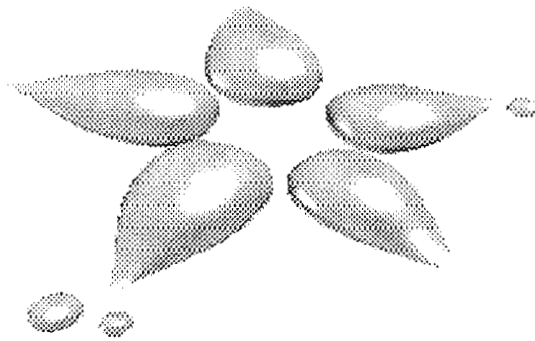


ORIGINAL



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

05509 MAY 18 2008

FPSC-RECORDS/REPORTING

Book 6 of 7

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: April 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	2.923
(17) PERMITTED CAPACITY	mgd	****	3.600
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.771
(19) PERCENT OF PERMITTED CAPACITY	%	****	76.97
(20) CBOD 5 EFFLUENT	mg/l	080082	4.0
(21) CBOD 5 EFFLUENT	lbs/day	****	95.9
(22) TSS EFFLUENT	mg/l	900201	22.6
(23) TSS EFFLUENT	lbs/day	****	520.9
(24) MINIMUM pH		****	6.52
(25) MAXIMUM pH		****	7.79
(26) TOTAL N	mg/l	000600	
(27) TKN	mg/l	000625	
(28) AMMONIA (NH3-N)	mg/l	000610	
(29) NITRATE + NITRITE	mg/l	071050	
(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	****	20
(34) FECAL COLIFORM (ARITH MEAN)	no/100ml	****	35
(35) ULTRAVIOLET INTENSITY			64
(36) DISSOLVED OXYGEN	mg/l	****	6.2

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

NOTE 0.315 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH April YEAR 199

DAY OF THE MONTH	FLOW mgd	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	2.689					7.51	6.52		18	6.3	75
02	3.029					7.31	7.03			6.5	75
03	2.740	240.0	702.0	5.5	77.5	7.28	7.03			6.0	71
04	2.721					7.74	7.21			6.3	62
05	2.887					7.74	7.20			5.8	47
06	2.880					7.70	7.19			5.6	64
07	2.975					7.79	6.75			6.4	28
08	2.846					7.61	6.84		2	6.2	70
09	2.937					7.72	7.00			6.2	70
10	2.950	305.0	528.0	5.8	3.1	7.71	6.73			5.6	61
11	2.631					7.65	7.00			5.6	61
12	2.802					7.52	6.79			6.2	59
13	2.893					7.19	6.83			6.3	58
14	3.050					6.86	6.68			6.5	54
15	3.132					7.33	6.80		24	7.0	54
16	2.749					7.62	6.60			6.9	46
17	2.732	300.0	916.0	1.6	2.8	7.66	6.96			5.8	77
18	2.838					7.48	6.95			6.2	77
19	2.922					7.48	6.91			6.0	75
20	2.769					7.40	6.88			5.8	75
21	2.820					7.40	6.88			5.6	71
22	2.804					7.41	6.76		52	6.2	71
23	2.884					7.42	6.75			5.8	71
24	2.956	264.0	552.0	3.2	7.0	7.56	6.80			5.1	62
25	2.897					7.58	7.05			5.6	54
26	2.880					7.38	6.86			6.8	75
27	3.453					7.10	6.96			6.6	69
28	3.558					7.15	6.65			7.0	69
29	3.203					7.40	6.76		78	7.2	67
30	3.073					6.95	6.72			5.8	61
TOTAL	87.700										
MEAN	2.923	277.3	674.5	4.0	22.6				35	6.2	64
MAX	3.558	305.0	916.0	5.8	77.5	7.79			78	7.2	77
MIN	2.631	240.0	528.0	1.6	2.8		6.52		2	5.1	28

LEAD OPERATOR: This is to certify that 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: 5-12-97

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: 97/04/01
LIMIT: Final
CLASS SIZE: Major

To: 97/04/30
REPORT: Monthly
GROUP: Domestic

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

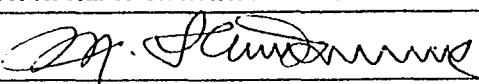
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

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	2.875				0	cont	Flow Meter
STORET No. 50050 Y	Permit	3.20	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1	Measurement	(Ann. Avg.)						
Flow	Sample Measurement	2.923				0	cont	Flow Meter
STORET No. 50050 I	Permit	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1	Measurement	(Mo. Avg.)						
CHODS	Sample Measurement			2.5		0	1/7	8 comp
STORET No. 80082 Y	Permit			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Ann. Avg.)				
CHODS	Sample Measurement			4.0		0	1/7	8 comp
STORET No. 80082 I	Permit			25.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Mo. Avg.)				
TSS	Sample Measurement			* 12.2		0	1/7	8 comp
STORET No. 00530 Y	Permit			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Ann. Avg.)				
TSS	Sample Measurement			22.6		*	1/7	8 comp
STORET No. 00530 I	Permit			30.0	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1	Measurement			(Mo. Avg.)				
pH	Sample Measurement			6.5		0		
STORET No. 00406 I	Permit			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) 731-4600	97/05/20

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

TSS not tested as per 10/1/07

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 Millee Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/04/01
LIMIT: Final
CLASS SIZE: Major

To: 97/04/30
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.BAIIA (ROUTINE)	Sample Measurement			> 30		0	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.BAIIA (ADDITIONAL)	Sample Measurement							
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAIIA (ADDITIONAL)	Sample Measurement							
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAIIA (ADDITIONAL)	Sample Measurement							
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			> 30		0	1/6 mos	4 grab
STORET No. TAN3D 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. TAN3D Q 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. TAN3D R 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. TAN3D S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/ 24 hours

HER report #870 is enclosed.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART 1

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 Millcoie Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/04/01
LIMIT: Final
CLASS SIZE: Major

FL0023604
97/04/01
Final
Major

To: 97/04/30
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				NODI = 9					1/90	8 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				NODI = 9					1/90	8 comp
STORET No. 00603 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement				NODI = 9					1/90	8 comp
STORET No. 00610 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
AMMONIA, TOTAL AS N	Sample Measurement				NODI = 9					1/90	8 comp
STORET No. 00610 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
UNIONIZED AMMONIA AS N	Sample Measurement				NODI = 9					1/90	8 comp
STORET No. 00612 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
PHOSPHOROUS, TOTAL AS P	Sample Measurement				NODI = 9					1/90	8 comp
STORET No. 00663 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
PHOSPHOROUS, ORTHO- AS P	Sample Measurement				NODI = 9					1/90	8 comp
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				NODI = 9					1/90	8 comp
STORET No. 00623 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: March 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:
[X] Membrane Filter [] Most Probable Number

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

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] Yes [] No [x] Not Applicable

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:
Day Shift Operator: Class C Cert. No. 8460
Day Shift Operator: Class C Cert. No. 8085
Evening Shift Operator: Class A Cert. No. 2225

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.836
(17) PERMITTED CAPACITY	mgd	****	3.600
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	2.636
(19) PERCENT OF PERMITTED CAPACITY	%	****	73.23
(20) CBOD 5 EFFLUENT	mg/l	080082	2.8
(21) CBOD 5 EFFLUENT	lbs/day	****	63.1
(22) TSS EFFLUENT	mg/l	900201	13.9
(23) TSS EFFLUENT	lbs/day	****	318.7
(24) MINIMUM pH		****	5.99
(25) MAXIMUM pH		****	7.77
(26) TOTAL N	mg/l	000600	3.89
(27) TKN	mg/l	000625	2.03
(28) AMMONIA (NH3-N)	mg/l	000610	0.19
(29) NITRATE + NITRITE	mg/l	071850	1.86
(30) TOTAL PHOSPHORUS	mg/l	000685	1.89
(31) ORTHO PHOSPHATE	mg/l	****	0.71
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	23
(34) FECAL COLIFORM (ARITH MEAN)	no/100ml	****	39
(35) ULTRAVIOLET INTENSITY			68
(36) DISSOLVED OXYGEN	mg/l	****	6.1

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

NOTE 0.534 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 3116P01316

MONTH											March	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	2.835					7.12	6.52			5.9	79	
02	2.927					7.22	6.10			6.2	73	
03	2.799					7.21	6.47			5.7	64	
04	2.782					7.56	6.53		16	6.6	43	
05	2.804					7.45	6.34			6.1	71	
06	2.795	250.0	599.0	2.5	13.8	7.23	6.69			6.3	56	
07	2.686					7.24	6.21			6.1	28	
08	3.000					7.24	6.73			5.6	48	
09	2.985					7.34	6.76			5.8	44	
10	2.763					7.34	6.81			5.5	77	
11	2.773					7.32	6.12		68	6.3	77	
12	2.738					7.20	6.56			6.3	77	
13	2.751	233.0	662.0	2.1	6.5	6.98	6.53			6.2	77	
14	2.768					6.98	6.96			6.3	77	
15	2.873					7.05	6.54			6.7	75	
16	2.878					7.04	6.54			5.8	73	
17	2.835					7.17	6.64			6.2	60	
18	3.086					7.73	5.99		68	6.0	62	
19	2.764					7.77	7.23			6.3	62	
20	2.730	325.0	956.0	4.9	33.2	7.58	6.55	2.03		6.0	64	
21	2.683					7.25	6.53			6.6	62	
22	2.893					7.05	7.05			6.2	63	
23	2.891					7.05	7.05			6.0	62	
24	3.045					7.47	6.44			6.2	60	
25	2.802					7.66	6.88		4	6.3	62	
26	2.689					7.48	6.85			6.5	77	
27	2.740	317.0	706.0	1.5	2.1	7.55	7.04			6.4	77	
28	2.761					7.17	6.65			7.0	77	
29	2.870					7.71	7.09			6.6	75	
30	3.003					7.71	6.43			7.0	75	
31	2.978					7.10	6.48			6.4	73	
TOTAL	87.927											
MEAN	2.836	281.3	730.8	2.8	13.9			2.03	39	6.2	66	
MAX	3.086	325.0	956.0	4.9	33.2	7.77		2.03	68	7.0	79	
MIN	2.683	233.0	599.0	1.5	2.1		5.99	2.03	4	5.5	28	

LEAD OPERATOR: This is to certify that 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: 4-22-97

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 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 9/7/03/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/03/31
REPORT: Monthly
GROUP: Domestic

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

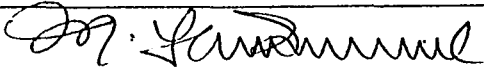
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

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	2.888				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	3.20 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1								
Flow	Sample Measurement	2.836				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			2.3		0	1/7	8 comp
STORET No. 80082 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1								
CBOD5	Sample Measurement			2.8	4.9	0	1/7	8 comp
STORET No. 80082 I	Permit Measurement			25.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour FPC
Mon. Site No. OUT-1								
TSS	Sample Measurement			10.5		0	1/7	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)		mg/L	Weekly	8-hour FPC
Mon. Site No. OUT-1								
TSS	Sample Measurement			13.9	33.2	0	1/7	8 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			5.99	7.77	*	9	cont
STORET No. 00406 I	Permit Measurement			6.5 (Min.)	8.5 (Max.)	S.U.	Continuous	Meter 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) 721-4600	9/7/04/23

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

* pH minimum was not met on 9 of 31 days.

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: 97/03/01
LIMIT: Final
CLASS SIZE: Major

To: 97/03/31
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.BAIIIA (ROUTINE)	Sample Measurement				NDAI=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.BAIIIA (ADDITIONAL)	Sample Measurement				NDAI=9					
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement				30 MIN		Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAIIIA (ADDITIONAL)	Sample Measurement				NDAI=9					
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement				30 MIN		Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAIIIA (ADDITIONAL)	Sample Measurement				NDAI=9					
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement				30 MIN		Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement				NDAI=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 M.BERYLLINA (ADDITIONAL)	Sample Measurement				NDAI=9					
STORET No. TAN3B Q 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				NDAI=9					
STORET No. TAN3B R 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				NDAI=9					
STORET No. TAN3B S Mon. Site No. OUT-1	Permit Measurement				30 MIN		Percent		Semi-Annual	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 Milleeoe Road
Jacksonville, Florida 32225

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

To: 97/03/31
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			3.89		0	1/90	8 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			1.84		0	1/90	8 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			1.86		0	1/90	8 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			0.19		0	1/90	8 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
UNIONIZED AMMONIA AS N	Sample Measurement			0.000098		0	1/90	8 comp
STORET No. 00612 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			* 1.89		0	1/90	8 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			0.71		0	1/90	8 comp
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			2.03		0	1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

	PARAMETER	UNITS	STORET CODE	VALUE
(1) MONTH: February YEAR: 1997				
(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316	(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.831
(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	****	2.591
(5) CITY: Jacksonville	(19) PERCENT OF PERMITTED CAPACITY	%	****	71.98
(6) COUNTY: Duval	(20) CBOD 5 EFFLUENT	mg/l	000082	5.9
(7) PHONE NUMBER: (904) 725-2865	(21) CBOD 5 EFFLUENT	lbs/day	****	132.6
(8) PERMIT NUMBER: D016-170728	(22) TSS EFFLUENT	mg/l	900201	74.9
(9) PLANT TYPE: 3B	(23) TSS EFFLUENT	lbs/day	****	1687.9
(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022	(24) MINIMUM pH		****	6.40
(11) FECAL COLIFORM SAMPLE METHOD:	(25) MAXIMUM pH		****	7.95
☒ Membrane Filter ☐ Most Probable Number	(26) TOTAL N	mg/l	000600	N/A
(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) TKN	mg/l	000625	
Surface Waters	(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE	mg/l	071850	N/A
☐ Yes ☐ No ☒ Not Applicable	(30) TOTAL PHOSPHORUS	mg/l	000685	
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	N/A
(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	****	84
Day Shift Operator: Class C Cert. No. 8085	(34) FECAL COLIFORM (ARITH MEAN)	no/100ml	****	239
Evening Shift Operator: Class A Cert. No. 2225	(35) ULTRAVIOLET INTENSITY			58
	(36) DISSOLVED OXYGEN	mg/l	****	5.6

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

NOTE 0.070 million gallons of sludge hauled from plant solids handling facility for disposal at agricultural-use site.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Monterey Wastewater Treatment Facility

