permit Requirement	REPORT (Mo. Avg.)	MGD				Continuous	Meter / Totalizer
Mon. Site No. EFF-1								
Fecal Coliform Bacteria	Sample Measurement			40		0	1/30	calc
STORET No. 31616 Y	Permit Requirement			200 (An. Avg.)	#/100mL		Weekly	Grab
Mon. Site No. EFF-1								
Fecal Coliform Bacteria	Sample Measurement			68	96	0	1/7	Grab
STORET No. 31616 I	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		Weekly	Grab
Mon. Site No. EFF-1								
Ammonia, Total as N	Sample Measurement			0.05		0	1/30	calc
STORET No. 00610 Y	Permit Requirement			2.0 (Ann. Avg.)	mg/L as N		Weekly	16-hour FPC
Mon. Site No. EFF-1								
Ammonia, Total as N	Sample Measurement			0.06	0.09	0	1/7	16 comp
STORET No. 00610 I	Permit Requirement			2.5 (Mo. Avg.)	4.0 (Max.)		Weekly	16-hour FPC
Mon. Site No. EFF-1								

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	9/7/12/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holly Oaks WWTF

PERMIT NUMBER: FL0023621

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 2100

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
TSS	Sample Measurement			11.1		mg/L	0	1/30	calc
STORLET No. 00330	Permit Requirement			20 (Max)		mg/L		Weekly	16-hour FIC
Mon Site No. EPT-1									
TSS	Sample Measurement			4.0		mg/L	0	1/7	16-hour FIC
STORLET No. 00330	Permit Requirement			50 (Max)		mg/L		Weekly	16-hour FIC
Mon Site No. EPT-1									
CBOD5	Sample Measurement			3.9		mg/L	0	1/30	calc
STORLET No. 80082	Permit Requirement			6.0 (Max)		mg/L		Weekly	16-hour FIC
Mon Site No. EPT-1									
CHOD5	Sample Measurement			2.2		mg/L	0	1/7	16-hour FIC
STORLET No. 80082	Permit Requirement			7.5 (Max)		mg/L		Weekly	16-hour FIC
Mon Site No. EPT-1									
pH	Sample Measurement								
STORLET No. 00400	Permit Requirement			7.1		S.U.	0	Cont	pH meter
Mon Site No. EPT-1								Continuous	On line pH meter or hourly pHs
TSS	Sample Measurement			477		mg/L	0	1/7	16-hour FIC
STORLET No. 00330	Permit Requirement			Report (Max)		mg/L		Weekly	16-hour FIC
Mon Site No. EPT-1									
CHOD5	Sample Measurement			20.5		mg/L	0	1/7	16-hour FIC
STORLET No. 80082	Permit Requirement			Report (Max)		mg/L		Weekly	16-hour FIC
Mon Site No. EPT-1									
Organic Nitrogen, as N	Sample Measurement			0.21		mg/L	0	1/7	16-hour FIC
STORLET No. 00603	Permit Requirement			Report (Max)		mg/L		Weekly	16-hour FIC
Mon Site No. EPT-1									

G = Influent, I = Effluent, Y = Annual Average

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
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

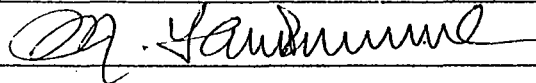
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD : From: 97/11/01
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 97/11/30
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphate, Ortho as P ₂ O ₄	Sample Measurement			0.46		0	1/90	16 comp
STORET No. 00660	Permit Requirement			Report (Max.)	mg/L as P		Quarterly	16-hour FIC
Mon. Site No. EPP-1	Sample Measurement			0.46		0	1/90	16 comp
Phosphorus, Total as P	Permit Requirement			Report (Max.)	mg/L as P		Quarterly	16-hour FIC
STORET No. 00663	Sample Measurement			8.13		0	1/90	16 comp
Mon. Site No. EPP-1	Permit Requirement			Report (Max.)	mg/L as N		Quarterly	16-hour FIC
Nitrogen, Total as N	Sample Measurement			8.08		0	1/90	16 comp
STORET No. 00630	Permit Requirement			Report (Max.)	mg/L as N		Quarterly	16-hour FIC
Mon. Site No. EPP-1	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/12/17

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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MAILING ADDRESS: 1400 Millcove Road
Jacksonville, FL 32225

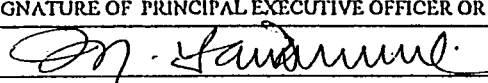
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD : From: 9/7/11/01
LIMIT: FINAL
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 9/7/11/30
REPORT: Toxicity
GROUP: Domestic
WAFR SITE NO.: 9100
OMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia -- Routine	Sample Measurement			>100		0	1/60	24 comp
STORET No. TBP3E P Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		Bi-monthly	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia -- Additional	Sample Measurement		*					
STORET No. TBP3E Q Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		As needed	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia -- Additional	Sample Measurement							
STORET No. TBP3E R Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		As needed	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia -- Additional	Sample Measurement							
STORET No. TBP3E S Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		As needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina -- Routine	Sample Measurement			>100		0	1/60	24 comp
STORET No. TPD6B P Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		Bi-monthly	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina -- Additional	Sample Measurement							
STORET No. TPD6B Q Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		As needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina -- Additional	Sample Measurement							
STORET No. TPD6B R Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		As needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina -- Additional	Sample Measurement							
STORET No. TPD6B S Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		As needed	24 hour 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	9/7/12/01

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

see attached HIER report # 907.

DISCHARGE MONITORING REPORT - PART A (Toxicity Continued)

FACILITY NAME: Holly Oaks WWTF

PERMIT NUMBER: FL0023621

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9100

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia - Routine	Sample Measurement				>100			0	1/60	calc
STORET No. TANJE P Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent		Bi-monthly	calculated
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia - Additional	Sample Measurement									
STORET No. TANJE Q Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia - Additional	Sample Measurement									
STORET No. TANJE R Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia - Additional	Sample Measurement									
STORET No. TANJE S Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina - Routine	Sample Measurement				>100			0	1/60	calc
STORET No. TAN6H P Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent		Bi-monthly	calculated
LC50 96 HOUR STAT. RENEWAL Menidia beryllina - Additional	Sample Measurement									
STORET No. TAN6H Q Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina - Additional	Sample Measurement									
STORET No. TAN6H R Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent		as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina - Additional	Sample Measurement									
STORET No. TAN6H S Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent		as needed	24 hour composite

If more tests are required, attach additional pages.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: October YEAR: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE POND

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: A CERT. NO. 2225

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

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

LEAD OPERATOR Charles R. Davis A-2225
signature cert. no.

(*) SLUDGE HAULER HAULED 0.266 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.528
(17) PERMITTED CAPACITY	mgd		1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.551
(19) PERCENT OF PERMITTED CAPACITY	%	****	55
(20) CBOD 5 EFFLUENT	mg/l	000082	2.2
(21) TSS EFFLUENT	mg/l	900201	5.2
(22) CUOD	lbs/d	****	13.2
(23) NUOD	lbs/d	****	34.0
(24) UOD	lbs/d	****	47.1
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	1.05
(27) TOTAL NITROGEN	mg/L	000625	
(28) TKN	mg/l	000610	1.76
(29) NITRATE + NITRITE	mg/l	071850	
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	
(32) ORTHO-PHOSPHORUS	mg/l	****	
(33) TOTAL AMMONIA (NH3-N)			0.71
(34)		****	
(35)		****	
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	2
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	2
(38) MINIMUM pH		****	7.1
(39) MAXIMUM pH		****	7.5
(40)			
(41)			

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH October YEAR 1997

DAY OF THE MONTH	FLOW mgd	EFF NH3 mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF max.	pH EFF min.	EFF ORGAN NIT mg/l	CUOD EFF lbs/d	NUOD EFF lbs/d	UOD EFF lbs/d	FECAL COLIFORM (#/100ml)
01	0.609						7.40	7.20					
02	0.434	0.80	159	220	1.3	2.1	7.40	7.20	1.19	6.7	32.9	39.6	
03	0.511						7.40	7.20					
04	0.562						7.40	7.20					
05	0.609						7.50	7.30					
06	0.527						7.40	7.20					
07	0.505						7.50	7.20					22
08	0.464						7.50	7.20					
09	0.501	0.05	184	386	1.0	4.5	7.40	7.20	0.49	6.0	10.3	16.3	
10	0.478						7.30	7.20					
11	0.551						7.40	7.20					
12	0.571						7.50	7.20					
13	0.528						7.50	7.20					
14	0.483						7.40	7.20					24
15	0.508						7.30	7.10					
16	0.559	0.90	144	149	2.5	11.4	7.40	7.20	2.51	16.7	72.6	89.3	
17	0.522						7.30	7.10					
18	0.512						7.40	7.20					
19	0.594						7.40	7.20					
20	0.503						7.30	7.10					
21	0.494						7.30	7.10					24
22	0.489						7.30	7.10					
23	0.495	1.76	151	276	4.7	6.5	7.30	7.10	0.94	27.8	50.9	78.7	
24	0.467						7.40	7.10					
25	0.554						7.30	7.50					
26	0.643						7.40	7.20					
27	0.595						7.50	7.30					
28	0.516						7.50	7.20					36
29	0.521						7.40	7.20					
30	0.517	0.05	150	241	1.4	1.7	7.30	7.20	0.11	8.6	3.2	11.8	
31	0.540						7.40	7.20					
TOTAL	16.362	3.56	780	1272	10.9	26.2			5.24	65.8	170.0	235.7	106
MEAN	0.528	0.71	158	254	2.2	5.2			1.05	13.2	34.0	47.1	27
MAX	0.643	1.76	184	386	4.7	11.4	7.50	7.50	2.51				36
MIN	0.434	0.05	144	149	1.0	1.7	7.30	7.10	0.11				22

LEAD OPERATOR: THIS IS TO CERTIFY THAT 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 DATE: 11/24/97

NAME: CHARLES R. DAVIS, CERTIFIED OPERATOR NO. A-2225

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

(*)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

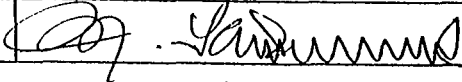
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD: From: 97/10/01
LIMIT: FINAL
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 97/10/31
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	0.545				0	1/30	calc
STORET No. 50050 Y	Permit Requirement	1.0 (Ann. Avg.)	MGD				Continuous	Meter / Totalizer
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	0.528				0	cont	Flow Meter
STORET No. 50050 I	Permit Requirement	REPORT (Mo. Avg.)	MGD				Continuous	Meter / Totalizer
Mon Site No. EFF-1	Requirement							
Fecal Coliform Bacteria	Sample Measurement			33		0	1/30	calc
STORET No. 31616 Y	Permit Requirement			200 (Ann. Avg.)	#/100mL		Weekly	Grab
Mon Site No. EFF-1	Requirement							
Fecal Coliform Bacteria	Sample Measurement			27		0	1/7	Grab
STORET No. 31616 I	Permit Requirement			Report (Mo. Geo-Mean)	800 (Max.)		Weekly	Grab
Mon Site No. EFF-1	Requirement							
Ammonia, Total as N	Sample Measurement			0.05		0	1/30	calc
STORET No. 00610 Y	Permit Requirement			2.0 (Ann. Avg.)	mg/L as N		Weekly	16-hour FPC
Mon Site No. EFF-1	Requirement							
Ammonia, Total as N	Sample Measurement			0.71		0	1/7	16 comp
STORET No. 00610 I	Permit Requirement			2.5 (Mo. Avg.)	4.0 (Max.)		Weekly	16-hour FPC
Mon Site No. EFF-1	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/11/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holly Oaks WWTF

PERMIT NUMBER: FL0023621

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9100

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TSS	Sample Measurement			12.1		0	1/30	calc
STORET No. 00530 Y	Permit Requirement			20 (An. Avg.)	mg/L		Weekly	16-hour PPC
TSS	Sample Measurement			5.2	11.4	0	1/7	16 comp
STORET No. 00530 I	Permit Requirement			30 (Mo. Avg.)	60 (Max.)		Weekly	16-hour PPC
CBOD5	Sample Measurement			4.3		0	1/30	calc
STORET No. 80062 Y	Permit Requirement			6.0 (An. Avg.)			Weekly	16-hour PPC
CBOD5	Sample Measurement			2.2	4.7	0	1/7	16 comp
STORET No. 80082 I	Permit Requirement			7.5 (Mo. Avg.)	12.0 (Max.)		Weekly	16-hour PPC
pH	Sample Measurement			7.1	7.5	0	cont	pH meter
STORET No. 00400 I	Permit Requirement			6.0 (Min.)	8.5 (Max.)		Continuous	On line pH meter or hourly grabs
TSS	Sample Measurement			254		0	1/7	16 comp
STORET No. 00530 G	Permit Requirement			Report (Mo. Avg.)			Weekly	16-hour PPC
CBOD5	Sample Measurement			158		0	1/7	16 comp
STORET No. 80082 I	Permit Requirement			Report (Mo. Avg.)			Weekly	16-hour PPC
Organic Nitrogen, as N	Sample Measurement			1.05		0	1/7	16 comp
STORET No. 00603 I	Permit Requirement			Report (Mo. Avg.)			Weekly	16-hour PPC

G = Influent, I = Effluent, Y = Annual Average

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
MAILING ADDRESS: 1400 Millcoo Road
Jacksonville, FL 32225

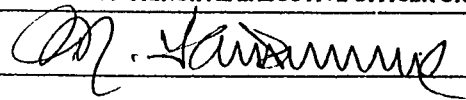
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD : From: 97/10/01
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 97/10/31
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphate, Ortho as PO ₄	Sample Measurement						1/90	16 comp
STORET No. 00660 Mon. Site No. EFF-1	Permit Requirement			NOBI = 9 Report (Max.)	mg/L as P		Quarterly	16-hour FIC
Phosphorus, Total as P	Sample Measurement						1/90	16 comp
STORET No. 00665 Mon. Site No. EFF-1	Permit Requirement			NOBI = 9 Report (Max.)	mg/L as P		Quarterly	16-hour FIC
Nitrogen, Total as N	Sample Measurement						1/90	16 comp
STORET No. 00660 Mon. Site No. EFF-1	Permit Requirement			NOBI = 9 Report (Max.)	mg/L as N		Quarterly	16-hour FIC
NO ₂ +NO ₃ , Total I DET. as N	Sample Measurement						1/90	16 comp
STORET No. 00630 Mon. Site No. EFF-1	Permit Requirement			NOBI = 9 Report (Max.)	mg/L as N		Quarterly	16-hour FIC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	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 submit information 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) 721-4600	97/11/25

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD : From: 97/10/01
LIMIT: FINAL
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 97/10/31
REPORT: Toxicity
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12393

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia - Routine	Sample Measurement						1/60	24 comp
STORET No. TBP3B P Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		Bi-monthly	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia - Additional	Sample Measurement			>100		0		24 comp
STORET No. TBP3E Q Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia - Additional	Sample Measurement			>100		0		24 comp
STORET No. TBP3E R Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia - Additional	Sample Measurement			>100		0		24 comp
STORET No. TBP3E S Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina - Routine	Sample Measurement						1/60	24 comp
STORET No. TPD6D P Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		Bi-monthly	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina - Additional	Sample Measurement							
STORET No. TPD6H Q Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina - Additional	Sample Measurement							
STORET No. TPD6H R Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina - Additional	Sample Measurement							
STORET No. TPD6H G Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President	<i>[Signature]</i>	(904) 721-4600	97/11/25

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

See attached HER reports #896, 903

DISCHARGE MONITORING REPORT - PART A (Toxicity Continued)

FACILITY NAME: Holly Oaks WWTF

PERMIT NUMBER: FL0023621

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9100

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia -- Routine	Sample Measurement									1/60	calc
STORET No. TAN3E P Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent			Bi-monthly	calculated
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia -- Additional	Sample Measurement				>100				0		24 comp
STORET No. TAN3E Q Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent			as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia -- Additional	Sample Measurement				>100				0		24 comp
STORET No. TAN3E R Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent			as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Mysidopsis bahia -- Additional	Sample Measurement				>100				0		24 comp
STORET No. TAN3E S Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent			as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina -- Routine	Sample Measurement									1/60	calc
STORET No. TAN6B P Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent			Bi-monthly	calculated
LC50 96 HOUR STAT. RENEWAL Menidia beryllina -- Additional	Sample Measurement										
STORET No. TAN6B Q Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent			as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina -- Additional	Sample Measurement										
STORET No. TAN6B R Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent			as needed	24 hour composite
LC50 96 HOUR STAT. RENEWAL Menidia beryllina -- Additional	Sample Measurement										
STORET No. TAN6B S Mon. Site No. EFF-1	Permit Requirement				100 (Min.)		percent			as needed	24 hour composite

If more tests are required, attach additional pages.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: September YEAR: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE POND

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: A CERT. NO. 2225

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

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

LEAD OPERATOR Charles R. Davis A-2225
signature cert. no.

(*) SLUDGE HAULER HAULED 0.140 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.541
(17) PERMITTED CAPACITY	mgd		1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.554
(19) PERCENT OF PERMITTED CAPACITY	%	****	55
(20) CBOD 5 EFFLUENT	mg/l	000002	2.0
(21) TSS EFFLUENT	mg/l	900201	3.8
(22) CUOD	lbs/d	****	11.8
(23) NUOD	lbs/d	****	46.4
(24) UOD	lbs/d	****	58.2
(25)			
(26) ORGANIC NITROGEN	mg/l	000600	2.42
(27) TOTAL NITROGEN	mg/l	000625	0.21
(28) TKN	mg/l	000610	2.47
(29) NITRATE + NITRITE	mg/l	071850	
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	
(32) ORTHO-PHOSPHORUS	mg/l	****	
(33) TOTAL AMMONIA (NH3-N)			0.05
(34)		****	
(35)		****	
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	18
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	24
(38) MINIMUM pH		****	7.10
(39) MAXIMUM pH		****	7.60
(40)			
(41)			

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH September YEAR 1997

DAY OF THE MONTH	FLOW mgd	EFF NH3 mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF max.	pH EFF min.	EFF ORGAN NIT mg/l	CUOD EFF lbs/d	NUOD EFF lbs/d	UOD EFF lbs/d	FECAL COLIFORM (#/100ml)
01	0.598						7.30	7.10					
02	0.564						7.30	7.20					52
03	0.656						7.30	7.20					
04	0.476	0.06	316	82	3.8	3.8	7.40	7.20	0.97	21.6	18.7	40.3	
05	0.497						7.30	7.20					
06	0.551						7.30	7.20					
07	0.622						7.30	7.10					
08	0.485						7.40	7.20					
09	0.588						7.30	7.20					14
10	0.441						7.40	7.20					
11	0.495	< 0.05	178	51	<1.0	1.6	7.30	7.20	8.65	5.9	164.1	170.0	
12	0.424						7.30	7.30					
13	0.594						7.30	7.50					
14	0.595						7.30	7.20					
15	0.515						7.30	7.20					
16	0.503						7.40	7.20					18
17	0.502						7.40	7.10					
18	0.507	< 0.05	168	218	1.7	3.3	7.50	7.20	0.00	10.3	1.0	11.2	
19	0.483						7.60	7.30					
20	0.556						7.50	7.20					
21	0.581						7.50	7.20					
22	0.541						7.50	7.20					
23	0.522						7.50	7.20					34
24	0.518						7.50	7.20					
25	0.523	< 0.05	153	122	1.5	6.3	7.50	7.20	0.05	9.4	2.0	11.4	
26	0.562						7.50	7.20					
27	0.608						7.50	7.20					
28	0.636						7.50	7.20					
29	0.547						7.40	7.20					
30	0.532						7.40	7.20					4
TOTAL	16.222	0.21	815	473	8.0	15.0			9.67	47.1	185.8	232.9	122
MEAN	0.541	0.05	204	118	2.0	3.8			2.42	11.8	46.4	58.2	24
MAX	0.656	0.06	316	218	3.8	6.3	7.60	7.50	8.65				52
MIN	0.424	0.05	153	51	1.0	1.6	7.30	7.10	0.00				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: Charles R. Davis

DATE: 10/14/97

NAME: CHARLES R. DAVIS, CERTIFIED OPERATOR NO. A-2225

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

(*)

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
MAILING ADDRESS: 1400 Millcove Road
Jacksonville, FL 32225

FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225

COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD: From: 9/7/01 To: 9/30/01
LIMIT: FINAL
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116F00901
DISCHARGE POINT NUMBER: DD01
PLANT SIZE/TREATMENT TYPE: IIB

REPORT: To: 9/7/01/30
GROUP: Monthly
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12395

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Measurement	0.555				0	1/30	calc
STORET No. 30030	Permit Requirement	1.0 (Ann. Avg.)	MGD				Continuous	meter Totalizer
Mon. Site No. EFP-1	Sample							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Measurement	0.541				0	cont	flowmeter
STORET No. 30050	Permit Requirement	REPORT (Mo. Avg.)	MGD				Continuous	meter Totalizer
Mon. Site No. EFP-1	Sample							
Fecal Coliform Bacteria	Measurement					0	1/30	calc
STORET No. 31616	Permit Requirement	32					Weekly	Grab
Mon. Site No. EFP-1	Sample							
Fecal Coliform Bacteria	Measurement					0	1/7	Grab
STORET No. 31616	Permit Requirement	24					Weekly	Grab
Mon. Site No. EFP-1	Sample							
Ammonia, Total as N	Measurement					0	1/30	calc
STORET No. 00610	Permit Requirement	0.05					Weekly	16-hour EPC
Mon. Site No. EFP-1	Sample							
Ammonia, Total as N	Measurement					0	1/7	16-hour EPC
STORET No. 00610	Permit Requirement	0.05					Weekly	16-hour EPC
Mon. Site No. EFP-1	Sample							

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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 (Y/YA/MD)
M. Sankaranarayanan	Vice President	904/721-4100	9/7/01/30

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

DISCHARGE MONITORING REPORT - PART A (Continued)

WAFR SITE No.: 9100

DISCHARGE POINT NUMBER: D001

PERMIT NUMBER: FL0023621

FACILITY NAME: Holly Oaks WWT

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
TSS	Sample							1/30	Calc
STORET No. 00530 Y	Permit							Weekly	16-hour FPC
Mon. Site No. EFT-1	Requircment								
TSS	Sample							1/7	16 Clean
STORET No. 00530 I	Permit							Weekly	16-hour FPC
Mon. Site No. EFT-1	Requircment								
CBOD5	Sample							1/30	Calc
STORET No. 80082 Y	Permit							Weekly	16-hour FPC
Mon. Site No. EFT-1	Requircment								
CBOD5	Sample							1/30	Calc
STORET No. 80082 Y	Permit							Weekly	16-hour FPC
Mon. Site No. EFT-1	Requircment								
CBOD5	Sample							1/7	16 Clean
STORET No. 80082 I	Permit							Weekly	16-hour FPC
Mon. Site No. EFT-1	Requircment								
pH	Sample							Cont	pH meter
STORET No. 00400 I	Permit							Continuous	On line pH
Mon. Site No. EFT-1	Requircment								meter or hourly
TSS	Sample							1/7	16 Clean
STORET No. 00530 G	Permit							Weekly	16-hour FPC
Mon. Site No. INT-1	Requircment								
CBOD5	Sample							1/7	16 Clean
STORET No. 80082 G	Permit							Weekly	16-hour FPC
Mon. Site No. INT-1	Requircment								
Organic Nitrogen, as N	Sample							1/7	16 Clean
STORET No. 80082 G	Permit							Weekly	16-hour FPC
Mon. Site No. INT-1	Requircment								
Organic Nitrogen, as N	Sample							1/7	16 Clean
STORET No. 00603 I	Permit							Weekly	16-hour FPC
Mon. Site No. EFT-1	Requircment								

G = Influent, I = Effluent, Y = Annual Average

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3351, 2600 Blair Stone Road, Tallahassee, FL 32329-2400

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

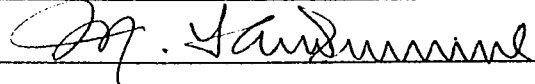
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD : From: 97/09/01
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 97/09/30
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphate, Ortho as PO ₄	Sample Measurement			NOI = 9			1/90	16 comp
STORET No. 00660 1	Permit Requirement			Report (Max.)	mg/L as P		Quarterly	16-hour FIC
Mon. Site No. EFP-1	Sample Measurement			NOI = 9			1/90	16 comp
Phosphorus, Total as P	Sample Measurement			Report (Max.)	mg/L as P		Quarterly	16-hour FIC
STORET No. 00663 1	Permit Requirement			Report (Max.)	mg/L as P		Quarterly	16-hour FIC
Mon. Site No. EFP-1	Sample Measurement			NOI = 9			1/90	16 comp
Nitrogen, Total as N	Sample Measurement			Report (Max.)	mg/L as N		Quarterly	16-hour FIC
STORET No. 00660 1	Permit Requirement			Report (Max.)	mg/L as N		Quarterly	16-hour FIC
Mon. Site No. EFP-1	Sample Measurement			NOI = 9			1/90	16 comp
NO ₂ +NO ₃ , Total I DET. as N	Sample Measurement			Report (Max.)	mg/L as N		Quarterly	16-hour FIC
STORET No. 00630 1	Permit Requirement			Report (Max.)	mg/L as N		Quarterly	16-hour FIC
Mon. Site No. EFP-1	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/10/20

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

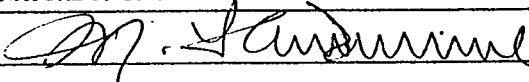
FACILITY: Holly Oaks WWTF
LOCATION: 10797 Fort Caroline Road
Jacksonville, FL 32225
COUNTY: Duval

PERMIT NUMBER: FL0023621
MONITORING PERIOD: From: 97/09/01
LIMIT: FINAL
CLASS SIZE: Major
FACILITY ID: FL0023621
GMS ID NO.: 3116P00901
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 97/04/30
REPORT: Toxicity
GROUP: Domestic
WAFR SITE NO.: 9100
GMS TEST SITE NO.: 3116X12395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia -- Routine	Sample Measurement			< 100		1	1/60	24 comp
STORET No. TDP3E P Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		Bi-monthly	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia -- Additional	Sample Measurement							
STORET No. TDP3E Q Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia -- Additional	Sample Measurement							
STORET No. TDP3E R Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Surv., Growth, Fecundity Test Mysidopsis bahia -- Additional	Sample Measurement							
STORET No. TDP3E S Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina -- Routine	Sample Measurement			> 100		0	1/60	24 comp
STORET No. TDP6B P Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		Bi-monthly	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina -- Additional	Sample Measurement							
STORET No. TDP6B Q Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina -- Additional	Sample Measurement							
STORET No. TDP6B R Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour composite
NOEC Larv. Surv. and Growth Test Menidia beryllina -- Additional	Sample Measurement							
STORET No. TDP6B G Mon. Site No. EFF-1	Permit Requirement			100 (Min.)	percent		as needed	24 hour 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/10/20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
See attached HER report #892 and #894.

DISCHARGE MONITORING REPORT - PART A (Toxicity Continued)

FACILITY NAME: Holly Oaks WWT

PERMIT NUMBER: FL0023621

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9100

[illegible]

If more tests are required, attach additional pages.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: August YEAR: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE POND

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: A CERT. NO. 2225

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

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

LEAD OPERATOR Charles R. Davis A-2225
signature cert. no.

(*) SLUDGE HAULER HAULED 0.084 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.562
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.492
(19) PERCENT OF PERMITTED CAPACITY	%	****	49
(20) CBOD 5 EFFLUENT	mg/l	000082	1.5
(21) TSS EFFLUENT	mg/l	900201	1.3
(22) CUOD	lbs/d	****	10.1
(23) MUOD	lbs/d	****	25.4
(24) UOD	lbs/d	****	35.5
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	1.93 2.75
(27) TOTAL NITROGEN	mg/L	000625	8.58
(28) TXN	mg/l	000610	1.18
(29) NITRATE + NITRITE	mg/l	071850	6.6
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	1.94
(32) ORTHO-PHOSPHORUS	mg/l	****	.15
(33) TOTAL AMMONIA (NH3-N)			< .05
(34)		****	
(35)		****	
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	22
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	31
(38) MINIMUM pH		****	7.10
(39) MAXIMUM pH		****	7.40
(40) METHOD CODE for TRC: 4500 Cl (6) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	08-14-97

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH August YEAR 1997

DAY OF THE MONTH	FLOW mgd	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	0.570					7.20	7.10					
02	0.570					7.20	7.10					
03	0.570					7.20	7.10					
04	0.570					7.20	7.10					
05	0.570					7.20	7.10					16
06	0.570					7.20	7.10					
07	0.570	151	134	2.9	2.8	7.10	7.10	0.26	19.7	5.6	25.4	
08	0.570					7.20	7.10					
09	0.570					7.20	7.10					
10	0.570					7.20	7.10					
11	0.570					7.20	7.10					
12	0.570					7.20	7.10					78
13	0.570					7.20	7.10					
14	0.570	197	47	1.1	0.6	7.10	7.10	1.98	7.5	43.0	50.5	
15	0.570					7.20	7.10					
16	0.570					7.20	7.10					
17	0.570					7.40	7.10					
18	0.570					7.20	7.10					
19	0.570					7.20	7.10					18
20	0.570					7.20	7.10					
21	0.570	160	57	<1.0	1.1	7.20	7.10	1.56	6.8	33.9	40.7	
22	0.570					7.30	7.10					
23	0.570					7.20	7.10					
24	0.570					7.30	7.10					
25	0.570					7.20	7.10					
26	0.570					7.20	7.10					10
27	0.560					7.20	7.10					
28	0.550	170	71	<1.0	0.6	7.10	7.10	0.91	6.6	19.1	25.6	
29	0.470					7.20	7.10					
30	0.508					7.30	7.10					
31	0.527					7.30	7.10					
TOTAL	17.435	678	309	6.0	5.1			4.71	40.6	101.6	142.2	122
MEAN	0.562	170	77	1.5	1.3			1.18	10.1	25.4	35.5	31
MAX	0.570	197	134	2.9	2.8	7.40	7.10	1.98				78
MIN	0.470	151	47	1.0	0.6	7.10	7.10	0.26				10

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

SIGNED: Charles R. Davis

DATE: 9/15/97

NAME: CHARLES R. DAVIS, CERTIFIED OPERATOR NO. A-2225

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

(*) Began reporting actual instead of estimated flow 26 August 1997.

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

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 08 DAY 01 TO YEAR 97 MO 03 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOTAL FACILITY DISCHARGE (SU8R JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2030-0004

Approval expires 05-31-98

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, ULTIMATE 00181 1 0 0	60.3	*****	(26)	*****	*****	*****	*****	0	1/30	calc	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8	*****	*****	*****	*****	*****	*****	ONCE/MONTH	CALCULATED	
BOD, 5-DAY (20 DEG. C) 00310 P 0 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	NODI=9	(19)			
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	6.0	1.5	12.0	MG/L	WEEKLY	COMPLI	
BOD, 5-DAY (20 DEG. C) 00310 Q 0 0	SAMPLE MEASUREMENT	*****	*****	*****	4.8	*****	2.9	(19)	0	1/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	20.0	*****	60.0	MG/L	WEEKLY	COMPLI	
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.10	*****	7.40	(12)	0	1/Hour	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU	CONTINUOUS	CORD	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	NODI=9	(19)			
SOLIDS, TOTAL SUSPENDED 00530 P 0 0	PERMIT REQUIREMENT	*****	*****	*****	20.0	30.0	40.0	MG/L	WEEKLY	COMPLI	
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	11.5	*****	2.8	(19)	0	1/7	
SOLIDS, TOTAL SUSPENDED 00530 Q 0 0	PERMIT REQUIREMENT	*****	*****	*****	20.0	*****	60.0	MG/L	WEEKLY	COMPLI	
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	NODI=9	(19)			
NITROGEN, KJELDAHL TOTAL (AS N) 00625 P 0 0	PERMIT REQUIREMENT	*****	*****	*****	2.0	2.5	4.0	MG/L	ONCE/MONTH	COMPLI	
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	ANNL AVG	MO AVG	DAILY MX	MG/L			

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.)