D.E.P. Identification Number 3116P01316

MONTH February YEAR 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	2.940					7.32	7.32			6.2	32
02	2.925					7.37	7.36			6.0	49
03	2.774					7.95	7.14			5.3	20
04	2.849					7.14	6.97		> 320	5.9	69
05	2.816					7.15	6.97			5.9	62
06	2.794	239.0	504.0	9.1	176.0	7.15	6.98			4.9	53
07	2.949					7.30	6.98			4.6	25
08	2.873					7.30	7.30			5.2	64
09	2.890					7.30	7.30			5.6	47
10	2.795					7.28	7.14			5.4	62
11	2.820					7.32	7.14		70	6.2	62
12	3.018					7.32	6.81			5.3	64
13	2.782	178.0	475.0	2.1	7.1	7.21	6.89			5.7	69
14	2.758					7.29	7.20			5.4	71
15	2.826					7.79	7.20			5.8	73
16	2.903					6.97	6.78			6.2	73
17	2.851					7.09	6.78			5.8	71
18	2.934					7.21	6.78		560	5.1	71
19	2.781					7.03	6.78			5.3	51
20	2.758	242.0	478.0	8.6	77.6	7.03	6.52			6.2	56
21	2.930					7.29	6.75			6.0	60
22	2.877					7.14	6.67			6.2	60
23	2.891					7.18	6.67			6.1	60
24	2.772					6.72	6.72			5.2	36
25	3.015					7.03	6.52		4	4.9	54
26	2.759					7.12	6.40			5.1	54
27	2.155	294.0	567.0	4.0	39.0	6.94	6.42			5.1	82
28	2.832					7.00	6.43			5.6	75
TOTAL	79.267										
MEAN	2.831	238.3	506.0	5.9	74.9				239	5.6	58
MAX	3.018	294.0	567.0	9.1	176.0	7.95			560	6.2	82
MIN	2.155	178.0	475.0	2.1	7.1		6.40		4	4.6	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: Robert L. Starling
Robert L. Starling

DATE: 3-19-97

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

PERMIT NUMBER: FL0023604
MONITORING PERIOD: 97/02/01
CLASS SIZE: Final Major
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

REPORT: Monthly
GROUP: Domestic

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.915	mgd			0	cont	Flow Meter
STORET No. 00550 Mon. Site No. OUT-1	Permit Measurement	3.20 (Mon. Avg.)					Continuous	Meter or Instrument
Flow	Sample Measurement	2.831	mgd			0	cont	Flow Meter
STORET No. 00550 Mon. Site No. OUT-1	Permit Measurement	Report (Mon. Avg.)					Continuous	Meter or Instrument
CBODs	Sample Measurement			2.2		0	1/7	8 comp
STORET No. 00550 Mon. Site No. OUT-1	Permit Measurement	20.0 (Mon. Avg.)					Weekly	8-hour FPG
CBODs	Sample Measurement			5.9		0	1/7	8 comp
STORET No. 00550 Mon. Site No. OUT-1	Permit Measurement	25.0 (Mon. Avg.)					Weekly	8-hour FPG
TSS	Sample Measurement			9.5		0	1/7	8 comp
STORET No. 00550 Mon. Site No. OUT-1	Permit Measurement	20.0 (Mon. Avg.)					Weekly	8-hour FPG
TSS	Sample Measurement			74.9		2	1/7	8 comp
STORET No. 00550 Mon. Site No. OUT-1	Permit Measurement	30.0 (Mon. Avg.)					Weekly	8-hour FPG
pH	Sample Measurement			6.4		3	cont	QI-17
STORET No. 00550 Mon. Site No. OUT-1	Permit Measurement	6.5 (Mon. Avg.)					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 (Y/M/D)
M. Sambamurthi Vice President	<i>M. Sambamurthi</i>	(904) 721-4600	97/03/25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 TSS max limit was exceeded on 2 weekly samplings due to plant startup problems. Min pH was 6.4 on 2/26, 2/27, 3/28.

FACILITY NAME: Monterey WWTP

PERMIT NUMBER: PL0023604

DISCHARGE POINT NUMBER: D001

WAFR STE No. 2124

2

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: 97/02/01
LIMIT: Final
CLASS SIZE: Major

To: 97/02/28
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.BAIIA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mps	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.BAIIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E Q Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAIIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E R Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAIIA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3E S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	4 grabs/ 24 hours
LC50 STATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mps	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 M.BERYLLINA (ADDITIONAL)	Sample Measurement			NODI = 9				
STORET No. TAN3B Q 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. TAN3B R 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. TAN3B S Mon. Site No. OUT-1	Permit Measurement			30 MIN	Percent		Semi-Annual	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 Santhamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023604
MONITORING PERIOD From: 97/02/01
LIMIT: Final
CLASS SIZE: Major

To: 97/02/28
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	8 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				NDAI=9					1/90	8 comp
STORET No. 00603 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement				NDAI=9	1				1/90	8 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				NDAI=9					1/90	8 comp
STORET No. 00610 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
UNIONIZED AMMONIA AS N	Sample Measurement				NDAI=9					1/90	8 comp
STORET No. 00612 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
PHOSPHOROUS, TOTAL AS P	Sample Measurement				NDAI=9					1/90	8 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				NDAI=9					1/90	8 comp
STORET No. 70507 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											
NITROGEN, TOTAL KJELDAIL	Sample Measurement				NDAI=9					1/90	8 comp
STORET No. 00623 1	Permit Measurement				Report (Max)			mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1											

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTF

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

	PARAMETER	UNITS	STORET CODE	VALUE
(1) MONTH: January YEAR: 1997				
(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01316	(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	2.434
(3) PLANT NAME: Monterey Wastewater Treatment Facility	(17) PERMITTED CAPACITY	mgd	****	3.000
(4) PLANT ADDRESS: 5802 Harris Avenue	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	89.59
(5) CITY: Jacksonville	(19) PERCENT OF PERMITTED CAPACITY	%	****	2777.37
(6) COUNTY: Duval	(20) CBOD 5 EFFLUENT	mg/l	000082	2.9
(7) PHONE NUMBER: (904) 725-2865	(21) CBOD 5 EFFLUENT	lbs/day	****	58.8
(8) PERMIT NUMBER: D016-170728	(22) TSS EFFLUENT	mg/l	900201	7.3
(9) PLANT TYPE: 3B	(23) TSS EFFLUENT	lbs/day	****	149.3
(10) TEST SITE IDENTIFICATION NUMBER: 3116 x 00022	(24) MINIMUM pH		****	6.90
(11) FECAL COLIFORM SAMPLE METHOD:	(25) MAXIMUM pH		****	8.40
[X] Membrane Filter [] Most Probable Number	(26) TOTAL N	mg/l	000600	N/A
(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) TKN	mg/l	000625	
Surface Waters	(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE	mg/l	071850	N/A
[] Yes [] No [x] Not Applicable	(30) TOTAL PHOSPHORUS	mg/l	000685	
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	N/A
	(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	N/A
(15) PLANT STAFFING:	(33) FECAL COLIFORM (GEO MEAN)	no/100 ml	****	66
Day Shift Operator: Class C Cert. No. 8460	(34) FECAL COLIFORM (ARITH MEAN)	no/100ml	****	158
Day Shift Operator: Class C Cert. No. 8085	(35) ULTRAVIOLET INTENSITY			56
Evening Shift Operator: Class A Cert. No. 2225	(36) DISSOLVED OXYGEN	mg/l	****	5.4

LEAD OPERATOR Robert L. Stanley 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 January YEAR 1997

DAY OF THE MONTH	FLOW mgd	CBODS INF mg/l	TSS INF mg/l	CBODS 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	2.545					7.44	7.20			5.2	27
02	2.562	178.0	214.0	5.6	8.5	7.80	7.09			6.4	65
03	2.297					7.20	7.09			5.2	79
04	2.478					7.27	7.09			6.5	77
05	2.477					7.27	7.27			6.6	77
06	2.388					7.27	7.09			5.6	64
07	2.369					7.20	7.09		114	6.5	29
08	2.232					7.69	7.14			5.6	51
09	2.427	260.0	1160.0	4.7	16.6	7.41	6.90			5.8	56
10	2.443					7.44	7.29			4.0	56
11	2.666					7.44	7.44			3.8	58
12	2.514					7.44	7.44			3.9	58
13	2.468					7.44	7.42			5.8	58
14	2.443					7.42	7.09		36	5.2	51
15	2.361					7.45	7.09			5.0	54
16	2.360	165.0	192.0	2.0	8.6	7.45	7.09			4.8	49
17	2.434					7.44	6.90			5.2	44
18	2.434					7.44	6.90			5.2	45
19	2.434					7.44	6.90			5.2	51
20	2.434					7.44	6.90			5.9	47
21	2.434					7.44	6.90		470	5.6	47
22	2.263					7.42	6.90			5.5	27
23	2.365	185.0	195.0	1.0	1.6	7.19	6.95			5.6	82
24	2.365					7.02	7.02			5.4	82
25	2.383					7.11	7.09			5.2	71
26	2.520					7.39	6.90			5.4	70
27	2.562					8.40	7.09			5.6	60
28	2.335					7.53	7.09		10	4.6	56
29	2.418					7.98	7.09			5.7	43
30	2.392	205.0	281.0	1.0	1.4	7.33	7.33			6.0	63
31	2.663					7.33	7.09			5.4	47
TOTAL	75.466										
MEAN	2.434	198.6	408.4	2.9	7.3				158	5.4	56
MAX	2.666	260.0	1160.0	5.6	16.6	8.40			470	6.6	82
MIN	2.232	165.0	192.0	1.0	1.4		6.90		10	3.8	27

LEAD OPERATOR: This is to certify that 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: 2-20-97

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: 97/01/01
LIMIT: Final
CLASS SIZE: Major

To: 97/01/31
REPORT: Monthly
GROUP: Domestic

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

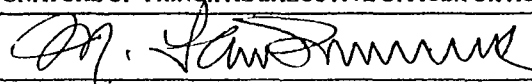
FACILITY ID: FL0023604
GMS ID NO.: 3116P01316
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIB

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	2.900				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	1.20 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Mon. Site No. OUT-1								
Flow	Sample Measurement	2.434				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			2.0		0	1/7	8 comp
STORET No. 80082 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. OUT-1								
CBOD5	Sample Measurement			2.9	5.6	0	1/7	8 comp
STORET No. 80082 I	Permit Measurement			25.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour FPC
Mon. Site No. OUT-1								
TSS	Sample Measurement			3.5		0	1/7	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)		mg/L	Weekly	8-hour FPC
Mon. Site No. OUT-1								
TSS	Sample Measurement			7.3	16.6	0	1/7	8 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	8.4	0	1/Hour	Grab
STORET No. 00406 I	Permit Measurement			6.5 (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) 721-4600	97/02/27

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

WAFR SITE No. 9124

97/01/01 - 97/01/31

[illegible]

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

C... .. 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 Sambamurti, Vice President, Manager
1400 Millicoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: F-00023604
MONITORING PERIOD From: 97/01/01
LIMIT: Final
CLASS SIZE: Major

No: 97/01/31
REPORT:
GROUP:

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

COUNTRY: Duval

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 ST/ATRE 96HOUR ACUTE MYSID.BAIIIA (ROUTINE)	Sample Measurement					1/6 mos	4 grab
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours
LC50 ST/ATRE 96HOUR ACUTE MYSID.BAIIIA (ADDITIONAL)	Sample Measurement					Semi-Annual	4 grab/24 hours
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours
LC50 ST/ATRE 96HOUR ACUTE MYSID.BAIIIA (ADDITIONAL)	Sample Measurement					Semi-Annual	4 grab/24 hours
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours
LC50 ST/ATRE 96HOUR ACUTE MYSID.BAIIIA (ADDITIONAL)	Sample Measurement					Semi-Annual	4 grab/24 hours
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours
LC50 ST/ATRE 96HOUR ACUTE M.BERYLLINA (ROUTINE)	Sample Measurement					1/6 mos	4 grab
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours
LC50 ST/ATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement					Semi-Annual	4 grab/24 hours
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours
LC50 ST/ATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement					Semi-Annual	4 grab/24 hours
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours
LC50 ST/ATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement					Semi-Annual	4 grab/24 hours
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours
LC50 ST/ATRE 96HOUR ACUTE M.BERYLLINA (ADDITIONAL)	Sample Measurement					Semi-Annual	4 grab/24 hours
STORET No. TANK# 1 Mon. Site No. OUT-1	Permit Measurement		MOD I = 9	30 MIN		Semi-Annual	4 grab/24 hours

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE PERMIT

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: 97/01/01
LIMIT: Final
CLASS SIZE: Major

To: 97/01/31
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	8 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			NODI = 9			1/90	8 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			NODI = 9			1/90	8 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			NODI = 9			1/90	8 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
UNIONIZED AMMONIA AS N	Sample Measurement			NODI = 9			1/90	8 comp
STORET No. 00612 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NODI = 9			1/90	8 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			NODI = 9			1/90	8 comp
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			NODI = 9			1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	8-hour FPC
Mon. Site No. OUT-1								

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Monterey WWTFS

PERMIT NUMBER: FL0023604

DISCHARGE POINT NUMBER: D001

WAFR SITE No.:9124

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: December YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

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

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

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

SURFACE WATER

(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. 3407

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

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

LEAD OPERATOR Ellen M. Valdez 3407
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.218
(17) PERMITTED CAPACITY	mgd	****	0.170
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.152
(19) PERCENT OF PERMITTED CAPACITY	%	****	88
(20) CBOD5 EFFLUENT	mg/l	080082	1.5
(21) TSS EFFLUENT	mg/l	900201	2.0
(22) MINIMUM pH		900241	6.9
(23) MAXIMUM pH		900242	7.7
(24) TKN	mg/l	000625	1.77
(25) TOTAL N	mg/l	000600	
(26) TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.36
(27) ORGANIC N	mg/l	000605	
(28) NITRITE (NO2)	mg/l	000615	
(29) NITRATE (NO3)	mg/l	071850	
(30) NO2 + NO3	mg/l	000630	
(31) TOTAL PHOSPHOROUS	mg/l	000665	
(32) ORTHO PHOSPHOROUS	mg/l	070507	
(33) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.00
(34) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(35) FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		18
(36) FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	14
(37) TOTAL D.O. (MINIMUM)	mg/l		7.1
(38) UOD Monthly Average (Calc)	lbs/day		17.0

(*) DUVAL SEPTIC HAULED 7 LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

Method Code for TRC - 4500 C1(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

December 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.165	1.0	<0.20					7.3	7.3			7.2		
02	0.118	1.0	<0.20					7.1	7.1		28	7.2		
03	0.145	0.9	<0.20					7.1	7.1			7.2		
04	0.123	0.8	<0.20	102	188	1.6	1.7	7.2	7.2	1.47		7.1	22.7	0.46
05	0.240	1.0	<0.20					7.2	7.2			7.3		
06	0.194											7.4		
07	0.176											7.4		
08	0.184	0.9	<0.20					6.9	6.9			9.0		
09	0.118	0.8	<0.20					7.1	7.1			9.3		
10	0.143	0.9	<0.20					7.7	7.7			9.4		
11	0.178	0.8	<0.20					7.7	7.7			9.1		
12	0.337	0.8	<0.20					7.6	7.6			9.2		
13	0.303											9.2		
14	0.358											9.4		
15	0.310	0.7	<0.20					7.3	7.3			9.1		
16	0.299	1.0	<0.20					7.7	7.7		22	9.8		
17	0.227	0.9	<0.20					7.6	7.6			9.6		
18	0.240	1.0	<0.20	36	52	<1.0	2.4	7.6	7.6	2.10		9.5	22.9	<0.05
19	0.236	0.8	<0.20					7.7	7.7			9.2		
20	0.215											9.0		
21	0.146											8.9		
22	0.195	0.9	<0.20					7.6	7.6			9.5		
23	0.188	0.8	<0.20					7.6	7.6			9.1		
24	0.182	0.8	<0.20					7.5	7.5			9.1		
25	0.223											9.0		
26	0.295											9.2		
27	0.290											9.3		
28	0.208											9.2		
29	0.224	0.9	<0.20					7.6	7.6			9.4		
30	0.221	0.8	<0.20	63	78	1.9	2.0	7.5	7.5	1.74	4	10.0	18.6	0.58
31	0.278	0.9	<0.20					7.5	7.5			9.8		
TOT	6.759	18.4	<0.20	201	318	4.5	6.1	156.1	156.1	5.31	54	274.1		1.09
AVG	0.218	0.9	<0.20	67	106	1.5	2.0	7.4	7.4	1.77	18	8.8	21.4	0.36
MAX	0.358	1.0	<0.20	102	188	1.9	2.4	7.7	7.7	2.10	28	10.0	22.9	0.58
MIN	0.118	0.7	<0.20	36	52	1.0	1.7	6.9	6.9	1.47	4	7.1	18.6	0.05

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

SIGNED: Ellarson T. Valentine DATE: 1-12-98

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/12/01
LIMIT: Final
CLASS SIZE: Minor

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

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

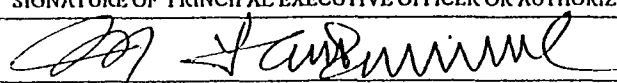
FACILITY ID: FL0025828
GMS ID NO.: 3116P00334
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIIC

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.148				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.220 (Ann. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
Flow	Sample Measurement	0.218				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
CBOD5	Sample Measurement			2.2		0	1/14	8 comp
STORET No. 80082 Y	Permit Measurement			4.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
CBOD5	Sample Measurement			1.5		0	1/14	8 comp
STORET No. 80082 I	Permit Measurement			4.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement			2.7		0	1/14	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement			2.0		0	1/14	8 comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
pH	Sample Measurement			6.9		0	1/Day	Grab
STORET No. 00406 I	Permit Measurement			6.0 (Min.)	5.1 (Max.)		Daily, 5/week	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) 731-4600	98/01/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			19		0	1/14	Grab
STORET No. J1615 Y Mon. Site No. EPD-1	Permit Measurement			200 (Ann. Avg.)	#/100mL		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement			18	28	0	1/14	Grab
STORET No. J1615 I Mon. Site No. EPD-1	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Every 2 Weeks	Grab
TRC for disinfection	Sample Measurement			0.7		0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement			0.5 (Min.)	mg/L		Daily, 3/Week	Grab
TRC for dechlorination	Sample Measurement				NOT-B	*	1/Day	Grab
STORET No. 50060 I Mon. Site No. EPD-1	Permit Measurement				0.01 (Max.)	mg/L	Daily, 3/Week	Grab
TKN	Sample Measurement			1.96		0	1/14	8 comp
STORET No. 00625 Y Mon. Site No. EPD-1	Permit Measurement			8.8 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TKN	Sample Measurement			1.77	2.10	0	1/14	8 comp
STORET No. 00625 I Mon. Site No. EPD-1	Permit Measurement			8.8 (Mo. Avg.)	17.6 (Max.)	mg/L	Every 2 Weeks	8-hr COMP
DISSOLVED OXYGEN	Sample Measurement			7.1		0	1/Day	Grab
STORET No. 00300 I Mon. Site No. EPD-1	Permit Measurement			7.0 (Min.)	mg/L		Daily, 3/Week	Grab
TEMPERATURE, DEG F	Sample Measurement				22.9	0	1/14	Grab
STORET No. 00010 I Mon. Site No. EPD-1	Permit Measurement				Report (Max.)	DEG F	Every 2 Weeks	Grab
AMMONIA, TOTAL AS N	Sample Measurement				0.58	0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EPD-1	Permit Measurement				Report (Max.)	mg/L	Every 2 Weeks	8-hr COMP
CBOD5	Sample Measurement			67		0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement			106		0	1/14	8 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP

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

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 Millcoie Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/12/01
LIMIT: Final
CLASS SIZE: Minor

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

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IHC

WAFR SITE NO.: 9005
OMS TEST SITE NO.: 3116X10687

COUNTY: Duval

[illegible]

PART II - GENERAL INFORMATION

[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

SURFACE WATER

☐ YES ☐ NO ☒ NOT APPLICABLE

NOT APPLICABLE

DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407

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

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

LEAD OPERATOR Elkarsat Uchir 3407
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.149
(17) PERMITTED CAPACITY	mgd	****	0.170
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.135
(19) PERCENT OF PERMITTED CAPACITY	%	****	80
(20) CBOD5 EFFLUENT	mg/l	080082	2.1
(21) TSS EFFLUENT	mg/l	900201	2.3
(22) MINIMUM pH		900241	6.9
(23) MAXIMUM pH		900242	7.3
(24) TKN	mg/l	000625	1.57
(25) TOTAL N	mg/l	000600	19.75
(26) TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.57
(27) ORGANIC N	mg/l	000605	0.70
(28) NITRITE (NO2)	mg/l	000615	
(29) NITRATE (NO3)	mg/l	071850	
(30) NO2 + NO3	mg/l	000630	18.70
(31) TOTAL PHOSPHOROUS	mg/l	000665	2.14
(32) ORTHO PHOSPHOROUS	mg/l	070507	1.89
(33) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.00
(34) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(35) FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		25
(36) FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031516	20
(37) TOTAL D.O. (MINIMUM)	mg/l		7.2
(38) UOD Monthly Average (Calc)	lbs/day		12.4

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

November 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.195											7.3		
02	0.153											7.4		
03	0.135	1.0	<0.20					7.3	7.3			7.4		
04	0.162	0.9	<0.20					7.3	7.3		10	7.5		
05	0.121	1.1	<0.20					7.2	7.2			7.4		
06	0.143	1.4	<0.20	87	140	1.8	1.8	7.2	7.2	1.05		7.2	24.0	0.35
07	0.133	1.1	<0.20					7.3	7.3			7.2		
08	0.132											7.2		
09	0.200											7.2		
10	0.121	1.4	<0.20					7.3	7.3			7.6		
11	0.156	0.8	<0.20					7.1	7.1			7.2		
12	0.127	0.8	<0.20					7.1	7.1			7.2		
13	0.165	0.8	<0.20					7.2	7.2			7.3		
14	0.117	0.9	<0.20					7.2	7.2			7.2		
15	0.162											7.6		
16	0.202											7.6		
17	0.152	1.0	<0.20					6.9	6.9			7.4		
18	0.147	1.1	<0.20					7.1	7.1		40	7.5		
19	0.145	0.9	<0.20					7.1	7.1			7.2		
20	0.147	1.1	<0.20	129	163	2.4	2.8	7.2	7.2	2.09		7.4	21.3	0.75
21	0.094	0.9	<0.20					7.2	7.2			7.3		
22	0.141											7.3		
23	0.173											7.3		
24	0.163	1.0	<0.20					7.3	7.3			7.5		
25	0.138	1.0	<0.20					7.1	7.1			7.3		
26	0.177	1.0	<0.20					7.2	7.2			7.2		
27	0.141											7.3		
28	0.104											7.2		
29	0.173											7.3		
30	0.147											7.3		

TOT	4.466	18.2	<0.20	216	303	4.2	4.6	129.3	129.3	3.14	50	220.0		1.1
AVG	0.149	1.0	<0.20	108	152	2.1	2.3	7.2	7.2	1.57	25	7.3	22.7	0.5
MAX	0.202	1.4	<0.20	129	163	2.4	2.8	7.3	7.3	2.09	40	7.6	24.0	0.7
MIN	0.094	0.8	<0.20	87	140	1.8	1.8	6.9	6.9	1.05	10	7.2	21.3	0.3

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

SIGNED: Ellarson T. Valentine DATE: 12-11-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/11/01
LIMIT: Final
CLASS SIZE: Minor

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

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID: FL0025828
GMS ID NO.: 3116P00334
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.144				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.220 (Ann. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
Mon. Site No. EFD-1								
Flow	Sample Measurement	0.149				0	cont	Flow Meter
STORET No. 50050 I	Permit Report	(Mo. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
Mon. Site No. EFD-1	Measurement							
CBOD5	Sample Measurement			2.3		0	1/4	8 comp
STORET No. 80082 Y	Permit Measurement			4.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
CBOD5	Sample Measurement			2.1		0	1/4	8 comp
STORET No. 80082 I	Permit Measurement			4.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
TSS	Sample Measurement			2.8		0	1/4	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
TSS	Sample Measurement			2.3		0	1/4	8 comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
pH	Sample Measurement			6.9		0	1/Day	Grab
STORET No. 00406 I	Permit Measurement			6.0 (Min.)	S.U.		Daily, 3/week	Grab
Mon. Site No. EFD-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	97/12/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Omega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement									
STORET No. 11615 Mon. Site No. EPD-1	Permit Measurement			19				0	1/14	Grab
Fecal Coliform Bacteria	Sample Measurement			200 (Avg.)			#/100ml		Every 2 Weeks	Grab
STORET No. 21615 Mon. Site No. EPD-1	Permit Measurement			25				0	1/14	Grab
TRC for disinfection	Sample Measurement			Report (No. Obs. Mean)			#/100ml		Every 2 Weeks	Grab
STORET No. 50060 Mon. Site No. EPD-1	Permit Measurement				0.8			0	1/Day	Grab
TRC for disinfection	Sample Measurement			*	0.5 (Min.)		mg/L		Daily 5 Week	Grab
STORET No. 50060 Mon. Site No. EPD-1	Permit Measurement							0	1/Day	Grab
TKN	Sample Measurement			1.94			mg/L		Daily 5 Week	Grab
STORET No. 00625 Mon. Site No. EPD-1	Permit Measurement			8.8 (Avg.)				0	1/14	8 comp 8-hr COMB
TKN	Sample Measurement			1.57			mg/L		Every 2 Weeks	8 comp 8-hr COMB
STORET No. 00625 Mon. Site No. EPD-1	Permit Measurement			8.8 (Avg.)			mg/L		Every 2 Weeks	8 comp 8-hr COMB
DISSOLVED OXYGEN	Sample Measurement				7.2			0	1/Day	Grab
STORET No. 00300 Mon. Site No. EPD-1	Permit Measurement				7.0 (Min.)		mg/L		Daily 5 Week	Grab
TEMPERATURE, DEG F	Sample Measurement									
STORET No. 00010 Mon. Site No. EPD-1	Permit Measurement						D/EC-1	0	1/14	Grab
AMMONIA, TOTAL AS N	Sample Measurement								Every 2 Weeks	Grab
STORET No. 00610 Mon. Site No. EPD-1	Permit Measurement						mg/L	0	1/14	8 comp 8-hr COMB
CUOD5	Sample Measurement								Every 2 Weeks	8 comp 8-hr COMB
STORET No. 80042 Mon. Site No. JNF-1	Permit Measurement			108			mg/L	0	1/14	8 comp 8-hr COMB
TSS	Sample Measurement			Report (No. Avg.)					Every 2 Weeks	8 comp 8-hr COMB
STORET No. 00550 Mon. Site No. JNF-1	Permit Measurement			152			mg/L	0	1/14	8 comp 8-hr COMB

* Method code for TRC is 4500 C165. Detection limit is 0.20 mg/L.

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 9/7/11
LIMIT: Final
CLASS SIZE: Minor

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

WAFR SITE NO.: 9005
QMS TEST SITE NO.: 3116X10687

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IIIC

COUNTY: Duval

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

October 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.145	0.9	<0.20					7.1	7.1			7.1		
02	0.143	1.1	<0.20					7.2	7.2			7.1		
03	0.136	1.0	<0.20					7.2	7.2			7.4		
04	0.135											7.3		
05	0.126											7.3		
06	0.098	1.0	<0.20					7.3	7.3			7.4		
07	0.124	1.2	<0.20					7.2	7.2		26	7.2		
08	0.114	1.2	<0.20					7.1	7.1			7.2		
09	0.126	1.0	<0.20	118	194	<1.0	1.2	7.3	7.3	1.61		7.1	27.3	0.50
10	0.154	0.9	<0.20					7.3	7.3			7.1		
11	0.103											7.2		
12	0.115											7.2		
13	0.091	1.0	<0.20					7.3	7.3			7.2		
14	0.161	1.2	<0.20					7.1	7.1			7.3		
15	0.104	1.1	<0.20					7.2	7.2			7.3		
16	0.136	1.4	<0.20					7.2	7.2			7.2		
17	0.145	1.0	<0.20					7.3	7.3			7.2		
18	0.120											7.4		
19	0.116											7.3		
20	0.112	1.4	<0.20					7.1	7.1			7.3		
21	0.138	1.4	<0.20					7.2	7.2		26	7.4		
22	0.070	1.2	<0.20					7.2	7.2			7.4		
23	0.151	1.1	<0.20	110	206	1.6	1.0	7.2	7.2	1.37		7.3	24.3	0.17
24	0.093	0.9	<0.20					7.3	7.3			7.4		
25	0.123											7.3		
26	0.176											7.2		
27	0.198	0.8	<0.20					7.2	7.2			7.2		
28	0.127	1.1	<0.20					7.1	7.1			7.4		
29	0.163	1.2	<0.20					7.3	7.3			7.3		
30	0.166	1.4	<0.20					7.2	7.2			7.1		
31	0.204	1.1	<0.20					7.3	7.3			7.3		
TOT	4.113	25.6	<0.20	228	400	2.6	2.2	165.9	165.9	2.98	52	225.1		0.67
AVG	0.133	1.1	<0.20	114	200	1.3	1.1	7.2	7.2	1.49	26	7.3	25.8	0.34
MAX	0.204	1.4	<0.20	118	206	1.6	1.2	7.3	7.3	1.61	26	7.4	27.3	0.50
MIN	0.070	0.8	<0.20	110	194	1.0	1.0	7.1	7.1	1.37	26	7.1	24.3	0.17