TELEPHONE

904 721-4600

DATE

97 09 22

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Ph. Sambamurthi

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

FL 32239

PERMIT NUMBER
E1 0023621
DISCHARGE NUMBER
0011

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	08	01	97	08	31

FROM 97 08 01 TO 97 08 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
TOTAL FACILITY DISCHARGE
(SUBR JA)
E - FINAL
MAJOR EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)		UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45)		UNITS	NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE				
NITROGEN, KJELDHAL	SAMPLE MEASUREMENT	*****	*****		1.34	*****	(19)	0	1/7	16 cont
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****		REPORT ANNL AVG	*****		0	1/30	calc
00625 Q 0 0	SEE COMMENTS BELOW									
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.557	*****	MGD	*****	*****		0	1/30	calc
50050 Y 0 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****		0	1/30	calc
ANNUAL AVERAGE	REPORT ANNL AVG	0.562	0.570	(03)	*****	*****		0	1/30	calc
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****		0	1/30	calc
50050 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****		0	1/30	calc
EFFLUENT GROSS VALUE	REPORT ANNL AVG	*****	*****	MGD	*****	*****		0	1/30	calc
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	*****		0	1/30	calc
RESIDUAL	PERMIT REQUIREMENT	*****	*****		*****	*****		0	1/30	calc
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****		0	1/30	calc
EFFLUENT GROSS VALUE	REPORT ANNL AVG	*****	*****	MG/L	*****	*****		0	1/30	calc
LENGTH OF LONGEST PH EXCURSION	SAMPLE MEASUREMENT	*****	*****		*****	*****		0	1/30	calc
72107 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****		0	1/30	calc
EFFLUENT GROSS VALUE	REPORT ANNL AVG	*****	*****	MIN-UTES	*****	*****		0	1/30	calc
% OF TIME EXCEEDING PH LIMITS	SAMPLE MEASUREMENT	*****	*****		*****	*****		0	1/30	calc
72108 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****		0	1/30	calc
EFFLUENT GROSS VALUE	REPORT ANNL AVG	*****	*****	PER-CENT	*****	*****		0	1/30	calc
CULIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	*****		0	1/30	calc
GENERAL	PERMIT REQUIREMENT	*****	*****		*****	*****		0	1/30	calc
74055 Y 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****		0	1/30	calc
ANNUAL AVERAGE	REPORT ANNL AVG	*****	*****	100ML	*****	*****		0	1/30	calc
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)									
M. Sankar	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
Vice President	TELEPHONE									
	DATE									
	AREA CODE NUMBER YEAR MO DAY									
	97 721-4600 97 09 22									

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *by UV.*
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.
EPA Form 3320-1 (08-96) Previous editions may be used. REPLACES EPA FORM T-40 WHICH MAY NOT BE USED. 02177/970722-1810

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCODE 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

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 08 DAY 01 TO YEAR 97 MO 08 DAY 31

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

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

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	78	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	BOU DAILY MX	/ 100ML		WEEKLY	RAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

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

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.

EPA Form 3320-1 (08-95) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

02178/970722-1810

PAGE

3 OF 3

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCREEK 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
97	08	01	97	08	31

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

TOXICITY TESTING

(SUBR JA)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE 1 ***

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) (46-53)			(4 Card Only) (38-45)			(46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
LC50 STAT 48HR ACU C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)					
ERIODAPHNIA	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-					
TAA3B P 0 1				***	MINIMUM			CENT					
SEE COMMENTS BELOW													
LC50 STAT 48HR ACU C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)					
ERIODAPHNIA	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-					
TAA3B Q 0 1				***	MINIMUM			CENT					
SEE COMMENTS BELOW													
LC50 STATRE 96HR ACU	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)					
PIMEPHALES	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-					
TAN6C P 0 1				***	MINIMUM			CENT					
SEE COMMENTS BELOW													
LC50 STATRE 96HR ACU	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)					
PIMEPHALES	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-					
TAN6C Q 0 1				***	MINIMUM			CENT					
SEE COMMENTS BELOW													
NOEL STATRE 7DAY CH	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)					
CERIODAPHNIA	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-					
TBP3B P 0 1				***	MINIMUM			CENT					
SEE COMMENTS BELOW													
NOEL STATRE 7DAY CH	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)					
CERIODAPHNIA	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-					
TBP3B Q 0 1				***	MINIMUM			CENT					
SEE COMMENTS BELOW													
NOEL STATRE 7DAY CH	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)					
PIMEPHALES	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-					
TBP6C P 0 1				***	MINIMUM			CENT					
SEE COMMENTS BELOW													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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.)						TELEPHONE		DATE			
M. Sambamurthi Vice President								904 721-4600		97 09 22			
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY	

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

P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME JAX SUBURBAN UTIL-HOLLY DAKS
ADDRESS 1400 MILLCOE RD
SUITE 103
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-HOLLY DAKS
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

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUE

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	08	01	97	08	31
(20-21)		(22-23)	(24-25)	(26-27)	(28-29)
				(30-31)	

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
MODEL STATRE 7DAY CHR PIMEPHALES TBP6C Q U 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		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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.)					TELEPHONE		DATE	
M. Sambamurthi Vice President							904 781-4600		97 09 22	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO DAY

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

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

	PARAMETER	UNITS	STORET CODE	VALUE
(1) MONTH: July YEAR: 1997				
(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00901	(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.577
(3) PLANT NAME: HOLLY OAKS WASTEWATER TREATMENT PLANT	(17) PERMITTED CAPACITY			1.000
(4) PLANT ADDRESS: 18797 FORT CAROLINE ROAD	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.349
(5) CITY: JACKSONVILLE	(19) PERCENT OF PERMITTED CAPACITY	%	****	35
(6) COUNTY: DUVAL	(20) CBOD 5 EFFLUENT	mg/l	000082	2.5
(7) PHONE NUMBER: (904) 725-2865	(21) TSS EFFLUENT	mg/l	900201	27.5
(8) PERMIT NUMBER: D016-229843	(22) CUOD	lbs/d	****	17.2
(9) PLANT TYPE: 3C	(23) NUOD	lbs/d	****	31.4
(10) TEST SITE IDENTIFICATION NUMBER: 3116X12395	(24) UOD	lbs/d	****	48.6
(11) FECAL COLIFORM SAMPLE METHOD:	(25)			
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER	(26) ORGANIC NITROGEN	mg/L	000600	4.54
(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) TOTAL NITROGEN	mg/L	000625	13.29
SURFACE POND	(28) TKN	mg/l	000610	1.43
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE + NITRITE	mg/l	071850	8.7
[] YES [] NO [X] NOT APPLICABLE	(30)		****	
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) TOTAL PHOSPHORUS	mg/l	000605	7.79
(15) PLANT STAFFING:	(32) ORTHO-PHOSPHORUS	mg/l	****	1.51
DAY SHIFT OPERATOR CLASS: A CERT. NO. 744 2225	(33) TOTAL AMMONIA (NH3-N)			<.05
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	
LEAD OPERATOR <u>Charles R. Davis</u> A- 744 2225	(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	19
signature cert. no.	(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	33
(*) SLUDGE HAULER HAULED 0.168 MILLION GALLONS FROM THE PLANT DIGESTERS.	(38) MINIMUM pH		****	7.00
	(39) MAXIMUM pH		****	7.40
	(40) METHOD CODE for TRC: 4500 Cl (6) MIN. DETECTION LEVEL			0.20
	(41) SAMPLE DATE for NUTRIENTS		****	07-10-97

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH July YEAR 1997

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	0.577							7.20	7.30					2
02	0.577			183	110	1.7	4.1	7.20	7.10	0.30	11.7	6.6	18.3	
03	0.577							7.30	7.10					
04	0.577							7.30	7.10					
05	0.577							7.30	7.10					
06	0.577							7.20	7.20					
07	0.577							7.30	7.20					
08	0.577							7.20	7.00					51
09	0.577							7.20	7.00					
10	0.577			142	47	1.2	106.0	7.10	7.10	4.59	8.3	100.9	109.2	
11	0.577							7.20	7.10					
12	0.577							7.10	7.00					
13	0.577							7.20	7.00					
14	0.577							7.40	7.00					
15	0.577							7.10	7.00					24
16	0.577							7.10	7.00					
17	0.577			195	178	3.8	19.5	7.20	7.00	0.33	26.2	7.3	33.4	
18	0.577							7.10	7.00					
19	0.577							7.20	7.00					
20	0.577							7.20	7.10					
21	0.577							7.10	7.00					
22	0.577							7.20	7.00					76
23	0.577							7.20	7.00					
24	0.577			176	73	1.7	3.1	7.10	7.10	1.72	11.7	37.8	49.5	
25	0.577							7.20	7.10					
26	0.577							7.20	7.10					
27	0.577							7.30	7.10					
28	0.577							7.20	7.10					
29	0.577							7.20	7.10					12
30	0.577							7.20	7.00					
31	0.577			162	117	4.1	4.9	7.10	7.10	0.19	28.2	4.2	32.4	
TOTAL	17.887			858	525	12.5	137.6			7.13	86.0	156.8	242.8	165
MEAN	0.577			172	105	2.5	27.5			1.43	17.2	31.4	48.6	33
MAX	0.577			195	178	4.1	106.0	7.40	7.30	4.59				76
MIN	0.577			142	47	1.2	3.1	7.10	7.00	0.19				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: Charles R. Davis, A-2225 DATE: 21 Aug. 97

NAME: ~~JAMES R. DAVIS~~ Charles R. Davis

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

TOTAL FACILITY DISC. N° 2940-0004

Approval expires 05-31-98
12345

MAJOR
EFFLUE
*** NO DISCHARGE 1/1 ***

NOTE: Read instructions before completing this form.

CONCENTRATION	NO.	FREQUENCY	SAMPLE
(54-611)	EX	OF	TYPE

MAXIMUM	UNITS	ANALYSIS	
	(62-63)	(64-68)	(69-70)

	O	1/30	cake
--	---	------	------

	DATE	UNCL / MONTH
(19)	****	MONTH

138	NOA I = 9	138	NOA I = 9
-----	-----------	-----	-----------

11.00	DAILY MAX	MG/L	11
		(19)	

4/1	0 1/7	16 cont
-----	-------	---------

DAILY MK	MG/L	U/
(12)		

REPORT	7.14
CONTINUING RECORD	0 1/4 Hour Carab

MAXIMUM	SU	UOUS
(19)	.	

WEEKLY COMPLIANCE	40.0	NOI = 9
-------------------	------	---------

DAILY MK	M6/L	11
----------	------	----

	106.0	#	1	W cont
	80.0			WEEKLY COMP

DAILY #X	MG/L	(19)	11

NOVA 2 = 9	4.0	UNCL / COMPT	1/30
------------	-----	--------------	------

DAILY MX	MG/L	MONTH	DATE	TELEPHONE
----------	------	-------	------	-----------

--	--	--	--

AL EXECUTIVE IZED AGENT	984	72-4600	97	08	21
	AREA CODE	NUMBER	YEAR	MO	DAY

7/10/97.
2147.8 LB/DAY MONITOR & REPORT

REPORTING DURING THIS PERIOD.
6.0 TO 8.5 STD. UNITS.

PAGE 1 of 3

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (VD Form 1))
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
PERMIT NUMBER

0011
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
97 07 01 97 07 31

FROM

TO

32239

NOTE: Read instructions before completing this form.

*** NO DISCHARGE ***

MAJOR EFFLUENT

F - FINAL

(SUBR JA)

TOTAL FACILITY DISCHARGE

Form Approved

OMB No. 2030-0004

Approved 05-31-98

PARAMETER (32-37)	QUANTITY OR LOADING (14 Card Only) (38-45)			QUANTITY OR CONCENTRATION (15 Card Only) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
NITROGEN, KJELDAHL									
TOTAL (AS N)									
00625 0 0 0									
SEE COMMENTS BELOW									
FLOW, IN CONDUIT OR THRU TREATMENT PLANT									
00050 Y 0 0									
ANNUAL AVERAGE									
FLOW, IN CONDUIT OR THRU TREATMENT PLANT									
00050 I 0 0									
EFFLUENT GROSS VALUE									
CHLORINE, TOTAL RESIDUAL									
00060 I 0 0									
EFFLUENT GROSS VALUE									
LENGTH OF LONGEST PH EXCURSION									
02107 I 0 0									
EFFLUENT GROSS VALUE									
PH LIMITS									
02108 I 0 0									
EFFLUENT GROSS VALUE									
POLIFORM, FECAL GENERAL									
04055 Y 0 0									
ANNUAL AVERAGE									
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE	
M. Tombarner, Vice President				[Signature]				DATE	
TYPED OR PRINTED				AREA CODE NUMBER				YEAR MO DAY	
				904 721-4600				97 08 21	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Disinfection by UV.
Q: 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.
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.
EPA Form 3320-1 (08-96) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

TOTAL FACILITY DISBURSEMENTS \$2,440,000.00
Approval expires 05-31-98
12345

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

DISCHARGE NUMBER	0017
PERMIT NUMBER	FL0023521

MONITORING PERIOD							
YEAR		MO		DAY		TO	
97	07	07	01	97	07	31	

FACILITY	LOCATION
JACKSONVILLE	FL 32239
JAX SUBURBAN	UTIL-HOLLY OAKS 32239

ATTN: PHILIP HEIL, VICE PRESIDENT

PARAMETER
(32-37)

COLIFORM, FECAL

GENERAL

74055 1 0 0

INFLUENT GROSS VALUE

[illegible]

MEASUREMENT

PERMIT

REQUIREMENT:

SAMPLE	MEASUREMENT
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
9	100
10	100
11	100
12	100
13	100
14	100
15	100
16	100
17	100
18	100
19	100
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21	100
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91	100
92	100
93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

	DEBIT
	CREDIT
	BALANCE
	TOTALS

PERMIT REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT[illegible]

MEASUREMENT

PERMIT REQUIREMENT

REQUIREMENTS

SAMPLE	MEASUREMENT
--------	-------------

DEPARTMENT

REQUIREMENT

	CAMPBELL
--	----------

SAFETY MEASUREMENT

PERMIT

REQUIREMENT

NAME OF PRINCIPAL EXECUTIVE OFFICER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	2 / 1/8
--	---------

M. Damburner the

Vice President.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE	204 721-4661
REA CODE	NUMBER

		97	08	MO
				YEAR
				DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 P: WHEN UDD >147.3 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UDD >147.8 LB/DAY MONITOR & REPORT
 THESE PARAMETERS. PUT "NDMP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD.
 ANNUAL AVE SHOULD BE CALCULATED ONCE/MONTH. THE REQUIRED RANGE FOR PH IS 6.0 TO 8.5 SID. UNITS.
 EPA FORM 3320-1 10R-95 Previous editions may be used. (REPLACES EPA FORM 1-7-79 WHICH MAY NOT BE USED.)

PAGE 3 OF 3
 0 175/970727-1810

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 103

FACILITY JACKSONVILLE FL 32239
LOCATION JAX SUBURBAN UTIL-HOLLY OAKS
32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

PERMIT NUMBER
FL0023521

DISCHARGE NUMBER
0011

MONITORING PERIOD
YEAR MO DAY
97 07 01 TO 97 07 31

FROM

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

TOXICITY TESTING
(SUBR JA)
F - FINAL

MAJOR
EFFLUE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(13 Card Only) (46-53)			(14 Card Only) (38-45)			(15 Card Only) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
LC50 STAT 48HR ACU C	*****	*****	*****	>100	*****	*****	(23)	*****	0	1/6 mos	46rb	
ERIODAPHNIA	*****	*****	*****	MINIMUM	*****	*****	PER- CENT	*****				
TAA33 P 0 1	*****	*****	*****	*****	*****	*****	*****	*****				
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****				
LC50 STAT 48HR ACU C	*****	*****	*****	ADAT=9	*****	*****	(23)	*****				
ERIODAPHNIA	*****	*****	*****	MINIMUM	*****	*****	PER- CENT	*****				
TAA33 Q 0 1	*****	*****	*****	*****	*****	*****	*****	*****				
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****				
LC50 STATRE 96HR ACU	*****	*****	*****	>100	*****	*****	(23)	*****	0	1/6 mos	46rb	
PIMEPHALES	*****	*****	*****	MINIMUM	*****	*****	PER- CENT	*****				
TAN6C P 0 1	*****	*****	*****	*****	*****	*****	*****	*****				
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****				
LC50 STATRE 96HR ACU	*****	*****	*****	ADAT=9	*****	*****	(23)	*****				
PIMEPHALES	*****	*****	*****	MINIMUM	*****	*****	PER- CENT	*****				
TAN6C Q 0 1	*****	*****	*****	*****	*****	*****	*****	*****				
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****				
NOEL STATRE 7DAY CHR	*****	*****	*****	>100	*****	*****	(23)	*****	0	1/6 mos	46rb	
CERIODAPHNIA	*****	*****	*****	MINIMUM	*****	*****	PER- CENT	*****				
TBP33 P 0 1	*****	*****	*****	*****	*****	*****	*****	*****				
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****				
NOEL STATRE 7DAY CHR	*****	*****	*****	ADAT=9	*****	*****	(23)	*****				
CERIODAPHNIA	*****	*****	*****	MINIMUM	*****	*****	PER- CENT	*****				
TBP33 Q 0 1	*****	*****	*****	*****	*****	*****	*****	*****				
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****				
NOEL STATRE 7DAY CHR	*****	*****	*****	>100	*****	*****	(23)	*****	0	1/6 mos	46rb	
PIMEPHALES	*****	*****	*****	MINIMUM	*****	*****	PER- CENT	*****				
TBP6C P 0 1	*****	*****	*****	*****	*****	*****	*****	*****				
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Samba-murthi
Vice President
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT
Mr. Samba-murthi

TELEPHONE
904 721-4600

DATE
97 08 21

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

PER-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)

FLO023621

PERMIT NUMBER

001 T

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 07 DAY 01 TO YEAR 97 MO 07 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOXICITY TESTING (SUBR JA)
F - FINAL
MAJOR EFFLUE

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NOEL STATRE 7DAY CHR PIMEPHALES TSP6C Q Q 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOEL=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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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		
M. Sambamurti Vice President TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

R=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: June YEAR: 1997

(2) PLANT'S DER IDENTIFICATION NUMBER: 3116P00981

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE POND

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: 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 Charles R. Davis ^{A-2225}
signature ~~7648~~ cert. no.

(*) SLUDGE HAULER HAULED 0.105 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORED CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.498
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.218
(19) PERCENT OF PERMITTED CAPACITY	%	****	22
(20) CBOD 5 EFFLUENT	mg/l	080082	8.8
(21) TSS EFFLUENT	mg/l	900201	33.3
(22) CUOD	lbs/d	****	55.8
(23) NUOD	lbs/d	****	115.4
(24) UOD	lbs/d	****	171.1
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0
(27) TOTAL NITROGEN	mg/L	000625	0
(28) TKN	mg/l	000610	5.49
(29) NITRATE + NITRITE	mg/l	071850	0
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	0
(32) ORTHO-PHOSPHORUS	mg/l	****	0
(33) TOTAL AMMONIA (NH3-N)			0
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	61
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	92
(38) MINIMUM pH		****	6.90
(39) MAXIMUM pH		****	7.30
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	06-30-97

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	0.498	0.5	< 0.20					7.10	6.90					
02	0.498	0.7	< 0.20					7.00	6.90					
03	0.498	0.5	< 0.20					7.10	7.00					212
04	0.498	0.5	< 0.20					7.10	7.00					
05	0.498	0.5	< 0.20	120	139	4.7	3.9	7.10	7.00	0.05	27.9	0.9	28.9	
06	0.498	0.7	< 0.20					7.10	6.90					
07	0.498	0.8	< 0.20					7.10	7.10					
08	0.498	1.0	< 0.20					7.20	7.10					
09	0.498	1.0	< 0.20					7.30	7.20					
10	0.498	1.1	< 0.20					7.20	7.20					104
11	0.498	1.2	< 0.20					7.20	7.10					
12	0.498	1.0	< 0.20	145	286	10.9	5.8	7.20	7.10	6.35	64.8	120.5	185.3	
13	0.498	0.5	< 0.20					7.30	7.30					
14	0.506	0.6	< 0.20					7.20	7.10					
15	0.538	1.0	< 0.20					7.20	7.10					
16	0.470	0.7	< 0.20					7.10	7.00					
17	0.487	0.5	< 0.20					7.10	7.00					32
18	0.462	0.7	< 0.20					7.10	7.00					
19	0.574	0.5	< 0.20	139	59	17.1	120.6	7.10	7.10	15.50	117.1	339.1	456.2	
20	0.498	0.6	< 0.20					7.10	7.10					
21	0.513	0.7	< 0.20					7.10	7.00					
22	0.547	0.7	< 0.20					7.10	7.00					
23	0.498	0.6	< 0.20					7.10	7.10					
24	0.466							7.20	7.10					20
25	0.425							7.30	7.10					
26	0.487			154	56	2.3	3.0	7.20	7.10	0.05	13.4	0.9	14.3	
27	0.498							7.30	7.10					
28	0.498							7.30	7.10					
29	0.498							7.30	7.20					
30	0.502							7.30	7.10					

TOTAL	14.941	17.4	< 0.20	558	540	35.0	133.3			21.95	223.1	461.5	684.6	368
MEAN	0.498	0.8	< 0.20	140	135	8.8	33.3			5.49	55.8	115.4	171.1	92
MAX	0.574	1.8	< 0.20	154	286	17.1	120.6	7.30	7.30	15.50				212
MIN	0.425	0.5	< 0.20	120	56	2.3	3.0	7.00	6.90	0.05				20

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

SIGNED: Charles R. Davis DATE: 7-22-97

NAME: ~~JAMES KEYES~~
CHARLES R. DAVIS

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

TOTAL FACILITY DISCHARGE NA 12040-0004

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXYGEN DEMAND, ULTIMATE 00181 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	61.3	*****	(26)	*****	*****	*****	0	1/30	calc
	PERMIT REQUIREMENT	147.8 ANNL AVG	*****	LBS/DY	*****	*****	*****	****	ONCE/ MONTH	CALCT
BOD, 5-DAY (20 DEG. C) 00310 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 6.0	NODI=9 7.5	NODI=9 12.0	(19)		WEEKLY COMPLE
	PERMIT REQUIREMENT	*****	*****	****	ANNL AVG	MD AVG	DAILY MX	MG/L		
BOD, 5-DAY (20 DEG. C) 00310 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		5.2	*****	17.1	(19)	0 1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	20.0 ANNL AVG	*****	80.0 DAILY MX	MG/L		WEEKLY COMPLE
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.3	(12)	0 1/4 hour	Grab
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 20.0	NODI=9 30.0	NODI=9 40.0	(19)		WEEKLY COMPLE
	PERMIT REQUIREMENT	*****	*****	****	ANNL AVG	MD AVG	DAILY MX	MG/L		
SOLIDS, TOTAL SUSPENDED 00530 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*	8.6	*****	120.6	(19)	1 1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	20.0 ANNL AVG	*****	60.0 DAILY MX	MG/L		WEEKLY COMPLE
NITROGEN, KJELDAHL TOTAL (AS N) 00625 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 2.0	NODI=9 2.5	NODI=9 4.0	(19)		ONCE/ MONTH
	PERMIT REQUIREMENT	*****	*****	****	ANNL AVG	MD AVG	DAILY MX	MG/L		COMPLE

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

771-4600

97 07 21

AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Annual Average based on 8 months of data. ** See attached letter re: 755, 76N 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)

FLO023621

001 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 06 DAY 01 TO YEAR 97 MO 06 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOTAL FACILITY DISCHARGE DMR NO. 004-0004
(SUBR JA)
F - FINAL
MAJOR EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

Form Approved.

Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		1.22	*****	15.50	(19)	1	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	***	REPORT ANNL AVG	*****	REPORT DAILY MX	MG/L		ONCE/	COMPI
				***						MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.563	*****	(03)	*****	*****	*****		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG	*****	MGD	*****	*****	*****	*****		ONCE/	CALCT
										MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.498	0.574	(03)	*****	*****	*****		0	cont	Flow
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTIN	Meter
										UOUS	RCDFL
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NOOI = B	(19)	0	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.01	MG/L		DAILY	GRAB
				***			DAILY MX				
LENGTH OF LONGEST PH EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	60 MIN-	ONCE/		MONTH	CALCT
				***			DAILY MX				
% 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-	ONCE/		MONTH	CALCT
				***			DAILY MX				
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	16	*****	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	200	*****	1/		ONCE/	CALCT
				***		ANNL AVG	100ML			MONTH	

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

904 721-4600

AREA
CODE

NUMBER

DATE

97 07 21

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Annual Averages based on 8 months of data. (1) Method code for TCE 15450001 (6), Detection or 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. 150.3 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

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 06 DAY 01 TO YEAR 97 MO 06 DAY 30
(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.

USE NA 1049-0004

Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	212	(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										
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	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

904 721-4600

AREA
CODE NUMBER

97 07 21
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
ATTN: PHILLIP HEIL, VICE PRESIDENT
FL 32239

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

MONITORING PERIOD			
YEAR	MO	DAY	TO
97	06	01	97
YEAR	MO	DAY	FROM
97	06	01	97

TOXICITY TESTING OMB No. 2040-0004
Form Approved.
Approval Expires 05-31-98
(SUBR JA)
F - FINAL
MAJOR
EFFLU
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

SAMPLE TYPE (169-70)
NO. OF ANALYSIS (164-68)
FREQUENCY (162-63)

PARAMETER (32-37)	X	AVERAGE			MAXIMUM			UNITS			MINIMUM			AVERAGE			MAXIMUM			UNITS			NO. EX (162-63)	FREQUENCY (164-68)	SAMPLE TYPE (169-70)
		(13 Card Only) (146-63)			(146-61)			(138-45)			(146-63)			(154-61)			(154-61)								
LC50 STAT 48HR ACU	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
ERIODAPHANIA	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
TAA3B P O 1	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
LC50 STAT 48HR ACU	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
ERIODAPHANIA	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
TAA3B Q O 1	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
LC50 STAT 96HR ACU	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
PIMEPHALES	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
TAN6C P O 1	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
LC50 STAT 96HR ACU	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
PIMEPHALES	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
TAN6C Q O 1	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
NOEL STATE 7DAY CH	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
CERIODAPHANIA	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
TBP3B Q O 1	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
NOEL STATE 7DAY CH	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
NOEL STATE 7DAY CH	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
PIMEPHALES	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
TBP6C P O 1	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	M. Sambaumurti																								
TYPED OR PRINTED																									
Vice President																									
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."																									
EPA Form 3320-1 (08-95) Previous editions may be used.																									
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 02144/970425-1737																									
PAGE 2																									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	M. Sambaumurti																						
TYPED OR PRINTED																							
Vice President																							
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																							
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(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 02144/970425-1737																							
PAGE 2																							

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

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

TOXICITY TESTING

(SUBR JA)

F - FINAL

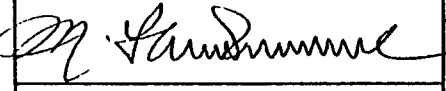
MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NOEL STATRE 7DAY CHR	SAMPLE MEASUREMENT	*****	*****		NOBT=9	*****	*****	(23)			
PIMEPHALES	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	PER-			
TBP6C Q 0 1				****	MINIMUM			CENT			
SEE COMMENTS BELOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
M. Santamurthi Vice President TYPED OR PRINTED			904	721-4600	97	07	21

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

P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NODI=9".

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: May YEAR: 1997

(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. ~~7640~~ 2225
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
LEAD OPERATOR Charles D. Long 4-2225
signature cert. no. ~~4-7648~~

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.093
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.009
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD 5 EFFLUENT	mg/l	000082	
(21) TSS EFFLUENT	mg/l	900201	
(22) CUOD	lbs/d	****	
(23) NUOD	lbs/d	****	
(24) UOD	lbs/d	****	
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0
(27) TOTAL NITROGEN	mg/L	000625	0
(28) TKN	mg/l	000610	
(29) NITRATE + NITRITE	mg/l	071850	0
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	0
(32) ORTHO-PHOSPHORUS	mg/l	****	0
(33) TOTAL AMMONIA (NH3-N)			0
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	
(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		****	05-31-97

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH May YEAR 1997

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	0.000													
02	0.000													
03	0.000													
04	0.000													
05	0.000													
06	0.000													
07	0.000													
08	0.000													
09	0.000													
10	0.000													
11	0.000													
12	0.000													
13	0.000													
14	0.000													
15	0.000													
16	0.000													
17	0.000													
18	0.000													
19	0.000													
20	0.000													
21	0.000													
22	0.000													
23	0.000													
24	0.000													
25	0.000													
26	0.000													
27	0.577													
28	0.577	0.5	< 0.20					7.10	6.80					
29	0.577	0.5	< 0.20					7.00	6.90					
30	0.577	0.5	< 0.20					7.00	6.90					
31	0.577	0.6	< 0.20					7.00	6.90					
TOTAL	2.885	2.1	< 0.20											
MEAN	0.093	0.5	< 0.20											
MAX	0.577	0.6	< 0.20					7.10	6.90					
MIN	0.000	0.5	< 0.20					7.00	6.80					

LEAD OPERATOR: THIS IS TO CERTIFY THAT 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 DATE: 6/16/97

NAME: ~~JAMES KEYES~~

CHARLES R. DAVIS

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

(*) Plant off line 1/29/97 through 5/27/97 for repairs and improvements.

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCREEK 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)

(12-16)

(17-19)

FL0023621

PERMIT NUMBER

001 1

DISCHARGE NUMBER

TOTAL FACILITY ID DMB NA 2040-0004

(SUBR JA)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB NA 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, ULTIMATE 00181 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	147.8 ANNL AVG	*****	(25) LBS/DY	*****	*****	*****	*****	0	1/30	calc
BOD, 5-DAY (20 DEG. C) 00310 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	6.0 ANNL AVG	7.5 MD AVG	12.0 DAILY MX	MG/L	0	1/7	16 comp
BOD, 5-DAY (20 DEG. C) 00310 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	20.0 ANNL AVG	*****	60.0 DAILY MX	MG/L	0	1/7	16 comp
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.8 REPORT MINIMUM	*****	7.1 REPORT MAXIMUM	SU	0	1/Hour	6 grab
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	20.0 ANNL AVG	30.0 MD AVG	40.0 DAILY MX	MG/L	0	1/7	16 comp
SOLIDS, TOTAL SUSPENDED 00530 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	20.0 ANNL AVG	*****	60.0 DAILY MX	MG/L	0	1/7	16 comp
NITROGEN, KJELDAHL TOTAL (AS N) 00625 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	2.0 ANNL AVG	2.5 MD AVG	4.0 DAILY MX	MG/L	0	1/30	16 comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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.)				TELEPHONE		DATE			
M. Sambamurti Vice President TYPED OR PRINTED						904 731-4600		97 06 26			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER		YEAR		MO		DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Plant out of service until 5/28/97. There is no lab data.
 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

PERMIT NUMBER

001 1

DISCHARGE NUMBER

Form Approved.

DMR No. 2040-0004

Approval expires 05-31-98

TOTAL FACILITY DISCHARGE

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01	TO	97	05	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOOT=9	*****	NOOT=9	(19)	0	1/4	16 comp
	PERMIT REQUIREMENT	*****	*****	****	REPORT ANNL AVG	*****	REPORT DAILY MX	MG/L		ONCE/	COMPL
				****						MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	NOOT=9	*****	(03)	*****	*****	*****		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNL AVG	*****	MGD	*****	*****	*****	****		ONCE/	CALCT
								****		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	NOOT=9 0.093	0.577	(03)	*****	*****	*****		0	cont	Flow
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	Flow
								****		UOUS	meter
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	NOOT=B	(19)	0	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01			DAILY	GRAB
				****			DAILY MX	MG/L			
LENGTH OF LONGEST P EXCURSION 72107 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60 MIN-			ONCE/	CALCT
				****			DAILY MX	UTES		MONTH	
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 PER-			ONCE/	CALCT
				****			DAILY MX	CENT		MONTH	
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	NOOT=9	*****	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	200	*****	1		ONCE/	CALCT
				****		ANNL AVG		100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. 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

904 721-4600

97 06 26

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 IS 6.0 TO 8.5 STD. UNITS.

EPA Form 3320-1 (08-95) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

02150/970425-1737

PAGE 2 OF 3

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCREE 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

TOTAL FACILITY DISCHARGE

(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)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NO DZ = 9	(13)		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									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sombamurthi
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

904 721-4600

97 06 26

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

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 MILLCREE 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)

(12-16)

(17-19)

FL0023621

PERMIT NUMBER

001 T

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 91 MO 03 DAY 01 TO YEAR 91 MO 05 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOXICITY TESTING

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STAT 48HR ACU ERIODAPHNIA TAA3B P 0 1 SEE COMMENTS BELOW	C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
		PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
LC50 STAT 48HR ACU ERIODAPHNIA TAA3B Q 0 1 SEE COMMENTS BELOW	C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
		PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
		PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
		PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
NOEL STATRE 7DAY CH CERIODAPHNIA TBP3B P 0 1 SEE COMMENTS BELOW	C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
		PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
NOEL STATRE 7DAY CH CERIODAPHNIA TBP3B Q 0 1 SEE COMMENTS BELOW	C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
		PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
NOEL STATRE 7DAY CH PIMEPHALES TBP6C P 0 1 SEE COMMENTS BELOW	C	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
		PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Jankmarthi
Vice President

TYPED OR PRINTED

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[Signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

904 721-4600

AREA CODE NUMBER

DATE

97 06 26

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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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

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TOXICITY TESTING OMB No. 2040-0004
(SUBR JA) Approval expires 05-31-98

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE [] ***

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PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (60-61)	AVERAGE (62-63)	MAXIMUM (64-65)	UNITS (66-67)			
NOEL STATRE 7DAY CHL PIMEPHALES TBP6C W C 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 100 MINIMUM	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****		*****	*****	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

Mr. Sambamurti
Vice President

TYPED OR PRINTED

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[Signature]

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TELEPHONE

904 721-4600

AREA CODE NUMBER

DATE

97 06 26

YEAR MO DAY

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PART II GENERAL INFORMATION

(1) MONTH: April YEAR: 1997

(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 ☐ 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 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	
(19) PERCENT OF PERMITTED CAPACITY	%	****	
(20) CBOD 5 EFFLUENT	mg/l	000082	
(21) TSS EFFLUENT	mg/l	900201	
(22) CUOD	lbs/d	****	
(23) NUOD	lbs/d	****	
(24) UOD	lbs/d	****	
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0
(27) TOTAL NITROGEN	mg/L	000625	0
(28) TKN	mg/l	000610	
(29) NITRATE + NITRITE	mg/l	071850	0
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	0
(32) ORTHO-PHOSPHORUS	mg/l	****	0
(33) TOTAL AMMONIA (NH3-N)			0
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	
(38) MINIMUM pH		****	
(39) MAXIMUM pH		****	
(40) METHOD CODE for TRC: 4500 Cl (6) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	04-05-97

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	TKW 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)

TOTAL
MEAN
MAX
MIN

LEAD OPERATOR: THIS IS TO CERTIFY THAT 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: 5-14-97

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 HILLCOE 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)

FLOG23621

PERMIT NUMBER

001 1

DISCHARGE NUMBER

Form Approved.