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

SIGNED: Ellarson T. Valentine DATE: 11-17-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

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

When completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3351, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

United Water Florida

Jacksonville, Florida 32225

Omega Hills Wastewater facility

Ortega Hills Subdivision

Duval

CLASS SIZE:

LIMIT:

MONITORING PERIOD From:

Minor

Final

1726

GROUP:

REPORT:

Domest :

GMS TEST SITE

3116X10687

PLANT SIZE/

PLANT SIZE/TREATMENT TYPE

PLANT SIZE/TREATMENT TYPE: III C

3118
D001

3116100334
D001

FL0025828

5006

5006

[illegible]

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. 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):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			18		0	1/14	Grab
STORET No. J1615 Y Mon. Site No. EPD-1	Permit Measurement			200 (An. Avg.)	#/100ml		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement			26	26	0	1/14	Grab
STORET No. J1615 I Mon. Site No. EPD-1	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		Every 2 Weeks	Grab
TRC for disinfection	Sample Measurement			0.8		0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement			0.5 (Min.)	mg/L		Daily, 3/Week	Grab
TRC for dechlorination	Sample Measurement				NDDI = B	*	1/Day	Grab
STORET No. 50060 I Mon. Site No. EPD-1	Permit Measurement				0.01 (Max.)		Daily, 3/Week	Grab
TKN	Sample Measurement			1.84		0	1/14	8 comp
STORET No. 00625 Y Mon. Site No. EPD-1	Permit Measurement			8.8 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMIP
TKN	Sample Measurement			1.49	1.61	0	1/14	8 comp
STORET No. 00625 I Mon. Site No. EPD-1	Permit Measurement			8.8 (Mo. Avg.)	17.6 (Max.)		Every 2 Weeks	8-hr COMIP
DISSOLVED OXYGEN	Sample Measurement			7.1		0	1/Day	Grab
STORET No. 00300 I Mon. Site No. EPD-1	Permit Measurement			7.0 (Min.)	mg/L		Daily, 3/Week	Grab
TEMPERATURE, DEG F	Sample Measurement				27.3	0	1/14	Grab
STORET No. 00010 I Mon. Site No. EPD-1	Permit Measurement				Report (Max.)		Every 2 Weeks	Grab
AMMONIA, TOTAL AS N	Sample Measurement				0.50	0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EPD-1	Permit Measurement				Report (Max.)		Every 2 Weeks	8-hr COMIP
CBOD5	Sample Measurement			114		0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMIP
TSS	Sample Measurement			200		0	1/14	8 comp
STORET No. 00530 O Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMIP

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

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 9/7/10 To: 10/10/10
LIMIT: Final
CLASS SIZE: Minor

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

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IIIC

WAFR SITE NO.: 9005
OMS TEST SITE NO.: 3116X10687

COUNTY: Duval

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

September 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
31	0.173											7.2		
32	0.117	1.1	<0.20					7.3	7.3			7.2		
33	0.132	0.9	<0.20					7.2	7.2			7.2		
34	0.133	1.0	<0.20					7.2	7.2			7.3		
35	0.126	1.0	<0.20					7.3	7.3			7.3		
36	0.145											7.3		
37	0.123											7.3		
38	0.126	0.8	<0.20					7.3	7.3			7.2		
39	0.124	0.9	<0.20					7.3	7.3		26	7.2		
10	0.107	0.9	<0.20					7.2	7.2			7.2		
11	0.104	1.0	<0.20	139	151	1.6	0.6	7.1	7.1	1.08		7.2	27.9	0.47
12	0.145	1.0	<0.20					7.2	7.2			7.3		
13	0.118											7.2		
14	0.099											7.2		
15	0.110	1.0	<0.20					7.3	7.3			7.2		
16	0.122	1.2	<0.20					7.2	7.2			7.3		
17	0.097	0.8	<0.20					7.1	7.1			7.1		
18	0.120	0.9	<0.20					7.2	7.2			7.1		
19	0.143	1.0	<0.20					7.2	7.2			7.3		
20	0.124											7.1		
21	0.098											7.2		
22	0.116	1.1	<0.20					7.2	7.2			7.1		
23	0.116	1.0	<0.20					7.3	7.3		110	7.2		
24	0.109	1.0	<0.20					7.3	7.3			7.1		
25	0.117	0.9	<0.20	126	124	1.3	0.9	7.1	7.1	2.29		7.1	28.6	0.15
26	0.113	0.8	<0.20					7.2	7.2			7.2		
27	0.178											7.2		
28	0.212											7.2		
29	0.148	1.0	<0.20					7.2	7.2			7.2		
30	0.110	1.0	<0.20					7.2	7.2			7.3		
TOT	3.805	20.3	<0.20	265	275	2.9	1.5	151.6	151.6	3.37	136	216.2		0.62
AVG	0.127	1.0	<0.20	133	138	1.5	0.8	7.2	7.2	1.69	68	7.2	28.3	0.31
MAX	0.212	1.2	<0.20	139	151	1.6	0.9	7.3	7.3	2.29	110	7.3	28.6	0.47
MIN	0.097	0.8	<0.20	126	124	1.3	0.6	7.1	7.1	1.08	26	7.1	27.9	0.15

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

SIGNED: Ellarson T. Valentine DATE: 10-8-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 9/7/09/01
LIMIT: Final
CLASS SIZE: Minor

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

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

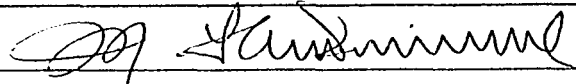
FACILITY ID: FL0025828
GMS ID NO.: 3116P00334
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.150				0	cont	Flow Meter
STORET No. 50030 Y	Permit Measurement	0.220 (Ann. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
Flow	Sample Measurement	0.127				0	cont	Flow Meter
STORET No. 50030 I	Permit Measurement	Report (Mo. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
CBOD5	Sample Measurement			2.5		0	1/14	8 comp
STORET No. 80082 Y	Permit Measurement			4.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
CBOD5	Sample Measurement			1.5		0	1/14	8 comp
STORET No. 80082 I	Permit Measurement			4.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement			2.9		0	1/14	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement			0.8		0	1/14	8 comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
pH	Sample Measurement			7.1		0	1/Day	Grab
STORET No. 00406 I	Permit Measurement			6.0 (Min.)	5.0 (Max.)		Daily, 5/week	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) 731-4600	9/7/10/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			17			1/14	Grab
STORET No. 11615 Y Mon. Site No. EFD-1	Permit Measurement			200 (Ann. Avg.)	#/100mL		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement			68	110	0	1/14	Grab
STORET No. 11615 I Mon. Site No. EFD-1	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		Every 2 Weeks	Grab
TRC for disinfection	Sample Measurement			0.8		0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EPA-1	Permit Measurement			0.5 (Min.)	mg/L		Daily, 5/Week	Grab
TRC for dechlorination	Sample Measurement				NDDI = B	*	1/Day	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement				0.01 (Max.)		Daily, 5/Week	Grab
TKN	Sample Measurement			1.93		0	1/14	8 Comp
STORET No. 00625 Y Mon. Site No. EFD-1	Permit Measurement			8.8 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TKN	Sample Measurement			1.69	2.29	0	1/14	8 Comp
STORET No. 00625 I Mon. Site No. EFD-1	Permit Measurement			8.8 (Mo. Avg.)	17.6 (Max.)		Every 2 Weeks	8-hr COMP
DISSOLVED OXYGEN	Sample Measurement				7.1	0	1/Day	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement				7.0 (Min.)		Daily, 5/Week	Grab
TEMPERATURE, DEG F	Sample Measurement				28.6	0	1/14	Grab
STORET No. 00010 I Mon. Site No. EFD-1	Permit Measurement			*	Report (Max.)		Every 2 Weeks	Grab
AMMONIA, TOTAL AS N	Sample Measurement				0.47	0	1/14	8 Comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement				Report (Max.)		Every 2 Weeks	8-hr COMP
CBOD5	Sample Measurement			133		0	1/14	8 Comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement			138		0	1/14	8 Comp
STORET No. 00530 C Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP

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

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: .. 9/7/09/01
LIMIT: Final
CLASS SIZE: Minor

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

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IIIC

WAFR SITE NO.: 9005
QMS TEST SITE NO.: 3116X10687

COUNTY: Duval

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: August YEAR: 1997

2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

5) CITY: JACKSONVILLE

6) COUNTY: DUVAL

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D016-163819

9) PLANT TYPE: 2C

10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

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

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [X] NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
NOT APPLICABLE

15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
LEAD OPERATOR Elbasant Velazquez 3407
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.165
(17) PERMITTED CAPACITY	mgd	****	0.170
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.159
(19) PERCENT OF PERMITTED CAPACITY	%	****	93
(20) CBOD5 EFFLUENT	mg/l	080082	1.3
(21) TSS EFFLUENT	mg/l	900201	1.1
(22) MINIMUM pH		900241	7.1
(23) MAXIMUM pH		900242	7.4
(24) TKN	mg/l	000625	1.21
(25) TOTAL N	mg/l	000600	14.49
(26) TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.85
(27) ORGANIC N	mg/l	000605	0.32
(28) NITRITE (NO2)	mg/l	000615	
(29) NITRATE (NO3)	mg/l	071850	
(30) NO2 + NO3	mg/l	000630	12.80
(31) TOTAL PHOSPHOROUS	mg/l	000665	1.66
(32) ORTHO PHOSPHOROUS	mg/l	070507	1.24
(33) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.00
(34) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(35) FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		35
(36) FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	34
(37) TOTAL D.O. (MINIMUM)	mg/l		7.2
(38) UOD Monthly Average (Calc)	lbs/day		9.6

(*) DUVAL SEPTIC HAULED 5 LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

Method Code for TRC - 4500 C1(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWT
DEP ID #: 3116P00334

August 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
31	0.223	0.7	<0.20					7.3	7.3			7.4		
32	0.277											7.5		
33	0.261											7.2		
34	0.206	0.9	<0.20					7.2	7.2			7.4		
35	0.196	0.8	<0.20					7.3	7.3			7.5		
36	0.166	0.9	<0.20					7.3	7.3			7.2		
37	0.175	1.0	<0.20					7.2	7.2			7.4		
38	0.119	0.8	<0.20					7.4	7.4			7.5		
39	0.156											7.5		
40	0.222											7.5		
41	0.142	1.0	<0.20					7.2	7.2			7.4		
42	0.149	0.8	<0.20					7.4	7.4		27	7.2		
43	0.154	1.0	<0.20					7.3	7.3			7.2		
44	0.164	0.8	<0.20	102	128	1.4	1.3	7.3	7.3	1.69		7.2	28.5	1.37
45	0.171	0.8	<0.20					7.2	7.2			7.3		
46	0.179											7.2		
47	0.197											7.3		
48	0.146	0.9	<0.20					7.2	7.2			7.2		
49	0.152	1.1	<0.20					7.3	7.3			7.2		
50	0.145	1.0	<0.20					7.4	7.4			7.2		
51	0.150	1.0	<0.20					7.2	7.2			7.3		
52	0.137	0.8	<0.20					7.3	7.3			7.2		
53	0.161											7.2		
54	0.152											7.3		
55	0.145	1.1	<0.20					7.1	7.1			7.2		
56	0.148	1.0	<0.20					7.3	7.3		42	7.3		
57	0.126	1.0	<0.20					7.3	7.3			7.3		
58	0.138	1.0	<0.20	109	133	1.2	0.8	7.2	7.2	0.73		7.2	27.5	0.32
59	0.099	0.8	<0.20					7.2	7.2			7.3		
60	0.135											7.3		
61	0.117											7.3		

TOT	5.108	19.2	<0.20	211	261	2.6	2.1	152.6	152.6	2.42	69	226.4		1.69
AVG	0.165	0.9	<0.20	106	131	1.3	1.1	7.3	7.3	1.21	35	7.3	28.0	0.85
MAX	0.277	1.1	<0.20	109	133	1.4	1.3	7.4	7.4	1.69	42	7.5	28.5	1.37
MIN	0.099	0.7	<0.20	102	128	1.2	0.8	7.1	7.1	0.73	27	7.2	27.5	0.32

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

SIGNED: Ellarson T. Valentine DATE: 9-18-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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 Millicoe Road
 Jacksonville, Florida 32225
FACILITY: Ortega Hills Wastewater Facility
LOCATION: Ortega Hills Subdivision
 Duval
COUNTRY:
PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/08/01
To: 97/08/31
REPORT: Final
CLASS SIZE: Minor
GMS ID NO.: 3116P0034
FACILITY ID: FL0025828
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIRC
WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687
GROUP: Monthly
Domestic:

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample				0	Cont	Flow Meter
STORFET No. 50050	Permit Measurement			mgd *		Daily, 5/week	Elapsed Time Meter
Mon. Site No. EFD-1	Sample Measurement				0	Cont	Flow Meter
Flow	Sample Measurement						
STORFET No. 50050	Permit Measurement					Daily, 5/week	Elapsed Time Meter
Mon. Site No. EFD-1	Sample Measurement						
CBOD5	Sample Measurement				0	1/4	8 Comp
STORFET No. 80082	Permit Measurement					Every 2 Weeks	COAPI R-IV
Mon. Site No. EFD-1	Sample Measurement						
CBOD5	Sample Measurement				0	1/4	8 Comp
STORFET No. 80082	Permit Measurement					Every 2 Weeks	COAPI R-IV
Mon. Site No. EFD-1	Sample Measurement						
TSS	Sample Measurement				0	1/4	8 Comp
STORFET No. 00530	Permit Measurement					Every 2 Weeks	COAPI R-IV
Mon. Site No. EFD-1	Sample Measurement						
TSS	Sample Measurement				0	1/4	8 Comp
STORFET No. 00530	Permit Measurement					Every 2 Weeks	COAPI R-IV
Mon. Site No. EFD-1	Sample Measurement						
pH	Sample Measurement				0	1/4	6mb
STORFET No. 00406	Permit Measurement					Daily, 5/week	Grab
Mon. Site No. EFD-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
 M. Sambamurti
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]
TELEPHONE NO
 (904) 731-4600
DATE (YY/MM/DD)
 97/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				14			0	1/14	Grab
STORET No. 11615 Y Mon. Site No. EFD-1	Permit Measurement				200 (An. Avg.)		#/100mL		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement				35	42		0	1/14	Grab
STORET No. 11615 I Mon. Site No. EFD-1	Permit Measurement				Report (Mo, Geo, Mean)	800 (Max.)	#/100mL		Every 2 Weeks	Grab
TRC for disinfection	Sample Measurement				0.7			0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement				0.5 (Min.)		mg/L		Daily, 3/week	Grab
TRC for dechlorination	Sample Measurement					NDOT = B	*	0	1/Day	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement					0.01 (Max.)	mg/L		Daily, 3/week	Grab
TKN	Sample Measurement				1.89			0	1/14	8 comp
STORET No. 00625 Y Mon. Site No. EFD-1	Permit Measurement				8.8 (An. Avg.)		mg/L		Every 2 Weeks	8-hr COMP
TKN	Sample Measurement				1.21	1.69		0	1/14	8 comp
STORET No. 00625 I Mon. Site No. EFD-1	Permit Measurement				8.8 (Mo. Avg.)	17.6 (Max.)	mg/L		Every 2 Weeks	8-hr COMP
DISSOLVED OXYGEN	Sample Measurement				7.2			0	1/Day	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement				7.0 (Min.)		mg/L		Daily, 3/week	Grab
TEMPERATURE, DEG F	Sample Measurement					28.5		0	1/14	Grab
STORET No. 00010 I Mon. Site No. EFD-1	Permit Measurement					Report (Max.)	DEGT		Every 2 Weeks	Grab
AMMONIA, TOTAL AS N	Sample Measurement					1.37		0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement					Report (Max.)	mg/L		Every 2 Weeks	8-hr COMP
CBOD5	Sample Measurement				106			0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)		mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement				131			0	1/14	8 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)		mg/L		Every 2 Weeks	8-hr COMP

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

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: .. 97/08/01
LIMIT: Final
CLASS SIZE: Minor

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

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IIIC

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

COUNTY: Duval

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: July YEAR: 1997	PARAMETER	UNITS	STORET CODE	VALUE
2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334	(16) MONTHLY AVERAGE FLOW	mgd	050053	0.164
3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT	(17) PERMITTED CAPACITY	mgd	****	0.170
4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.147
5) CITY: JACKSONVILLE	(19) PERCENT OF PERMITTED CAPACITY	%	****	85
6) COUNTY: DUVAL	(20) CBOD5 EFFLUENT	mg/l	000082	1.0
7) PHONE NUMBER: (904) 725-2865	(21) TSS EFFLUENT	mg/l	900201	1.3
8) PERMIT NUMBER: D016-163819	(22) MINIMUM pH		900241	7.1
9) PLANT TYPE: 2C	(23) MAXIMUM pH		900242	7.3
10) TEST SITE IDENTIFICATION NUMBER: 3116X10687	(24) TKN	mg/l	000625	1.85
11) FECAL COLIFORM SAMPLE METHOD:	(25) TOTAL N	mg/l	000600	
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER	(26) TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	1.02
12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) ORGANIC N	mg/l	000605	0.83
SURFACE WATER	(28) NITRITE (NO2)	mg/l	000615	
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE (NO3)	mg/l	071850	
[] YES [] NO [X] NOT APPLICABLE	(30) NO2 + NO3	mg/l	000630	
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) TOTAL PHOSPHOROUS	mg/l	000665	
NOT APPLICABLE	(32) ORTHO PHOSPHOROUS	mg/l	070507	
(15) PLANT STAFFING:	(33) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.00
DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407	(34) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(35) FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		19
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(36) FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	19
LEAD OPERATOR <u>Ellasent Udo</u> C 3407	(37) TOTAL D.O. (MINIMUM)	mg/l		7.2
signature cert. no.	(38) UOD Monthly Average (Calc)	lbs/day		14.2

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

Method Code for TRC - 4500 C1(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

July 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF- MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.127	0.9	<0.20					7.2	7.2		26	7.5		
02	0.136	1.0	<0.20	110	120	1.8	1.2	7.2	7.2	1.43		7.3	28.2	0.67
03	0.131	1.1	<0.20					7.3	7.3			7.4		
04	0.150											7.4		
05	0.171											7.5		
06	0.175											7.5		
07	0.140	1.1	<0.20					7.2	7.2			7.5		
08	0.133	0.9	<0.20					7.1	7.1			7.3		
09	0.221	1.1	<0.20					7.2	7.2			7.4		
10	0.217	0.9	<0.20					7.2	7.2			7.3		
11	0.296	0.9	<0.20					7.2	7.2			7.5		
12	0.159							7.3	7.3			7.4		
13	0.195											7.3		
14	0.152	1.0	<0.20					7.2	7.2			7.4		
15	0.143	0.8	<0.20					7.3	7.3		16	7.4		
16	0.153	1.0	<0.20					7.3	7.3			7.3		
17	0.148	0.9	<0.20	88	194	2.0	1.3	7.2	7.2	2.93		7.3	28.2	1.2
18	0.175	1.0	<0.20					7.2	7.2			7.5		
19	0.142											7.4		
20	0.180											7.3		
21	0.131	1.1	<0.20					7.3	7.3			7.4		
22	0.107	0.9	<0.20					7.2	7.2			7.6		
23	0.153	0.9	<0.20					7.2	7.2			7.3		
24	0.148	0.9	<0.20					7.2	7.2			7.4		
25	0.207	0.8	<0.20					7.3	7.3			7.5		
26	0.183											7.4		
27	0.194											7.4		
28	0.145	1.0	<0.20					7.2	7.2			7.4		
29	0.155	0.9	<0.20					7.3	7.3		16	7.3		
30	0.135	0.8	<0.20					7.2	7.2			7.3		
31	0.186	0.9	<0.20	72	120	1.7	1.3	7.1	7.1	1.18		7.2	28.5	1.1
TOT	5.088	20.8	<0.20	270	434	5.5	3.8	158.9	158.9	5.54	58	228.9		3.0
AVG	0.164	0.9	<0.20	90	145	1.8	1.3	7.2	7.2	1.85	19	7.4	28.3	1.0
MAX	0.296	1.1	<0.20	110	194	2.0	1.3	7.3	7.3	2.93	26	7.6	28.5	1.2
MIN	0.107	0.8	<0.20	72	120	1.7	1.2	7.1	7.1	1.18	16	7.2	28.2	0.6

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

SIGNED: Ellarson T. Valentine DATE: 8-12-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

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

When completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

WAFFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. 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):

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurti Vice President		(904) 731-4600	97/08/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortegafills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			17		0	1/14	Grab
STORET No. 31615 Y	Permit Measurement			200 (An. Avg.)	#/100ml		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement			19		0	1/14	Grab
STORET No. 31615 I	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		Every 2 Weeks	Grab
Mon. Site No. EPD-1								
TRC for disinfection	Sample Measurement			0.8		0	1/Day	Grab
STORET No. 50060 A	Permit Measurement			0.5 (Min.)	mg/L		Daily, 3/week	Grab
Mon. Site No. EPA-1								
TRC for dechlorination	Sample Measurement			*		0	1/Day	Grab
STORET No. 50060 I	Permit Measurement				0.01 (Max.)		Daily, 3/week	Grab
Mon. Site No. EPD-1								
TKN	Sample Measurement			1.91		0	1/14	8 comp
STORET No. 00625 Y	Permit Measurement			8.8 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EPD-1								
TKN	Sample Measurement			1.85		0	1/14	8 comp
STORET No. 00625 I	Permit Measurement			8.8 (Mo. Avg.)	17.6 (Max.)		Every 2 Weeks	8-hr COMP
Mon. Site No. EPD-1								
DISSOLVED OXYGEN	Sample Measurement			7.2		0	1/Day	Grab
STORET No. 00300 I	Permit Measurement			7.0 (Min.)	mg/L		Daily, 3/week	Grab
Mon. Site No. EPD-1								
TEMPERATURE, DEG F	Sample Measurement			28.5		0	1/14	Grab
STORET No. 00010 I	Permit Measurement			Report (Max)	DEG F		Every 2 Weeks	Grab
Mon. Site No. EPD-1								
AMMONIA, TOTAL AS N	Sample Measurement			1.21		0	1/14	8 comp
STORET No. 00610 I	Permit Measurement			Report (Max)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EPD-1								
CBOD5	Sample Measurement			90		0	1/14	8 comp
STORET No. 80082 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. INF-1								
TSS	Sample Measurement			145		0	1/14	8 comp
STORET No. 00530 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. INF-1								

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

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: .. 97/07/01
LIMIT: Final
CLASS SIZE: Minor

To: 94/07/31
REPORT:
GROUP:

Quarterly
Domestic

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IIIC

WAFR SITE NO.: 9005
OMS TEST SITE NO.: 3116X10687

COUNTY: Duval

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: June YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334

(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

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

(8) PERMIT NUMBER: D016-163819

(9) PLANT TYPE: 2C

(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687

(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

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

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [X] NOT APPLICABLE

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

(15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
LEAD OPERATOR Ellen T. [Signature] C 3407
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.152
(17) PERMITTED CAPACITY	mgd	****	0.170
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.121
(19) PERCENT OF PERMITTED CAPACITY	%	****	73
(20) CBOD5 EFFLUENT	mg/l	000002	2.3
(21) TSS EFFLUENT	mg/l	900201	1.8
(22) MINIMUM pH		900241	7.0
(23) MAXIMUM pH		900242	7.3
(24) TKN	mg/l	000625	3.27
(25) TOTAL N	mg/l	000600	
(26) TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	1.18
(27) ORGANIC N	mg/l	000605	2.10
(28) NITRITE (NO2)	mg/l	000615	
(29) NITRATE (NO3)	mg/l	071850	
(30) NO2 + NO3	mg/l	000630	
(31) TOTAL PHOSPHOROUS	mg/l	000665	
(32) ORTHO PHOSPHOROUS	mg/l	070507	
(33) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.9 0.20
(34) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
(35) FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		12
(36) FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	7
(37) TOTAL D.O. (MINIMUM)	mg/l		7.4
(38) UOD Monthly Average (Calc)	lbs/day		30.4

(*) DUVAL SEPTIC HAULED 4 LOADS OF DIGESTER SLUDGE TO LANDFILL (5000 GALLONS/LOAD).

Method Code for TRC - 4500 C1(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

June 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.173											7.9		
02	0.185	1.0	<0.20					7.2	7.2			7.8		
03	0.157	1.2	<0.20					7.2	7.2		22	7.8		
04	0.141	1.2	<0.20					7.1	7.1			7.7		
05	0.223	1.1	<0.20	88	184	2.5	1.9	7.1	7.1	4.39		7.9	25.4	1.27
06	0.177	1.0	<0.20					7.2	7.2			7.7		
07	0.178											7.9		
08	0.164											7.8		
09	0.155	1.1	<0.20					7.1	7.1			7.9		
10	0.176	1.1	<0.20					7.2	7.2			7.7		
11	0.145	1.2	<0.20					7.2	7.2			7.9		
12	0.130	1.0	<0.20					7.1	7.1			7.6		
13	0.134	1.2	<0.20					7.2	7.2			7.6		
14	0.183											7.7		
15	0.176											7.6		
16	0.139	1.0	<0.20					7.3	7.3			7.8		
17	0.150	1.1	<0.20					7.1	7.1		2	7.8		
18	0.143	1.1	<0.20					7.1	7.1			7.5		
19	0.157	0.9	<0.20	112	215	2.1	1.7	7.2	7.2	2.15		7.4	26.8	1.08
20	0.165	1.1	<0.20					7.2	7.2			7.6		
21	0.165											7.4		
22	0.105											7.5		
23	0.125	1.0	<0.20					7.1	7.1			7.4		
24	0.136	1.2	<0.20					7.0	7.0			7.5		
25	0.115	1.1	<0.20					7.2	7.2			7.4		
26	0.125	1.1	<0.20					7.2	7.2			7.4		
27	0.147	1.0	<0.20					7.1	7.1			7.5		
28	0.115											7.5		
29	0.143											7.5		
30	0.144	1.0	<0.20					7.3	7.3			7.4		
TOT	4.571	22.7	<0.20	200	399	4.6	3.6	150.4	150.4	6.54	24	229.1		2.35
AVG	0.152	1.1	<0.20	100	200	2.3	1.8	7.2	7.2	3.27	12	7.6	26.1	1.18
MAX	0.223	1.2	<0.20	112	215	2.5	1.9	7.3	7.3	4.39	22	7.9	26.8	1.27
MIN	0.105	0.9	<0.20	88	184	2.1	1.7	7.0	7.0	2.15	2	7.4	25.4	1.08

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

SIGNED: Ellarson T. Valentine DATE: 7-10-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/06/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/06/30
REPORT: Monthly
GROUP: Domestic

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID: FL0025828
GMS ID NO.: 3116P00334
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