DMR No. 2040-0004

Approval expires 05-31-98

TOTAL FACILITY D

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

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PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, ULTIMATE 00151 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	NDMP=9	*****	(26)	*****	*****	*****				
	PERMIT REQUIREMENT	147.8	*****		*****	*****	*****	****		ONCE/ MONTH	
BOD, 5-DAY (20 DEG. C) 00310 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NDMP=9	NDMP=9	NDMP=9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	6.0	7.5	12.0	MG/L		WEEKLY COMPI	
BOD, 5-DAY (20 DEG. C) 00310 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NDMP=9		NDMP=9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	20.0	*****	60.0	MG/L		WEEKLY COMPI	
PH	SAMPLE MEASUREMENT	*****	*****		NDMP=9		NDMP=9	(12)			
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NDMP=9	NDMP=9	NDMP=9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	20.0	30.0	40.0	MG/L		WEEKLY COMPI	
SOLIDS, TOTAL SUSPENDED 00530 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NDMP=9		NDMP=9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	20.0	*****	60.0	MG/L		WEEKLY COMPI	
NITROGEN, KJELDAHL TOTAL (AS N) 00625 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NDMP=9		NDMP=9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	2.0	2.5	4.0	MG/L		ONCE/ MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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.)	TELEPHONE	DATE		
M. Sambamurthi Vice President TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 721-4600 AREA CODE NUMBER	97 05 20 YEAR MO DAY

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

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ADDRESS 1400 MILLCREE 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)
(17-19)
FL0023621
PERMIT NUMBER
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DISCHARGE NUMBER

TOTAL FACILITY D 2018 NA 2040-0004
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT
Approval Expires 05-31-98

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 97 04 01 TO 97 04 30

*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) (46-53)			(4 Card Only) (38-45)			(5 Card Only) (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NITROGEN, KJELDAHL TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	(19)			
00625 Q 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	MG/L		ONCE / MONTH	COMPL
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
50050 Y 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
50050 I 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
50060 I 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
LENGTH OF LONGEST PH EXCURSION	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
72107 I 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
% OF TIME EXCEEDING PH LIMITS	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
72108 I 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
COLORIM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
74055 Y 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****				
M. Sambamurthy 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		TELEPHONE		DATE								
TYPED OR PRINTED		M. Sambamurthy		904 721-4600		97 05 20										
				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
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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

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

FROM 97 04 01 TO 97 04 30

YEAR MO DAY

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

Form Approved.

USE NA 2040-0004

Approval expires 05-31-98

TOTAL FACILITY DISCHARGE

(SUBR JA)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	*****					
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****					
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										
	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.)

TELEPHONE

904 721-4600

DATE

97 05 20

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

M. Sambamurthi

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 US 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)

FLOC23621

PERMIT NUMBER

001 T

DISCHARGE NUMBER

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

Form Approved.

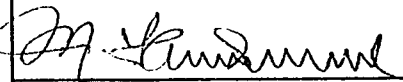
OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
97	04	01		97	04	30
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STAT 48HR ACU ERIODAPHNIA TAA3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 100 MINIMUM	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****		*****	*****	PER- CENT			
LC50 STAT 48HR ACU ERIODAPHNIA TAA3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 100 MINIMUM	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****		*****	*****	PER- CENT			
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 100 MINIMUM	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****		*****	*****	PER- CENT			
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 100 MINIMUM	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****		*****	*****	PER- CENT			
NOEL STATRE 7DAY CH CERIODAPHNIA TBP3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 100 MINIMUM	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****		*****	*****	PER- CENT			
NOEL STATRE 7DAY CH CERIODAPHNIA TBP3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 100 MINIMUM	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****		*****	*****	PER- CENT			
NOEL STATRE 7DAY CH PIMEPHALES TBP6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9 100 MINIMUM	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****		*****	*****	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. § 1318. (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		
			904 721-4600 AREA CODE NUMBER	97	05	20 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

FROM YEAR 97 MO 04 DAY 01 TO YEAR 97 MO 04 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOXICITY TESTING (SUBR JA)
F - FINAL
MAJOR
EFFLUE

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
NOEL STATRE 70AY CH	SAMPLE MEASUREMENT	*****	*****					(23)			
PIMEPHALES	PERMIT REQUIREMENT	*****	*****	*****	100 MINIMUM	*****	*****	PER-CENT			
TSP6C Q 0 1	SAMPLE MEASUREMENT										
SEE COMMENTS BELOW	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1310. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE
M. Sambamurthi Vice President TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER

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: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE POND

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: 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 I. Keys A-7648
signature cert. no.

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

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.539
(19) PERCENT OF PERMITTED CAPACITY	%	****	54
(20) CBOD 5 EFFLUENT	mg/l	080082	
(21) TSS EFFLUENT	mg/l	900201	
(22) CUOD	lbs/d	****	
(23) NUOD	lbs/d	****	
(24) UOD	lbs/d	****	
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.0
(27) TOTAL NITROGEN	mg/L	000625	0.0
(28) TKM	mg/l	000610	
(29) NITRATE + NITRITE	mg/l	071850	0.0
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	0.0
(32) ORTHO-PHOSPHORUS	mg/l	****	0.0
(33) TOTAL AMMONIA (NH3-N)			0.0
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	
(38) MINIMUM pH		****	
(39) MAXIMUM pH		****	
(40) METHOD CODE for TRC: 4500 Cl (G) MIN. DETECTION LEVEL			0.2
(41) SAMPLE DATE for NUTRIENTS		****	03-05-9

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

												MONTH	March	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 COLIFEC
	mgd	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	max.	min.	mg/l	lbs/d	lbs/d	lbs/d	(#/100)

TOTAL
MEAN
MAX
MIN

LEAD OPERATOR: THIS IS TO CERTIFY THAT 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: 4-18-97

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

(*) Plant taken out-of service for rehab.

TEE NAME/ADDRESS (Include Facility Name/Location (if Different))
JAY SUGARMAN UTILITY OAKS
ADDRESS 1400 HILLCOR RD
SUITE 108
JACKSONVILLE
JAY SUGARMAN UTILITY OAKS
LOCATION 32239
FL 32239
ATTN: PHILIP HELL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PERMIT NUMBER 810023621
DISCHARGE NUMBER 001 1
MONITORING PERIOD
FROM 9/7/97 TO 9/3/01
YEAR MO DAY
97 03 01
120-21 (22-29) (24-26) (26-27) (28-29) (30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			NO. EX ANALYSIS (62-63) (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXYGEN DEMAND, ULTIMATE 00181 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	147.0 N00Z=9	*****	(20)	*****	*****	*****	*****	*****	CNCT/ CALCT
BOD, 5-DAY (20 DEG. C) 00310 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00530 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
NITROGEN, KJALDHAL TOTAL (AS N) 00625 0 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *None is out of service.*
P: WHEN BOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN BOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NONE" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD.
EPA Form 3320-1 (08-96) Previous editions may be used. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.)
02310/970109-1743
PAGE 1 OF 3

NAME/ADDRESS (Include Facility Name/Location if Different)
JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 HILLCOE RD
SUITE 103
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)
(17-19)

FL0023621
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	03	01	97	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 DISCHARGE
(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)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
NITROGEN, Kjeldahl TOTAL (AS N) 00625 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOISE=9	*****	NOISE=9	(19)		
	PERMIT REQUIREMENT	*****	*****	***	REPORT ANNUAL AVG	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	NOISE=9	*****	(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT ANNUAL AVG	*****	MGD	*****	*****	*****	***	ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	NOISE=9	NOISE=9	(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	***	CONTINUOUS	ACDFL
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	NOISE=9	(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.01 DAILY MAX	MG/L	DAILY	GRAB
LENGTH OF LONGEST P EXCURSION 72107 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	NOISE=9	(14)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	60 DAILY MAX	MIN- UTES	ONCE/ MONTH	CALCT
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****	*	*****	*****	NOISE=9	(23)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MAX	PER- CENT	ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	NOISE=9	*****	(13)		
	PERMIT REQUIREMENT	*****	*****	***	*****	200 ANNUAL AVG	*****	/ 100MI	ONCE/ MONTH	CALCT

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
904 721-4600
AREA
CODE NUMBER
DATE
97 04 23
YEAR MO DAY

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

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

NAME JAK SUBURBAN UTIL-HOLLY OAKS

ADDRESS 1400 HILLCOE RD

SUITE 103

JACKSONVILLE

FL 32239

FACILITY JAK SUBURBAN UTIL-HOLLY OAKS

LOCATION 32239

ATTN: PHILLIP NEIL, VICE PRESIDENT

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

FL0023621

PERMIT NUMBER

001 1

DISCHARGE NUMBER

TOTAL FACILITY DISCHARGE (SUB 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

MONITORING PERIOD

FROM YEAR 97 MO 03 DAY 01 TO YEAR 97 MO 03 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****		(13)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	NOOI-9 800 DAILY 100 MI	/	WEEKLY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	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]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

904 721-4600

AREA CODE

NUMBER

DATE

97

04

23

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. INITIALS ARE 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

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 03 DAY 01 TO YEAR 97 MO 03 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUENT

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

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STAT 48HR ACU C ERIODAPHNIA TAA3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NO DI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	PER- CENT			
LC50 STAT 48HR ACU C ERIODAPHNIA TAA3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NO DI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU PINEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NO DI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	PER- CENT			
LC50 STATRE 46HR ACU PINEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NO DI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	PER- CENT			
NOEL STATRE 7DAY CH CERIODAPHNIA TEP3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NO DI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	PER- CENT			
NOEL STATRE 7DAY CH CERIODAPHNIA TEP3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NO DI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	PER- CENT			
NOEL STATRE 7DAY CH PINEPHALES TEP6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NO DI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	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. § 1310. (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

904.721-4600
AREA CODE NUMBER

DATE

97 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."

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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

001 1

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

TOXICITY TESTING

(SUPER JA)

F - FINAL

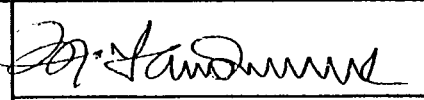
MAJOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
NOEL STATE 7DAY CH PINEPHALES T896C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOEL = 9	*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	****	100	*****	*****	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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		
M. Sambamurthi Vice President TYPED OR PRINTED			904.721-4600	97	04	23

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

P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NCDI=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: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE POND

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: 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. Keys A-7648
signature cert. no.

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

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.545
(19) PERCENT OF PERMITTED CAPACITY	%	****	54
(20) CBOD 5 EFFLUENT	mg/l	000082	
(21) TSS EFFLUENT	mg/l	900201	
(22) CUOD	lbs/d	****	
(23) NUOD	lbs/d	****	
(24) UOD	lbs/d	****	
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0
(27) TOTAL NITROGEN	mg/L	000625	0
(28) TKN	mg/l	000610	
(29) NITRATE + NITRITE	mg/l	071850	0
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	0
(32) ORTHO-PHOSPHORUS	mg/l	****	0
(33) TOTAL AMMONIA (NH3-N)			0
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	
(38) MINIMUM pH		****	
(39) MAXIMUM pH		****	
(40) METHOD CODE for TRC: 4500 C1 (G) MIN. DETECTION LEVEL			0.20
(41) SAMPLE DATE for NUTRIENTS		****	02-28-97

MONTH February YEAR 1997

	TOTAL	MEAN	MAX	MIN
--	-------	------	-----	-----

SIGNED: James J. Dwyer

DATE: 3-10-97

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

(*) No Flow due to shut down on 1-29-97 for rehab.

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

NAME JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE
FL 32239

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(12-16)

FL0023621
PERMIT NUMBER
C01 1
DISCHARGE NUMBER

Form Approved.
TOTAL FACILITY DOWNEY'S-29-40-0004
(SUBR JA)
F - FINAL
Approved 12/29/95-31-98

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

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
97 02 01 97 02 28

MAJOR EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER (12-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (13 Card Only) (14-61)			QUANTITY OR CONCENTRATION (14 Card Only) (15-61)			NO. EX (16-61)	FREQUENCY OF ANALYSIS (17-61)	SAMPLE TYPE (18-70)
		AVERAGE (14-63)	MAXIMUM (15-61)	UNITS (16-61)	MINIMUM (17-61)	AVERAGE (18-63)	MAXIMUM (19-61)			
OXYGEN DEMAND, LIMITATE	MEASUREMENT	48.0	*****	(25)	*****	*****	*****	0	1/30	calc
00181 1 0 0	PERMIT REQUIREMENT	ANML AVG	*****	LBS/D	*****	*****	*****	*****	MONTH	CALC
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****							
50D, 5-DAY (20 DEG. C)	MEASUREMENT	*****	*****		NODI=9	NODI=9	NODI=9	(19)		
00310 P 0 0	PERMIT REQUIREMENT	*****	*****		ANML AVG	MO AVG	DAILY MX	MG/L		
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		5.0	*****	NODI=9	(19)	1/4	16 conf
90D, 5-DAY (20 DEG. C)	MEASUREMENT	*****	*****		20.0	*****	NODI=9	MG/L		
00310 Q 0 0	PERMIT REQUIREMENT	*****	*****		ANML AVG	*****	DAILY MX	MG/L		
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	NODI=9	(12)	1/4	16 conf
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		REPORT MINIMUM	*****	REPORT MAXIMUM	SD		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		NODI=9	NODI=9	NODI=9	(19)		
00530 P 0 0	PERMIT REQUIREMENT	*****	*****		20.0	30.0	40.0	MG/L		
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		ANML AVG	MO AVG	DAILY MX	MG/L		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		5.1	*****	NODI=9	(19)	1/4	16 conf
00530 Q 0 0	PERMIT REQUIREMENT	*****	*****		20.0	*****	NODI=9	MG/L		
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		ANML AVG	*****	DAILY MX	MG/L		
NITROGEN, KJELDHAL	SAMPLE MEASUREMENT	*****	*****		NODI=9	NODI=9	NODI=9	(19)		
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****		2.0	7.5	4.0	MG/L		
00625 P 0 0	PERMIT REQUIREMENT	*****	*****		ANML AVG	MO AVG	DAILY MX	MG/L		
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****		

M. Scharnath

Vice President

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Annual Average based on 11 months. There is no flow for Feb 1997.
WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. Q: WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. PUT "NDNP" FOR PARAMETERS THAT ARE NOT APPLICABLE FOR REPORTING DURING THIS PERIOD.
I HAVE SHOWN RE CALCULATED ONCE/MON "THE REQUIRED RANGE FOR 95.5 TO 8.5 STD. UNITS."
320-108-951 Previous editions may be used. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.) 03207/070100-1703 PAGE 2 OF 2

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

FROM YEAR MO DAY TO YEAR MO DAY
97 02 01 TO 97 02 28
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

TOTAL FACILITY DISCHARGE

(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

12345

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
NITROGEN, Kjeldahl TOTAL (AS N) 00625 Q U O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		0.68	*****	NO DI=9	(19)	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	REPORT ANNUAL AVG	*****	REPORT DAILY MAX	MG/L	ONCE/ MONTH	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y O O ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.559	*****	(03)	*****	*****	*****		1/30	calc
	PERMIT REQUIREMENT	REPORT ANNUAL AVG	*****	MGD	*****	*****	*****	****	ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DI=9	NO DI=9	(03)	*****	*****	*****		cont	Flow Meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****	CONTIN UOUS	RCDFLO
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NO DI=9	(19)	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01 DAILY MAX	MG/L	DAILY	GRAB
LENGTH OF LONGEST P EXCURSION 72107 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NO DI=9	(14)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60 DAILY MAX	MIN- UTES	ONCE/ MONTH	CALCT
% OF TIME EXCEEDING PH LIMITS 72108 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NO DI=9	(23)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MAX	PER- CENT	ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y O O ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	9	*****	(13)	0	1/30 calc
	PERMIT REQUIREMENT	*****	*****	****	*****	200 ANNUAL AVG	*****	#/ 100MI	ONCE/ MONTH	CALCT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi

Vice President

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA
CODE

NUMBER

YEAR

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DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Annual Average based on 11 months. There is no flow for Feb 1997.

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.

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FL 32239

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LOCATION 32239

ATTN: PHILLIP HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

FL0023621

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 02 DAY 01 TO YEAR 97 MO 02 DAY 28
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.

OMB No. 12040-0004

Approval Expires 05-31-98

TOTAL FACILITY DISCHARGE (SUBR JA)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(13)		1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	100 MI		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 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 <i>[Signature]</i>	TELEPHONE	DATE		
			AREA CODE NUMBER	YEAR	MO	DAY
			904 721-4600	97	03	25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) There is no flow for Feb 1997.
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.
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EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 02309/970109-1743 PAGE 3

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

NAME: JAX SUBURBAN UTIL-HOLLY OAKS
ADDRESS 1400 MILLCREEK 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

001 T
DISCHARGE NUMBER

TOXICITY TESTING
(SUBR JA)
F - FINAL
MAJOR
EFFLUE

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

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
97 02 01 97 02 28

*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50 STAT 48HR ACU ERIODAPHNIA TAA3B P 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	(23)		
LC50 STAT 48HR ACU ERIODAPHNIA TAA3B Q 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	PER- CENT		
LC50 STAT 48HR ACU ERIODAPHNIA TAA3B Q 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	(23)		
LC50 STAT 96HR ACU PINEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	PER- CENT		
LC50 STAT 96HR ACU PINEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	(23)		
NOEL STAT 7 DAY CH CERIODAPHNIA TBP3B P 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	PER- CENT		
NOEL STAT 7 DAY CH CERIODAPHNIA TBP3B Q 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	(23)		
NOEL STAT 7 DAY CH PINEPHALES TBP6C P 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	PER- CENT		
NOEL STAT 7 DAY CH PINEPHALES TBP6C Q 0 1 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	(23)		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. Zambanurthi
Vice President

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
M. Zambanurthi

TELEPHONE

DATE

97 02 28

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)

(2-18)

(17-19)

FL0023621

PERMIT NUMBER

001 T

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 02 DAY 01 TO YEAR 97 MO 02 DAY 28
(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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
NOEL STATRE /DAY CH PINEPHALES TBP6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOEL=9	*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT		
	SAMPLE MEASUREMENT									
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	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

904-721-4600
AREA CODE NUMBER

DATE

97 03 25
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 "NCDI=9".

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: January YEAR: 1997

(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. Keys A-7648
signature cert. no.

(*) SLUDGE HAULER HAULED 0.210 MILLION GALLONS FROM THE PLANT DIGESTERS.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.534
(17) PERMITTED CAPACITY			1.000
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.561
(19) PERCENT OF PERMITTED CAPACITY	%	****	56
(20) CBOD 5 EFFLUENT	mg/l	000082	5.6
(21) TSS EFFLUENT	mg/l	900201	5.6
(22) CUOD	lbs/d	****	35.8
(23) NUOD	lbs/d	****	9.5
(24) UOD	lbs/d	****	45.3
(25)			
(26) ORGANIC NITROGEN	mg/L	000600	0.28
(27) TOTAL NITROGEN	mg/L	000625	13.55
(28) TKN	mg/l	000610	0.47
(29) NITRATE + NITRITE	mg/l	071850	13.20
(30)		****	
(31) TOTAL PHOSPHORUS	mg/l	000685	2.88
(32) ORTHO-PHOSPHORUS	mg/l	****	2.66
(33) TOTAL AMMONIA (NH3-N)			0.07
(34) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(35) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(36) FECAL COLIFORM (GEO MEAN)	#/100ml	****	12
(37) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	18
(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		****	01-09-97

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
HOLLY OAKS WWTP

MONTH January YEAR 1997

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	0.617	0.6	< 0.20					7.00	6.80					
02	0.585	0.6	< 0.20	221	377	5.1	5.7	7.00	6.80	0.32	35.6	7.1	42.7	
03	0.571	0.6	< 0.20					7.00	6.90					
04	0.628	1.0	< 0.20					7.00	6.90					
05	0.589	0.7	< 0.20					7.00	6.90					
06	0.587	0.6	< 0.20					7.00	6.80					
07	0.478	0.6	< 0.20					7.00	6.90					38
08	0.520	0.6	< 0.20					7.00	6.80					
09	0.540	0.8	< 0.20	214	213	6.4	5.4	7.00	6.90	0.35	41.2	7.2	48.4	
10	0.520	0.6	< 0.20					7.00	6.80					
11	0.694	0.8	< 0.20					7.00	6.90					
12	0.601	0.6	< 0.20					7.00	6.80					
13	0.541	0.6	< 0.20					7.00	6.80					
14	0.432	0.6	< 0.20					7.00	6.90					22
15	0.499	0.6	< 0.20					7.00	6.90					
16	0.526	0.6	< 0.20	177	158	5.0	7.4	7.00	6.90	0.73	31.4	14.6	46.0	
17	0.554	0.6	< 0.20					7.00	6.90					
18	0.535	0.6	< 0.20					6.90	6.80					
19	0.566	0.6	< 0.20					7.00	6.90					
20	0.539	0.6	< 0.20					7.00	6.90					
21	0.450	0.6	< 0.20					7.00	6.90					4
22	0.487	0.6	< 0.20					7.00	6.90					
23	0.498	0.6	< 0.20	178	165	5.9	4.0	7.00	6.90	0.47	35.1	8.9	44.0	
24	0.498	0.6	< 0.20					7.10	7.00					
25	0.566	0.6	< 0.20					7.00	6.90					
26	0.583	0.6	< 0.20					7.00	6.80					
27	0.604	0.6	< 0.20					7.00	6.90					
28	0.529	0.5	< 0.20					7.00	6.80					6
29	0.160	0.6	< 0.20					7.00	7.00					
			< 0.20											
			< 0.20											
TOTAL	15.497	18.2	< 0.20	790	913	22.4	22.5			1.87	143.3	37.9	181.1	70
MEAN	0.534	0.6	< 0.20	198	228	5.6	5.6			0.47	35.8	9.5	45.3	18
MAX	0.694	1.0	< 0.20	221	377	6.4	7.4	7.10	7.00	0.73				38
MIN	0.160	0.5	< 0.20	177	158	5.0	4.0	6.90	6.80	0.32				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: James J. Keyes DATE: 2-14-97

NAME: JAMES KEYES

COMPANY NAME: UNITED WATER FLORIDA

TELEPHONE NUMBER: (904) 721-4600

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 1
DISCHARGE NUMBER

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

TOTAL FACILITY DISCHARGES
(SUHR JA)
F - FINAL
MAJOR
EFFLUE

*** NO DISCHARGE ☐ ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	01	01	TO	97	01	31
FROM (20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)			

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, ULTIMATE 00181 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	48.5	*****	(26)	*****	*****	*****		0	1/30	calc
	PERMIT REQUIREMENT	147.8 ANNUAL AVG	*****		*****	*****	*****	****		ONCE/ MONTH	CALCULATED
BOD, 5-DAY (20 DEG. C) 00310 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	NODI=9	NODI=9	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*****	*****	****	6.0 ANNUAL AVG	7.5 MG AVG	12.0 DAILY MX	MG/L		WEEKLY	COMPLETION
BOD, 5-DAY (20 DEG. C) 00310 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		5.1	*****	6.4	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*****	*****	****	20.0 ANNUAL AVG	*****	60.0 DAILY MX	MG/L		WEEKLY	COMPLETION
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.1	(12)	0	1/4hour	Grab
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	RECORDING
SOLIDS, TOTAL SUSPENDED 00530 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	NODI=9	NODI=9	(19)	-	1/7	16comp
	PERMIT REQUIREMENT	*****	*****	****	20.0 ANNUAL AVG	30.0 MG AVG	40.0 DAILY MX	MG/L		WEEKLY	COMPLETION
SOLIDS, TOTAL SUSPENDED 00530 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		5.2	*****	7.4	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*****	*****	****	20.0 ANNUAL AVG	*****	60.0 DAILY MX	MG/L		WEEKLY	COMPLETION
NITROGEN, KJELDAHL TOTAL (AS N) 00625 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	NODI=9	NODI=9	(19)	-	1/7	16comp
	PERMIT REQUIREMENT	*****	*****	****	2.0 ANNUAL AVG	2.5 MG AVG	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMPLETION
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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.)					TELEPHONE		DATE		
M. Sambamurthi Vice President							721-4600		97	02	27
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 "NODP" 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.

MONITORING PERIOD										MAJOR EFFLUE									
YEAR MO DAY YEAR MO DAY										*** NO DISCHARGE ***									
97 01 31 97 01 31										NOTE: Read instructions before completing this form.									
FROM 32239																			
ATTN: PHILLIP HEIL, VICE PRESIDENT																			
JACKSONVILLE FL 32239																			
FACILITY JAX SUBURBAN UTIL-HOLLY OAKS																			
LOCATION 32239																			
PARAMETER (32-37)										QUANTITY OR LOADING (54-61)									
SAMPLE MEASUREMENT										AVERAGE									
NITROGEN, KJELDHAL										*****									
TOTAL (AS N)										*****									
00625 Q 0 0										*****									
SEE COMMENTS BELOW										*****									
FLOW, IN CONDUIT OR										*****									
THRU TREATMENT PLAN										*****									
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EFFLUENT GROSS VALU										*****									
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COLIFORM, FECAL										*****									
GENERAL										*****									
74055 Y 0 0										*****									
ANNUAL AVERAGE										*****									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										TELEPHONE									
M. Sanbaruthi										984 271-4600									
Vice President										97 02 27									
TYPED OR PRINTED										DATE									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										YEAR MO DAY									
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										YEAR MO DAY									
984 271-4600										97 02 27									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										YEAR MO DAY									
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984 271-4600										97 02 27									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										YEAR MO DAY									
984 271-460																			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. Sambarthi Vice President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>		TELEPHONE 904 781-4600	DATE 97 02 27
TYPED OR PRINTED		AREA CODE 904		NUMBER 781-4600	YEAR 97
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Method Code for TPC is 4500 C(10). Detection limit is 0.20 mg/L. WHEN UOD >147.8 LB/DAY MONITOR & REPORT THESE PARAMETERS. O: 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.		REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.		PAGE 2 OF 2	

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
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	01	01	97	01	31
FROM			TO		
(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)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
COLIFORM, FECAL GENERAL 74055 1.0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	38	(13)	0	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800	1	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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.)	TELEPHONE	DATE		
M. Sambamurthi Vice President TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	904 721-4600 AREA CODE NUMBER	97 YEAR	02 MO

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

001 T

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 01 DAY 01 TO YEAR 97 MO 01 DAY 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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STAT 48HR ACU C ERIODAPHNIA TAA3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		>100	*****	*****	(23)	0	1/6 mos	Grab (4)
	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)			
	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 CH CERIODAPHNIA TBP3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER-CENT			
NOEL STATRE 7DAY CH CERIODAPHNIA TBP3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER-CENT			
NOEL STATRE 7DAY CH 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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

M. Sambamurthi

TELEPHONE

904 721-4600

DATE

97 02 27

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: December YEAR: 1997

2) PLANT'S DEP IDENTIFICATION NUMBER: 3116PO1970

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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

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 Hugory Bauer B 2738
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	1.375
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.050
(19) PERCENT OF PERMITTED CAPACITY	%	****	42
(20) CBOD5 EFFLUENT	mg/l	080082	1.0
(21) TSS EFFLUENT	mg/l	900201	0.5
(22) MINIMUM pH		900241	7.10
(23) MAXIMUM pH		900242	7.55
(24)			
(25)			
(26) TKN 12-01-97	mg/l	000625	
(27) TOTAL N 12-01-97	mg/l	000600	
(28) ORGANIC N 12-01-97	mg/l	000605	
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.08
(30) TOTAL PHOSPHORUS 12-01-97	mg/l	000665	
(31) ORTHO PHOSPHORUS 12-01-97	mg/l	070507	
(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	6.2
(37) CUOD	lbs/day	****	14.8
(38) NUOD	lbs/day	****	
(39) UOD	lbs/day	****	
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0005
(41) NO2 + NO3 12-01-97	mg/l	000630	

(*) 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).

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

December 1997

DAY OF THE MONTH	FLOW mgd	BFP TEMP (GRAB) deg C	BFP pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BFP mg/l	TSS BFP mg/l	BFP pH MINIMUM (0.01)	BFP pH MAXIMUM (0.01)	BFP 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	1.226							7.26	7.55		6.4			
02	1.111							7.25	7.42		7.1	< 1		
03	1.091							7.22	7.39		6.9			
04	1.138	22.9	7.35	125	157	1.0	0.4	7.19	7.35	0.20	6.8		< 0.05	< 0.0006
05	1.141							7.30	7.45		6.2			
06	1.256							7.33	7.48		7.1			
07	1.227							7.41	7.50		7.9			
08	1.123							7.30	7.47		6.9			
09	1.133							7.26	7.40		6.4	< 1		
10	1.146							7.30	7.53		6.9			
11	1.120	23.3	7.33	132	182	< 1.0	0.3	7.22	7.36	< 0.05	6.2		< 0.05	< 0.0005
12	1.741							7.21	7.36		6.8			
13	1.646							7.26	7.31		8.0			
14	2.231							7.22	7.36		7.9			
15	2.305							7.10	7.24		7.5			
16	1.758							7.14	7.22		8.3	1		
17	1.480							7.22	7.47		7.3			
18	1.421	20.3	7.29	135	211	< 1.0	0.8	7.27	7.33	< 0.05	7.4		< 0.05	< 0.0004
19	1.357							7.23	7.30		7.5			
20	1.393							7.24	7.28		6.5			
21	1.361							7.32	7.35		7.8			
22	1.373							7.33	7.41		7.0			
23	1.240	22.1	7.26	140	169	< 1.0	0.6	7.18	7.27	< 0.05	6.8	< 1	0.05	0.0005
24	1.328							7.26	7.30		6.8			
25	1.260							7.22	7.36		7.3			
26	1.379							7.16	7.19		6.6			
27	1.419							7.13	7.17		7.0			
28	1.328							7.19	7.26		7.3			
29	1.302							7.23	7.36		7.4			
30	1.292	20.0	7.20	134	204	< 1.0	0.6	7.19	7.27	< 0.05	6.9	< 1	< 0.05	< 0.0003
31	1.302							7.16	7.25		6.8			
TOT	42.628	108.6	36.43	666	923	5.0	2.7	224.30	227.96	0.40	219.7	5	0.25	0.0023
AVG	1.375	21.7	7.29	133	185	1.0	0.5	7.24	7.35	0.08	7.1	1	0.05	0.0005
MAX	2.305	23.3	7.35	140	211	1.0	0.8	7.41	7.55	0.20	8.3	1	0.05	0.0006
MIN	1.091	20.0	7.20	125	157	1.0	0.3	7.10	7.17	0.05	6.2	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: Gregory Bauer DATE: 01-11-98

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

PHONE 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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 97/12/01
LIMIT: Final
CLASS SIZE: Major

To: 97/12/31
REPORT: Monthly
GROUP: Domestic

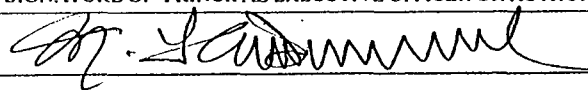
FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.207				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.50 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1								
Flow	Sample Measurement	1.375	%			0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1								
CBOD5	Sample Measurement			1.0		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			8.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1								
CBOD5	Sample Measurement			1.0	1.0	0	1/7	16 comp
STORET No. 80082 I	Permit Measurement			8.0 (Mo. Avg.)	16.0 (Max.)		Weekly	8-hour FPC
Mon. Site No. OUT-1								
TSS	Sample Measurement			0.4		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1								
TSS	Sample Measurement			0.5	0.8	0	1/7	16 comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)		Weekly	8-hour FPC
Mon. Site No. OUT-1								
pH	Sample Measurement			7.1	7.6	0	1/4 Hour	Grab
STORET No. 00400 I	Permit Measurement			6.0 (Min.)	8.5 (Max.)		Continuous	Grab
Mon. Site No. OUT-1								

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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 (Y/Y/M/DD)
M. Sambamurthi Vice President		(904) 731-4600	98/01/19

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

FACILITY NAME: Jacksonville Heights WWTFF

PERMIT NUMBER: FL0023671

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9182

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria						0	1/30	calc Grab
STORET No. 31616 Mon Site No. OUF-1	Permit Measurement		700 (Ave. Avg.)		#/100ml	0	Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement		1			0	1/7	Grab
STORET No. 31616 Mon Site No. OUF-1	Permit Measurement		Report (Mo Geo. Ave.)		#/100ml (Max)	0	Weekly	Grab
Dissolved Oxygen	Sample Measurement			6.2		0	1/Daily	Grab
STORET No. 00300 Mon Site No. OUF-1	Permit Measurement			6.0 (Min.)	mg/L	0	Daily, Twice	Grab
Temperature of Effluent	Sample Measurement	*	21.7			0	1/Daily	Grab
STORET No. 00010 Mon Site No. OUF-1	Permit Measurement		Report (Mo. Ave.)		Deg. C	0	Daily, twice	Grab
AMMONIA TOTAL AS N	Sample Measurement		0.06			0	1/30	calc 8-hour FIC
STORET No. 00610 Mon Site No. OUF-1	Permit Measurement		1.6 (Mo. Ave.)		mg/L	0	Weekly	8-hour FIC
AMMONIA TOTAL AS N	Sample Measurement		0.08	0.30		0	1/7	16 hour P
STORET No. 00010 Mon Site No. OUF-1	Permit Measurement		2.0 (Mo. Ave.)	3.2 (Max)	mg/L	0	Weekly	8-hour FIC
COD5 - Influent	Sample Measurement		133			0	1/7	16 hour P
STORET No. 80082 Mon Site No. ISF-1	Permit Measurement		Report (Mo. Ave.)		mg/L	0	Weekly	8-hour FIC
TSS - Influent	Sample Measurement		185			0	1/7	16 hour P
STORET No. 00530 Mon Site No. ISF-1	Permit Measurement		Report (Mo. Ave.)		mg/L	0	Weekly	8-hour FIC

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 97/12/01
LIMIT: Final
CLASS SIZE: Major

To: 97/12/31
REPORT: Toxicity
GROUP: Domestic

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-day Chronic Static Renewal Ceriodaphnia dubia STORET No. TBP3B P Mon. Site No. OUT-1	Sample Measurement			NODI = 9			1/60	24 comp
	Permit Measurement			100 (Min)	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea.
7-day Chronic Static Renewal Ceriodaphnia dubia STORET No. TBP3B R Mon. Site No. OUT-1	Sample Measurement			NODI = 9			1/60	24 comp
	Permit Measurement			33 (Min)	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea.
7-day Chronic Static Renewal Pimephales promelas STORET No. TBP6C P Mon. Site No. OUT-1	Sample Measurement			NODI = 9			1/60	24 comp
	Permit Measurement			100 (Min)	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea.
7-day Chronic Static Renewal Pimephales promelas STORET No. TBP6C R Mon. Site No. OUT-1	Sample Measurement			NODI = 9			1/60	24 comp
	Permit Measurement			33 (Min)	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea.
Diazinon STORET No. 39570 R Mon. Site No. OUT-1	Sample Measurement			NODI = 9			1/60	24 comp
	Permit Measurement			Report (Max)	ug/L		Every 2 months	Three, (3) 24-hr F.P.C., ea.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	98/01/19

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millicoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671

MONITORING PERIOD From: 9/7/12 To: 9/7/12/31

LIMIT: Final
CLASS SIZE: Major

REPORT: Domestic
GROUP: Domestic

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244

FACILITY ID: FL0023671
GMS ID NO.: 3116701970

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116XN-4060

COUNTRY: Duval

DISCHARGE POINT NUMBER: D001
PLANT SIZE TREATMENT TYPE: IIB

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. EX.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL, AS N	Sample Measurement		NOI = 9	mg/L		1/90	16 comp 8-hour FPC
STORET No. 00600 1	Permit Measurement		Report (Max)			Once/quarter	
Mon Site No. OUT-1							
ORGANIC NITROGEN, TOTAL, AS N	Sample Measurement		NOI = 9	mg/L		1/90	16 comp 8-hour FPC
STORET No. 00605 1	Permit Measurement		Report (Max)			Once/quarter	
Mon Site No. OUT-1							
NITROGEN, NITRITE-NITRATE, AS N	Sample Measurement		NOI = 9	mg/L		1/90	16 comp 8-hour FPC
STORET No. 00630 1	Permit Measurement		Report (Max)			Once/quarter	
Mon Site No. OUT-1							
UNIONIZED AMMONIA, TOTAL, AS N	Sample Measurement		NOI = 9	mg/L		1/90	calc
STORET No. 00619 1	Permit Measurement		Report (Max)			Once/quarter	
Mon Site No. OUT-1							
PHOSPHORUS, TOTAL, AS P	Sample Measurement		NOI = 9	mg/L		1/90	16 comp 8-hour FPC
STORET No. 00665 1	Permit Measurement		Report (Max)			Once/quarter	
Mon Site No. OUT-1							
PHOSPHORUS, ORTHO, AS P	Sample Measurement		NOI = 9	mg/L		1/90	16 comp 8-hour FPC
STORET No. 70307 1	Permit Measurement		Report (Max)			Once/quarter	
Mon Site No. OUT-1							

PART II - GENERAL INFORMATION

cert. no.