COUNTY: Duval

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.146							0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.220		mgd						Daily, 5/week	Elapsed Time Meter
Mon. Site No. EFD-1		(Ann. Avg.)									
Flow	Sample Measurement	0.152							0	cont	Flow Meter
STORET No. 50050 1	Permit Measurement	Report		mgd						Daily, 5/week	Elapsed Time Meter
Mon. Site No. EFD-1		(Mo. Avg.)									
CBOD5	Sample Measurement				2.7			mg/L	0	1/14	8 comp
STORET No. 80082 Y	Permit Measurement				4.0					Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1					(Ann. Avg.)						
CBOD5	Sample Measurement				2.3	2.5		mg/L	0	1/14	8 comp
STORET No. 80082 1	Permit Measurement				4.0	8.0				Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1					(Mo. Avg.)	(Max.)					
TSS	Sample Measurement				3.0			mg/L	0	1/14	8 comp
STORET No. 00530 Y	Permit Measurement				20.0					Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1					(Ann. Avg.)						
TSS	Sample Measurement				1.8	1.9		mg/L	0	1/14	8 comp
STORET No. 00530 1	Permit Measurement				30.0	60.0				Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1					(Mo. Avg.)	(Max.)					
pH	Sample Measurement				7.0	7.3		S.U.	0	1/Day	Grab
STORET No. 00406 1	Permit Measurement				6.0	8.5				Daily, 5/week	Grab
Mon. Site No. EFD-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) 721-4600	97/07/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			19		0	1/14	Grab
STORET No. 11615 Y	Permit Measurement			200 (Ar. Avg.)	#/100ml.		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement			12	22	0	1/14	Grab
STORET No. 11615 I	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		Every 2 Weeks	Grab
Mon. Site No. EFD-1								
TRC for disinfection	Sample Measurement			0.9		0	1/Day	Grab
STORET No. 50060 A	Permit Measurement			0.5 (Min.)	mg/L		Daily, 3/week	Grab
Mon. Site No. EFA-1								
TRC for dechlorination	Sample Measurement				NDB = B	*	1/Day	Grab
STORET No. 50060 I	Permit Measurement				0.01 (Max.)		Daily, 3/week	Grab
Mon. Site No. EPD-1								
TKN	Sample Measurement			1.88		0	1/14	8 comp
STORET No. 00625 Y	Permit Measurement			8.8 (Ar. Avg.)	mg/L		Every 2 Weeks	8-lr COMP
Mon. Site No. EFD-1								
TKN	Sample Measurement			3.27	4.39	0	1/14	8 comp
STORET No. 00625 I	Permit Measurement			8.8 (Mo. Avg.)	17.6 (Max.)		Every 2 Weeks	8-lr COMP
Mon. Site No. EFD-1								
DISSOLVED OXYGEN	Sample Measurement			7.4		0	1/Day	Grab
STORET No. 00300 I	Permit Measurement			7.0 (Min.)	mg/L		Daily, 3/week	Grab
Mon. Site No. EFD-1								
TEMPERATURE, DEG F	Sample Measurement				26.8	0	1/14	Grab
STORET No. 00010 I	Permit Measurement				Report (Max)		Every 2 Weeks	Grab
Mon. Site No. EFD-1								
AMMONIA, TOTAL AS N	Sample Measurement				1.27	0	1/14	8 comp
STORET No. 00610 I	Permit Measurement				Report (Max)		Every 2 Weeks	8-lr COMP
Mon. Site No. EFD-1								
CBOD5	Sample Measurement			100		0	1/14	8 comp
STORET No. 80082 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-lr COMP
Mon. Site No. INF-1								
TSS	Sample Measurement			200		0	1/14	8 comp
STORET No. 00530 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Every 2 Weeks	8-lr COMP
Mon. Site No. INF-1								

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

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/06/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/06/30
REPORT: Quarterly
GROUP: Domestic

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IIIC

WAFR SITE NO.: 9005
QMS TEST SITE NO.: 3116X10687

COUNTY: Duval

[illegible]

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: 3116P00334	(16) MONTHLY AVERAGE FLOW	mgd	050053	0.132
3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT	(17) PERMITTED CAPACITY	mgd	****	0.170
4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.125
5) CITY: JACKSONVILLE	(19) PERCENT OF PERMITTED CAPACITY	%	****	73
6) COUNTY: DUVAL	(20) CBOD5 EFFLUENT	mg/l	000002	2.2
7) PHONE NUMBER: (904) 725-2865	(21) TSS EFFLUENT	mg/l	900201	2.0
8) PERMIT NUMBER: D016-163819	(22) MINIMUM pH		900241	7.0
9) PLANT TYPE: 2C	(23) MAXIMUM pH		900242	7.2
10) TEST SITE IDENTIFICATION NUMBER: 3116X10687	(24) TKN	mg/l	000625	2.73
11) FECAL COLIFORM SAMPLE METHOD:	(25) TOTAL N	mg/l	000600	16.04
☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER	(26) TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.74
12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) ORGANIC N	mg/l	000605	2.00
SURFACE WATER	(28) NITRITE (NO2)	mg/l	000615	
13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE (NO3)	mg/l	071850	
☐ YES ☐ NO ☒ NOT APPLICABLE	(30) NO2 + NO3	mg/l	000630	12.80
14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) TOTAL PHOSPHOROUS	mg/l	000665	2.54
NOT APPLICABLE	(32) ORTHO PHOSPHOROUS	mg/l	070507	1.85
15) PLANT STAFFING:	(33) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.00
DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407	(34) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(35) FECAL COLIFORM (ARITHMETIC MEAN) #/100ml			7
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(36) FECAL COLIFORM (GEOMETRIC MEAN) #/100ml		031616	6
LEAD OPERATOR <u>Ellen T. Valentic</u> 3407	(37) TOTAL D.O. (MINIMUM)	mg/l		7.5
signature cert. no.	(38) UOD Monthly Average (Calc)	lbs/day		15.1

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

Method Code for TRC - 4500 C1(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

May 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.164	1.2	<0.20					7.1	7.1			7.8		
02	0.166	1.2	<0.20					7.2	7.2			7.8		
03	0.139											7.7		
04	0.130											7.9		
05	0.125	1.1	<0.20					7.1	7.1			7.8		
06	0.125	1.2	<0.20					7.2	7.2		3	7.6		
07	0.118	1.3	<0.20					7.2	7.2			7.6		
08	0.121	1.2	<0.20	165	134	2.2	2.2	7.0	7.0	3.24		7.8	24.8	0.84
09	0.135	1.2	<0.20					7.1	7.1			8.1		
10	0.111											8.0		
11	0.137											8.1		
12	0.146	1.2	<0.20					7.0	7.0			8.0		
13	0.137	1.2	<0.20					7.2	7.2			7.8		
14	0.140	1.3	<0.20					7.2	7.2			7.7		
15	0.145	1.4	<0.20					7.1	7.1			7.6		
16	0.070	1.0	<0.20					7.2	7.2			7.7		
17	0.155											7.8		
18	0.108											7.8		
19	0.115	1.0	<0.20					7.1	7.1			7.8		
20	0.111	1.2	<0.20	116	131	2.1	1.7	7.2	7.2	2.22	11	7.5		0.63
21	0.105	1.2	<0.20					7.2	7.2			7.5		
22	0.099	1.1	<0.20					7.1	7.1			7.5	26.4	
23	0.139	0.9	<0.20					7.2	7.2			7.7		
24	0.108											7.5		
25	0.107											7.5		
26	0.134											7.6		
27	0.101	1.1	<0.20					7.1	7.1			7.7		
28	0.152	1.0	<0.20					7.2	7.2			7.6		
29	0.170	1.0	<0.20					7.2	7.2			7.8		
30	0.165	1.3	<0.20					7.2	7.2			7.9		
31	0.199											7.7		
TOT	4.077	24.3	<0.20	281	265	4.3	3.9	150.1	150.1	5.46	14	239.9		1.47
AVG	0.132	1.2	<0.20	141	133	2.2	2.0	7.1	7.1	2.73	7	7.7	25.6	0.74
MAX	0.199	1.4	<0.20	165	134	2.2	2.2	7.2	7.2	3.24	11	8.1	26.4	0.84
MIN	0.070	0.9	<0.20	116	131	2.1	1.7	7.0	7.0	2.22	3	7.5	24.8	0.63

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

SIGNED: Ellarson T. Valentin DATE: 6-11-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/05/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

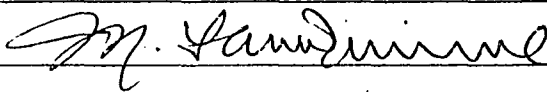
FACILITY ID: FL0025828
GMS ID NO.: 3116P00334
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IHC

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.144				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.220 (Ann. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
Flow	Sample Measurement	0.137				0	cont	Flow Meter
STORET No. 50050 1	Permit Measurement	Report (Mo. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
CBOD5	Sample Measurement			2.7		0	1/4	8 comp
STORET No. 80082 Y	Permit Measurement			4.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
CBOD5	Sample Measurement			2.2		0	1/4	8 comp
STORET No. 80082 1	Permit Measurement			4.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement			3.1		0	1/4	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement			2.0		0	1/4	8 comp
STORET No. 00530 1	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
pH	Sample Measurement			7.0		0	1/Day	Grab
STORET No. 00406 1	Permit Measurement			6.0 (Min.)	5.0		Daily, 5/week	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) 731-4600	97/06/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			21		0	1/14	Grab
STORET No. 11615 Y Mon. Site No. EFD-1	Permit Measurement			200 (Ann. Avg.)	#/100ml		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement			7	11	0	1/14	Grab
STORET No. 11615 I Mon. Site No. EFD-1	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)	#/100ml	Every 2 Weeks	Grab
TRC for disinfection	Sample Measurement			0.9		0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EPA-1	Permit Measurement			0.5 (Min.)	mg/L		Daily, 3/week	Grab
TRC for dechlorination	Sample Measurement				NOOZ = 6	*	1/Day	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement				0.01 (Max.)	mg/L	Daily, 3/week	Grab
TKN	Sample Measurement			1.70		0	1/14	8 comp
STORET No. 00625 Y Mon. Site No. EFD-1	Permit Measurement			8.8 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMIP
TKN	Sample Measurement			2.73	3.24	0	1/14	8 comp
STORET No. 00625 I Mon. Site No. EFD-1	Permit Measurement			8.8 (Mo. Avg.)	17.6 (Max.)	mg/L	Every 2 Weeks	8-hr COMIP
DISSOLVED OXYGEN	Sample Measurement				7.5	0	1/Day	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement				7.0 (Min.)	mg/L	Daily, 3/week	Grab
TEMPERATURE, DEG F	Sample Measurement				26.4	0	1/14	Grab
STORET No. 00010 I Mon. Site No. EFD-1	Permit Measurement				Report (Max.)	DEG F	Every 2 Weeks	Grab
AMMONIA, TOTAL AS N	Sample Measurement				0.84	0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement				Report (Max.)	mg/L	Every 2 Weeks	8-hr COMIP
CBOD5	Sample Measurement			141		0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L	Every 2 Weeks	8-hr COMIP
TSS	Sample Measurement			133		0	1/14	8 comp
STORET No. 00530 C Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L	Every 2 Weeks	8-hr COMIP

* Method code for TRC is 4500 Cl (6). Detection limit is 0.20 mg/L.

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: .. 9/7/05/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/05/31
REPORT:
GROUP:

Quarterly
Domestic

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IHC

WAFR SITE NO.: 9005
QMS TEST SITE NO.: 3116X10687

COUNTY: Duval

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

	PARAMETER	UNITS	STORET CODE	VALUE
(1) MONTH: April YEAR: 1997				
(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334	(16) MONTHLY AVERAGE FLOW	mgd	050053	0.124
(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT	(17) PERMITTED CAPACITY	mgd	****	0.170
(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.130
(5) CITY: JACKSONVILLE	(19) PERCENT OF PERMITTED CAPACITY	%	****	76
(6) COUNTY: DUVAL	(20) CBOD5 EFFLUENT	mg/l	080082	3.2
(7) PHONE NUMBER: (904) 725-2865	(21) TSS EFFLUENT	mg/l	900201	2.5
(8) PERMIT NUMBER: D016-163819	(22) MINIMUM pH		900241	7.1
(9) PLANT TYPE: 2C	(23) MAXIMUM pH		900242	7.3
(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687	(24) TKW	mg/l	000625	2.77
(11) FECAL COLIFORM SAMPLE METHOD:	(25) TOTAL N	mg/l	000600	
☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER	(26) TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.75
(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) ORGANIC N	mg/l	000605	2.03
SURFACE WATER	(28) NITRITE (NO2)	mg/l	000615	
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE (NO3)	mg/l	071850	
☐ YES ☐ NO ☒ NOT APPLICABLE	(30) NO2 + NO3	mg/l	000630	
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) TOTAL PHOSPHOROUS	mg/l	000665	
NOT APPLICABLE	(32) ORTHO PHOSPHOROUS	mg/l	070507	
(15) PLANT STAFFING:	(33) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.00
DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407	(34) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(35) FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		10
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(36) FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	10
LEAD OPERATOR <u>Ellen T. Hester</u> 3407	(37) TOTAL D.O. (MINIMUM)	mg/l		7.7
signature cert. no.	(38) UOD Monthly Average (Calc)	lbs/day		16.1

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

Method Code for TRC - 4500 C1(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWT
DEP ID #: 3116P00334

April 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.119	0.8	<0.20					7.2	7.2			8.1		
02	0.111	0.9	<0.20					7.3	7.3			8.4		
03	0.103	0.9	<0.20					7.1	7.1			8.1		
04	0.137	0.8	<0.20					7.2	7.2			8.1		
05	0.094											8.0		
06	0.095											8.0		
07	0.104	1.1	<0.20					7.2	7.2			7.9		
08	0.109	1.2	<0.20					7.1	7.1		9	7.9		
09	0.105	1.1	<0.20					7.2	7.2			8.4		
10	0.096	1.1	<0.20	139	153	3.0	1.9	7.2	7.2	1.63		8.3	23.0	0.21
11	0.095	1.4	<0.20					7.2	7.2			8.4		
12	0.102											8.3		
13	0.146											8.3		
14	0.086	1.2	<0.20					7.2	7.2			8.5		
15	0.099	1.3	<0.20					7.1	7.1			8.2		
16	0.129	1.3	<0.20					7.2	7.2			8.3		
17	0.112	1.2	<0.20					7.2	7.2			8.2		
18	0.085	1.4	<0.20					7.1	7.1			8.4		
19	0.135											8.3		
20	0.112											8.3		
21	0.081	1.4	<0.20					7.3	7.3			8.2		
22	0.097	1.2	<0.20					7.2	7.2		11	8.2		
23	0.134	1.1	<0.20					7.1	7.1			7.8		
24	0.121	1.1	<0.20	211	543	3.4	3.1	7.2	7.2	3.91		7.7	23.1	1.28
25	0.126	1.1	<0.20					7.2	7.2			7.7		
26	0.263											8.0		
27	0.151											7.8		
28	0.246	0.8	<0.20					7.2	7.2			7.9		
29	0.167	0.8	<0.20					7.2	7.2			7.7		
30	0.153	1.1	<0.20					7.1	7.1			8.2		

TOT	3.713	24.3	<0.20	350	696	6.4	5.0	158.0	158.0	5.54	20	243.6		1.49
AVG	0.124	1.1	<0.20	175	348	3.2	2.5	7.2	7.2	2.77	10	8.1	23.1	0.75
MAX	0.263	1.4	<0.20	211	543	3.4	3.1	7.3	7.3	3.91	11	8.5	23.1	1.28
MIN	0.081	0.8	<0.20	139	153	3.0	1.9	7.1	7.1	1.63	9	7.7	23.0	0.21

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

SIGNED: Ellarson T. Valentine DATE: 5-13-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/04/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/04/30
REPORT: Monthly
GROUP: Domestic

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

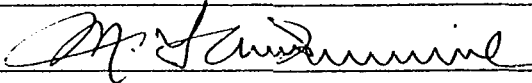
FACILITY ID: FL0025828
GMS ID NO.: 3116P00334
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IHC

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.142				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.220 (Ann. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
Mon. Site No. EFD-1								
Flow	Sample Measurement	0.124				0	cont	Flow Meter
STORET No. 50050 1	Permit Measurement	Report (Mo. Avg.)	mgd				Daily, 5/week	Elapsed Time Meter
Mon. Site No. EFD-1								
CBOD5	Sample Measurement			3.0		0	1/14	8 comp
STORET No. 80082 Y	Permit Measurement			4.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
CBOD5	Sample Measurement			3.2		0	1/14	8 comp
STORET No. 80082 1	Permit Measurement			4.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
TSS	Sample Measurement			3.1		0	1/14	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
TSS	Sample Measurement			2.5		0	1/14	8 comp
STORET No. 00530 1	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
pH	Sample Measurement				7.1 7.3	0	1/Day	Grab
STORET No. 00406 1	Permit Measurement				6.0 (Min.) 8.5 (Max.)		Daily, 5/week	Grab
Mon. Site No. EFD-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	97/05/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			22				0	1/14	Grab
STORET No. 31615 Y Mon. Site No. EFD-1	Permit Measurement			200 (Ar. Avg.)			#/100ml		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement			10		11		0	1/14	Grab
STORET No. 31615 I Mon. Site No. EFD-1	Permit Measurement			Report (Mo. Geo. Mean)		800 (Max)	#/100ml		Every 2 Weeks	Grab
TRC for disinfection	Sample Measurement				0.8			0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement				0.5 (Min.)		mg/L		Daily, 3/week	Grab
TRC for dechlorination	Sample Measurement					NOOI = B	*	0	1/Day	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement					0.01 (Max)	mg/L		Daily, 3/week	Grab
TKN	Sample Measurement			1.59				0	1/14	8 comp
STORET No. 00625 Y Mon. Site No. EFD-1	Permit Measurement			8.8 (Ar. Avg.)			mg/L		Every 2 Weeks	8-hr COMP
TKN	Sample Measurement			2.77		3.91		0	1/14	8 comp
STORET No. 00625 I Mon. Site No. EFD-1	Permit Measurement			8.8 (Mo. Avg.)		17.6 (Max)	mg/L		Every 2 Weeks	8-hr COMP
DISSOLVED OXYGEN	Sample Measurement				7.7			0	1/Day	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement				7.0 (Min.)		mg/L		Daily, 3/week	Grab
TEMPERATURE, DEG F	Sample Measurement			*		23.1		0	1/14	Grab
STORET No. 00010 I Mon. Site No. EFD-1	Permit Measurement					Report (Max)	DEG F		Every 2 Weeks	Grab
AMMONIA, TOTAL AS N	Sample Measurement					1.28		0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement					Report (Max)	mg/L		Every 2 Weeks	8-hr COMP
CHODS	Sample Measurement			175				0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)			mg/L		Every 2 Weeks	COMP
TSS	Sample Measurement			348				0	1/14	8 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)			mg/L		Every 2 Weeks	8-hr COMP

* Method code for TRC is 4500CI (G). Detection limit is 0.2 mg/L.

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

PERMIT NUMBER: FL0025828
MONITORING PERIOD: From: 9/7/04 To: 9/30/04
CLASS SIZE: Minor
LIMIT: Final
FACILITY ID: FL0025828
GMS ID NO.: 3116P00334
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IHC
MAILING ADDRESS: United Water Florida
 1400 Millcoo Road
 Jacksonville, Florida 32225
FACILITY: Ortega Hills Wastewater Facility
 5033 Greenway Drive
 Ortega Hills Subdivision
 Duval
LOCATION:
COUNTY:

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687
REPORT GROUP: Domestic
QUANTITY: Quarterly

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample					1/90	8 Ltr COUP
STORF No. 00600	Perturb					1/90	8 Ltr COUP
Mon. Site No. EPD-1	Measurement					1/90	8 Ltr COUP
ORGANIC NITROGEN, TOTAL AS N	Sample					1/90	8 Ltr COUP
STORF No. 00603	Perturb					1/90	8 Ltr COUP
Mon. Site No. EPD-1	Measurement					1/90	8 Ltr COUP
PHOSPHOROUS, TOTAL AS P	Sample					1/90	8 Ltr COUP
STORF No. 00663	Perturb					1/90	8 Ltr COUP
Mon. Site No. EPD-1	Measurement					1/90	8 Ltr COUP
PHOSPHOROUS, ORTHO- AS P	Sample					1/90	8 Ltr COUP
STORF No. 70507	Perturb					1/90	8 Ltr COUP
Mon. Site No. EPD-1	Measurement					1/90	8 Ltr COUP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

	PARAMETER	UNITS	STORET CODE	VALUE
(1) MONTH: March YEAR: 1997				
(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P00334	(16) MONTHLY AVERAGE FLOW	mgd	050053	0.117
(3) PLANT NAME: ORTEGA HILLS WASTEWATER TREATMENT PLANT	(17) PERMITTED CAPACITY	mgd	****	0.170
(4) PLANT ADDRESS: 5033 GREENWAY DRIVE NORTH	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	900238	0.147
(5) CITY: JACKSONVILLE	(19) PERCENT OF PERMITTED CAPACITY	%	****	86
(6) COUNTY: DUVAL	(20) CBOD5 EFFLUENT	mg/l	080082	3.0
(7) PHONE NUMBER: (904) 725-2865	(21) TSS EFFLUENT	mg/l	900201	2.4
(8) PERMIT NUMBER: D016-163819	(22) MINIMUM pH		900241	7.1
(9) PLANT TYPE: 2C	(23) MAXIMUM pH		900242	7.3
(10) TEST SITE IDENTIFICATION NUMBER: 3116X10687	(24) TKN	mg/l	000625	1.36
(11) FECAL COLIFORM SAMPLE METHOD:	(25) TOTAL N	mg/l	000600	
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER	(26) TOTAL NH3 MONTHLY AVERAGE	mg/l	000610	0.87
(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:	(27) ORGANIC N	mg/l	000605	0.49
SURFACE WATER	(28) NITRITE (NO2)	mg/l	000615	
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:	(29) NITRATE (NO3)	mg/l	071850	
[] YES [] NO [X] NOT APPLICABLE	(30) NO2 + NO3	mg/l	000630	
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(31) TOTAL PHOSPHOROUS	mg/l	000665	
NOT APPLICABLE	(32) ORTHO PHOSPHOROUS	mg/l	070507	
(15) PLANT STAFFING:	(33) MINIMUM CHLORINE RESIDUAL	mg/l	900243	0.8 2.00
DAY SHIFT OPERATOR CLASS: C CERT. NO. 3407	(34) MAXIMUM CHLORINE RESIDUAL	mg/l	900244	<0.20
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(35) FECAL COLIFORM (ARITHMETIC MEAN)	#/100ml		4
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A	(36) FECAL COLIFORM (GEOMETRIC MEAN)	#/100ml	031616	3
LEAD OPERATOR <u>Elasut V. L. L.</u> C 3407	(37) TOTAL D.O. (MINIMUM)	mg/l		8.1
signature cert. no.	(38) UOD Monthly Average (Calc)	lbs/day		9.8

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

Method Code for TRC - 4500 C1(G)

Minimum Detection Level - 0.20 mg/l

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ORTEGA HILLS WWTP
DEP ID #: 3116P00334

March 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CL2 RES AFTER DECHLORINE mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF MINIMUM	pH EFF MAXIMUM	TKN EFF mg/l	FECAL COLIFORM (#/100ml)	TOTAL D.O. MINIMUM mg/l	EFFLUENT TEMP deg C	TOTAL NH3 mg/l
01	0.150											8.5		
02	0.074											8.2		
03	0.120	0.8	<0.20					7.1	7.1			8.1		
04	0.115	0.8	<0.20					7.2	7.2			8.3		
05	0.112	0.8	<0.20					7.2	7.2			8.5		
06	0.122	0.9	<0.20					7.1	7.1			8.6		
07	0.154	0.8	<0.20					7.2	7.2			8.5		
08	0.108											8.5		
09	0.109											8.3		
10	0.124	0.8	<0.20					7.2	7.2			8.4		
11	0.112	1.0	<0.20					7.3	7.3		6	8.6		
12	0.098	1.1	<0.20					7.2	7.2			8.8		
13	0.114	0.8	<0.20	153	159	3.1	2.1	7.3	7.3	1.18		8.6	23.2	0.54
14	0.126	0.8	<0.20					7.2	7.2			8.8		
15	0.129											8.8		
16	0.161											8.7		
17	0.101	1.0	<0.20					7.2	7.2			8.3		
18	0.127	0.9	<0.20					7.2	7.2			8.6		
19	0.119	0.9	<0.20					7.3	7.3			8.5		
20	0.131	1.0	<0.20					7.3	7.3			8.3		
21	0.077	1.0	<0.20					7.2	7.2			8.5		
22	0.159											8.5		
23	0.119											8.4		
24	0.105	0.9	<0.20					7.2	7.2			8.6		
25	0.096	0.9	<0.20					7.1	7.1		2	8.4		
26	0.111	0.9	<0.20	139	160	2.9	2.6	7.2	7.2	1.53		8.5	23.7	1.19
27	0.133	0.8	<0.20					7.2	7.2			8.4		
28	0.107											8.2		
29	0.109											8.5		
30	0.100											8.4		
31	0.111	1.1	<0.20					7.1	7.1			8.2		
TOT	3.633	18.0	<0.20	292	319	6.0	4.7	144.0	144.0	2.71	8	262.5		1.73
AVG	0.117	0.9	<0.20	146	160	3.0	2.4	7.2	7.2	1.36	4	8.5	23.5	0.87
MAX	0.161	1.1	<0.20	153	160	3.1	2.6	7.3	7.3	1.53	6	8.8	23.7	1.19
MIN	0.074	0.8	<0.20	139	159	2.9	2.1	7.1	7.1	1.18	2	8.1	23.2	0.54

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

SIGNED: Ellarson T. Valentine DATE: 4-14-97

NAME: ELLARSON T. VALENTINE Certification #: C-3407

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/03/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/03/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

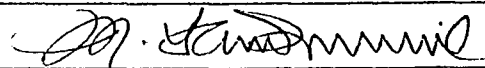
FACILITY ID: FL0025828
GMS ID NO.: 3116P00334
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 9005
GMS TEST SITE NO.: 3116X10687

COUNTY: Duval

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.143				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.220 (Ann. Avg.)	mgd				Daily, 3/week	Elapsed Time Meter
Mon. Site No. EFD-1								
Flow	Sample Measurement	0.117				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				Daily, 3/week	Elapsed Time Meter
Mon. Site No. EFD-1								
CBOD5	Sample Measurement			3.1		0	1/14	8 comp
STORET No. 80082 Y	Permit Measurement			4.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
CBOD5	Sample Measurement			3.0		0	1/14	8 comp
STORET No. 80082 I	Permit Measurement			4.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
TSS	Sample Measurement			3.1		0	1/14	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
TSS	Sample Measurement			2.4		0	1/14	8 comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hr COMP
Mon. Site No. EFD-1								
pH	Sample Measurement			7.1		0	1/Day	Grab
STORET No. 00406 I	Permit Measurement			6.0 (Min.)	S.U.		Daily, 3/week	Grab
Mon. Site No. EFD-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	97/04/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ortega Hills WWTP

PERMIT NUMBER: FL0025828

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 9005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				22				0	1/14	Grab
STORET No. 31615 Y	Permit Measurement				200 (An. Avg.)			#/100ml		Every 2 Weeks	Grab
Fecal Coliform Bacteria	Sample Measurement				4	6			0	1/14	Grab
STORET No. 31615 I	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Every 2 Weeks	Grab
TRC for disinfection	Sample Measurement					0.8			0	1/Day	Grab
STORET No. 50060 A	Permit Measurement					0.5 (Min.)		mg/L		Daily, 3/week	Grab
TRC for dechlorination	Sample Measurement						NO DEF = B	*	0	1/Day	Grab
STORET No. 50060 I	Permit Measurement						0.01 (Max.)	mg/L		Daily, 3/week	Grab
TKN	Sample Measurement				1.55				0	1/14	8 comp
STORET No. 00625 Y	Permit Measurement				8.8 (Ann. Avg.)			mg/L		Every 2 Weeks	8-hr COMP
TKN	Sample Measurement				1.36				0	1/14	8 comp
STORET No. 00625 I	Permit Measurement				8.8 (Mo. Avg.)	17.6 (Max.)		mg/L		Every 2 Weeks	8-hr COMP
DISSOLVED OXYGEN	Sample Measurement					8.1			0	1/Day	Grab
STORET No. 00300 I	Permit Measurement					7.0 (Min.)		mg/L		Daily, 3/week	Grab
TEMPERATURE, DEG F	Sample Measurement				*	23.7			0	1/14	Grab
STORET No. 00010 I	Permit Measurement					Report (Max.)		DEG F		Every 2 Weeks	Grab
AMMONIA, TOTAL AS N	Sample Measurement					1.19			0	1/14	8 comp
STORET No. 00610 I	Permit Measurement					Report (Max.)		mg/L		Every 2 Weeks	8-hr COMP
CBOD5	Sample Measurement				146				0	1/14	8 comp
STORET No. 80082 G	Permit Measurement				Report (Mo. Avg.)			mg/L		Every 2 Weeks	8-hr COMP
TSS	Sample Measurement				160				0	1/14	8 comp
STORET No. 00530 G	Permit Measurement				Report (Mo. Avg.)			mg/L		Every 2 Weeks	8-hr COMP

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

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, Florida 32225

PERMIT NUMBER: FL0025828
MONITORING PERIOD From: 97/03/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/03/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: Ortega Hills Wastewater facility
LOCATION: 5033 Greenway Drive
Ortega Hills Subdivision

FACILITY ID:	FL0025828
GMS ID NO.:	3116P00334
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IIIC

WAFR SITE NO.: 9005
QMS TEST SITE NO.: 3116X10687

COUNTY: Duval

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

- (1) Month: December Year: 1997
- (2) Plants DEP Identification Number: 3155P00510
- (3) Plant Name: Ponce De Leon Wastwater Treatment Facility
- (4) Plant Address: 3154 A1A South
- (5) City: Goodwin Beach
- (6) County: St. Johns
- (7) Phone Number: (904) 725-2865
- (8) Permit Number: DC55116156
- (9) Plant Type: 2-C
- (10) Test Site Identification Number: 3155X12539
- (11) Fecal Coliform Sample Method:
- ☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse
- Percolation Pond
- (13) Limited Wet Weather Discharge Activated
- ☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge:
- (15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: [Signature] C-6191

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.
(17) Permitted capacity	mgd	---	0.
(18) Three-month average daily flow	mgd	---	0.
(19) Percent of permitted capacity	%	---	
(20) CBOD5 Effluent	mg/L	080082	
(21) CBOD5 Effluent	lbs/day	---	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	---	
(24) Minimum pH		---	
(25) Maximum pH		---	
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	---	
(32) Maximum Chlorine Residual	n/a	---	
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean) no/100 ml			