PARAMETER		UNITS	STORET CODE	VALUE
(16)	MONTHLY AVERAGE FLOW	mgd	050053	1.165
(17)	PERMITTED CAPACITY	mgd	****	2.500
(18)	THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.200
(19)	PERCENT OF PERMITTED CAPACITY	%	****	48
(20)	CBOD5 EFFLUENT	mg/l	080082	1.2
(21)	TSS EFFLUENT	mg/l	900201	0.8
(22)	MINIMUM pH		900241	7.15
(23)	MAXIMUM pH		900242	7.56
(24)				
(25)				
(26)	TKN 11-01-97	mg/l	000625	
(27)	TOTAL N 11-01-97	mg/l	000600	
(28)	ORGANIC N 11-01-97	mg/l	000605	
(29)	NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.05
(30)	TOTAL PHOSPHORUS 11-01-97	mg/l	000665	
(31)	ORTHO PHOSPHORUS 11-01-97	mg/l	070507	
(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	****	15.5
(38)	NUOD	lbs/day	****	
(39)	UOD	lbs/day	****	
(40)	AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0012
(41)	NO2 + NO3 11-01-97	mg/l	000630	

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
 (*) DUVAL SEPTIC HAULED 27 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

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

November 1997

DAY OF THE MONTH	FLOW mgd	BPF TEMP (GRAB) deg C	BPF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	BPF pH MINIMUM (0.01)	BPF pH MAXIMUM (0.01)	BPF 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	1.409							7.36	7.43		7.7			
02	1.367							7.35	7.55		7.9			
03	1.296							7.33	7.51		7.3			
04	1.183							7.31	7.55		7.5	< 1		
05	1.118							7.28	7.54		7.3			
06	1.121	23.3	7.34	120	231	< 1.0	2.1	7.25	7.37	< 0.05	6.5		0.33	0.0033
07	1.111							7.34	7.48		7.4			
08	1.185							7.44	7.54		8.4			
09	1.221							7.40	7.45		7.3			
10	1.177							7.26	7.42		6.8			
11	1.098							7.16	7.37		6.6	< 1		
12	1.114							7.17	7.42		7.1			
13	1.267	23.8	7.30	98	163	< 1.0	0.5	7.17	7.30	< 0.05	7.1		< 0.05	< 0.0005
14	1.148							7.16	7.45		7.6			
15	1.192							7.27	7.33		7.0			
16	1.230							7.27	7.38		7.4			
17	1.239							7.15	7.39		6.5			
18	1.113							7.23	7.38		6.6	< 1		
19	1.074							7.22	7.37		6.7			
20	1.092	21.2	7.39	136	157	1.6	0.4	7.20	7.39	< 0.05	6.8		< 0.05	< 0.0006
21	1.031							7.25	7.43		7.5			
22	1.101							7.29	7.37		7.0			
23	1.143							7.30	7.39		6.3			
24	1.063							7.21	7.39		6.8			
25	1.071	21.0	7.34	114	163	< 1.0	0.1	7.23	7.34	< 0.05	6.7	1	< 0.05	< 0.0004
26	1.181							7.18	7.44		7.4			
27	1.052							7.20	7.28		7.7			
28	1.030							7.22	7.41		7.8			
29	1.165							7.26	7.56		7.9			
30	1.347							7.28	7.49		7.6			
TOT	34.939	89.3	29.37	468	714	4.6	3.1	217.74	222.72	0.20	216.2	4	0.48	0.0048
AVG	1.165	22.3	7.34	117	179	1.2	0.8	7.26	7.42	0.05	7.2	1	0.12	0.0012
MAX	1.409	23.8	7.39	136	231	1.6	2.1	7.44	7.56	0.05	8.4	1	0.33	0.0033
MIN	1.030	21.0	7.30	98	157	1.0	0.1	7.15	7.28	0.05	6.3	1	0.05	0.0004

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH 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: 12-11-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

PHONE 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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Santhamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 9/7/11/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/11/30
REPORT GROUP: Domestic

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COLONY: Duval

FACILITY ID: FL0023671
GNIS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: HB

WAFR SITE NO.: 9182
GNIS TEST SITE NO.: 3116N14060

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement						
STORET No. 50050	1.189	mgd			0	1/30	calc
Mon Site No. OUT-1	2.30 (Sum Avg)					Continuous	meter or instrument
Flow	Sample Measurement						
STORET No. 50050	1.165	mgd			0	cont	Flow Meter
Mon Site No. OUT-1	Report (Mo Avg)					Continuous	meter or instrument
CIBOD5	Sample Measurement		1.0		0	1/30	calc
STORET No. 80082	8.0 (Sum Avg)					Weekly	8-hour FPC
Mon Site No. OUT-1							
CIBOD5	Sample Measurement		1.2		0	1/4	16comp
STORET No. 80082	8.0 (Mo Avg)					Weekly	8-hour FPC
Mon Site No. OUT-1							
TSS	Sample Measurement		0.4		0	1/30	calc
STORET No. 00530	20.0 (Sum Avg)					Weekly	8-hour FPC
Mon Site No. OUT-1							
TSS	Sample Measurement		0.8		0	1/4	16comp
STORET No. 00530	30.0 (Mo Avg)					Weekly	8-hour FPC
Mon Site No. OUT-1							
pH	Sample Measurement		7.2		0	1/Hour	Grab
STORET No. 00460	6.0 (Min)					Continuous	Grab
Mon Site No. OUT-1							

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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 (Y/M/D)
M. Subbarathi	Vice President	(904) 731-4600	9/7/12/17

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

EXCITING NAME: Jacksonville Heights WWTf

PERMIT NUMBER: FL0023671

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9182

2

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, AIS 3551, 2600 Blair Stone Road, Tallahassee, FL 32319-2400

1400 Millicoe Road
Jacksonville, Florida 32225

Jacksonville, FL 32244
Duval
COUNTY:

FACILITY ID: FL0023671
GNIS ID NO: 3116P01970

DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

I believe the information is true, accurate and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc
MAILING ADDRESS: Mr. Mumpalli Sambanthurthy, Vice President, Manager
1400 Althea Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 9/7/01
To: 9/7/11/30
LIMIT: Final
CLASS SIZE: Major

To: 9/7/11/30
REPORT: Quarterly
GROUP: Domestic

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116N14060

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL, AS N	Sample Measurement			NDS = 9			1/90	1/6 comp
STORET No. 00660 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FIC
ORGANIC NITROGEN, TOTAL, AS N	Sample Measurement			NDS = 9			1/90	1/6 comp
STORET No. 00695 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FIC
NITROGEN, NITRITE, NITRATE, AS N	Sample Measurement			NDS = 9			1/90	1/6 comp
STORET No. 00630 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FIC
UNIONIZED AMMONIA, TOTAL, AS N	Sample Measurement			NDS = 9			1/90	calc
STORET No. 00619 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	Calculated
PHOSPHORUS, TOTAL, AS P	Sample Measurement			NDS = 9			1/90	1/6 comp
STORET No. 00665 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FIC
PHOSPHORUS, ORTHO, AS P	Sample Measurement			NDS = 9			1/90	1/6 comp
STORET No. 70507 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FIC

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: October YEAR: 1997

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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

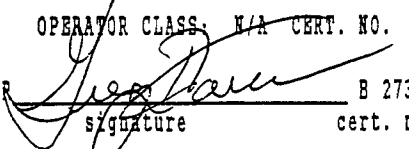
NOT APPLICABLE

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	1.144
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.326
(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	7.19
(23) MAXIMUM pH		900242	7.62
(24)			
(25)			
(26) TKN 10-09-97	mg/l	000625	0.48
(27) TOTAL N 10-09-97	mg/l	000600	8.22
(28) ORGANIC N 10-09-97	mg/l	000605	0.430
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.06
(30) TOTAL PHOSPHORUS 10-09-97	mg/l	000665	4.300
(31) ORTHO PHOSPHORUS 10-09-97	mg/l	070507	3.850
(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	****	13.3
(38) NUOD	lbs/day	****	19.4
(39) UOD	lbs/day	****	32.1
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0007
(41) NO2 + NO3 10-09-97	mg/l	000630	7.74

(*) SLUDGE MANAGEMENT HAULED

LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

(*) DUVAL SEPTIC HAULED

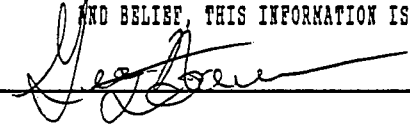
26 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

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

October 1997

DAY OF THE MONTH	FLOW mgd	BPF TEMP (GRAB) deg C	BPF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	BPF pH MINIMUM (0.01)	BPF pH MAXIMUM (0.01)	BPF 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	1.277							7.23	7.49		7.3			
02	1.233	26.2	7.36	110	137	< 1.0	0.1	7.19	7.36	< 0.05	6.4		< 0.05	< 0.0008
03	1.165							7.26	7.41		7.2			
04	1.353							7.35	7.43		7.6			
05	1.261							7.30	7.35		6.5			
06	1.167							7.25	7.47		6.2			
07	1.102							7.27	7.35		6.2	< 1		
08	1.064							7.26	7.49		7.1			
09	1.062	26.4	7.37	168	213	< 1.0	0.4	7.29	7.38	< 0.05	6.2		< 0.05	< 0.0008
10	1.042							7.27	7.43		6.2			
11	1.221							7.33	7.44		7.0			
12	1.116							7.43	7.62		7.3			
13	1.088							7.29	7.56		7.1			
14	1.074							7.21	7.51		7.2	< 1		
15	0.994							7.29	7.58		7.1			
16	1.081	24.2	7.37	124	175	< 1.0	0.3	7.20	7.37	< 0.05	6.3		< 0.05	< 0.0007
17	0.977							7.27	7.44		7.4			
18	1.054							7.33	7.44		7.3			
19	1.111							7.34	7.47		7.1			
20	1.085							7.31	7.54		6.4			
21	0.970							7.32	7.43		6.1	< 1		
22	0.962							7.30	7.53		6.4			
23	0.980	23.8	7.43	135	194	< 1.0	0.5	7.29	7.43	< 0.05	6.2		< 0.05	< 0.0007
24	0.960							7.30	7.53		7.4			
25	1.074							7.43	7.53		7.7			
26	1.220							7.43	7.47		7.4			
27	1.700							7.29	7.48		7.5			
28	1.300							7.20	7.35		7.3	< 1		
29	1.211							7.21	7.39		6.6			
30	1.210	23.6	7.37	114	131	< 1.0	0.6	7.23	7.37	0.08	6.3		< 0.05	< 0.0006
31	1.341							7.26	7.35		6.2			
TOT	35.455	124.2	36.90	651	850	5.0	1.9	225.93	230.99	0.28	212.2	4	0.25	0.0035
AVG	1.144	24.8	7.38	130	170	1.0	0.4	7.29	7.45	0.06	6.8	1	0.05	0.0007
MAX	1.700	26.4	7.43	168	213	1.0	0.6	7.43	7.62	0.08	7.7	1	0.05	0.0008
MIN	0.960	23.6	7.36	110	131	1.0	0.1	7.19	7.35	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:  DATE: 11-17-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

PHONE 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 Management Section, NIS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Municipal Sanbanurthi, Vice President, Manager
1400 N. Hialeah Road
Jacksonville, Florida 32225
FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 9/7/00/01
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

To: 9/7/00/31
REPORT: Monthly
GROUP: Domestic
WAFFR SITE NO.: 9182
GMS TEST SITE NO.: 3116XX14060

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement				0	1/30	calc
STORET No. 50050	Permit Measurement	mgd				Continuous	Master or Instrument
Mon. Site No. OUT-1	7.50 (Ann. Avg.)						
Flow	Sample Measurement	*			0	cont	Flow Meter
STORET No. 50050	Permit Measurement	mgd				Continuous	Master or Instrument
Mon. Site No. OUT-1	1.144 (Abv. Avg.)						
CBOD5	Sample Measurement		1.0		0	1/30	calc
STORET No. 80082	Permit Measurement		8.0 (Ann. Avg.)			Weekly	8-hour FPC
Mon. Site No. OUT-1							
CBOD5	Sample Measurement		1.0		0	1/4	16 hour
STORET No. 80082	Permit Measurement		8.0 (Abv. Avg.)			Weekly	8-hour FPC
Mon. Site No. OUT-1							
TSS	Sample Measurement		0.4		0	1/30	calc
STORET No. 00330	Permit Measurement		20.0 (Ann. Avg.)			Weekly	8-hour FPC
Mon. Site No. OUT-1							
TSS	Sample Measurement		0.4		0	1/4	16 hour
STORET No. 00330	Permit Measurement		30.0 (Abv. Avg.)			Weekly	8-hour FPC
Mon. Site No. OUT-1							
pH	Sample Measurement		7.2		0	1/4	Grab
STORET No. 00400	Permit Measurement		6.0 (Min.)	8.5 (Max.)		Continuous	Grab
Mon. Site No. OUT-1							

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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 (Y/M/D)
M. Subbanurthi	Vice President	(904) 731-4600	9/7/00/35

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

REGISTRATION NAME: Jacksonville Heights WVF

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9182

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			1		0	1/30	calc
STORET No. 31616 Mon Site No. OUF-1	Permit Measurement		200 (Ave. Avg.)		#/100mL	0	Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement		< 1			0	1/7	Grab
STORET No. 31616 Mon Site No. OUF-1	Permit Measurement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	0	Weekly	Grab
Dissolved Oxygen	Sample Measurement			6.1 6.0 (Min.)		0	1/Day	Grab
STORET No. 00300 Mon Site No. OUF-1	Permit Measurement				mg/L	0	Daily, 7/Week	Grab
Temperature of Effluent	Sample Measurement		*	24.8		0	1/Day	Grab
STORET No. 00010 Mon Site No. OUF-1	Permit Measurement		Report (Mo. Avg.)		Deg. C	0	Daily, 7/Week	Grab
AMMONIA TOTAL AS-N	Sample Measurement		0.06			0	1/30	calc
STORET No. 00610 Mon Site No. OUF-1	Permit Measurement		1.6 (Mo. Avg.)		mg/L	0	Weekly	Station FPG
AMMONIA TOTAL AS-N	Sample Measurement		0.06	0.08 3.2 (Max.)		0	1/7	16.0cm P 8-hour FPG
STORET No. 00610 Mon Site No. OUF-1	Permit Measurement		2.0 (Mo. Avg.)		mg/L	0	1/7	16.0cm P 8-hour FPG
CHLORIDES - Influent	Sample Measurement		130			0	1/7	16.0cm P 8-hour FPG
STORET No. 80082 Mon Site No. INF-1	Permit Measurement		Report (Mo. Avg.)		mg/L	0	Weekly	16.0cm P 8-hour FPG
TSS - Influent	Sample Measurement		170			0	1/7	16.0cm P 8-hour FPG
STORET No. 00330 Mon Site No. INF-1	Permit Measurement		Report (Mo. Avg.)		mg/L	0	Weekly	16.0cm P 8-hour FPG

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, Inc.
MAILING ADDRESS: Mr. Minipalli Sambamurthi, Vice President, Manager
1400 Althea Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 9/7/10 To: 9/10/11
LIMIT: Final
CLASS SIZE: Major

To: 9/7/10/31
REPORT: Toxicity
GROUP: Domestic

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GNIS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GNIS TEST SITE NO.: 3116N14060

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-day Chronic Static Renewal Ceriodaphnia dubia STORET No. TBP3B P Mon. Site No. OUT-1	Sample Measurement Permit Measurement			ADD ± 9 100 (Min)	Percent		1/60 Every 2 months	24 comp Thres. (3) 24-hr F.P.C., et.
7-day Chronic Static Renewal Ceriodaphnia dubia STORET No. TBP3B R Mon. Site No. OUT-1	Sample Measurement Permit Measurement		*	ADD ± 9 33 (Min)	Percent		1/60 Every 2 months	24 comp Thres. (3) 24-hr F.P.C., et.
7-day Chronic Static Renewal Pinophylla promelas STORET No. TBP6C P Mon. Site No. OUT-1	Sample Measurement Permit Measurement			ADD ± 9 100 (Min)	Percent		1/60 Every 2 months	24 comp Thres. (3) 24-hr F.P.C., et.
7-day Chronic Static Renewal Pinophylla promelas STORET No. TBP6C R Mon. Site No. OUT-1	Sample Measurement Permit Measurement			ADD ± 9 33 (Min)	Percent		1/60 Every 2 months	24 comp Thres. (3) 24-hr F.P.C., et.
Diazinon STORET No. 39570 R Mon. Site No. OUT-1	Sample Measurement Permit Measurement			ADD ± 9 Report (Min)	ug/L		1/60 Every 2 months	24 comp Thres. (3) 24-hr F.P.C., et.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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 (Y/M/AM/PM)
M. Sambamurthi Vice President	[Signature]	(904) 721-4600	9/7/11/25

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Manigall Sambamurti, Vice President, Manager
1400 N. Hillcoke Road
Jacksonville, Florida 32225

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 9/7/10 To: 9/31/10
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE TREATMENT TYPE: IIB

To: 9/7/10/31
REPORT GROUP: Quarterly Domestic
WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			8.22	mg/L		1/90	16 comp 8-hour EPC
STORET No. 00600 1	Permit Measurement			Report (Max)			Once/quarter	
Mon. Site No. OUT-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			0.43	mg/L		1/90	16 comp 8-hour EPC
STORET No. 00605 1	Permit Measurement			Report (Max)			Once/quarter	
Mon. Site No. OUT-1								
NITROGEN, NITRITE-NITRATE AS N	Sample Measurement			7.74	mg/L		1/90	16 comp 8-hour EPC
STORET No. 00630 1	Permit Measurement			Report (Max)			Once/quarter	
Mon. Site No. OUT-1								
UNIONIZED AMMONIA, TOTAL AS N	Sample Measurement			<0.00078	mg/L		1/90	calc
STORET No. 00619 1	Permit Measurement			Report (Max)			Once/quarter	
Mon. Site No. OUT-1								
PHOSPHORUS, TOTAL AS P	Sample Measurement			4.30	mg/L		1/90	16 comp 8-hour EPC
STORET No. 00665 1	Permit Measurement			Report (Max)			Once/quarter	
Mon. Site No. OUT-1								
PHOSPHORUS, ORTHO AS P	Sample Measurement			3.85	mg/L		1/90	16 comp 8-hour EPC
STORET No. 70507 1	Permit Measurement			Report (Max)			Once/quarter	
Mon. Site No. OUT-1								

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: September YEAR: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
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 *Luz Bauer* B 2738
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	1.226
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.347
(19) PERCENT OF PERMITTED CAPACITY	%	****	54
(20) CBOD5 EFFLUENT	mg/l	080082	1.0
(21) TSS EFFLUENT	mg/l	900201	0.3
(22) MINIMUM pH		900241	7.09
(23) MAXIMUM pH		900242	7.52
(24)			
(25)			
(26) TKN 09-01-97	mg/l	000625	
(27) TOTAL N 09-01-97	mg/l	000600	
(28) ORGANIC N 09-01-97	mg/l	000605	
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.05
(30) TOTAL PHOSPHORUS 09-01-97	mg/l	000665	
(31) ORTHO PHOSPHORUS 09-01-97	mg/l	070507	
(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	6.0
(37) CUOD	lbs/day	****	15.6
(38) NUOD	lbs/day	****	
(39) UOD	lbs/day	****	
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0016
(41) NO2 + NO3 09-01-97	mg/l	000630	

(*) SLUDGE MANAGEMENT HAULED LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
 (*) DUVAL SEPTIC HAULED 26 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 1997

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	1.420							7.09	7.39		6.4			
02	1.176							7.22	7.46		6.1	<1		
03	1.170							7.13	7.31		6.4			
04	1.999	24.0	7.35	216	134	<1.0	0.5	7.15	7.35	<0.05	6.0		<0.05	<0.0007
05	1.106							7.19	7.38		6.1			
06	1.167							7.24	7.35		6.8			
07	1.235							7.32	7.37		6.7			
08	1.273							7.25	7.45		6.1			
09	1.104							7.25	7.41		6.0	<1		
10	1.072							7.26	7.31		6.0			
11	1.105	26.6	7.30	142	166	<1.0	0.2	7.20	7.32	<0.05	6.0		<0.05	<0.0005
12	1.055							7.20	7.49		6.1			
13	1.167							7.33	7.35		6.4			
14	1.219							7.33	7.40		6.5			
15	1.258							7.33	7.39		6.1			
16	1.089							7.21	7.34		6.1	<1		
17	1.066							7.22	7.39		6.1			
18	1.066	26.8	7.37	196	180	<1.0	0.2	7.24	7.37	<0.05	6.1		<0.05	<0.0008
19	1.048							7.24	7.42		6.1			
20	1.111							7.29	7.35		6.2			
21	1.170							7.32	7.37		6.1			
22	1.205							7.33	7.40		6.2			
23	1.067							7.33	7.39		6.0	<1		
24	1.057							7.24	7.49		6.6			
25	1.077	27.2	7.42	121	163	<1.0	0.2	7.25	7.45	<0.05	6.2		0.27	0.0044
26	1.204							7.34	7.52		6.6			
27	1.629							7.37	7.45		7.2			
28	1.639							7.37	7.49		7.1			
29	1.522							7.16	7.41		7.2			
30	1.300							7.22	7.52		7.5	<1		
TOT	36.776	104.6	29.44	675	643	4.0	1.1	217.62	222.09	0.20	191.0	5	0.42	0.0065
AVG	1.226	26.2	7.36	169	161	1.0	0.3	7.25	7.40	0.05	6.4	1	0.11	0.0016
MAX	1.999	27.2	7.42	216	180	1.0	0.5	7.37	7.52	0.05	7.5	1	0.27	0.0044
MIN	1.048	24.0	7.30	121	134	1.0	0.2	7.09	7.31	0.05	6.0	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: 10-9-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

PHONE 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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millico Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 97/09/01
LIMIT: Final
CLASS SIZE: Major

To: 97/09/30
REPORT: Monthly
GROUP: Domestic

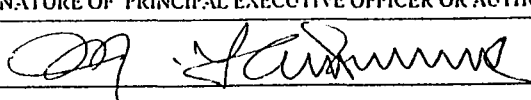
FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.211							0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.50 (Ann. Avg.)		mgd						Continuous	Meter or Instrument
Mon. Site No. OUT-1	Sample Measurement	1.226							0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)		mgd						Continuous	Meter or Instrument
Mon. Site No. OUT-1	Sample Measurement				1.0			mg/L	0	1/30	calc
STORET No. 80082 Y	Permit Measurement				8.0 (Ann. Avg.)					Weekly	8-hour FPC
Mon. Site No. OUT-1	Sample Measurement				1.0		1.0	mg/L	0	1/7	16 comp
STORET No. 80082 I	Permit Measurement				8.0 (Mo. Avg.)		16.0 (Max.)			Weekly	8-hour FPC
Mon. Site No. OUT-1	Sample Measurement				0.4			mg/L	0	1/30	calc
STORET No. 00530 Y	Permit Measurement				20.0 (Ann. Avg.)					Weekly	8-hour FPC
Mon. Site No. OUT-1	Sample Measurement				0.3		0.5	mg/L	0	1/7	16 comp
STORET No. 00530 I	Permit Measurement				30.0 (Mo. Avg.)		60.0 (Max.)			Weekly	8-hour FPC
Mon. Site No. OUT-1	Sample Measurement				7.1		7.5	S.U.	0	1/Hour	Grab
STORET No. 00400 I	Permit Measurement				6.0 (Min.)		8.5 (Max.)			Continuous	Grab
Mon. Site No. OUT-1	Sample Measurement										

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 771-4600	97/10/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Jacksonville Heights WWTF

PERMIT NUMBER: FL0023671

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9182

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1				0	1/30	calc
STORET No. 31616 Y Mon. Site No. OUT-1	Permit Measurement				200 (Ann. Avg.)			#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				1		1		0	1/7	Grab
STORET No. 31616 I Mon. Site No. OUT-1	Permit Measurement				Report (Mo. Geo. Mean)		600 (Max.)	#/100mL		Weekly	Grab
Dissolved Oxygen	Sample Measurement					6.0			0	1/Day	Grab
STORET No. 00300 I Mon. Site No. OUT-1	Permit Measurement					6.0 (Min.)		mg/L		Daily, 7/week	Grab
Temperature of Effluent	Sample Measurement				26.2				0	1/Day	Grab
STORET No. 00010 I Mon. Site No. OUT-1	Permit Measurement				Report (Mo. Avg.)			Deg. C		Daily, 7/week	Grab
AMMONIA TOTAL AS N	Sample Measurement				0.06				0	1/30	calc
STORET No. 00610 I Mon. Site No. OUT-1	Permit Measurement				1.6 (An. Avg.)			mg/L		Weekly	8-hour FPC
AMMONIA TOTAL AS N	Sample Measurement				0.05	0.05			0	1/7	16 comp
STORET No. 00610 I Mon. Site No. OUT-1	Permit Measurement				2.0 (Mo. Avg.)	3.2 (Max.)		mg/L		Weekly	8-hour FPC
CBOD5 - Influent	Sample Measurement				169				0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC
TSS - Influent	Sample Measurement			*	161				0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 97/09/01
LIMIT: Final
CLASS SIZE: Major

To: 97/09/30
REPORT: Toxicity
GROUP: Domestic

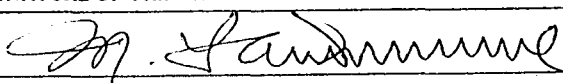
FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116N14060

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-day Chronic Static Renewal Ceriodaphnia dubia	Sample Measurement			<100		1	1/60	24 comp
STORET No. TBP3B P	Permit Measurement			100 (Min)	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea.
7-day Chronic Static Renewal Ceriodaphnia dubia	Sample Measurement			>33		0	1/60	24 comp
STORET No. TBP3B R	Permit Measurement			33 (Min)	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea.
7-day Chronic Static Renewal Pinephales promelas	Sample Measurement			>100		0	1/60	24 comp
STORET No. TBP6C P	Permit Measurement			100 (Min)	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea.
7-day Chronic Static Renewal Pinephales promelas	Sample Measurement			>33		0	1/60	24 comp
STORET No. TBP6C R	Permit Measurement			33 (Min)	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea.
Diazinon	Sample Measurement			0.30		0	1/60	24 comp
STORET No. 39570 R	Permit Measurement			Report (Max)	ug/L		Every 2 months	Three, (3) 24-hr F.P.C., ea.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	97/10/20

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

see attached HER report # 891.

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, Inc
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 97/09/01
LIMIT: Final
CLASS SIZE: Major

To: 97/09/30
REPORT: Quarterly
GROUP: Domestic

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NOAI = 9			1/90	16 comp
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NOAI = 9			1/90	16 comp
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
NITROGEN, NITRITE-NITRATE AS N	Sample Measurement			NOAI = 9			1/90	16 comp
STORET No. 00630 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
UNIONIZED AMMONIA, TOTAL AS N	Sample Measurement			NOAI = 9			1/90	calc
STORET No. 00619 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	Calculated
Mon. Site No. OUT-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NOAI = 9			1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NOAI = 9			1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: August YEAR: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

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 Butler* B 2738
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	1.406
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.351
(19) PERCENT OF PERMITTED CAPACITY	%	****	54
(20) CBOD5 EFFLUENT	mg/l	080082	1.0
(21) TSS EFFLUENT	mg/l	900201	1.0
(22) MINIMUM pH		900241	6.86
(23) MAXIMUM pH		900242	7.51
(24)			
(25)			
(26) TKN 08-01-97	mg/l	000625	
(27) TOTAL N 08-01-97	mg/l	000600	
(28) ORGANIC N 08-01-97	mg/l	000605	
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.08
(30) TOTAL PHOSPHORUS 08-01-97	mg/l	000665	
(31) ORTHO PHOSPHORUS 08-01-97	mg/l	070507	
(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	6.0
(37) CUOD	lbs/day	****	16.2
(38) NUOD	lbs/day	****	
(39) UOD	lbs/day	****	
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0029
(41) NO2 + NO3 08-01-97	mg/l	000630	

(*) 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).

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

August 1997

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	1.904							7.21	7.37		6.1			
02	1.990							7.32	7.44		6.4			
03	1.966							7.47	7.51		7.2			
04	1.667							7.19	7.45		6.2			
05	1.555							7.20	7.35		6.1	1		
06	1.539							7.29	7.44		6.7			
07	1.601	27.7	7.33	76	112	<1.0	0.4	7.20	7.33	<0.05	6.0		<0.05	<0.0007
08	1.402							7.13	7.35		6.1			
09	1.439							7.27	7.39		6.3			
10	1.441							7.30	7.40		6.2			
11	1.402							7.01	7.21		6.1			
12	1.295							6.86	7.17		6.1	<1		
13	1.230							6.87	7.26		6.1			
14	1.246	27.4	7.06	110	145	<1.0	2.6	6.91	7.10	0.15	6.0		<0.05	<0.0004
15	1.162							6.97	7.17		6.1			
16	1.425							7.25	7.35		6.1			
17	1.544							6.96	7.31		6.1			
18	1.334							7.05	7.32		6.2			
19	1.365							7.07	7.44		6.1	<1		
20	1.433							7.06	7.28		6.3			
21	1.395	26.7	7.24	102	139	<1.0	0.6	7.08	7.26	<0.05	6.0		<0.05	<0.0050
22	1.332							7.12	7.36		6.7			
23	1.377							7.33	7.44		6.9			
24	1.408							7.28	7.36		6.6			
25	1.270							7.12	7.32		6.4			
26	1.094							7.17	7.32		6.1	1		
27	1.078							7.05	7.31		6.4			
28	1.174	27.3	7.30	120	167	<1.0	0.4	7.14	7.30	<0.05	6.1		0.41	0.0055
29	1.107							7.15	7.37		6.2			
30	1.226							7.26	7.34		6.2			
31	1.187							7.26	7.40		6.8			
TOT	43.588	109.1	28.93	408	563	4.0	4.0	221.55	227.42	0.30	194.9	4	0.56	0.0116
AVG	1.406	27.3	7.23	102	141	1.0	1.0	7.15	7.34	0.08	6.3	1	0.14	0.0029
MAX	1.990	27.7	7.33	120	167	1.0	2.6	7.47	7.51	0.15	7.2	1	0.41	0.0055
MIN	1.078	26.7	7.06	76	112	1.0	0.4	6.86	7.10	0.05	6.0	1	0.05	0.0004

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH 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: 9-17-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

PHONE 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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 97/08/01
LIMIT: Final
CLASS SIZE: Major

To: 97/08/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.211				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.50 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1								
Flow	Sample Measurement	1.406				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1								
CBOD5	Sample Measurement			1.0		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			8.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1								
CBOD5	Sample Measurement			1.0	1.0	0	1/7	16 comp
STORET No. 80082 I	Permit Measurement			8.0 (Mo. Avg.)	16.0 (Max.)	mg/L	Weekly	8-hour FPC
Mon. Site No. OUT-1								
TSS	Sample Measurement			0.4		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1								
TSS	Sample Measurement			1.0	2.6	0	1/7	16 comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour FPC
Mon. Site No. OUT-1								
pH	Sample Measurement			6.9	7.5	0	1/Hour	Grab
STORET No. 00400 I	Permit Measurement			6.0 (Min.)	8.5 (Max.)	S.U.	Continuous	Grab
Mon. Site No. OUT-1								

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 731-4600	97/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Jacksonville Heights WWTF

PERMIT NUMBER: FL0023671

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9182

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1					1/30	calc
STORET No. 31616 Y	Permit Measurement				200			#/100mL		Weekly	Grab
Mon. Site No. OUT-1	Measurement				(Ann. Avg.)						
Fecal Coliform Bacteria	Sample Measurement				1		1		0	1/7	Grab
STORET No. 31616 1	Permit Measurement				Report		800	#/100mL		Weekly	Grab
Mon. Site No. OUT-1	Measurement				(Mo. Geo. Mean)		(Max.)				
Dissolved Oxygen	Sample Measurement					6.0			0	1/Day	Grab
STORET No. 00300 1	Permit Measurement					6.0		mg/L		Daily/Week	Grab
Mon. Site No. OUT-1	Measurement					(Min.)					
Temperature of Effluent	Sample Measurement			°	27.3				0	1/Day	Grab
STORET No. 00010 1	Permit Measurement				Report			Deg. C		Daily/Week	Grab
Mon. Site No. OUT-1	Measurement				(Mo. Avg.)						
AMMONIA, TOTAL AS N	Sample Measurement				0.06				0	1/30	calc
STORET No. 00610 1	Permit Measurement				1.6			mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement				(An. Avg.)						
AMMONIA, TOTAL AS N	Sample Measurement				0.08	0.15			0	1/7	16 Comp
STORET No. 00610 1	Permit Measurement				2.0	3.2		mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement				(Mo. Avg.)	(Max.)					
CBOD5 - Influent	Sample Measurement				102				0	1/7	16 Comp
STORET No. 80082 G	Permit Measurement				Report			mg/L		Weekly	8-hour FPC
Mon. Site No. INF-1	Measurement				(Mo. Avg.)						
TSS - Influent	Sample Measurement				141				0	1/7	16 Comp
STORET No. 00530 G	Permit Measurement				Report			mg/L		Weekly	8-hour FPC
Mon. Site No. INF-1	Measurement				(Mo. Avg.)						

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 9/7/08/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/08/31
REPORT: Toxicity
GROUP: Domestic

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB
WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-day Chronic Static Renewal Ceriodaphnia dubia	Sample Measurement			NDAI = 9			1/60	24 comp
STORET No. TBP3B P	Permit Measurement			100 (Min)	Percent		Every 2 months	Thres. (3) 24-hr F.P.C., ea.
Mon.Site No. OUT-1								
7-day Chronic Static Renewal Ceriodaphnia dubia	Sample Measurement			NDAI = 9			1/60	24 comp
STORET No. TBP3B R	Permit Measurement			33 (Min)	Percent		Every 2 months	Thres. (3) 24-hr F.P.C., ea.
Mon.Site No. OUT-1								
7-day Chronic Static Renewal Pimephales promelas	Sample Measurement			NDAI = 9			1/60	24 comp
STORET No. TBP6C P	Permit Measurement			100 (Min)	Percent		Every 2 months	Thres. (3) 24-hr F.P.C., ea.
Mon.Site No. OUT-1								
7-day Chronic Static Renewal Pimephales promelas	Sample Measurement			NDAI = 9			1/60	24 comp
STORET No. TBP6C R	Permit Measurement			33 (Min)	Percent		Every 2 months	Thres. (3) 24-hr F.P.C., ea.
Mon.Site No. OUT-1								
Diazinon	Sample Measurement			NDAI = 9			1/60	24 comp
STORET No. 39570 R	Permit Measurement			Report (Min)	ug/L		Every 2 months	Thres. (3) 24-hr F.P.C., ea.
Mon.Site No. OUT-1								

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	9/7/09/22

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munirpalli Sambamurti, Vice President, Manager
1400 Millicoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 9/7/08 To: 9/31/08
LIMIT: Final
CLASS SIZE: Major

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COW TYPE: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE TREATMENT TYPE: IIB
WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

To: 9/7/08/31
REPORT: Quarterly
GROUP: Domestic

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample			NOBT = 9		mg/L		1/90	1/6 comp
STORET No. 00600 1	Permit Measurement			Report (Max)				Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement								
ORGANIC NITROGEN, TOTAL AS N	Sample			NOBT = 9		mg/L		1/90	1/6 comp
STORET No. 00605 1	Permit Measurement			Report (Max)				Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement								
NITROGEN, NITRITE-NITRATE AS N	Sample			NOBT = 9		mg/L		1/90	1/6 comp
STORET No. 00630 1	Permit Measurement			Report (Max)				Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement								
UNIONIZED AMMONIA, TOTAL AS N	Sample			NOBT = 9		mg/L		1/90	calc
STORET No. 00619 1	Permit Measurement			Report (Max)				Once/quarter	Calculated
Mon. Site No. OUT-1	Measurement								
PHOSPHORUS, TOTAL AS P	Sample			NOBT = 9		mg/L		1/90	1/6 comp
STORET No. 00665 1	Permit Measurement			Report (Max)				Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement								
PHOSPHORUS, ORTHO AS P	Sample			NOBT = 9		mg/L		1/90	1/6 comp
STORET No. 70507 1	Permit Measurement			Report (Max)				Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement								

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

MONTH: July YEAR: 1997

PLANT'S DEP IDENTIFICATION NUMBER: 3116P01970

PLANT NAME: JACKSONVILLE HEIGHTS WASTEWATER TREATMENT PLANT

PLANT ADDRESS: 5957 TAMPICO ROAD

CITY: JACKSONVILLE

COUNTY: DUVAL

PHONE NUMBER: (904) 725-2865

PERMIT NUMBER: D016-222480

PLANT TYPE: 2B

TEST SITE IDENTIFICATION NUMBER: 3116X10079

FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

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 Mig Bauer E 2738
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	1.398
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.240
(19) PERCENT OF PERMITTED CAPACITY	%	****	50
(20) CBOD5 EFFLUENT	mg/l	080082	1.1
(21) TSS EFFLUENT	mg/l	900201	0.3
(22) MINIMUM pH		900241	7.12
(23) MAXIMUM pH		900242	7.62
(24)			
(25)			
(26) TKN 07-17-97	mg/l	000625	< 0.05
(27) TOTAL N 07-17-97	mg/l	000600	12.95
(28) ORGANIC N 07-17-97	mg/l	000605	0.000
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	< 0.05
(30) TOTAL PHOSPHORUS 07-17-97	mg/l	000665	2.100
(31) ORTHO PHOSPHORUS 07-17-97	mg/l	070507	1.720
(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	****	16.8
(38) NUOD	lbs/day	****	2.4
(39) UOD	lbs/day	****	17.5
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	< 0.0009
(41) NO2 + NO3 07-17-97	mg/l	000630	12.90

(*) SLUDGE MANAGEMENT HAULED

LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

(*) DUVAL SEPTIC HAULED

31 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

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

July 1997

DAY OF THE MONTH	FLOW mgd	BPF TEMP (GRAB) deg C	BPF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	BPF pH MINIMUM (0.01)	BPF pH MAXIMUM (0.01)	BPF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZ NH3 (CALC) mg/l
31	1.120							7.21	7.51		6.8	< 1		
32	1.106	26.5	7.32	148	176	< 1.0	0.4	7.18	7.35	< 0.05	6.3		< 0.05	< 0.00
33	1.142							7.30	7.37		6.2			
34	1.163							7.31	7.44		6.4			
35	1.302							7.26	7.38		6.5			
36	1.209							7.32	7.38		6.4			
37	1.252							7.24	7.42		6.8			
38	1.252							7.34	7.52		6.1	< 1		
39	1.337							7.34	7.60		7.1			
40	1.393	26.7	7.60	115	142	< 1.0	0.3	7.31	7.60	< 0.05	6.9		< 0.05	< 0.00
41	1.242							7.27	7.55		6.9			
42	1.398							7.43	7.49		6.4			
43	1.358							7.43	7.47		7.0			
44	1.343							7.17	7.45		6.8			
45	1.247							7.23	7.48		6.2	< 1		
46	1.239							7.28	7.50		6.3			
47	1.262	26.9	7.52	184	299	< 1.0	0.3	7.39	7.47	< 0.05	6.7		< 0.05	< 0.00
48	1.344							7.34	7.62		6.2			
49	1.390							7.35	7.49		6.4			
50	1.770							7.36	7.45		6.5			
51	1.803							7.12	7.28		6.9			
52	1.495							7.19	7.34		6.5	< 1		
53	1.433							7.23	7.51		6.8			
54	1.386	26.4	7.38	102	152	1.3	0.1	7.24	7.39	< 0.05	6.4		< 0.05	< 0.00
55	1.823							7.20	7.49		6.2			
56	1.868							7.23	7.34		7.5			
57	1.725							7.33	7.45		7.5			
58	1.600							7.22	7.46		6.9			
59	1.493							7.28	7.51		6.4	1		
60	1.385							7.25	7.49		6.3			
61	1.470	27.3	7.36	103	144	< 1.0	0.3	7.21	7.36	< 0.05	6.2		< 0.05	< 0.00
TOT	43.350	133.8	37.18	652	913	5.3	1.4	225.56	231.16	0.25	204.5	5	0.25	< 0.0
AVG	1.398	26.8	7.44	130	183	1.1	0.3	7.28	7.46	< 0.05	6.6	1	< 0.05	< 0.0
MAX	1.868	27.3	7.60	184	299	1.3	0.4	7.43	7.62	< 0.05	7.5	1	< 0.05	< 0.0
MIN	1.106	26.4	7.32	102	142	1.0	0.1	7.12	7.28	< 0.05	6.1	1	< 0.05	< 0.0

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

SIGNED: Greg Bauer DATE: 8-19-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

PHONE 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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Major

To: 97/07/31
REPORT: Monthly
GROUP: Domestic

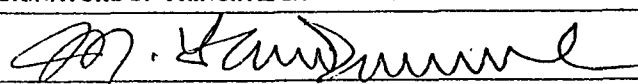
FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.199							0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.50		mgd						Continuous	Meter or Instrument
Mon. Site No. OUT-1		(Ann. Avg.)									
Flow	Sample Measurement	1.398							0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report		mgd						Continuous	Meter or Instrument
Mon. Site No. OUT-1		(Mo. Avg.)									
CBOD5	Sample Measurement				1.0			mg/L	0	1/30	calc
STORET No. 80082 Y	Permit Measurement				8.0					Weekly	8-hour FPC
Mon. Site No. OUT-1					(Ann. Avg.)						
CBOD5	Sample Measurement				1.1	1.3		mg/L	0	1/7	16 comp
STORET No. 80082 I	Permit Measurement				8.0	16.0				Weekly	8-hour FPC
Mon. Site No. OUT-1					(Mo. Avg.)	(Max.)					
TSS	Sample Measurement				0.3			mg/L	0	1/30	calc
STORET No. 00530 Y	Permit Measurement				20.0					Weekly	8-hour FPC
Mon. Site No. OUT-1					(Ann. Avg.)						
TSS	Sample Measurement				0.3	0.4		mg/L	0	1/7	16 comp
STORET No. 00530 I	Permit Measurement				30.0	60.0				Weekly	8-hour FPC
Mon. Site No. OUT-1					(Mo. Avg.)	(Max.)					
pH	Sample Measurement				7.1	7.6		S.U.	0	1/Hour	Grab
STORET No. 00400 I	Permit Measurement				6.0	8.5				Continuous	Grab
Mon. Site No. OUT-1					(Min.)	(Max.)					

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 731-4600	97/08/21

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

FACILITY NAME: Jacksonville Heights WWTF

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9182

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				0	1/30	calc
STORET No. 31616 Mon Site No. OUF-1	Permit Measurement	200 (Arw. Avg.)		#/100mL	1	Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement	1			0	1/7	Grab
STORET No. 31616 Mon Site No. OUF-1	Permit Measurement	Report (Mo. Gen Mean)		#/100mL		Weekly	Grab
Dissolved Oxygen	Sample Measurement		6.1		0	1/Day	Grab
STORET No. 00300 Mon Site No. OUF-1	Permit Measurement		6.0 (Min.)	mg/L		Daily/Week	Grab
Temperature of Effluent	Sample Measurement				0	1/Day	Grab
STORET No. 00010 Mon Site No. OUF-1	Permit Measurement	27.3 Report (Mo. Avg.)		Deg. C		Daily/Week	Grab
AMMONIA TOTAL AS N	Sample Measurement	0.06			0	1/30	calc
STORET No. 00610 Mon Site No. OUF-1	Permit Measurement	1.6 (Arw. Avg.)		mg/L		Weekly	Station FPG
AMMONIA TOTAL AS N	Sample Measurement	0.05			0	1/7	16 hour FPG
STORET No. 00610 Mon Site No. OUF-1	Permit Measurement	2.0 (Mo. Avg.)	3.2 (Max.)	mg/L		Weekly	Station FPG
COD5 - Influent	Sample Measurement	130			0	1/7	16 hour FPG
STORET No. 80082 Mon Site No. INF-1	Permit Measurement	Report (Mo. Avg.)		mg/L		Weekly	Station FPG
TSS - Influent	Sample Measurement	183			0	1/7	16 hour FPG
STORET No. 00330 Mon Site No. INF-1	Permit Measurement	Report (Mo. Avg.)		mg/L		Weekly	Station FPG

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Major

To: 97/07/31
REPORT: Toxicity
GROUP: Domestic

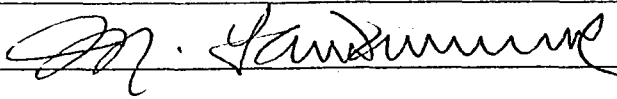
FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

FACILITY ID: FL0023671
GMS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9182
GMS TEST SITE NO.: 3116X14060

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-day Chronic Static Renewal Ceriodaphnia dubia	Sample Measurement			>100		0	1/60	24 comp
STORET No. TBP3B P	Permit			100	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea
Mon. Site No. OUT-1	Measurement			(Min)				
7-day Chronic Static Renewal Ceriodaphnia dubia	Sample Measurement			>33		0	1/60	24 comp
STORET No. TBP3B R	Permit			33	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea
Mon. Site No. OUT-1	Measurement			(Min)				
7-day Chronic Static Renewal Pimephales promelas	Sample Measurement			>100		0	1/60	24 comp
STORET No. TBP6C P	Permit			100	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea
Mon. Site No. OUT-1	Measurement			(Min)				
7-day Chronic Static Renewal Pimephales promelas	Sample Measurement			>33		0	1/60	24 comp
STORET No. TBP6C R	Permit			33	Percent		Every 2 months	Three, (3) 24-hr F.P.C., ea
Mon. Site No. OUT-1	Measurement			(Min)				
Diazinon	Sample Measurement			0.26		0	1/60	24 comp
STORET No. 39570 R	Permit			Report	ug/L		Every 2 months	Three, (3) 24-hr F.P.C., ea
Mon. Site No. OUT-1	Measurement			(Min)				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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)
Mr. Sambamurthi Vice President		(904) 721-4600	97/08/21

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc
MAILING ADDRESS: Mr. Mungaii Sambamurti, Vice President, Manager
1400 N. Hillcoe Road
Jacksonville, Florida 32225

FACILITY: Jacksonville Heights WWTF
LOCATION: 5957 Tampico Road
Jacksonville, FL 32244
COUNTY: Duval

PERMIT NUMBER: FL0023671
MONITORING PERIOD From: 9/7/07 To: 9/7/07
LIMIT: Final
CLASS SIZE: Major
FACILITY ID: FL0023671
GAS ID NO.: 3116P01970
DISCHARGE POINT NUMBER: D001
PLANT SIZE TREATMENT TYPE: IIB
WAFR SITE NO.: 9182
GAS TEST SITE NO.: 3116N14060
REPORT GROUP: Quarterly Domestic

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement		12.95	mg/L	0	1/90	16 comp 8-hour EPC
STORET No. 00600 Mon Site No. OUT-1	Permit Measurement		Report (Max)				
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement		0.00	mg/L	0	1/90	16 comp 8-hour EPC
STORET No. 00605 Mon Site No. OUT-1	Permit Measurement		Report (Max)				
NITROGEN, NITRITE-NITRATE AS N	Sample Measurement		12.9	mg/L	0	1/90	16 comp 8-hour EPC
STORET No. 00630 Mon Site No. OUT-1	Permit Measurement		Report (Max)				
IONIZED AMMONIA, TOTAL AS N	Sample Measurement		< 0.0012	mg/L	0	1/90	calc
STORET No. 00619 Mon Site No. OUT-1	Permit Measurement		Report (Max)				
PHOSPHORUS, TOTAL AS P	Sample Measurement		2.10	mg/L	0	1/90	16 comp 8-hour EPC
STORET No. 00665 Mon Site No. OUT-1	Permit Measurement		Report (Max)				
PHOSPHORUS, ORTHO- AS P	Sample Measurement		1.072	mg/L	0	1/90	16 comp 8-hour EPC
STORET No. 70507 Mon Site No. OUT-1	Permit Measurement		Report (Max)				

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: June YEAR: 1997
(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116201970
(3) PLANT NAME: JACKSONVILLE HERGENS WASTEWATER TREATMENT PLANT
(4) PLANT ADDRESS: 5957 TANDICO 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: 3116210079
(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER
(12) TYPE OF EFFLUENT DISPOSAL OR RECEIVED 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 STARTING:

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 *Henry Baker* E 2738
Signature CERT. NO.

PARAMETER	UNITS	STORED CODE	VALUE
(16) MONTHLY AVERAGE FLOW	MGD	050053	1.299
(17) PERMITTED CAPACITY	MGD	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	MGD	900238	1.157
(19) PERCENT OF PERMITTED CAPACITY	%	****	47
(20) GROSS EFFLUENT	MG/L	000082	1.0
(21) TSS EFFLUENT	MG/L	900201	0.3
(22) MINIMUM PH		900241	7.03
(23) MAXIMUM PH		900242	7.71
(24)			
(25)			
(26) TKN	MG/L	000625	
(27) TOTAL N	MG/L	000600	
(28) ORGANIC N	MG/L	000605	
(29) NHCN + NH4N	MONTHLY AVERAGE MG/L	000610	0.05
(30) TOTAL PHOSPHORUS	MG/L	000655	
(31) GROSS PHOSPHORUS	MG/L	070507	
(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) COD	LBS/DAY	****	15.6
(38) BOD	LBS/DAY	****	
(39) UOD	LBS/DAY	****	
(40) AMOUNT - UN	MONTHLY AVERAGE MG/L	000612	0.000
(41) NO2 + NO3	MG/L	000630	

(*) SLUDGE MANAGEMENT HAUDED
(*) DUVAL SEPTIC HAULSD

LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).
23 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

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

June 1997

DAY OF THE MONTH	FLOW mgd	BFP TEMP (GRAB) deg C	BFP pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BFP mg/l	TSS BFP mg/l	BFP pH MINIMUM (0.01)	BFP pH MAXIMUM (0.01)	BFP 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	1.911							7.28	7.38		6.1			
02	1.467							7.30	7.67		6.2			
03	1.311							7.33	7.47		6.4	<1		
04	1.284							7.29	7.41		6.5			
05	1.549	24.8	7.31	117	195	<1.0	0.4	7.23	7.35	<0.05	6.6		<0.05	<0.00
06	1.410							7.28	7.39		6.7			
07	1.543							7.31	7.35		7.5			
08	1.317							7.34	7.45		6.9			
09	1.212							7.37	7.44		6.8			
10	1.249							7.29	7.44		6.5	<1		
11	1.155							7.28	7.56		6.9			
12	1.310	23.8	7.44	116	178	<1.0	0.2	7.38	7.49	<0.05	6.5		<0.05	<0.00
13	1.298							7.32	7.51		6.2			
14	1.341							7.32	7.65		6.7			
15	1.314							7.48	7.71		6.8			
16	1.322							7.22	7.55		6.1			
17	1.223							7.31	7.50		6.4	<1		
18	1.238							7.03	7.52		6.6			
19	1.241	26.5	7.34	80	161	<1.0	0.4	7.07	7.44	<0.05	6.4		<0.05	<0.00
20	1.207							7.22	7.35		6.4			
21	1.231							7.28	7.41		7.0			
22	1.254							7.25	7.42		6.9			
23	1.317							7.10	7.29		6.7			
24	1.165							7.17	7.40		6.5	<1		
25	1.174							7.13	7.40		6.5			
26	1.131	27.4	7.21	156	172	<1.0	0.3	7.21	7.31	<0.05	6.3		<0.05	<0.00
27	1.147							7.18	7.44		6.3			
28	1.280							7.37	7.42		6.4			
29	1.193							7.29	7.44		6.3			
30	1.169							7.23	7.48		6.4			

TOT	38.963	102.5	29.30	469	706	4.0	1.3	217.86	223.64	0.20	196.5	4	0.20	0.00
AVG	1.299	25.6	7.33	117	177	1.0	0.3	7.26	7.45	0.05	6.6	1	0.05	0.00
MAX	1.911	27.4	7.44	156	195	1.0	0.4	7.48	7.71	0.05	7.5	1	0.05	0.00
MIN	1.131	23.8	7.21	80	161	1.0	0.2	7.03	7.29	0.05	6.1	1	0.05	0.00

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

SIGNED: Gregory Bauer DATE: 7-10-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

PHONE 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: 1400 Millcoke Road

Jacksonville, Florida 32225

FACILITY: Jacksonville Heights WWTF

LOCATION: 5957 Tampico Road

COUNTY: Duval

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 97/06/01

To: 97/06/30

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

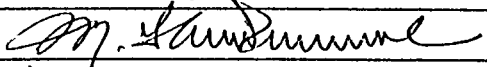
GMS TEST SITE NO.: 3116X14060

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.			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement		1.194						0	cont	Flow Meter
STORET No. 50050 Y	Permit Requirement		2.50		MGD					CONTINUOUS	METER/TOTAL
Mon. Site No. OUT-1			ANN AVG								
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement						1.0		0	1/7	16 comp
STORET No. 80082 Y	Permit Requirement						8.0			WEEKLY	8-HR COMP.
Mon. Site No. OUT-1							ANN AVG				
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement						1.0	1.0	0	1/7	16 comp
STORET No. 80082 1	Permit Requirement						8.0	16.0		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1							MO AVG	MAX			
SOLIDS, TOTAL SUSPENDED	Sample Measurement						0.3		0	1/7	16 comp
STORET No. 00530 Y	Permit Requirement						20.0			WEEKLY	8-HR COMP.
Mon. Site No. OUT-1							ANN AVG				
SOLIDS, TOTAL SUSPENDED	Sample Measurement						0.3	0.4	0	1/7	16 comp
STORET No. 00530 1	Permit Requirement						30.0	60.0		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1							MO AVG	MAX			
COLIFORM, FECAL MF, M-FC BROTH, 44.5 C	Sample Measurement						1		0	1/7	Grab
STORET No. 31616 Y	Permit Requirement						200			WEEKLY	GRAB
Mon. Site No. OUT-1							ANN AVG				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 731-4600	97/07/21

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

Please read instructions before completing this form.

Parameter	Sample	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
FECAL COLIFORM BACTERIA	STORST No. 31616 1	Permit			REPORT	1	1		WEEKLY	Grab
	Mon. Site No. OUT-1	Requirement			NOGEOGMM	800	MAX	#/100ML		
pH	STORST No. 00400 1	Sample				7.7			1/ Hour	Grab
	Mon. Site No. OUT-1	Requirement			8.5	MAX	S.U.			
DISSOLVED OXYGEN	STORST No. 00300 1	Sample							1/ Day	Grab
	Mon. Site No. OUT-1	Requirement			6.0	MIN			DAILY	METER OR GRAB
TEMPERATURE, DEG C	STORST No. 00010 1	Sample				27.4			1/ Day	Grab
	Mon. Site No. OUT-1	Requirement			REPORT		DEG C		DAILY	GRAB
NITROGEN, TOTAL AMMONIA	STORST No. 00610 Y	Sample				0.06			1/7	16 comp
	Mon. Site No. OUT-1	Requirement			1.6	ANN AVG		MGL	WEEKLY	8-HR COMP
NITROGEN, TOTAL AMMONIA	AS N	Sample				0.05			1/7	16 comp
	Mon. Site No. OUT-1	Requirement			2.0	ANN AVG	3.2	MGL	WEEKLY	8-HR COMP
BOD, CARBONACEOUS	STORST No. 00610 1	Sample				0.05			1/7	16 comp
	Mon. Site No. OUT-1	Requirement			2.0	MAX		MGL	WEEKLY	8-HR COMP
5-DAY, 20 C	STORST No. 80082 G	Sample				117			1/7	16 comp
	Mon. Site No. INF-1	Requirement			REPORT				WEEKLY	8-HR COMP
SOLIDS, TOTAL	SUSPENDED	Sample				177			1/7	16 comp
	Mon. Site No. INF-1	Requirement			REPORT				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,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

2600 Blair Stone Rd, Tallahassee FL 32399-2400

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

PERMIT NUMBER: FL0023671

MONITORING PERIOD: From 9/7/00/01

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 9/7/00/30
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							NODI=9			1/90	16 comp
STORET No. 00600 1	Permit Requirement							REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												
NITROGEN, NO2+NO3 AS N	Sample Measurement							NODI=9			1/90	16 comp
STORET No. 00630 1	Permit Requirement							REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												
UNIONIZED AMMONIA AS N	Sample Measurement							NODI=9			1/90	16 comp
STORET No. 00619 1	Permit Requirement							REPORT	MG/L		EVERY QUARTER	CALC
Mon. Site No. OUT-1												
NITROGEN, ORGANIC AS N	Sample Measurement							NODI=9			1/90	16 comp
STORET No. 00605 1	Permit Requirement							REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												
PHOSPHOROUS, TOTAL AS P	Sample Measurement							NODI=9			1/90	16 comp
STORET No. 00665 1	Permit Requirement							REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												
PHOSPHOROUS, ORTHO AS P	Sample Measurement							NODI=9			1/90	16 comp
STORET No. 70507 1	Permit Requirement							REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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	<i>M. Sambamurthi</i>	(904) 721-4600	9/7/00/21

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,

PERMITTEE NAME: United Water Florida

MAILING ADDRESS: 1400 Millco Road
Jacksonville, FL 32225

FACILITY: Jacksonville Heights WWTF

LOCATION: 5957 Tampico Road

COUNTY: Duval

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD--From: 9/7/06/01

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 9/7/06/30

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				NDDI = 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				NDDI = 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				NDDI = 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				NDDI = 9						
STORET No. TBP6C 1 Mon. Site No. OUT-1		Permit Requirement				100 Min.			Percent		As Req'd	4 Grabs/ 24 hours
STORET No. 1 Mon. Site No.		Sample Measurement										
		Permit Requirement										
STORET No. 1 Mon. Site No.		Sample Measurement			*							
		Permit Requirement										

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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	<i>M. Sambamurthi</i>	(904) 721-4600	9/7/07/21

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: 1997

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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

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	1.153
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.094
(19) PERCENT OF PERMITTED CAPACITY	%	****	44
(20) CBOD5 EFFLUENT	mg/l	060082	1.0
(21) TSS EFFLUENT	mg/l	900201	0.3
(22) MINIMUM pH		900241	7.26
(23) MAXIMUM pH		900242	7.78
(24)			
(25)			
(26) TKK 05-01-97	mg/l	000625	0.16
(27) TOTAL N 05-01-97	mg/l	000600	3.71 0.16
(28) ORGANIC N 05-01-97	mg/l	000605	0.060
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.06
(30) TOTAL PHOSPHORUS 05-01-97	mg/l	000655	1.92 1.720
(31) ORTHO PHOSPHORUS 05-01-97	mg/l	070507	1.72 1.920
(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	****	13.7
(38) KUOD	lbs/day	****	7.9
(39) UOD	lbs/day	****	23.4
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0010
(41) NO2 + NO3 05-01-97	mg/l	000630	3.55

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

(*) DUVAL SEPTIC HAULED 28 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

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

May 1997

DAY OF THE MONTH	FLOW mgd	BFP TEMP (GRAB) deg C	BFP pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BFP mg/l	TSS BFP mg/l	BFP pH MINIMUM (0.01)	BFP pH MAXIMUM (0.01)	BFP NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FE CAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
01	1.298	24.0	7.33	100	137	<1.0	0.4	7.28	7.35	0.10	7.1		0.20	0.0021
02	1.226							7.31	7.64		6.9			
03	1.362							7.31	7.51		6.7			
04	1.251							7.35	7.47		7.2			
05	1.163							7.38	7.46		6.5			
06	1.102							7.38	7.55		6.6	<1		
07	1.128							7.36	7.51		6.6			
08	1.180	23.0	7.32	196	206	<1.0	0.3	7.31	7.57	<0.05	6.4		<0.05	<0.0005
09	1.075							7.32	7.45		6.5			
10	1.144							7.40	7.50		7.2			
11	1.134							7.43	7.56		7.0			
12	1.203							7.36	7.48		6.9			
13	1.091							7.38	7.47		6.4	<1		
14	1.062							7.43	7.73		6.3			
15	1.109	24.0	7.54	138	156	<1.0	0.4	7.41	7.75	<0.05	6.7		0.06	0.0010
16	1.019							7.30	7.54		6.1			
17	1.069							7.37	7.47		6.3			
18	1.137							7.32	7.55		6.4			
19	1.069							7.38	7.59		6.3			
20	1.087							7.34	7.68		6.1	<1		
21	1.085							7.30	7.78		6.1			
22	1.125	25.3	7.37	136	196	<1.0	0.4	7.35	7.65	<0.05	6.2		<0.05	<0.0007
23	1.025							7.37	7.58		6.1			
24	1.073							7.35	7.46		6.1			
25	1.056							7.38	7.50		6.1			
26	1.265							7.32	7.46		6.4			
27	1.260							7.26	7.51		6.7	<1		
28	1.335							7.29	7.38		6.4			
29	1.015	24.9	7.30	97	153	<1.0	0.2	7.30	7.38	<0.05	6.1		<0.05	<0.0006
30	1.150							7.33	7.42		6.6			
31	1.436							7.29	7.67		6.4			
TOT	35.734	121.2	36.86	667	848	5.0	1.7	227.66	233.62	0.30	201.4	4	0.41	0.0049
AVG	1.153	24.2	7.37	133	170	1.0	0.3	7.34	7.54	0.06	6.5	1	0.08	0.0010
MAX	1.436	25.3	7.54	196	206	1.0	0.4	7.43	7.78	0.10	7.2	1	0.20	0.0021
MIN	1.015	23.0	7.30	97	137	1.0	0.2	7.26	7.35	0.05	6.1	1	0.05	0.0005

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

SIGNED: Greg Bauer

DATE: 6-13-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

PHONE 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: 1400 Millcoe Road
Jacksonville, Florida 32225

FACILITY: Jacksonville Heights WWTF

LOCATION: 5957 Tampico Road

COUNTY: Duval

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 97/05/01

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 97/05/31

REPORT: Monthly

GROUP: DW

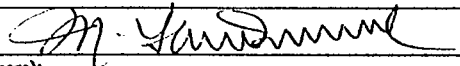
GMS TEST SITE NO.: 3116X14060

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 STORET No. 50050 Y Mon. Site No. OUT-1	Sample Measurement		1.192							0	cont	Flow Meter
	Permit Requirement		2.50 ANN AVG		MGD						CONTIN- UOUS	METER TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C STORET No. 80082 Y Mon. Site No. OUT-1	Sample Measurement						1.0			0	1/7	16 comp
	Permit Requirement						8.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C STORET No. 80082 1 Mon. Site No. OUT-1	Sample Measurement						1.0	1.0		0	1/7	16 comp
	Permit Requirement						8.0 MO AVG	16.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED STORET No. 00530 Y Mon. Site No. OUT-1	Sample Measurement						0.3			0	1/7	16 comp
	Permit Requirement						20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED STORET No. 00530 1 Mon. Site No. OUT-1	Sample Measurement						0.3	0.4		0	1/7	16 comp
	Permit Requirement						30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF, M-FC BROTH, 44.5 C STORET No. 31616 Y Mon. Site No. OUT-1	Sample Measurement						1			0	1/7	Grab
	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) 721-4600	97/06/26

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					1			0	1/7	Grab
STORET No. 31616 1		Permit Requirement					REPORT MO. AVG.	800 MAX	1/100ML		WEEKLY	GRAB
Mon. Site No. OUT-1												
pH		Sample Measurement				7.3		7.8		0	1/Hour	Grab
STORET No. 00400 1		Permit Requirement				6.0 MIN		8.5 MAX	S.U.		CONTINUOUS	METER OR GRAB
Mon. Site No. OUT-1												
DISSOLVED OXYGEN		Sample Measurement				6.1				0	1/Day	Grab
STORET No. 00300 1		Permit Requirement				6.0 MIN			MG/L		DAILY 7/WEEK	METER OR GRAB
Mon. Site No. OUT-1												
TEMPERATURE, DEG C		Sample Measurement						25.3		0	1/Day	Grab
STORET No. 00010 1		Permit Requirement						REPORT	DEG C		DAILY 7/WEEK	GRAB
Mon. Site No. OUT-1												
STORET No. 1		Sample Measurement										
Mon. Site No.		Permit Requirement										
NITROGEN, TOTAL AMMONIA AS N		Sample Measurement					0.07			0	1/7	16 comp
STORET No. 00610 Y		Permit Requirement					1.6 ANN AVG		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1												
NITROGEN, TOTAL AMMONIA AS N		Sample Measurement					0.06	0.10		0	1/7	16 comp
STORET No. 00610 1		Permit Requirement					2.0 MO. AVG	3.7 MAX	MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1												
BOD, CARBONACEOUS 5-DAY, 20 C		Sample Measurement					133			0	1/7	16 comp
STORET No. 80082 G		Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. INF-1												
SOLIDS, TOTAL SUSPENDED		Sample Measurement					170			0	1/7	16 comp
STORET No. 00530 G		Permit Requirement					REPORT MO. AVG		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. INF-1												

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

2600 Blair Stone Rd, Tallahassee FL 32399-2400

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

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 97/05/01

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 97/05/31
 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						3.71		0	1/90	16 comp
STORET No. 00600 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											
NITROGEN, NO2+NO3 AS N	Sample Measurement		*				3.55		0	1/90	16 comp
STORET No. 00630 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											
UNIONIZED AMMONIA AS N	Sample Measurement						0.0021		0	1/90	16 comp
STORET No. 00619 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	CALC
Mon. Site No. OUT-1											
NITROGEN, ORGANIC AS N	Sample Measurement						0.06		0	1/90	16 comp
STORET No. 00605 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											
PHOSPHOROUS, TOTAL AS P	Sample Measurement						1.92		0	1/90	16 comp
STORET No. 00665 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											
PHOSPHOROUS, ORTHO AS P	Sample Measurement						1.72		0	1/90	16 comp
STORET No. 70507 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	97/06/26

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,

PERMITTEE NAME: United Water Florida

MAILING ADDRESS: 1400 Millco Road

Jacksonville, FL 32225

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LOCATION: 5957 Tampico Road

COUNTY: Duval

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD—From: 9/7/05/0/

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 9/7/05/3/

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					>100				0	1/6 mos	3 comp (24 hours)
STORET No. TBP3B 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	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	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	Permit Requirement					100 Min			Percent		As Req'd	4 Grabs/ 24 hours
STORET No. 1	Sample Measurement											
Mon. Site No.	Permit Requirement											
STORET No. 1	Sample Measurement											
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. Sankararathi	Vice President	(904) 721-4600	9/7/05/26

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

see attached HER report #876.

A-1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: April YEAR: 1997

(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 *Gregory Zaver* B 2738
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	1.134
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.050
(19) PERCENT OF PERMITTED CAPACITY	%	****	42
(20) CBOD5 EFFLUENT	mg/l	080082	1.0
(21) TSS EFFLUENT	mg/l	900201	0.2
(22) MINIMUM pH		900241	7.18
(23) MAXIMUM pH		900242	7.57
(24)			
(25)			
(26) TKN 04-03-97	mg/l	000625	
(27) TOTAL N 04-03-97	mg/l	000600	
(28) ORGANIC N 04-03-97	mg/l	000605	
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.12
(30) TOTAL PHOSPHORUS 04-03-97	mg/l	000665	
(31) ORTHO PHOSPHORUS 04-03-97	mg/l	070507	
(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	6.2
(37) CUOD	lbs/day	****	12.1
(38) NUOD	lbs/day	****	
(39) UOD	lbs/day	****	
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0009
(41) NO2 + NO3 04-03-97	mg/l	000630	

(*) 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).

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

April 1997

DAY OF THE MONTH	FLOW mgd	BPF TEMP (GRAB) deg C	BPF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	BPF pH MINIMUM (0.01)	BPF pH MAXIMUM (0.01)	BPF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
1	0.935							7.29	7.50		7.1	< 1		
2	0.956							7.30	7.52		6.2			
3	0.998	21.8	7.41	140	233	<1.0	0.3	7.34	7.45	0.08	6.3		0.05	0.0006
4	0.950							7.38	7.51		6.8			
5	1.017							7.41	7.49		7.2			
6	1.053							7.31	7.50		6.8			
7	1.079							7.38	7.52		6.9			
8	0.937							7.38	7.49		6.5	< 1		
9	0.946							7.35	7.46		6.7			
10	0.923	21.8	7.38	106	153	<1.0	0.1	7.34	7.38	0.07	7.5		< 0.05	< 0.0006
11	0.982							7.32	7.37		7.0			
12	1.058							7.32	7.37		6.5			
13	1.220							7.33	7.49		6.5			
14	1.023							7.39	7.49		7.2			
15	1.025							7.38	7.46		6.7	< 1		
16	1.023							7.33	7.43		7.1			
17	1.064	23.2	7.40	148	167	<1.0	0.2	7.34	7.40	0.27	6.8		0.16	0.0020
18	0.988							7.34	7.43		7.0			
19	1.065							7.31	7.55		7.4			
20	1.109							7.34	7.46		7.3			
21	1.097							7.37	7.57		6.8			
22	1.051							7.38	7.57		6.9	< 1		
23	1.125							7.18	7.44		6.4			
24	1.085	22.4	7.38	128	201	<1.0	0.3	7.32	7.45	< 0.05	6.2		< 0.05	< 0.0006
25	1.048							7.28	7.42		6.5			
26	1.358							7.24	7.35		7.1			
27	2.163							7.29	7.37		7.5			
28	1.921							7.26	7.44		7.0			
29	1.480							7.30	7.42		7.1	1		
30	1.348							7.21	7.40		7.3			
TOT	34.027	89.2	29.57	522	754	4.0	0.9	219.71	223.70	0.47	206.3	5	0.31	0.0037
AVG	1.134	22.3	7.39	131	189	1.0	0.2	7.32	7.46	0.12	6.9	1	0.08	0.0009
MAX	2.163	23.2	7.41	148	233	1.0	0.3	7.41	7.57	0.27	7.5	1	0.16	0.0020
MIN	0.923	21.8	7.38	106	153	1.0	0.1	7.18	7.35	0.05	6.2	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: Gregory Bauer DATE: 5-13-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

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

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 97/01/01

To: 97/04/30

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

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

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 STORET No. 50050 Y Mon. Site No. OUT-1	Sample Measurement	1.188							0	cont	Flow Meter
	Permit Requirement	2.50 ANN AVG		MGD						CONTINUOUS	METER TOTAL
BOD, CARBONACEOUS 5 DAY, 20 C STORET No. 80082 Y Mon. Site No. OUT-1	Sample Measurement					1.0			0	1/7	16 comp
	Permit Requirement					8.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5 DAY, 20 C STORET No. 80082 1 Mon. Site No. OUT-1	Sample Measurement					1.0	1.0		0	1/7	16 comp
	Permit Requirement					8.0 MO AVG	16.0 MAX	MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED STORET No. 00530 Y Mon. Site No. OUT-1	Sample Measurement					0.3			0	1/7	16 comp
	Permit Requirement					20.0 ANN AVG		MG/L		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED STORET No. 00530 1 Mon. Site No. OUT-1	Sample Measurement					0.2	0.3		0	1/7	16 comp
	Permit Requirement					30.0 MO AVG	60.0 MAX	MG/L		WEEKLY	8-HR COMP.
COLIFORM, FECAL MF, M-FC BROTH, 44.5 C STORET No. 31616 Y Mon. Site No. OUT-1	Sample Measurement					1			0	1/7	Grab
	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	<i>M. Sambamurthi</i>	(904) 721-4600	97/05/20

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					1	1		0	1/7	Grab
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MOEOMN	800 MAX	#/100ML		WEEKLY	GRAB
pH	Sample Measurement				7.2		7.6		0	1/Hour	Grab
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN		8.3 MAX	S.U.		CONTINUOUS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement				6.2				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						23.2		0	1/Day	Grab
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	DEG C		DAILY 7/WEEK	GRAB
STORET No. 1 Mon. Site No.	Sample Measurement										
	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					0.12	0.27		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					131			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					189			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,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 9/7/04/01

To: 9/7/04/30
REPORT: Quarterly

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

GROUP: DW

GMS TEST SITE NO.: 3116X14060

WAFR SITE NO.: 9182

FACILITY: Jacksonville Heights WWTP

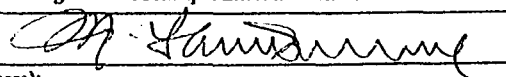
LOCATION: 5957 Tampico Road

COUNTY: Duval

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						NODI=9		1/90	16 comp
STORET No. 00600 1	Permit Requirement						REPORT	MG/L	EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1										
NITROGEN, NO2+NO3 AS N	Sample Measurement						NODI=9		1/90	16 comp
STORET No. 00630 1	Permit Requirement						REPORT	MG/L	EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1										
UNIONIZED AMMONIA AS N	Sample Measurement						NODI=9		1/90	16 comp
STORET No. 00619 1	Permit Requirement						REPORT	MG/L	EVERY QUARTER	CALC.
Mon. Site No. OUT-1										
NITROGEN, ORGANIC AS N	Sample Measurement						NODI=9		1/90	16 comp
STORET No. 00605 1	Permit Requirement						REPORT	MG/L	EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1										
PHOSPHOROUS, TOTAL AS P	Sample Measurement						NODI=9		1/90	16 comp
STORET No. 00665 1	Permit Requirement						REPORT	MG/L	EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1										
PHOSPHOROUS, ORTHO AS P	Sample Measurement						NODI=9		1/90	16 comp
STORET No. 70507 1	Permit Requirement						REPORT	MG/L	EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1										

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	9/7/05/20

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

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD--From: 97/04/01

To: 97/04/30
REPORT: Semi-Annual

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

GROUP: DW

GMS TEST SITE NO.: 3116X14060

WAFR SITE NO.: 9182

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

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					NDDI=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					NDDI=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					NDDI=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					NDDI=9						
STORET No. TBP6C 1 Mon. Site No. OUT-1	Permit Requirement					100 Min.			Percent		As Req'd	4 Grabs/ 24 hours
STORET No. 1 Mon. Site No.	Sample Measurement											
	Permit Requirement											
STORET No. 1 Mon. Site No.	Sample Measurement											
	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) 721-4600	97/05/20

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: March YEAR: 1997

(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:
☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
 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 Mary Bauer B 2738
 signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	1.048
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.081
(19) PERCENT OF PERMITTED CAPACITY	%	****	43
(20) CBOD5 EFFLUENT	mg/l	080082	1.0
(21) TSS EFFLUENT	mg/l	900201	0.3
(22) MINIMUM pH		900241	7.17
(23) MAXIMUM pH		900242	7.62
(24)			
(25)			
(26) TKN 00-00-00	mg/l	000625	
(27) TOTAL N 00-00-00	mg/l	000600	
(28) ORGANIC N 00-00-00	mg/l	000605	
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.06
(30) TOTAL PHOSPHORUS 00-00-00	mg/l	000665	
(31) ORTHO PHOSPHORUS 00-00-00	mg/l	070507	
(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	****	12.0
(38) NUOD	lbs/day	****	
(39) UOD	lbs/day	****	
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0014
(41) NO2 + NO3 00-00-00	mg/l	000630	

(*) 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 1997

DAY OF THE MONTH	FLOW mgd	BPF TEMP (GRAB) deg C	BPF PH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	BPF PH MINIMUM (0.01)	BPF PH MAXIMUM (0.01)	BPF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAI COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZE NH3 (CALC) mg/l
01	1.111							7.34	7.48		7.5			
02	1.118							7.37	7.49		7.5			
03	1.063							7.30	7.52		6.9			
04	1.020							7.27	7.36		7.0	< 1		
05	1.021							7.43	7.62		6.8			
06	1.020	23.4	7.47	178	192	< 1.0	0.2	7.36	7.48	< 0.05	6.8		0.24	0.003
07	0.962							7.37	7.49		6.8			
08	1.071							7.42	7.47		7.5			
09	1.081							7.42	7.50		7.3			
10	1.082							7.29	7.49		6.8			
11	0.994							7.29	7.46		6.6	< 1		
12	0.980							7.36	7.49		6.8			
13	1.020	23.1	7.38	185	210	< 1.0	0.2	7.29	7.45	< 0.05	6.9		< 0.05	< 0.000
14	1.297							7.32	7.42		6.5			
15	1.040							7.37	7.49		8.1			
16	1.100							7.41	7.49		7.4			
17	1.008							7.43	7.50		6.9			
18	1.048							7.21	7.52		6.8	2		
19	1.027							7.33	7.53		6.6			
20	1.026	23.5	7.44	142	210	< 1.0	0.4	7.38	7.45	< 0.05	6.7		< 0.05	< 0.002
21	0.944							7.36	7.48		6.7			
22	1.099							7.30	7.42		6.8			
23	1.131							7.41	7.46		7.0			
24	1.003							7.25	7.42		6.4			
25	0.981							7.33	7.47		6.7	< 1		
26	0.972	23.6	7.44	143	179	< 1.0	0.3	7.17	7.44	0.08	6.6		< 0.05	< 0.000
27	1.029							7.35	7.44		6.3			
28	1.008							7.34	7.44		6.8			
29	1.059							7.28	7.42		6.8			
30	1.061							7.37	7.45		7.2			
31	1.111							7.31	7.43		6.9			
TOT	32.487	93.6	29.73	648	791	4.0	1.1	227.43	231.57	0.23	214.4	5	0.39	0.00
AVG	1.048	23.4	7.43	162	198	1.0	0.3	7.34	7.47	0.06	6.9	1	0.10	0.00
MAX	1.297	23.6	7.47	185	210	1.0	0.4	7.43	7.62	0.08	8.1	2	0.24	0.00
MIN	0.944	23.1	7.38	142	179	1.0	0.2	7.17	7.36	0.05	6.3	1	0.05	0.00

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

SIGNED: _____

DATE: 4-14-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

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

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 97/03/01

To: 97/03/31
REPORT: Monthly

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

GROUP: DW

GMS TEST SITE NO.: 3116X14060

WAFR SITE NO.: 9182

FACILITY: Jacksonville Heights WWTF

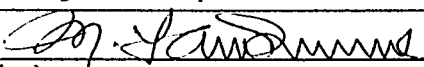
LOCATION: 5957 Tampico Road

COUNTY: Duval

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	1.190							0	cont	Flow Meter
STORET No. 50050 Y	Permit Requirement	2.50		MGD						CONTINUOUS	METER/ TOTAL
Mon. Site No. OUT-1		ANN AVG									
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.0			0	1/7	16 comp
STORET No. 80082 Y	Permit Requirement					8.0		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						ANN AVG					
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.0	1.0		0	1/7	16 comp
STORET No. 80082 1	Permit Requirement					8.0	16.0	MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						MO AVG	MAX				
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.4			0	1/7	16 comp
STORET No. 00530 Y	Permit Requirement					20.0		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						ANN AVG					
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.3	0.4		0	1/7	16 comp
STORET No. 00530 1	Permit Requirement					30.0	60.0	MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						MO AVG	MAX				
COLIFORM, FECAL MF, M-FC BROTH, 44.5 C	Sample Measurement					1			0	1/7	Grab
STORET No. 31616 Y	Permit Requirement					200		#/100 ML		WEEKLY	GRAB
Mon. Site No. OUT-1						ANN AVG					

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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)
Mr. Sambamurthi Vice President		(904) 731-4600	97/04/23

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					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				7.2		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				6.3				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						23.6		0	1/Day	Grab
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	DEG C		DAILY, 7/WEEK	GRAB
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
NITROGEN, TOTAL AMMONIA AS N	Sample Measurement					0.06			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					0.06	0.08		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					162			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					198			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,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225

2600 Blair Stone Rd, Tallahassee FL 32399-2400

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

PERMIT NUMBER: FL0023671

MONITORING PERIOD--From: 97/03/01

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 97/03/31
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										1/90	16 comp
STORET No. 00600 1	Permit Requirement										EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												
NITROGEN, NO2+NO3 AS N	Sample Measurement										1/90	16 comp
STORET No. 00630 1	Permit Requirement										EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												
UNIONIZED AMMONIA AS N	Sample Measurement										1/90	16 comp
STORET No. 00619 1	Permit Requirement										EVERY QUARTER	CALC.
Mon. Site No. OUT-1												
NITROGEN, ORGANIC AS N	Sample Measurement										1/90	16 comp
STORET No. 00605 1	Permit Requirement										EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												
PHOSPHOROUS, TOTAL AS P	Sample Measurement										1/90	16 comp
STORET No. 00665 1	Permit Requirement										EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												
PHOSPHOROUS, ORTHO AS P	Sample Measurement										1/90	16 comp
STORET No. 70507 1	Permit Requirement										EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1												

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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	<i>[Signature]</i>	(904) 721-4600	97/04/23

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

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

MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: February YEAR: 1997

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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

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	1.042
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.109
(19) PERCENT OF PERMITTED CAPACITY	%	****	44
(20) CBOD5 EFFLUENT	mg/l	080082	1.2
(21) TSS EFFLUENT	mg/l	900201	0.4
(22) MINIMUM pH		900241	7.24
(23) MAXIMUM pH		900242	7.53
(24)			
(25)			
(26) TKN 02-06-97	mg/l	000625	0.19
(27) TOTAL N 02-06-97	mg/l	000600	11.69
(28) ORGANIC N 02-06-97	mg/l	000605	0.140
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.05
(30) TOTAL PHOSPHORUS 02-06-97	mg/l	000665	2.730
(31) ORTHO PHOSPHORUS 02-06-97	mg/l	070507	2.240
(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	6.4
(37) CUOD	lbs/day	****	14.2
(38) NUOD	lbs/day	****	7.2
(39) UOD	lbs/day	****	28.6
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	0.0007
(41) NO2 + NO3 02-06-97	mg/l	000630	11.50

) 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).

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

February 1997

DAY OF THE MONTH	FLOW mgd	BPF TEMP (GRAB) deg C	BPF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	BPF pH MINIMUM (0.01)	BPF pH MAXIMUM (0.01)	BPF NH3 (COMP) mg/l	TOTAL D.O. MINIMUM mg/l	FECAL COLIFORM (#/100ml)	TOTAL NH3 (GRAB) mg/l	UN-IONIZED NH3 (CALC) mg/l
1	1.097							7.32	7.43		8.5			
2	1.136							7.30	7.45		7.8			
3	1.090							7.31	7.48		7.2			
4	1.006							7.30	7.47		7.6	< 1		
5	0.996							7.35	7.53		7.0			
6	0.996	20.4	7.41	192	180	1.8	0.4	7.24	7.41	< 0.05	6.9		< 0.05	< 0.0005
7	0.985							7.35	7.42		7.1			
8	1.097							7.35	7.45		7.9			
9	1.119							7.37	7.46		7.6			
10	1.069							7.38	7.48		7.5			
11	1.066							7.40	7.50		7.5	< 1		
12	1.013							7.36	7.50		7.4			
13	0.969	20.4	7.48	204	243	< 1.0	0.2	7.34	7.48	0.05	7.3		0.08	0.0010
14	0.987							7.34	7.42		7.2			
15	1.179							7.28	7.47		7.7			
16	1.088							7.30	7.45		7.1			
17	1.079							7.35	7.52		7.8			
18	1.035							7.36	7.51		7.3	1		
19	0.987							7.40	7.51		7.2			
20	1.008	22.0	7.51	224	175	< 1.0	0.3	7.33	7.51	< 0.05	7.0		< 0.05	< 0.0007
21	0.965							7.28	7.41		7.4			
22	1.052							7.42	7.47		7.2			
23	1.088							7.39	7.52		7.5			
24	1.054							7.31	7.50		6.4			
25	1.016							7.36	7.46		7.3	< 1		
26	1.009							7.43	7.48		7.0			
27	1.002	21.8	7.49	198	182	< 1.0	0.6	7.25	7.41	< 0.05	6.5		< 0.05	< 0.0007
28	0.988							7.32	7.52		6.9			

TOT	29.176	84.6	29.89	818	780	4.8	1.5	285.49	289.22	0.20	204.8	4	0.23	0.0029
AVG	1.042	21.2	7.47	205	195	1.2	0.4	7.34	7.47	0.05	7.3	1	0.06	0.0007
MAX	1.179	22.0	7.51	224	243	1.8	0.6	7.43	7.53	0.05	8.5	1	0.08	0.0010
MIN	0.965	20.4	7.41	192	175	1.0	0.2	7.24	7.41	0.05	6.4	1	0.05	0.0005

HEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH 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: 3-18-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

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

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD--From: 97/02/01

To: 97/02/28
REPORT: Monthly

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

GROUP: DW

GMS TEST SITE NO.: 3116X14060

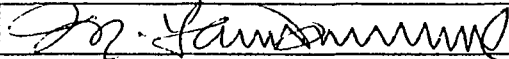
WAFR SITE NO.: 9182

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

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	1.202							0	cont	Flow Meter
STORET No. 50050 Y	Permit Requirement	2.50		MGD						CONTINUOUS	METER TOTAL
Mon. Site No. OUT-1		ANN AVG									
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.0			0	1/7	16 comp
STORET No. 80082 Y	Permit Requirement					8.0		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						ANN AVG					
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.2	1.8		0	1/7	16 comp
STORET No. 80082 1	Permit Requirement					8.0	16.0	MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						MO AVG	MAX				
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.4			0	1/7	16 comp
STORET No. 00530 Y	Permit Requirement					20.0		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						ANN AVG					
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.4	0.6		0	1/7	16 comp
STORET No. 00530 1	Permit Requirement					30.0	60.0	MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						MO AVG	MAX				
COLIFORM, FECAL MF, M-FC BROTH, 44.5 C	Sample Measurement					1			0	1/7	Grab
STORET No. 31616 Y	Permit Requirement					200		#/100 ML		WEEKLY	GRAB
Mon. Site No. OUT-1						ANN AVG					

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	97/03/25

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

Please read instructions before completing this form.

97/02/01

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	ORAB
pH	Sample Measurement				7.2		7.5		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				6.4				0	1/Day	Grab
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Requirement				6.0 MIN			MGL		DAILY 7/WEEK	METER OR GRAB
TEMPERATURE, DEG C	Sample Measurement						22.0		0	1/Day	Grab
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	DEG C		DAILY 7/WEEK	GRAB
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
NITROGEN, TOTAL AMMONIA AS N	Sample Measurement					0.06			0	1/7	16 comp
STORET No. 00610 Y Mon. Site No. OUT-1	Permit Requirement					1.6 ANN AVG		MGL		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	3.7 MAX	MGL		WEEKLY	8-HR COMP.
BOD, CARBONACEOUS 5-DAY, 20 C	Sample Measurement					205			0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MGL		WEEKLY	8-HR COMP.
SOLIDS, TOTAL SUSPENDED	Sample Measurement					195			0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					REPORT MO. AVG		MGL		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,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 97/02/01

To: 97/02/28

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

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

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						11.69		0	1/90	16 comp
STORET No. 00600 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											
NITROGEN, NO2+NO3 AS N	Sample Measurement						11.50		0	1/90	16 comp
STORET No. 00630 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											
UNIONIZED AMMONIA AS N	Sample Measurement						0.0010		0	1/90	16 comp
STORET No. 00619 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	CALC.
Mon. Site No. OUT-1											
NITROGEN, ORGANIC AS N	Sample Measurement						0.14		0	1/90	16 comp
STORET No. 00605 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											
PHOSPHOROUS, TOTAL AS P	Sample Measurement						2.73		0	1/90	16 comp
STORET No. 00665 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											
PHOSPHOROUS, ORTHO AS P	Sample Measurement						2.24		0	1/90	16 comp
STORET No. 70507 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
Mon. Site No. OUT-1											

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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	<i>[Signature]</i>	(904) 721-4600	97/03/25

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

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD--From: 9/7/02/01

To: 9/7/02/28

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

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

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
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										

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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) 721-4600	9/7/03/25

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: January YEAR: 1997

(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:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

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 Jay Bauer B 2738
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	1.088
(17) PERMITTED CAPACITY	mgd	****	2.500
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	1.139
(19) PERCENT OF PERMITTED CAPACITY	%	****	46
(20) CBOD5 EFFLUENT	mg/l	000032	1.0
(21) TSS EFFLUENT	mg/l	900201	0.2
(22) MINIMUM pH		900241	7.16
(23) MAXIMUM pH		900242	7.59
(24)			
(25)			
(26) TKN 00-00-00	mg/l	000625	
(27) TOTAL N 00-00-00	mg/l	000600	
(28) ORGANIC N 00-00-00	mg/l	000605	
(29) NH3N + NH4N MONTHLY AVERAGE	mg/l	000610	0.05
(30) TOTAL PHOSPHORUS 00-00-00	mg/l	000665	
(31) ORTHO PHOSPHORUS 00-00-00	mg/l	070507	
(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	6.5
(37) CUOD	lbs/day	****	12.8
(38) NUOD	lbs/day	****	
(39) UOD	lbs/day	****	
(40) AMMONIA - UN MONTHLY AVERAGE	mg/l	000612	<0.0009
(41) NO2 + NO3 00-00-00	mg/l	000630	

(*) SLUDGE MANAGEMENT HAULED

LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

(*) DUVAL SEPTIC HAULED

45 LOADS OF DIGESTER SLUDGE TO LANDFILL (7000 GALLONS/LOAD).

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

January 1997

DAY OF THE MONTH	FLOW mgd	BPF TEMP (GRAB) deg C	BPF pH (GRAB)	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	BPF pH MINIMUM (0.01)	BPF pH MAXIMUM (0.01)	BPF 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	1.087							7.40	7.45		7.0			
02	1.111			210	223	<1.0	0.3	7.29	7.49	<0.05	6.8			
03	0.991							7.23	7.29		6.5			
04	1.084							7.16	7.48		6.9			
05	1.115							7.27	7.45		7.2			
06	1.084							7.38	7.59		7.0			
07	0.999							7.35	7.43		6.9	<1		
08	1.110							7.27	7.52		7.3			
09	1.043	22.2	7.37	191	192	<1.0	0.2	7.30	7.38	<0.05	7.3		0.16	0.0018
10	1.065							7.39	7.54		7.8			
11	1.006							7.32	7.53		7.9			
12	1.147							7.25	7.51		8.2			
13	1.146							7.35	7.48		7.7			
14	1.065							7.31	7.43		7.3	<1		
15	1.058							7.34	7.50		7.4			
16	1.093	21.4	7.44	216	209	<1.0	0.2	7.32	7.45	<0.05	7.4		<0.05	<0.0005
17	1.126							7.34	7.49		7.9			
18	1.219							7.29	7.55		8.6			
19	1.193							7.32	7.53		7.6			
20	1.235							7.36	7.49		7.7			
21	1.080							7.42	7.56		8.0	<1		
22	1.055							7.34	7.50		7.7			
23	1.064	19.3	7.48	174	183	<1.0	0.3	7.34	7.48	<0.05	7.2		<0.05	<0.0006
24	1.007							7.34	7.51		7.1			
25	1.146							7.25	7.51		7.4			
26	1.205							7.34	7.58		7.9			
27	1.094							7.40	7.50		7.2			
28	1.012							7.30	7.49		7.2	1		
29	1.047							7.29	7.51		7.4			
30	1.055	19.2	7.50	148	213	<1.0	0.2	7.33	7.50	<0.05	8.0		<0.05	<0.0006
31	0.997							7.23	7.46		8.8			
TOT	33.739	82.1	29.79	939	1020	5.0	1.2	226.82	232.18	0.25	232.3	4	0.31	0.0035
AVG	1.088	20.5	7.45	188	204	1.0	0.2	7.32	7.49	0.05	7.5	1	0.08	0.0009
MAX	1.235	22.2	7.50	216	223	<1.0	0.3	7.42	7.59	<0.05	8.8	1	0.16	<0.0018
MIN	0.991	19.2	7.37	148	183	<1.0	0.2	7.16	7.29	<0.05	6.5	1	0.05	<0.0005

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

SIGNED: Greg Bauer DATE: 02-18-97

NAME: GREG BAUER

COMPANY NAME: UNITED WATER FLORIDA INC.

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

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 97/01/01

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 97/01/31
REPORT: Monthly

GROUP: DW

GMS TEST SITE NO.: 3116X14060

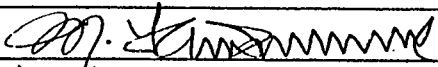
WAFR SITE NO.: 9182

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

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	1.193							0	cont	Flow Meter
STORET No. 50050 Y	Permit Requirement	2.50		MGD						CONTINUOUS	METER/TOTAL
Mon. Site No. OUT-1		ANN AVG									
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement					1.1			0	1/7	16 comp
STORET No. 80082 Y	Permit Requirement					8.0		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						ANN AVG					
BOD, CARBONACEOUS 5 DAY, 20 C	Sample Measurement				1	1.0	1.0		0	1/7	16 comp
STORET No. 80082 1	Permit Requirement					8.0	16.0	MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						MO AVG	MAX				
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.5			0	1/7	16 comp
STORET No. 00530 Y	Permit Requirement					20.0		MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						ANN AVG					
SOLIDS, TOTAL SUSPENDED	Sample Measurement					0.2	0.3		0	1/7	16 comp
STORET No. 00530 1	Permit Requirement					30.0	60.0	MG/L		WEEKLY	8-HR COMP.
Mon. Site No. OUT-1						MO AVG	MAX				
COLIFORM, FECAL MF, M-FC BROTH, 44.5 C	Sample Measurement					2			0	1/7	Grab
STORET No. 31616 Y	Permit Requirement					200		#/100 ML		WEEKLY	GRAB
Mon. Site No. OUT-1						ANN AVG					

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 731-4600	97/02/27

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

97/01/01 - 97/01/31

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					1			0	1/7	Grab
STORET No. 31616 1 Mon. Site No. OUT-1	Permit Requirement					REPORT MOEOMN	800 MAX	1/100ML		WEEKLY	GRAB
pH	Sample Measurement				7.2		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. UOJS	METER OR GRAB
DISSOLVED OXYGEN	Sample Measurement				6.5				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						22.2		0	1/Day	Grab
STORET No. 00010 1 Mon. Site No. OUT-1	Permit Requirement						REPORT	DEG C		DAILY 7/WEEK	GRAB
STORET No. 1 Mon. Site No.	Sample Measurement										
	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					188			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					204			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,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoo Road
Jacksonville, FL 32225

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD--From: 97/01/01

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 97/01/31
REPORT: Quarterly

GROUP: DW

GMS TEST SITE NO.: 3116X14060

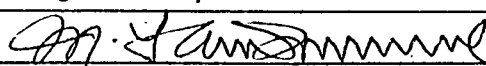
WAFR SITE NO.: 9182

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

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						NOBI=9			1/90	16 comp
STORET No. 00600 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
NITROGEN, NO2+NO3 AS N	Sample Measurement						NOBI=9			1/90	16 comp
STORET No. 00630 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
IONIZED AMMONIA AS N	Sample Measurement						NOBI=9			1/90	16 comp
STORET No. 00619 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	CALC.
NITROGEN, ORGANIC AS N	Sample Measurement						NOBI=9			1/90	16 comp
STORET No. 00605 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
PHOSPHOROUS, TOTAL AS P	Sample Measurement						NOBI=9			1/90	16 comp
STORET No. 00665 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP
PHOSPHOROUS, ORTHO AS P	Sample Measurement						NOBI=9			1/90	16 comp
STORET No. 70507 1	Permit Requirement						REPORT	MG/L		EVERY QUARTER	8-HR COMP

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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) 721-4600	97/02/27

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

2600 Blair Stone Rd, Tallahassee FL 32399-2400

PERMIT NUMBER: FL0023671

MONITORING PERIOD-From: 9/7/01/01

LIMIT: Final

CLASS SIZE: Major

FACILITY ID: FL0023671

GMS ID NO.: 3116P01970

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: 2B

To: 9/7/01/31

REPORT: Semi-Annual

GROUP: DW

GMS TEST SITE NO.: 3116X14060

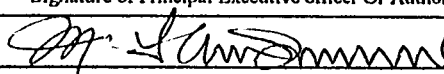
WAFR SITE NO.: 9182

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

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	Permit Requirement				100 Min			Percent		Every 6 Months	4 Grabs/ 24 hours
Mon. Site No. OUT-1											
96-hr chronic, Routine P. promelas	Sample Measurement				NODI=9					1/6 mos	3 comp (24 hours)
STORET No. TBP6C 1	Permit Requirement				100 Min			Percent		Every 6 Months	4 Grabs/ 24 hours
Mon. Site No. OUT-1											
96-hr chronic, Addition. C.Dubia	Sample Measurement				NODI=9						
STORET No. TBP3B 1	Permit Requirement				100 Min			Percent		As Req'd	4 Grabs/ 24 hours
Mon. Site No.											
96-hr chronic, Addition. P. promelas	Sample Measurement				NODI=9						
STORET No. TBP6C 1	Permit Requirement				100 Min			Percent		As Req'd	4 Grabs/ 24 hours
Mon. Site No. OUT-1											
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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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) 721-4600	9/7/02/27

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: December YEAR: 1997

(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:
☒ 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 ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
 NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

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

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

LEAD OPERATOR Kenneth L. Lynch B 3180
 signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.033
(17) PERMITTED CAPACITY	mgd	****	.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.030
(19) PERCENT OF PERMITTED CAPACITY	%	****	61
(20) CBOD5 EFFLUENT	mg/l	080082	1.8
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	2.8
(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	3.11
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.6
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	2

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

December 1997

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	0.027	2.3					7.2		
02	0.026	1.6					7.3		2
03	0.025	2.5					7.3		
04	0.043	2.5	238	132	1.8	2.8	7.2	3.11	
05	0.017	2.5					7.3		
06	0.033								
07	0.037								
08	0.025	2.5					7.3		
09	0.039	2.5					7.3		
10	0.028	2.5					7.3		
11	0.034	2.5					7.3		
12	0.036	2.5					7.3		
13	0.036								
14	0.032								
15	0.052	2.5					7.3		
16	0.036	2.5					7.3		
17	0.032	2.5					7.3		
18	0.030	2.5					7.3		
19	0.037	2.5					7.2		
20	0.034								
21	0.024								
22	0.034	2.3					7.3		
23	0.033	2.3					7.3		
24	0.042	2.4					7.3		
25	0.028								
26	0.037								
27	0.037								
28	0.042								
29	0.021	2.2					7.3		
30	0.032	2.2					7.4		
31	0.041	2.1					7.3		

TOT	1.030	49.9	238	132	1.8	2.8	152.8	3.11	2
AVG	0.033	2.4	238	132	1.8	2.8	7.3	3.11	2
MAX	0.052	2.5	238	132	1.8	2.8	7.4	3.11	2
MIN	0.017	1.6	238	132	1.8	2.8	7.2	3.11	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, COMPLETE AND ACCURATE.

SIGNED: Kenneth A. Snyder DATE: 1-12-98

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: November YEAR: 1997

(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:

☒ 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 ☒ 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 Banner E. Smith 3180 05640
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.031
(17) PERMITTED CAPACITY	mgd	****	.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.029
(19) PERCENT OF PERMITTED CAPACITY	%	****	58
(20) CBOD5 EFFLUENT	mg/l	080082	8.3
(21) CBOD5 EFFLUENT	lbs/day	****	2
(22) TSS EFFLUENT	mg/l	900201	9.8
(23) TSS EFFLUENT	lbs/day	****	2
(24) MINIMUM pH		****	7.6
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	4.6
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.0
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.0
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	

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

November 1997

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	0.019								
02	0.031								
03	0.024	1.8					7.3		
04	0.024	1.8					7.3		< 1
05	0.025	2.1					7.3		
06	0.029	2.1	244	186	8.3	9.8	7.3	4.62	
07	0.015	2.1					7.3		
08	0.024								
09	0.028								
10	0.027	2.0					7.3		
11	0.035	1.8					7.3		
12	0.029	1.8					7.0		
13	0.036	2.2					7.1		
14	0.038	2.0					7.2		
15	0.034								
16	0.034								
17	0.037	1.2					7.3		
18	0.034	2.2					7.3		
19	0.042	2.4					7.3		
20	0.035	2.0					7.3		
21	0.033	2.5					7.3		
22	0.039								
23	0.045								
24	0.030	2.5					7.4		
25	0.039	2.5					7.3		
26	0.028	1.6					7.3		
27	0.025								
28	0.033								
29	0.027								
30	0.038								

TOT	0.937	36.6	244	186	8.3	9.8	130.8	4.62	1
AVG	0.031	2.0	244	186	8.3	9.8	7.3	4.62	1
MAX	0.045	2.5	244	186	8.3	9.8	7.4	4.62	1
MIN	0.015	1.2	244	186	8.3	9.8	7.0	4.62	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: Banner E. Strickland DATE: 12-11-97

NAME: ~~KENNETH SYDNER~~ BANNER E. STRICKLAND

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: 1997
- (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 Bruno E. Strader 3180 05640
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.027
(17) PERMITTED CAPACITY	mgd	****	.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.028
(19) PERCENT OF PERMITTED CAPACITY	%	****	50
(20) CBOD5 EFFLUENT	mg/l	000082	42.8
(21) CBOD5 EFFLUENT	lbs/day	****	9
(22) TSS EFFLUENT	mg/l	900201	450.0
(23) TSS EFFLUENT	lbs/day	****	90
(24) MINIMUM pH		****	7.1
(25) MAXIMUM pH		****	7.1
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	0.0
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.
(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 WWP
DEP ID #: 3145P01895

October 1997

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	FECAI COLIFORM (#/100ml)
01	0.030	0.5					7.5		
02	0.032	0.5					7.4		
03	0.024	0.5					7.4		
04	0.036								
05	0.033								
06	0.022	2.2					7.4		
07	0.026	2.0					7.2		<1
08	0.026	2.0					7.2		
09	0.026	2.2	286	177	>42.8	450.0	7.2	0.05	
10	0.032	2.0					7.2		
11	0.026								
12	0.020								
13	0.028	2.0					7.3		
14	0.018	2.2					7.2		
15	0.029	1.7					7.2		
16	0.031	1.2					7.3		
17	0.023	1.2					7.3		
18	0.024								
19	0.030								
20	0.032	0.6					7.3		
21	0.037	0.6					7.3		
22	0.029	0.5					7.3		
23	0.021	0.5					7.3		
24	0.021	0.5					7.3		
25	0.026								
26	0.032								
27	0.026	2.1					7.3		
28	0.019	2.5					7.3		
29	0.026	2.5					7.3		
30	0.024	1.2					7.2		
31	0.039	1.4					7.2		

TOT	0.848	32.6	286	177	42.8	450.0	167.5	0.05	1
AVG	0.027	1.4	286	177	42.8	450.0	7.3	0.05	1
MAX	0.039	2.5	286	177	42.8	450.0	7.5	0.05	1
MIN	0.018	0.5	286	177	42.8	450.0	7.2	0.05	1

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

SIGNED: Banner E. Strickland DATE: 11-17-97

NAME: ~~KENNETH SNYDER~~ BANNER E. STRICKLAND

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: 1997

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:

☒ 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 ☒ 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 Bammy E. Huchel B-3180 C 5640
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.027
(17) PERMITTED CAPACITY	mgd	****	.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.024
(19) PERCENT OF PERMITTED CAPACITY	%	****	47
(20) CBOD5 EFFLUENT	mg/l	080082	1.0
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	3.4
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.3
(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	12.10
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.0
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	430

MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: September YEAR: 1997

(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:

☒ 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 ☒ 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 Banner E. Stiles 3180 C-5640
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.032
(17) PERMITTED CAPACITY	mgd	****	.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.026
(19) PERCENT OF PERMITTED CAPACITY	%	****	52
(20) CBOD5 EFFLUENT	mg/l	080082	1.0
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	15.4
(23) TSS EFFLUENT	lbs/day	****	4
(24) MINIMUM pH		****	7.1
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	0.14
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.6
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

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

September 1997

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	0.020								
02	0.024	1.9					7.1		
03	0.066	2.0					7.2		
04	0.034	2.0					7.2		
05	0.029	1.8					7.2		
06	0.029								
07	0.042								
08	0.018	1.5					7.3		
09	0.031	2.5					7.2		<1
10	0.023	1.0					7.3		
11	0.032	1.5	226	257	<1.0	15.4	7.3	0.14	
12	0.026	1.7					7.3		
13	0.032								
14	0.034								
15	0.035	1.5					7.3		
16	0.027	1.5					7.3		
17	0.023	1.6					7.2		
18	0.020	1.4					7.3		
19	0.035	1.7					7.3		
20	0.032								
21	0.039								
22	0.026	1.5					7.4		
23	0.043	1.2					7.4		
24	0.017	0.9					7.4		
25	0.032	0.8					7.4		
26	0.042	0.7					7.4		
27	0.040								
28	0.035								
29	0.054	0.6					7.4		
30	0.023	0.7					7.5		

TOT	0.963	30.0	226	257	1.0	15.4	153.1	0.14	<1
AVG	0.032	1.4	226	257	1.0	15.4	7.3	0.14	<1
MAX	0.066	2.5	226	257	1.0	15.4	7.5	0.14	<1
MIN	0.017	0.6	226	257	1.0	15.4	7.1	0.14	<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: Banner E. Strickland DATE: 10-8-97

NAME: ~~KENNETH SNYDER~~ BANNER E. STRICKLAND

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

PART II - GENERAL INFORMATION

LEAD OPERATOR Kenneth A. Lynch 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	****	0.024
(19) PERCENT OF PERMITTED CAPACITY	%	****	47
(20) CBOD5 EFFLUENT	mg/l	080082	2.9
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	3.4
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.1
(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	4.37
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.0
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	4

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

July 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	pH BPF	NITRATE BPF mg/l	FECAL COLIFORM (#/100ml)
01	0.021	1.0					7.1		4
02	0.022	2.5	415	277	2.9	3.4	7.1	4.37	
03	0.022	2.5					7.1		
04	0.025								
05	0.020								
06	0.024								
07	0.044	2.0					7.2		
08	0.026	2.5					7.2		
09	0.017	2.5					7.2		
10	0.024	2.5					7.2		
11	0.021	2.0					7.3		
12	0.022								
13	0.021								
14	0.026	2.5					7.5		
15	0.017	2.5					7.8		
16	0.020	2.5					7.8		
17	0.022	2.5					7.8		
18	0.027	2.5					7.7		
19	0.024								
20	0.020								
21	0.023	2.3					7.8		
22	0.019	2.5					7.7		
23	0.021	2.5					7.6		
24	0.022	2.5					7.5		
25	0.024	2.5					7.5		
26	0.020								
27	0.024								
28	0.019	2.5					7.5		
29	0.021	2.1					7.5		
30	0.019	2.0					7.5		
31	0.020	2.5					7.4		
TOT	0.697	51.4	415	277	2.9	3.4	163.9	4.37	4
AVG	0.022	2.3	415	277	2.9	3.4	7.4	4.37	4
MAX	0.044	2.5	415	277	2.9	3.4	7.8	4.37	4
MIN	0.017	1.0	415	277	2.9	3.4	7.1	4.37	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 G. Snyder DATE: 8-19-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

PART II - GENERAL INFORMATION

LEAD OPERATOR Kenneth A. Lynch 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	****	0.024
(19) PERCENT OF PERMITTED CAPACITY	%	****	47
(20) CBOD5 EFFLUENT	mg/l	080082	9.8
(21) CBOD5 EFFLUENT	lbs/day	****	2
(22) TSS EFFLUENT	mg/l	900201	4.4
(23) TSS EFFLUENT	lbs/day	****	1
(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	2.82
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.6
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<1

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

June 1997

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								
02	0.026	2.0					7.1		
03	0.021	2.5					7.1		
04	0.017	2.5					7.2		< 1
05	0.022	2.5	224	209	9.8	4.4	7.1	2.82	
06	0.024	2.5					7.1		
07	0.020								
08	0.020								
09	0.024	2.5					7.2		
10	0.023	2.5					7.2		
11	0.022	2.5					7.2		
12	0.023	2.5					7.1		
13	0.030	2.5					7.2		
14	0.023								
15	0.018								
16	0.020	2.5					7.2		
17	0.023	2.5					7.2		
18	0.025	2.5					7.2		
19	0.015	1.6					7.2		
20	0.031	2.5					7.2		
21	0.017								
22	0.018								
23	0.021	2.5					7.1		
24	0.024	2.5					7.2		
25	0.019	2.5					7.2		
26	0.025	2.5					7.2		
27	0.033	2.5					7.3		
28	0.023								
29	0.026						7.2		
30	0.029	2.1							
TOT	0.685	50.7	224	209	9.8	4.4	150.7	2.82	1
AVG	0.023	2.4	224	209	9.8	4.4	7.2	2.82	1
MAX	0.033	2.5	224	209	9.8	4.4	7.3	2.82	1
MIN	0.015	1.6	224	209	9.8	4.4	7.1	2.82	1

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

SIGNED: Kenneth Snyder DATE: 7-10-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: May YEAR: 1997

(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:

☒ 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 ☒ 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 [Signature] B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.022
(17) PERMITTED CAPACITY	mgd	****	0.050
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.023
(19) PERCENT OF PERMITTED CAPACITY	%	****	46
(20) CBOD5 EFFLUENT	mg/l	000002	3.7
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	11.4
(23) TSS EFFLUENT	lbs/day	****	2
(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	3.87
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.4
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	42

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

May 1997

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	0.015	2.5					7.2		
02	0.021	2.5					7.2		
03	0.024								
04	0.025								
05	0.024	2.5					7.3		
06	0.017	2.5					7.2		42
07	0.026	2.5					7.3		
08	0.020	2.0	287	278	3.7	11.4	7.4	3.87	
09	0.025	2.1					7.3		
10	0.022								
11	0.020								
12	0.024	2.2					7.3		
13	0.019	2.3					7.4		
14	0.022	1.4					7.3		
15	0.019	1.8					7.4		
16	0.023	1.6					7.4		
17	0.019								
18	0.023								
19	0.026	2.0					7.2		
20	0.019	1.8					7.2		
21	0.022	2.5					7.2		
22	0.027	2.0					7.4		
23	0.027	2.2					7.3		
24	0.030								
25	0.015								
26	0.025								
27	0.023	2.5					7.3		
28	0.022	2.0					7.3		
29	0.022	1.8					7.3		
30	0.020	2.5					7.4		
31	0.023								
TOT	0.689	45.2	287	278	3.7	11.4	153.1	3.87	42
AVG	0.022	2.2	287	278	3.7	11.4	7.3	3.87	42
MAX	0.030	2.5	287	278	3.7	11.4	7.4	3.87	42
MIN	0.015	1.4	287	278	3.7	11.4	7.2	3.87	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, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 6-12-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: April YEAR: 1997

(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:

☒ 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 ☒ 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 *Kurt J. Long* 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	****	0.021
(19) PERCENT OF PERMITTED CAPACITY	%	****	42
(20) CBOD5 EFFLUENT	mg/l	080082	8.8
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	34.0
(23) TSS EFFLUENT	lbs/day	****	6
(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	1.60
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.0
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	< 1

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

April 1997

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	2.5					7.4		
02	0.018	2.0					7.4		
03	0.024	1.9					7.4		
04	0.020	1.5					7.4		
05	0.024								
06	0.027								
07	0.023	2.0					7.4		
08	0.024	1.8					7.4		< 1
09	0.017	1.0					7.4		
10	0.020	1.6	228	117	8.8	34.0	7.4	1.60	
11	0.034	1.9					7.4		
12	0.024								
13	0.022								
14	0.021	2.0					7.4		
15	0.019	2.1					7.4		
16	0.026	1.6					7.4		
17	0.017	2.5					7.4		
18	0.021	2.1					7.4		
19	0.019								
20	0.023								
21	0.025	1.6					7.2		
22	0.020	1.5					7.2		
23	0.023	2.0					7.3		
24	0.027	1.3					7.3		
25	0.053	1.5					7.3		
26	0.056								
27	0.039								
28	0.049	2.0					7.3		
29	0.022	1.7					7.3		
30	0.026	2.4					7.3		

TOT	0.792	40.5	228	117	8.8	34.0	161.7	1.60	1
AVG	0.026	1.8	228	117	8.8	34.0	7.4	1.60	1
MAX	0.056	2.5	228	117	8.8	34.0	7.4	1.60	1
MIN	0.017	1.0	228	117	8.8	34.0	7.2	1.60	1

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

SIGNED: Kenneth Snyder DATE: 5-13-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: March YEAR: 1997

(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:

☒ 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 ☒ 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 *[Signature]* 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	****	0.020
(19) PERCENT OF PERMITTED CAPACITY	%	****	40
(20) CBOD5 EFFLUENT	mg/l	080082	6.3
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	1.0
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.3
(25) MAXIMUM pH		****	7.6
(26) TOTAL N	mg/l	000600	N/A
(27) TXN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	3.66
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.4
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<1

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

March 1997

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	0.019								
02	0.016						7.4		
03	0.019	2.5					7.4		
04	0.018	2.5					7.4		
05	0.021	2.5					7.4		
06	0.016	2.5					7.4		
07	0.015	2.5					7.4		
08	0.024								
09	0.022								
10	0.019	2.5					7.4		
11	0.023	2.5					7.4		<1
12	0.015	2.5					7.4		
13	0.018	2.5	250	168	6.3	1.0	7.4	3.66	
14	0.006	2.0					7.4		
15	0.051								
16	0.026								
17	0.020	1.4					7.6		
18	0.021	2.1					7.5		
19	0.018	2.5					7.4		
20	0.018	2.5					7.4		
21	0.021	2.5					7.4		
22	0.019								
23	0.020								
24	0.021	2.5					7.4		
25	0.022	2.5					7.4		
26	0.020	2.5					7.3		
27	0.027	1.4					7.4		
28	0.022						7.4		
29	0.021								
30	0.020								
31	0.026	1.8					7.4		

TOT	0.644	46.2	250	168	6.3	1.0	163.0	3.66	1
AVG	0.021	2.3	250	168	6.3	1.0	7.4	3.66	1
MAX	0.051	2.5	250	168	6.3	1.0	7.6	3.66	1
MIN	0.006	1.4	250	168	6.3	1.0	7.3	3.66	1

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

SIGNED: Kenneth Snyder DATE: 4-15-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: February YEAR: 1997

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01895

3) PLANT NAME: LOPTON 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:

☒ 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 ☒ 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. Lynch* 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	****	0.019
(19) PERCENT OF PERMITTED CAPACITY	%	****	39
(20) CBOD5 EFFLUENT	mg/l	080082	8.4
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	12.9
(23) TSS EFFLUENT	lbs/day	****	2
(24) MINIMUM pH		****	7.2
(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	8.54
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.2
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<1

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

February 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BFP mg/l	TSS BFP mg/l	pH BFP	NITRATE BFP mg/l	FECAL COLIFORM (#/100ml)
01	0.022								
02	0.019								
03	0.024	1.8					7.3		
04	0.022	2.0					7.3		
05	0.019	1.2					7.3		
06	0.024	1.8					7.3		
07	0.014	2.1					7.3		
08	0.026								
09	0.024								
10	0.025	2.4					7.2		
11	0.024	2.5					7.5		<1
12	0.013	2.5					7.5		
13	0.018	2.5	238	131	8.4	12.9	7.4	8.54	
14	0.021	2.3					7.4		
15	0.021								
16	0.018								
17	0.016	2.5					7.4		
18	0.021	2.5					7.6		
19	0.016	2.5					7.5		
20	0.018	2.5					7.5		
21	0.016	2.5					7.5		
22	0.030								
23	0.024								
24	0.018	2.0					7.5		
25	0.017	2.5					7.4		
26	0.022	2.5					7.5		
27	0.021	2.5					7.4		
28	0.023	2.5					7.4		

TOT	0.576	45.6	238	131	8.4	12.9	148.3	8.54	1
AVG	0.021	2.3	238	131	8.4	12.9	7.4	8.54	1
MAX	0.030	2.5	238	131	8.4	12.9	7.6	8.54	1
MIN	0.013	1.2	238	131	8.4	12.9	7.2	8.54	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 Snyder

DATE:

3-17-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

PART II - GENERAL INFORMATION

LEAD OPERATOR Kenneth E. Boyd 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	****	0.019
(19) PERCENT OF PERMITTED CAPACITY	%	****	38
(20) CBOD5 EFFLUENT	mg/l	080082	4.5
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	1.4
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	
(25) MAXIMUM pH		****	
(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	8.20
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.8
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	3.0
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<1

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

January 1997

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	0.013								
02	0.022	1.2					7.41		
03	0.025	1.0					7.43		
04	0.016								
05	0.018								
06	0.020	1.4					7.40		
07	0.013	1.9					7.11		
08	0.016	1.8					7.03		
09	0.022	2.0					7.07		
10	0.016	2.5					7.14		
11	0.019								
12	0.022								
13	0.019	2.3					7.29		
14	0.015	3.0					7.51		<1
15	0.015	2.5					7.43		
16	0.017	3.0	284	160	4.5	1.4	7.32	8.20	
17	0.025	2.7					7.36		
18	0.020								
19	0.018								
20	0.018	2.5					7.41		
21	0.018	2.5					7.44		
22	0.019	2.7					7.43		
23	0.022	3.0					7.41		
24	0.015	3.0					7.30		
25	0.020								
26	0.024								
27	0.025	1.7					7.40		
28	0.018	2.0					7.30		
29	0.018	3.0					7.30		
30	0.016	2.6					7.30		
31	0.025	0.8					7.50		
TOT	0.589	49.1	284	160	4.5	1.4	161.29	8.20	1
AVG	0.019	2.2	284	160	4.5	1.4	7.33	8.20	1
MAX	0.025	3.0	284	160	4.5	1.4	7.51	8.20	<1
MIN	0.013	0.8	284	160	4.5	1.4	7.03	8.20	<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, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 2-18-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

	PARAMETER	UNITS	STORET CODE	VALUE
(1) MONTH: December YEAR: 1997				
(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316	(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.995
(3) PLANT NAME: Monterey Wastewater Treatment Facility	(17) PERMITTED CAPACITY	mgd	****	3.600
(4) PLANT ADDRESS: 5802 Harris Avenue	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.020
(5) CITY: Jacksonville	(19) PERCENT OF PERMITTED CAPACITY	%	****	83.88
(6) COUNTY: Duval	(20) CBOD 5 EFFLUENT	mg/l	000082	1.5
(7) PHONE NUMBER: (904) 725-2865	(21) CBOD 5 EFFLUENT	lbs/day	****	31.0
(8) PERMIT NUMBER: D016-170728	(22) TSS EFFLUENT	mg/l	900201	3.3
(9) PLANT TYPE: 3B	(23) TSS EFFLUENT	lbs/day	****	71.7
(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022	(24) MINIMUM pH		****	6.50
(11) FECAL COLIFORM SAMPLE METHOD:	(25) MAXIMUM pH		****	8.00
[X] Membrane Filter [] Most Probable Number	(26) TOTAL N	mg/l	000600	
(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) TKN	mg/l	000625	
Surface Waters	(28) AMMONIA (NH3-N)	mg/l	000610	
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE + NITRITE	mg/l	071850	
[] Yes [] No [x] Not Applicable	(30) TOTAL PHOSPHORUS	mg/l	000685	
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) ORTHO PHOSPHATE	mg/l	****	
(15) PLANT STAFFING:	(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
Day Shift Operator: Class C Cert. No. 8460	(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	1
Day Shift Operator: Class C Cert. No. 8085	(34) FECAL COLIFORM (ARITH MEAN)	no/100ml	****	1
Evening Shift Operator: Class A Cert. No. 2225	(35) ULTRAVIOLET INTENSITY			81
	(36) DISSOLVED OXYGEN	mg/l	****	5.0

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

NOTE 0.005 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 3116PD1316

MONTH December YEAR 1997

DAY OF THE MONTH	FLOW mgd	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	2.923					6.88	6.79			5.8	79
02	2.838					6.88	6.77		<1	7.8	85
03	2.912					6.88	6.76			6.7	85
04	2.899	127.0	98.0	1.4	2.1	6.90	6.78			6.7	85
05	2.796					6.99	6.68			6.9	85
06	2.978					6.99	6.67			5.8	80
07	2.946					6.95	6.69			5.9	79
08	2.967					8.00	6.58			6.4	85
09	2.794					6.76	6.76		<1	4.9	85
10	1.844					6.76	6.67			4.2	83
11	1.118	121.0	193.0	2.0	3.9	6.98	6.56			5.2	83
12	3.079					7.01	6.51			4.8	83
13	3.162					6.80	6.51			4.2	85
14	3.588					7.01	6.51			4.9	83
15	3.809					6.80	6.50			5.9	83
16	3.602					6.86	6.58		<1	6.8	80
17	3.439					7.27	6.59			5.2	80
18	3.247	184.0	133.0	<1.0	1.4	6.65	6.65			5.2	80
19	3.242					6.79	6.79			5.4	80
20	3.165					6.79	6.79			4.4	80
21	3.097					6.79	6.72			4.9	83
22	3.106					6.72	6.70			5.8	80
23	3.011	170.0	186.0	1.7	4.3	6.92	6.62		<1	5.0	80
24	3.040					6.88	6.55			5.9	80
25	2.916					6.88	6.54			4.9	80
26	3.025					6.85	6.54			5.6	75
27	3.027					6.84	6.53			5.9	80
28	3.122					6.83	6.52			6.9	80
29	3.125					6.89	6.66			7.1	80
30	3.013	182.0	166.0	1.3	5.0	6.88	6.76		2	5.8	80
31	3.038					6.87	6.75			5.4	80
TOTAL	92.852										
MEAN	2.995	124.8	153.6	1.5	3.3				1	5.6	81
MAX	3.809	170.0	193.0	2.0	5.0	8.00			2	7.1	85
MIN	1.118	102.0	98.0	1.0	1.4		6.50		1	4.2	75

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

SIGNED: Robert L. Starling
Robert L. Starling

DATE: 1-13-98

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/12 to 12/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/12/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

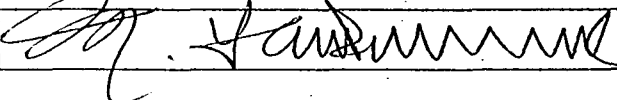
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.992				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	3.20	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1	Measurement	(Ann. Avg.)						
Flow	Sample Measurement	2.995	*			0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			2.5		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Ann. Avg.)				
CBOD5	Sample Measurement			1.5		0	1/7	16 comp
STORET No. 80082 I	Permit Measurement			25.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Mo. Avg.)				
TSS	Sample Measurement			12.6		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Ann. Avg.)				
TSS	Sample Measurement			3.3		0	1/7	16 comp
STORET No. 00530 I	Permit Measurement			30.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Mo. Avg.)				
pH	Sample Measurement					0	cont	Recorder
STORET No. 00400 I	Permit Measurement			6.5	S.U.		Continuous	Grab
Mon. Site No. OUT-1	Measurement			(Min.)				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	98/01/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/12/01
LIMIT: Final
CLASS SIZE: Major

To: 97/12/31
REPORT: Toxicity
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 3802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
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 Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement		*					
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement							
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement							
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mos	4 grab
STORET No. TAN6B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement							
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement							
STORET No. TAN6B R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement							
STORET No. TAN6B S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours

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, Inc.
MAILING ADDRESS: Mr. Muniipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/12/01
LIMIT: Final
CLASS SIZE: Major

To: 97/12/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
OMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Ty.
NITROGEN, TOTAL AS N	Sample Measurement			NDAI = 9			1/90	16 com
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPL
Mon. Site No. OUT-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NDAI = 9			1/90	16 com
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPL
Mon. Site No. OUT-1								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NDAI = 9			1/90	16 com
STORET No. 00630 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPL
Mon. Site No. OUT-1								
AMMONIA, TOTAL AS N	Sample Measurement			NDAI = 9			1/90	16 com
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPL
Mon. Site No. OUT-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NDAI = 9			1/90	16 com
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPL
Mon. Site No. OUT-1								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NDAI = 9			1/90	16 com
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPL
Mon. Site No. OUT-1								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NDAI = 9			1/90	16 com
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPL
Mon. Site No. OUT-1								

PART II GENERAL INFORMATION

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.985
(17) PERMITTED CAPACITY	mgd	****	3.600
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.162
(19) PERCENT OF PERMITTED CAPACITY	%	****	87.82
(20) CBOD 5 EFFLUENT	mg/l	080082	2.0
(21) CBOD 5 EFFLUENT	lbs/day	****	49.0
(22) TSS EFFLUENT	mg/l	900201	2.7
(23) TSS EFFLUENT	lbs/day	****	68.2
(24) MINIMUM pH		****	6.54
(25) MAXIMUM pH		****	7.25
(26) TOTAL N	mg/l	000600	5.87
(27) TKN	mg/l	000625	0.73
(28) AMMONIA (NH3-N)	mg/l	000610	< 0.05
(29) NITRATE + NITRITE	mg/l	071850	5.14
(30) TOTAL PHOSPHORUS	mg/l	000685	1.94
(31) ORTHO PHOSPHATE	mg/l	****	1.71
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	1
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	1
(35) ULTRAVIOLET INTENSITY			8'
(36) DISSOLVED OXYGEN	mg/l	****	5.8

NOTE 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 1997

DAY OF THE MONTH	FLOW mgd	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	3.327					7.17	6.63			5.9	83
02	3.351					7.15	6.61			6.4	83
03	3.320					6.89	6.61			6.2	83
04	3.162					6.89	6.89		< 1	5.4	83
05	3.183					6.89	6.60			6.4	85
06	3.187	102.0	126.0	2.3	3.2	6.89	6.60	0.73		6.0	83
07	2.999					6.80	6.80			6.8	83
08	3.123					6.80	6.60			6.6	83
09	3.193					6.79	6.79			6.5	83
10	3.140					7.25	6.55			5.4	83
11	3.081					7.09	6.55		< 1	5.1	73
12	3.013					6.84	6.60			5.8	90
13	3.019	128.0	150.0	1.8	2.2	6.54	6.54			6.2	90
14	2.931					6.54	6.54			5.4	92
15	2.895					6.54	6.54			4.9	92
16	2.940					6.54	6.54			5.2	93
17	2.969					6.62	6.54			5.8	87
18	2.746					6.62	6.55		< 1	6.4	80
19	2.762					6.78	6.78			5.0	85
20	2.792	162.0	151.0	2.3	2.8	6.78	6.78			5.6	87
21	2.689					6.78	6.78			5.8	87
22	2.853					6.78	6.78			6.4	87
23	2.875					6.78	6.78			5.2	87
24	2.866					6.78	6.60			5.2	87
25	3.099	162.0	166.0	1.4	2.6	6.84	6.60		< 1	4.8	68
26	2.788					6.88	6.70			6.4	76
27	2.742					6.88	6.88			6.2	78
28	2.635					6.88	6.56			5.8	78
29	2.874					6.57	6.57			6.2	78
30	2.981					6.91	6.57			4.8	78
TOTAL	89.535										
MEAN	2.985	138.5	148.3	2.0	2.7			0.73	1	5.8	84
MAX	3.351	162.0	166.0	2.3	3.2	7.25		0.73	1	6.8	93
MIN	2.635	102.0	126.0	1.4	2.2		6.54	0.73	1	4.8	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
Robert L. Starling

DATE: 12-10-97

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/11/01
LIMIT: Final
CLASS SIZE: Major

To: 97/11/30
REPORT: Monthly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 3802 Harris Street
Jacksonville, FL 32211

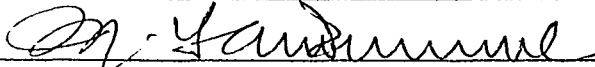
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.955				0	cont	Flow Meter
STORET No. 30050 Y	Permit Measurement	3.20 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1	Sample Measurement	2.985	*			0	cont	Flow Meter
STORET No. 30050 I	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1	Sample Measurement			2.7		0	1/30	calc
CBOD5	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
STORET No. 80082 Y	Sample Measurement			2.0	2.3	0	1/7	16 comp
Mon. Site No. OUT-1	Permit Measurement			25.0 (Mo. Avg.)	60.0 (Max.)		Weekly	8-hour FPC
CBOD5	Sample Measurement			13.0		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)			Weekly	8-hour FPC
Mon. Site No. OUT-1	Sample Measurement			2.7	3.2	0	1/7	16 comp
TSS	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)		Weekly	8-hour FPC
STORET No. 00530 I	Sample Measurement					0	cont	Recorder
Mon. Site No. OUT-1	Permit Measurement			6.5 (Min.)	8.5 (Max.)		Continuous	Grab
pH	Sample Measurement							
STORET No. 00400 I	Permit Measurement							
Mon. Site No. OUT-1	Sample Measurement							

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	97/12/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/11/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/11/30
REPORT: Toxicity
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement			NDSI = 9			1/6 mos	4 grab
STORET No. TAN3E P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			NDSI = 9			1/6 mos	4 grab
STORET No. TAN6B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN6B R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN6B S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/11/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/11/30
REPORT: Quarterly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement				5.87				0	1/90	16 com
STORET No. 00600 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement				0.68				0	1/90	16 com
STORET No. 00605 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement				5.14				0	1/90	16 com
STORET No. 00630 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
AMMONIA, TOTAL AS N	Sample Measurement				0.05				0	1/90	16 com
STORET No. 00610 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
PHOSPHOROUS, TOTAL AS P	Sample Measurement				1.94				0	1/90	16 com
STORET No. 00665 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
PHOSPHOROUS, ORTHO- AS P	Sample Measurement				1.71				0	1/90	16 com
STORET No. 70507 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
NITROGEN, TOTAL KJELDAHL	Sample Measurement				0.73				0	1/90	16 com
STORET No. 00625 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: October YEAR: 1997

(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: D016-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x-00022

(11) FECAL COLIFORM SAMPLE METHOD:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ Yes ☐ No ☒ Not Applicable

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

Day Shift Operator: Class C Cert. No. 8460

Day Shift Operator: Class C Cert. No. 8085

Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORED CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	3.134
(17) PERMITTED CAPACITY	mgd	****	3.600
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.217
(19) PERCENT OF PERMITTED CAPACITY	%	****	89.35
(20) CBOD 5 EFFLUENT	mg/l	080082	2.0
(21) CBOD 5 EFFLUENT	lbs/day	****	50.5
(22) TSS EFFLUENT	mg/l	900201	11.5
(23) TSS EFFLUENT	lbs/day	****	296.4
(24) MINIMUM pH		****	6.52
(25) MAXIMUM pH		****	7.26
(26) TOTAL N	mg/l	000600	
(27) TKN	mg/l	000625	
(28) AMMONIA (NH3-N)	mg/l	000610	
(29) NITRATE + NITRITE	mg/l	071850	
(30) TOTAL PHOSPHORUS	mg/l	000685	
(31) ORTHO PHOSPHATE	mg/l	****	
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	
(35) ULTRAVIOLET INTENSITY			7
(36) DISSOLVED OXYGEN	mg/l	****	7.

LEAD OPERATOR

Robert L. Stanley B-2735

Signature

Class B Cert. No. 2735

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH October YEAR 1997

DAY OF THE MONTH	FLOW mgd	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	3.230					6.98	6.67			5.0	87
02	3.140	108.0	63.0	1.6	10.6	6.98	6.67			4.9	85
03	3.190					7.09	6.58			6.2	85
04	3.220					7.09	6.58			6.6	84
05	3.300					7.10	6.58			6.4	85
06	3.150					7.23	6.60			6.6	80
07	2.950					7.23	6.57		<1	4.9	83
08	2.980					7.10	6.57			5.2	80
09	3.180	148.0	133.0	1.1	6.4	7.10	6.56			6.2	80
10	2.950					7.10	6.59			5.9	78
11	3.160					6.96	6.76			5.1	75
12	3.160					7.03	6.67			6.1	75
13	3.160					7.03	6.52			6.5	73
14	3.020					7.26	6.53		<1	6.5	70
15	2.940					6.74	6.74			6.4	92
16	3.260	109.0	132.0	1.2	9.1	6.74	6.74			5.8	90
17	2.940					6.74	6.74			5.8	87
18	3.100					6.74	6.74			6.2	87
19	3.260					6.74	6.74			5.8	87
20	3.130					7.25	6.67			5.6	80
21	2.870					7.19	6.53		<1	5.2	90
22	2.900					7.25	6.69			6.1	90
23	2.850	106.0	84.0	4.2	20.4	7.10	6.59			5.6	87
24	2.990					6.91	6.67			56.0	90
25	3.080					6.93	6.67			6.0	1
26	3.220					6.93	6.67			6.8	1
27	3.580					6.93	6.67			6.4	1
28	3.360					6.95	6.67		<1	6.0	1
29	3.385					6.97	6.67			6.4	87
30	3.264	129.0	100.0	1.8	11.1	6.98	6.67			5.6	85
31	3.226					7.05	6.67			5.7	79
TOTAL	97.145										
MEAN	3.134	120.0	102.4	2.0	11.5				1	7.5	73
MAX	3.580	148.0	133.0	4.2	20.4	7.26			1	56.0	92
MIN	2.850	106.0	63.0	1.1	6.4		6.52		1	4.9	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
Robert L. Starling

DATE: 11-17-97

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcove Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/10/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/10/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

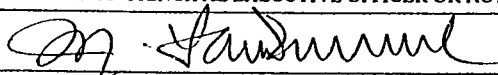
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.934				0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Measurement	3.20 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Flow	Sample Measurement	3.134	*			0	cont	Flow Meter
STORET No. 50050 I Mon. Site No. OUT-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
CBOD5	Sample Measurement			2.7		0	1/30	calc
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
CBOD5	Sample Measurement			2.0		0	1/7	16 comp
STORET No. 80082 I Mon. Site No. OUT-1	Permit Measurement			25.0 (Mo. Avg.)	mg/L		Weekly	8-hour FPC
TSS	Sample Measurement			13.2		0	1/30	calc
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
TSS	Sample Measurement			11.5		0	1/7	16 comp
STORET No. 00530 I Mon. Site No. OUT-1	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Weekly	8-hour FPC
pH	Sample Measurement			6.5		0	cont	Recorder
STORET No. 00400 I Mon. Site No. OUT-1	Permit Measurement			6.5 (Min.)	S.U.		Continuous	Crab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 731-4600	9/7/11/75

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/10/01
LIMIT: Final
CLASS SIZE: Major

To: 97/10/31
REPORT: Toxicity
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement			>30		0	1/6 mos	4 grab
STORET No. TAN3B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement							
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement							
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement							
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			>30		0	1/6 mos	4 grab
STORET No. TAN6B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement							
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement							
STORET No. TAN6B R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement							
STORET No. TAN6B S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours

see HER report # 904

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, Inc.
MAILING ADDRESS: Mr. Muniipalli Sambanurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/10/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/10/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NODE = 9			1/90	16 comp
STORET No. 00600 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NODE = 9			1/90	16 comp
STORET No. 00605 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NODE = 9			1/90	16 comp
STORET No. 00630 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
AMMONIA, TOTAL AS N	Sample Measurement			NODE = 9			1/90	16 comp
STORET No. 00610 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NODE = 9			1/90	16 comp
STORET No. 00665 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NODE = 9			1/90	16 comp
STORET No. 70507 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NODE = 9			1/90	16 comp
STORET No. 00625 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: September YEAR: 1997

(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: D016-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(11) FECAL COLIFORM SAMPLE METHOD:
☒ Membrane Filter ☐ Most Probable Number

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

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
☐ Yes ☐ No ☒ Not Applicable

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:
 Day Shift Operator: Class 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	3.218
(17) PERMITTED CAPACITY	mgd	****	3.600
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.196
(19) PERCENT OF PERMITTED CAPACITY	%	****	88.78
(20) CBOD 5 EFFLUENT	mg/l	000082	1.6
(21) CBOD 5 EFFLUENT	lbs/day	****	42.6
(22) TSS EFFLUENT	mg/l	900201	3.2
(23) TSS EFFLUENT	lbs/day	****	86.9
(24) MINIMUM pH		****	6.50
(25) MAXIMUM pH		****	8.17
(26) TOTAL N	mg/l	000600	
(27) TKN	mg/l	000625	
(28) AMMONIA (NH3-N)	mg/l	000610	
(29) NITRATE + NITRITE	mg/l	071850	
(30) TOTAL PHOSPHORUS	mg/l	000605	
(31) ORTHO PHOSPHATE	mg/l	****	
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	
(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	
(35) ULTRAVIOLET INTENSITY			7
(36) DISSOLVED OXYGEN	mg/l	****	6.

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

NOTE 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 September YEAR 1997

DAY OF THE MONTH	FLOW mgd	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	3.420					7.81	7.29			6.4	65
02	3.400					7.90	6.70		2	6.2	60
03	3.400					7.92	7.28			6.0	79
04	3.350	251.0	166.0	2.6	7.4	7.97	7.38			7.2	76
05	3.150					7.86	6.70			6.4	76
06	3.190					7.87	7.34			6.2	74
07	3.340					7.63	7.63			6.2	73
08	3.230					7.77	6.70			6.9	67
09	3.300					8.17	6.70		2	7.2	67
10	3.150					8.12	7.60			6.8	65
11	3.080	151.0	100.0	1.0	0.8	7.62	7.61			6.5	65
12	3.030					7.74	7.61			6.4	62
13	3.190					7.75	7.24			6.5	100
14	3.330					7.75	6.70			6.4	97
15	3.200					7.68	7.65			6.8	95
16	3.270					7.66	7.65		< 1	7.2	92
17	3.030					7.77	7.41			5.4	95
18	3.050	185.0	142.0	1.8	3.3	7.57	6.70			4.2	92
19	3.030					7.55	7.04			6.3	87
20	3.140					7.12	6.57			6.4	87
21	3.210					7.15	6.62			6.8	87
22	3.160					7.15	7.10			6.4	83
23	3.220					7.17	6.67		< 1	7.2	80
24	3.060					7.18	6.70			6.6	80
25	3.130	128.0	71.0	< 1.0	1.4	7.18	6.67			6.1	78
26	3.160					7.19	6.67			6.7	78
27	3.270					7.90	6.53			6.8	65
28	3.470					7.00	6.50			4.8	60
29	3.387					7.03	6.50			5.4	90
30	3.188					6.94	6.70		37	6.2	87
TOTAL	96.535										
MEAN	3.218	178.8	119.8	1.6	3.2				9	6.4	79
MAX	3.470	251.0	166.0	2.6	7.4	8.17			37	7.2	100
MIN	3.030	128.0	71.0	1.0	0.8		6.50		1	4.2	60

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

SIGNED: Robert L. Starling
Robert L. Starling

DATE: 10-10-97

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millicoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/09/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/09/30
REPORT: Monthly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

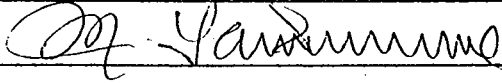
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.955				0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Measurement	3.20 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Flow	Sample Measurement	3.218				0	cont	Flow Meter
STORET No. 50050 I Mon. Site No. OUT-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
CBOD5	Sample Measurement			2.6		0	1/30	calc
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour PPC
CBOD5	Sample Measurement			1.6	2.6	0	1/7	16 comp
STORET No. 80082 I Mon. Site No. OUT-1	Permit Measurement			25.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour PPC
TSS	Sample Measurement			12.5		0	1/30	calc
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Measurement			20.0 (Ann. Avg.)		mg/L	Weekly	8-hour PPC
TSS	Sample Measurement			3.2	7.4	0	1/7	16 comp
STORET No. 00530 I Mon. Site No. OUT-1	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour PPC
pH	Sample Measurement			6.5	8.2	0	cont	Recorder
STORET No. 00400 I Mon. Site No. OUT-1	Permit Measurement			6.5 (Min.)	8.5 (Max.)	S.U.	Continuous	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	9/7/0/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambanurthi, Vice President, Manager
1400 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/09/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/09/30
REPORT: Toxicity
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mos	4 grab
STORET No. TAN3E P	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
Mon. Site No. OUT-1								
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E Q	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
Mon. Site No. OUT-1								
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E R	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
Mon. Site No. OUT-1								
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E S	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
Mon. Site No. OUT-1								
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mos	4 grab
STORET No. TAN6B P	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
Mon. Site No. OUT-1								
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B Q	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
Mon. Site No. OUT-1								
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B R	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
Mon. Site No. OUT-1								
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B S	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
Mon. Site No. OUT-1								

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/09/01
LIMIT: Final
CLASS SIZE: Major

To: 97/09/30
REPORT: Quarterly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 3802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00630 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1								
AMMONIA, TOTAL AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1								

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: August YEAR: 1997

(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: D016-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(11) FECAL COLIFORM SAMPLE METHOD:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ Yes ☐ No ☒ Not Applicable

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

Day Shift Operator: Class 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	3.325
(17) PERMITTED CAPACITY	mgd	****	3.600
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.134
(19) PERCENT OF PERMITTED CAPACITY	%	****	86.83
(20) CBOD 5 EFFLUENT	mg/l	080082	2.1
(21) CBOD 5 EFFLUENT	lbs/day	****	56.8
(22) TSS EFFLUENT	mg/l	900201	3.6
(23) TSS EFFLUENT	lbs/day	****	98.0
(24) MINIMUM pH		****	6.79
(25) MAXIMUM pH		****	8.13
(26) TOTAL N	mg/l	000600	8.84
(27) TKN	mg/l	000625	3.26
(28) AMMONIA (NH3-N)	mg/l	000610	<0.05
(29) NITRATE + NITRITE	mg/l	071850	5.50
(30) TOTAL PHOSPHORUS	mg/l	000685	2.59
(31) ORTHO PHOSPHATE	mg/l	****	1.50
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	1
(34) FECAL COLIFORM (ARITH MEAN)	no/100ml	****	2
(35) ULTRAVIOLET INTENSITY			6
(36) DISSOLVED OXYGEN	mg/l	****	6.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH August YEAR 1997

DAY OF THE MONTH	FLOW mgd	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	3.240					7.61	7.08			6.4	69
02	3.280					7.48	7.48			7.0	91
03	2.860					7.52	6.93			7.4	89
04	3.560					7.89	7.22			7.2	88
05	3.610					7.74	7.15		46	6.8	78
06	3.370					8.13	7.08			6.8	75
07	3.340	100.0	125.0	1.2	2.8	7.78	7.11			7.2	71
08	3.325					7.43	6.90			7.0	69
09	3.325					7.35	7.35			6.9	73
10	3.470					7.35	6.79			6.8	69
11	3.510					7.35	7.35			7.0	68
12	3.430					7.74	7.24		32	6.8	60
13	3.440					7.81	7.24			7.0	62
14	3.380	126.0	57.0	1.5	2.7	7.49	7.27	3.26		6.3	60
15	3.325					7.87	6.85			6.8	69
16	3.340					7.86	7.32			6.9	69
17	3.370					7.82	7.30			6.9	69
18	3.530					7.49	6.95			7.4	66
19	3.170					7.63	7.12		2	6.9	64
20	3.070					7.70	7.12			5.9	66
21	3.220	136.0	142.0	3.2	5.0	7.69	7.18			6.8	85
22	3.170					7.74	7.18			6.6	79
23	3.200					7.76	7.22			5.9	77
24	3.390					7.75	7.22			7.0	72
25	3.330					7.83	7.24			6.8	65
26	3.340					7.50	7.32		3	6.8	67
27	3.490					7.66	7.15			7.4	83
28	3.270	143.0	164.0	2.4	3.8	7.66	7.15			6.5	79
29	3.190					7.66	7.12			6.5	69
30	3.240					7.63	7.45			6.4	72
31	3.280					7.95	7.44			7.8	68
TOTAL 103.065											
MEAN	3.325	126.3	122.0	2.1	3.6			3.26	21	6.8	69
MAX	3.610	143.0	164.0	3.2	5.0	8.13		3.26	46	7.8	89
MIN	2.860	100.0	57.0	1.2	2.7		6.79	3.26	2	5.9	91

LEAD OPERATOR: This is to certify that 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
Robert L. Starling

DATE: 9-12-97

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/08/01
LIMIT: Final
CLASS SIZE: Major

To: 97/08/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

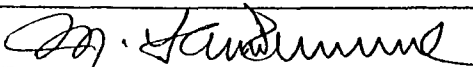
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.934				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	3.20	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1	Measurement	(Ann. Avg.)						
Flow	Sample Measurement	3.325				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			2.6		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Ann. Avg.)				
CBOD5	Sample Measurement			2.1		0	1/7	16 comp
STORET No. 80082 I	Permit Measurement			25.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Mo. Avg.)				
TSS	Sample Measurement			12.5		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Ann. Avg.)				
TSS	Sample Measurement			3.6		0	1/7	16 comp
STORET No. 00530 I	Permit Measurement			30.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Mo. Avg.)				
pH	Sample Measurement			6.8		0	cont	Recorder
STORET No. 00400 I	Permit Measurement			6.5	S.U.		Continuous	Grab
Mon. Site No. OUT-1	Measurement			(Min.)				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	97/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/08/01
LIMIT: Final
CLASS SIZE: Major

To: 97/08/31
REPORT: Toxicity
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
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 Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mos	4 grab
STORET No. TAN6B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoo Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/08/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/08/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			8.84		0	1/90	16 comp
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			3.21		0	1/90	16 comp
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			5.58		0	1/90	16 comp
STORET No. 00630 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
AMMONIA, TOTAL AS N	Sample Measurement			<0.05		0	1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			2.59		0	1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			1.55		0	1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
NITROGEN, TOTAL KJELDHAL	Sample Measurement			3.26		0	1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: July YEAR: 1997

(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: D016-170728

(9) PLANT TYPE: 3B

(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022

(11) FECAL COLIFORM SAMPLE METHOD:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ Yes ☐ No ☒ Not Applicable

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

Day Shift Operator: Class 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	3.103
(17) PERMITTED CAPACITY	mgd	****	3.600
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	3.054
(19) PERCENT OF PERMITTED CAPACITY	%	****	84.82
(20) CBOD 5 EFFLUENT	mg/l	000082	1.4
(21) CBOD 5 EFFLUENT	lbs/day	****	37.8
(22) TSS EFFLUENT	mg/l	900201	2.6
(23) TSS EFFLUENT	lbs/day	****	72.2
(24) MINIMUM pH		****	6.67
(25) MAXIMUM pH		****	7.99
(26) TOTAL N	mg/l	000600	
(27) TKN	mg/l	000625	
(28) AMMONIA (NH3-N)	mg/l	000610	
(29) NITRATE + NITRITE	mg/l	071850	
(30) TOTAL PHOSPHORUS	mg/l	000685	
(31) ORTHO PHOSPHATE	mg/l	****	
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	21
(34) FECAL COLIFORM (ARITE MEAN)	no/100ml	****	53
(35) ULTRAVIOLET INTENSITY			69
(36) DISSOLVED OXYGEN	mg/l	****	6.7

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

NOTE 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

DAY OF THE MONTH	FLOW mgd	MONTH July YEAR 1									
		CBOD5 INF	TSS INF	CBOD5 BPF	TSS BPF	MAX BPF pH	MIN BPF pH	TKN BPF	FECAL COLIFORM	DISSOLVED OXYGEN	UV INTENSITY
		mg/l	mg/l	mg/l	mg/l			mg/l	no/100ml	mg/l	
01	3.224					7.60	7.07		114	6.5	67
02	3.264	139.0	165.0	< 1.0	1.0	7.45	6.94			6.3	60
03	2.938					7.87	6.85			6.2	62
04	2.987					7.27	7.27			6.8	75
05	3.083					7.27	7.27			6.2	75
06	3.217					7.27	7.27			7.0	75
07	3.265					7.27	7.12			6.6	73
08	3.060					7.63	7.12		108	7.6	71
09	3.181					7.62	7.12			6.2	71
10	3.176	122.0	111.0	1.8	2.3	7.62	7.12			5.9	71
11	3.039					7.50	7.00			7.4	71
12	3.054					7.51	7.00			6.2	71
13	3.105					7.51	6.96			6.6	53
14	3.165					7.69	6.96			6.8	48
15	2.931					7.73	7.07		4	7.2	75
16	2.994					7.59	7.07			6.9	73
17	3.011	114.0	181.0	1.8	0.8	7.60	7.09			7.0	73
18	2.971					7.63	7.09			7.2	71
19	3.134					7.61	7.09			7.0	71
20	3.327					7.60	7.08			7.0	69
21	3.103					7.33	7.08			7.0	67
22	2.997					7.55	6.99		2	6.9	67
23	3.029					7.58	7.02			7.2	69
24	3.247	109.0	152.0	1.4	2.5	7.31	6.78			7.0	65
25	2.966					7.47	6.94			5.9	73
26	3.150					7.52	6.99			5.9	73
27	3.191					7.52	6.67			7.0	73
28	3.072					7.99	6.97			7.0	75
29	2.982					7.23	6.95		38	6.5	69
30	2.966					7.57	7.04			7.2	71
31	3.362	123.0	159.0	1.1	6.6	7.60	7.04			5.9	71

TOTAL	96.191										
MEAN	3.103	121.4	153.6	1.4	2.6				53	6.7	69
MAX	3.362	139.0	181.0	1.8	6.6	7.99			114	7.6	75
MIN	2.931	109.0	111.0	1.0	0.8		6.67		2	5.9	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: Robert L. Starling
Robert L. Starling

DATE: 8-13-97

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 Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Major

To: 97/07/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

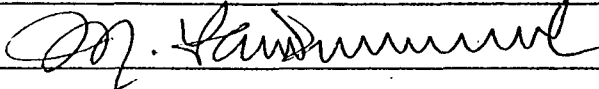
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.884				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	3.20	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1		(Ann. Avg.)						
Flow	Sample Measurement	3.103				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1		(Mo. Avg.)						
CBOD5	Sample Measurement			2.6		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0	mg/L		Weekly	8-hour EPC
Mon. Site No. OUT-1				(Ann. Avg.)				
CBOD5	Sample Measurement			1.4		0	1/7	16 comp
STORET No. 80082 I	Permit Measurement			25.0	mg/L		Weekly	8-hour EPC
Mon. Site No. OUT-1				(Mo. Avg.)				
TSS	Sample Measurement			12.4		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0	mg/L		Weekly	8-hour EPC
Mon. Site No. OUT-1				(Ann. Avg.)				
TSS	Sample Measurement			2.6		0	1/7	16 comp
STORET No. 00530 I	Permit Measurement			30.0	mg/L		Weekly	8-hour EPC
Mon. Site No. OUT-1				(Mo. Avg.)				
pH	Sample Measurement			6.7		0	cont	Recorder
STORET No. 00400 I	Permit Measurement			6.5	S.U.		Continuous	Grab
Mon. Site No. OUT-1				(Min.)				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	97/08/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/07/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/07/31
REPORT: Toxicity
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 3802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement			NDSI = 9			1/6 mos	4 Grab
STORET No. TAN3B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			NDSI = 9			1/6 mos	4 Grab
STORET No. TAN6B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN6B R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDSI = 9				
STORET No. TAN6B S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Major

To: 97/07/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00600 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00605 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00630 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
AMMONIA, TOTAL AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00610 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00665 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 70507 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							
NITROGEN, TOTAL KJELDAIL	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00625 1	Permit			Report (Max)	mg/L		Once/quarter	8-hour EPC
Mon. Site No. OUT-1	Measurement							

PART II GENERAL INFORMATION

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

NOTE 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.B.P. Identification Number 3116PO1316

MONTH June YEAR 199

DAY OF THE MONTH	FLOW mgd	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	3.619					7.50	7.04			7.0	69
02	3.281					7.72	7.21			7.2	49
03	3.185					7.60	6.90		1	5.8	77
04	3.027					7.60	6.84			6.4	75
05	3.071	158.0	458.0	1.9	3.1	6.92	6.84			7.4	73
06	3.038					7.18	6.67			6.3	71
07	3.230					7.18	6.60			7.0	71
08	3.189					7.14	6.63			6.9	73
09	3.050					7.25	6.63			6.8	71
10	2.985					7.49	6.94		2	6.5	71
11	2.924					7.46	6.92			7.2	69
12	2.941	150.0	169.0	1.8	1.4	7.43	6.88			6.0	71
13	2.992					7.39	6.88			6.9	71
14	3.093					7.39	6.88			6.7	67
15	3.096					7.39	6.88			6.5	67
16	2.983					7.39	6.86			7.5	64
17	3.066					7.80	7.22		7	6.8	62
18	3.212					7.24	7.22			6.8	62
19	3.103	92.0	154.0	1.2	3.1	7.46	6.93			5.6	77
20	3.063					7.66	6.96			7.8	77
21	3.291					7.38	6.85			6.5	75
22	3.096					7.37	7.16			5.9	71
23	3.093					7.29	7.16			6.2	73
24	2.990					7.29	7.29		6	6.2	73
25	3.045					7.29	7.29			6.6	73
26	3.095	112.0	150.0	1.5	2.0	7.29	7.29			5.9	70
27	2.986					7.32	6.81			6.0	73
28	3.088					7.33	6.82			7.0	71
29	3.185					7.33	7.33			6.5	69
30	3.125					7.57	7.07			6.5	67
TOTAL	93.142										
MEAN	3.105	128.0	232.8	1.6	2.4				4	6.6	70
MAX	3.619	158.0	458.0	1.9	3.1	7.80			7	7.8	77
MIN	2.924	92.0	150.0	1.2	1.4		6.60		1	5.6	49

LEAD OPERATOR: This is to certify that 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
Robert L. Starling

DATE: 7-16-97

COMPANY NAME: United Water Florida Inc.

TELEPHONE NUMBER: (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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/06/01
LIMIT: Final
CLASS SIZE: Major

To: 97/06/30
REPORT: Monthly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

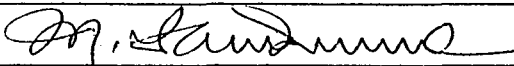
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.886				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	3.20	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1		(Ann. Avg.)						
Flow	Sample Measurement	3.105				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1		(Mo. Avg.)						
CBOD5	Sample Measurement			2.6		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1				(Ann. Avg.)				
CBOD5	Sample Measurement			1.6		0	1/7	16 comp
STORET No. 80082 I	Permit Measurement			25.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1				(Mo. Avg.)				
TSS	Sample Measurement			12.4		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1				(Ann. Avg.)				
TSS	Sample Measurement			* 2.4		0	1/7	16 comp
STORET No. 00530 I	Permit Measurement			30.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1				(Mo. Avg.)				
pH	Sample Measurement			6.6		0	cont	Recorder
STORET No. 00400 I	Permit Measurement			6.5	S.U.		Continuous	Grab
Mon. Site No. OUT-1				(Min.)				
				7.8				
				(Max.)				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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) 721-4600	97/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/4/06/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/06/30
REPORT: Toxicity
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement			NDDI = 9			1/6 mos	4 grab
STORET No. TAN3E P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDDI = 9				
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDDI = 9				
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NDDI = 9				
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			NDDI = 9			1/6 mos	4 grab
STORET No. TAN6B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDDI = 9				
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDDI = 9				
STORET No. TAN6B R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NDDI = 9				
STORET No. TAN6B S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/1/00 to 9/30/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/00/30
REPORT: Quarterly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00600 1	Permit			Report	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Max)				
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00603 1	Permit			Report	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Max)				
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00630 1	Permit			Report	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Max)				
AMMONIA, TOTAL AS N	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00610 1	Permit			Report	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Max)				
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00665 1	Permit			Report	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Max)				
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 70507 1	Permit			Report	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Max)				
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00625 1	Permit			Report	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Max)				

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

	PARAMETER	UNITS	STORET CODE	VALUE
(1) MONTH: May YEAR: 1997				
(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316	(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	3.014
(3) PLANT NAME: Monterey Wastewater Treatment Facility	(17) PERMITTED CAPACITY	mgd	****	3.600
(4) PLANT ADDRESS: 5802 Harris Avenue	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.884
(5) CITY: Jacksonville	(19) PERCENT OF PERMITTED CAPACITY	%	****	82.09
(6) COUNTY: Duval	(20) CBOD 5 EFFLUENT	mg/l	080082	2.7
(7) PHONE NUMBER: (904) 725-2865	(21) CBOD 5 EFFLUENT	lbs/day	****	70.7
(8) PERMIT NUMBER: D016-170728	(22) TSS EFFLUENT	mg/l	900201	2.8
(9) PLANT TYPE: 3B	(23) TSS EFFLUENT	lbs/day	****	73.1
(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022	(24) MINIMUM pH		****	6.53
(11) FECAL COLIFORM SAMPLE METHOD:	(25) MAXIMUM pH		****	7.79
[X] Membrane Filter [] Most Probable Number	(26) TOTAL N	mg/l	000600	7.95 SAT
(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) TKN	mg/l	000625	1.78
Surface Waters	(28) AMMONIA (NH3-N)	mg/l	000610	< 0.05
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE + NITRITE	mg/l	071850	6.17
[] Yes [] No [x] Not Applicable	(30) TOTAL PHOSPHORUS	mg/l	000685	1.33
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) ORTHO PHOSPHATE	mg/l	****	0.57
(15) PLANT STAFFING:	(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
Day Shift Operator: Class C Cert. No. 8460	(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	4
Day Shift Operator: Class C Cert. No. 8085	(34) FECAL COLIFORM (ARITH MEAN))	no/100ml	****	9
Evening Shift Operator: Class A Cert. No. 2225	(35) ULTRAVIOLET INTENSITY			74
	(36) DISSOLVED OXYGEN	mg/l	****	6.4

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH May YEAR 1997

DAY OF THE MONTH	FLOW mgd	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	3.149	480.0	752.0	2.6	2.5	7.57	6.95			5.2	71
02	2.911					7.28	6.73			6.9	75
03	2.993					7.28	6.76			6.8	75
04	3.087					7.06	6.53			6.0	75
05	3.121					7.25	6.72			7.0	77
06	3.206					7.15	6.60	4		6.8	77
07	2.771					7.48	6.68			5.8	75
08	2.770	328.0	563.0	2.8	2.9	7.48	6.97			6.0	77
09	2.771					7.24	7.06			6.1	77
10	2.749					7.70	7.04			6.9	77
11	2.839					7.52	6.89			6.5	77
12	3.008					7.20	6.86			6.9	77
13	3.014					7.78	6.76	28		6.8	73
14	3.014					7.34	6.77			6.5	73
15	3.014	180.0	1040.0	2.1	2.3	7.71	7.18			6.6	73
16	3.014					7.70	6.88			6.2	71
17	3.014					7.18	7.15			6.0	69
18	3.014					7.15	6.81			6.0	69
19	3.014					7.63	6.60			6.8	69
20	3.014					7.79	6.73	2		6.1	69
21	3.014					7.29	6.72			6.5	79
22	3.014	360.0	1154.0	2.8	3.7	7.57	7.04			5.8	77
23	3.014					7.29	7.17			6.6	75
24	3.014					7.61	7.01			6.2	73
25	3.014					7.19	7.00			6.4	73
26	3.014					7.26	7.00			6.5	73
27	3.014					7.58	7.00	< 1		6.8	71
28	2.613					7.49	7.01			6.0	69
29	3.650	216.0	866.0	3.2	2.7	7.57	6.86			7.0	77
30	3.549					7.40	7.06			6.4	79
31	3.045					7.37	7.37			5.8	77
TOTAL	93.442										
MEAN	3.014	312.8	875.0	2.7	2.8			9		6.4	74
MAX	3.650	480.0	1154.0	3.2	3.7	7.79		28		7.0	79
MIN	2.613	180.0	563.0	2.1	2.3		6.53	1		5.2	69

LEAD OPERATOR: This is to certify that 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
Robert L. Starling

DATE:

6-16-97

COMPANY NAME: United Water Florida Inc.

TELEPHONE NUMBER: (904) 725-2865

REPORTS SUBMITTED BY: [Name] ON: [Date] AT: [Location] BY: [Name]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Major

To: 97/05/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 3802 Harris Street
Jacksonville, FL 32211

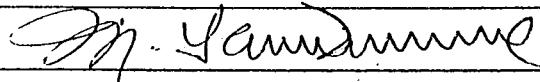
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2882				0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. OUT-1	Permit Measurement	1:20 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Flow	Sample Measurement	3.014	*			0	cont	Flow Meter
STORET No. 50050 I Mon. Site No. OUT-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
CBOD5	Sample Measurement			2.6		0	1/30	calc
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
CBOD5	Sample Measurement			2.7		0	1/7	Recomp
STORET No. 80082 I Mon. Site No. OUT-1	Permit Measurement			25.0 (Mo. Avg.)	mg/L		Weekly	8-hour FPC
TSS	Sample Measurement			12.3		0	1/30	calc
STORET No. 00530 Y Mon. Site No. OUT-1	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
TSS	Sample Measurement			2.8		0	1/7	Recomp
STORET No. 00530 I Mon. Site No. OUT-1	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Weekly	8-hour FPC
pH	Sample Measurement				6.5 (Min.)	0	cont	Recorder
STORET No. 00400 I Mon. Site No. OUT-1	Permit Measurement				8.5 (Max.)		Continuous	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/06/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Major

To: 97/05/31
REPORT: Toxicity
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
GMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mos	4 grab
STORET No. TAN3B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mos	4 grab
STORET No. TAN6B P Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN6B S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		As Required	4 grabs/24 hours

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, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoo Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Major

To: 97/05/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: Monterey WWTF
LOCATION: 5802 Harris Street
Jacksonville, FL 32211

FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9124
OMS TEST SITE NO.: 3116X00022

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Ty
NITROGEN, TOTAL AS N	Sample Measurement			7.95		0	1/90	16 com
STORET No. 00600 1 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FT
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			1.73		0	1/90	16 com
STORET No. 00605 1 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FT
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			6.17		0	1/90	16 com
STORET No. 00630 1 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FT
AMMONIA, TOTAL AS N	Sample Measurement			0.05		0	1/90	16 com
STORET No. 00610 1 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FT
PHOSPHOROUS, TOTAL AS P	Sample Measurement			1.33		0	1/90	16 com
STORET No. 00665 1 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FT
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			0.57		0	1/90	16 com
STORET No. 70507 1 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FT
NITROGEN, TOTAL KJELDAHL	Sample Measurement			1.78		0	1/90	16 com
STORET No. 00625 1 Mon. Site No. OUT-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FT