(*) Duval Septic Hauled

Loads of Digester Sludge to Landfill at 5000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(34)

Month December Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.017	2.0						7.1					
02	0.015	2.1						7.1					
03	0.023	1.9						7.3					
04	0.020	1.0						7.1					
05	0.031	1.0						7.1					
06	0.013	2.5						6.9					
07	0.034	1.0						6.9					
08	0.023	1.2						6.9					
09	0.022	1.4						7.0					< 1
10	0.018	1.8						7.2					
11	0.023	1.9		152	265	4.8	3.4	7.2			6.70		
12	0.020	1.8						7.3					
13	0.025	1.7						7.3					
14	0.024	1.6						7.3					
15	0.022	1.5						7.3					
16	0.019	1.2						7.2					
17	0.029	1.3						7.2					
18	0.014	1.8						7.1					
19	0.027	1.4						7.5					
20	0.028	3.0						7.6					
21	0.026	3.0						7.4					
22	0.021	3.0						7.5					
23	0.019	2.8						7.5					
24	0.024	2.7						7.4					
25	0.031	2.0						7.3					
26	0.023	2.4						7.1					
27	0.033	2.1						7.3					
28	0.032	1.3						7.2					
29	0.025	1.4						7.2					
30	0.020	1.4						7.2					
31	0.030	1.5						7.3					
Tot	0.731	56.7		152	265	4.8	3.4				6.70		1
Avg	0.024	1.8		152	265	4.8	3.4				6.70		1
Max	0.034	3.0		152	265	4.8	3.4	7.6			6.70		1
Min	0.013	1.0		152	265	4.8	3.4	6.9			6.70		1

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

Signed: Roger C. Alwood

Date: 1-12-98

Roger C. Alwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: November Year: 1997

(2) Plants DEP Identification Number: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treatment Facility

(4) Plant Address: 3154 ALA South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

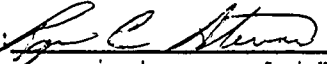
(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator:  C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.022
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.021
(19) Percent of permitted capacity	%	---	21
(20) CBOD5 Effluent	mg/L	080082	3.8
(21) CBOD5 Effluent	lbs/day	---	0.9
(22) TSS Effluent	mg/L	900201	8.1
(23) TSS Effluent	lbs/day	---	1.8
(24) Minimum pH		---	6.9
(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	5.51
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	1.9
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		1

(*) Duval Septic Hauled 1 Loads of Digester Sludge to Landfill at 5000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

Month November Year 1997

(34)

day of month	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.021	2.8					7.2					
02	0.017	2.5					7.2					
03	0.023	2.6					7.2					
04	0.020	2.4					7.2					
05	0.021	2.3					7.2					
06	0.021	2.0					7.2					
07	0.016	2.4					7.3					
08	0.028	2.0					7.3					
09	0.024	2.3					7.3					
10	0.021	2.1					7.3					
11	0.022	2.2					7.3					<1
12	0.021	2.1					7.4					
13	0.027	2.0	184	294	3.8	8.1	7.4			5.51		
14	0.019	1.9					7.4					
15	0.026	3.0					7.4					
16	0.026	3.0					7.4					
17	0.020	2.9					7.4					
18	0.022	2.9					7.4					
19	0.014	2.6					7.4					
20	0.028	2.8					7.3					
21	0.010	2.7					7.3					
22	0.023	3.0					7.0					
23	0.032	1.9					6.9					
24	0.015	2.3					7.1					
25	0.023	2.8					7.3					
26	0.021	3.0					7.2					
27	0.026	2.0					7.1					
28	0.022	2.8					7.2					
29	0.022	2.9					7.3					
30	0.021	2.6					7.3					
Tot	0.652	74.8	184	294	3.8	8.1				5.51		1
Avg	0.022	2.5	184	294	3.8	8.1				5.51		1
Max	0.032	3.0	184	294	3.8	8.1	7.4			5.51		1
Min	0.010	1.9	184	294	3.8	8.1	6.9			5.51		1

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

Signed: _____

Date: 12-10-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1997

(2) Plants DEP Identification Number: 3155P00510

(3) Plant Name: Ponce De Leon Wastewater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

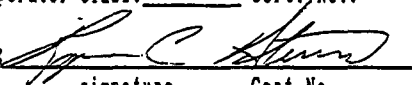
(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: 
signature Cert No. C-6191

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.021
(19) Percent of permitted capacity	%	---	21
(20) CBOD5 Effluent	mg/L	080082	3.0
(21) CBOD5 Effluent	lbs/day	---	0.5
(22) TSS Effluent	mg/L	900201	12.0
(23) TSS Effluent	lbs/day	---	2.1
(24) Minimum pH		---	7.3
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	3.21
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	2.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		< 1

(*) Duval Septic Hauled

Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

(34)

Month October Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.020	2.6						7.4					
02	0.018	2.4						7.4					
03	0.013	2.1						7.4					
04	0.020	2.5						7.3					
05	0.028	2.7						7.4					
06	0.021	3.0						7.4					
07	0.018	2.9						7.4					
08	0.019	2.9						7.4					
09	0.020	2.8						7.4					
10	0.016	2.7						7.4					
11	0.021	2.3						7.4					
12	0.032	2.6						7.3					
13	0.015	2.5						7.3					
14	0.027	2.6						7.3					< 1
15	0.016	2.9						7.3					
16	0.021	2.0		166	220	3.0	12.0	7.4			3.21		
17	0.024	2.2						7.3					
18	0.028	2.0						7.3					
19	0.024	2.3						7.3					
20	0.021	2.2						7.3					
21	0.019	2.5						7.3					
22	0.017	2.2						7.4					
23	0.021	2.7						7.4					
24	0.021	2.4						7.4					
25	0.026	3.0						7.5					
26	0.027	3.0						7.5					
27	0.015	2.8						7.4					
28	0.018	2.5						7.3					
29	0.025	3.0						7.3					
30	0.010	2.8						7.3					
31	0.031	2.9						7.3					
Tot	0.652	80.0		166	220	3.0	12.0				3.21		1
Avg	0.021	2.6		166	220	3.0	12.0				3.21		1
Max	0.032	3.0		166	220	3.0	12.0	7.5			3.21		1
Min	0.010	2.0		166	220	3.0	12.0	7.3			3.21		1

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

Signed: Roger C. Atwood

Date: 11-14-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: September Year: 1997

(2) Plants DEP Identification Number: 3155P00510

(3) Plant Name: Ponce De Leon Wastewater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator:  6-6191
signature Cert No.

(*) Duval Septic Hauled

Loads of Digester Sludge to Landfill at 7000 gal/loads.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.021
(19) Percent of permitted capacity	%	---	21
(20) CBOD5 Effluent	mg/L	080082	2.4
(21) CBOD5 Effluent	lbs/day	---	0.4
(22) TSS Effluent	mg/L	900201	3.3
(23) TSS Effluent	lbs/day	---	0.6
(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	6.12
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	1.3
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		1

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

Month September Year 1997

(34)

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.029	1.3						7.1					
02	0.017	1.5						7.1					< 1
03	0.021	1.5						7.2					
04	0.021	1.6		227	225	2.4	3.3	7.2			6.12		
05	0.013	1.9						7.2					
06	0.023	3.0						7.5					
07	0.023	3.0						7.4					
08	0.020	2.8						7.4					
09	0.015	2.4						7.3					
10	0.023	1.9						7.3					
11	0.020	1.9						7.4					
12	0.030	1.9						7.4					
13	0.025	1.6						7.2					
14	0.029	2.0						7.3					
15	0.019	1.9						7.2					
16	0.021	2.1						7.2					
17	0.017	2.0						7.3					
18	0.018	1.8						7.3					
19	0.021	1.9						7.3					
20	0.023	1.5						7.3					
21	0.018	1.8						7.3					
22	0.011	2.5						7.2					
23	0.026	2.4						7.2					
24	0.019	2.3						7.2					
25	0.018	2.3						7.3					
26	0.022	2.0						7.3					
27	0.023	3.0						7.5					
28	0.025	3.0						7.5					
29	0.019	3.0						7.4					
30	0.021	2.8						7.4					
Tot	0.630	64.6		227	225	2.4	3.3				6.12		1
Avg	0.021	2.2		227	225	2.4	3.3				6.12		1
Max	0.030	3.0		227	225	2.4	3.3	7.5			6.12		1
Min	0.011	1.3		227	225	2.4	3.3	7.1			6.12		1

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

Signed: Roger C. Atwood

Date: 10-8-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

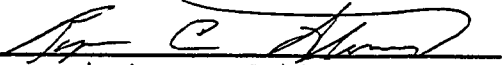
- (1) Month: August Year: 1997
- (2) Plants DEP Identification Number: 3155P00510
- (3) Plant Name: Ponce De Leon Wastwater Treatment Facility
- (4) Plant Address: 3154 A1A South
- (5) City: Goodwin Beach
- (6) County: St. Johns
- (7) Phone Number: (904) 725-2865
- (8) Permit Number: DC55116156
- (9) Plant Type: 2-C
- (10) Test Site Identification Number: 3155X12539
- (11) Fecal Coliform Sample Method:
- ☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse
- Percolation Pond
- (13) Limited Wet Weather Discharge Activated
- ☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator:  C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.01
(17) Permitted capacity	mgd	---	0.10
(18) Three-month average daily flow	mgd	---	0.01
(19) Percent of permitted capacity	%	---	2
(20) CBOD5 Effluent	mg/L	080082	3.
(21) CBOD5 Effluent	lbs/day	---	0
(22) TSS Effluent	mg/L	900201	2.
(23) TSS Effluent	lbs/day	---	0.
(24) Minimum pH		---	7.
(25) Maximum pH		---	7.
(26) Total N	mg/L	000600	N/
(27) TKN	mg/L	000625	N/
(28) Ammonia (NH3 - N)	mg/L	000610	N/
(29) Nitrate	mg/L	071850	5.5
(30) Total Phosphorus	mg/L	000665	N/
(31) Minimum Chlorine Residual	mg/L	---	1.
(32) Maximum Chlorine Residual	n/a	---	3.
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		<

(*) Duval Septic Hauled Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastewater treatment Facility

D.E.P. Identification Number: 3155P00510

(34)

Month August Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.018	1.6						7.1					
02	0.027	3.0						7.5					
03	0.029	2.8						7.5					
04	0.019	2.2						7.4					
05	0.017	2.1						7.4					
06	0.022	2.0						7.3					< 1
07	0.019	2.4		198	222	3.3	2.2	7.2			5.56		
08	0.015	1.8						7.2					
09	0.025	1.9						7.2					
10	0.025	2.1						7.3					
11	0.020	2.0						7.3					
12	0.021	1.9						7.3					
13	0.022	1.7						7.3					
14	0.023	1.8						7.2					
15	0.009	1.9						7.3					
16	0.024	2.0						7.4					
17	0.028	1.6						7.4					
18	0.022	1.5						7.4					
19	0.020	1.6						7.3					
20	0.016	1.5						7.3					
21	0.023	1.6						7.3					
22	0.023	1.9						7.3					
23	0.021	1.3						7.3					
24	0.019	3.0						7.3					
25	0.019	2.8						7.2					
26	0.018	2.8						7.2					
27	0.018	2.4						7.2					
28	0.018	3.0						7.4					
29	0.014	2.9						7.3					
30	0.024	2.6						7.3					
31	0.023	2.8						7.1					
Tot	0.641	66.5		198	222	3.3	2.2				5.56		1
Avg	0.021	2.1		198	222	3.3	2.2				5.56		1
Max	0.029	3.0		198	222	3.3	2.2	7.5			5.56		1
Min	0.009	1.3		198	222	3.3	2.2	7.1			5.56		1

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

Signed: Roger C. Atwood

Date: 8-9-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: July Year: 1997

(2) Plants DEP Identification Number: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator:

signature

Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.02
(17) Permitted capacity	mgd	---	0.10
(18) Three-month average daily flow	mgd	---	0.02
(19) Percent of permitted capacity	%	---	2
(20) CBOD5 Effluent	mg/L	080082	4.
(21) CBOD5 Effluent	lbs/day	---	0.
(22) TSS Effluent	mg/L	900201	7.
(23) TSS Effluent	lbs/day	---	1.
(24) Minimum pH		---	7.
(25) Maximum pH		---	7.
(26) Total N	mg/L	000600	N/
(27) TKN	mg/L	000625	N/
(28) Ammonia (NH3 - N)	mg/L	000610	N/
(29) Nitrate	mg/L	071850	7.1
(30) Total Phosphorus	mg/L	000665	N/
(31) Minimum Chlorine Residual	mg/L	---	0.
(32) Maximum Chlorine Residual	n/a	---	3.
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		11

(*) Dural Septic Hauled

Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastewater treatment Facility

D.E.P. Identification Number: 3155P00510

(34)

Month July Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.014	1.6						7.2					
02	0.020	0.7						7.2					
03	0.023	1.2						7.3					
04	0.025	1.3						7.3					
05	0.021	1.0						7.3					
06	0.034	1.2						7.2					
07	0.015	1.3						7.3					
08	0.022	1.1						7.5					116
09	0.020	0.5						7.5					
10	0.021	1.7		182	110	4.3	7.3	7.5			7.16		
11	0.015	0.7						7.5					
12	0.025	1.3						7.5					
13	0.023	3.0						7.3					
14	0.019	2.4						7.3					
15	0.018	1.9						7.4					
16	0.019	1.9						7.4					
17	0.020	2.0						7.4					
18	0.016	1.9						7.3					
19	0.024	1.6						7.3					
20	0.028	1.8						7.3					
21	0.019	1.7						7.4					
22	0.017	1.9						7.4					
23	0.018	1.8						7.3					
24	0.020	1.7						7.3					
25	0.026	1.5						7.5					
26	0.020	1.2						7.4					
27	0.023	1.8						7.2					
28	0.018	2.0						7.1					
29	0.019	1.9						7.0					
30	0.020	1.8						7.0					
31	0.020	1.9						7.0					
Tot	0.642	49.3		182	110	4.3	7.3				7.16		116
Avg	0.021	1.6		182	110	4.3	7.3				7.16		116
Max	0.034	3.0		182	110	4.3	7.3	7.5			7.16		116
Min	0.014	0.5		182	110	4.3	7.3	7.0			7.16		116

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

Signed: Roger C. Atwood

Date: 8-11-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: June Year: 1997

2) Plants DEP Identification Number: 3155P00510

3) Plant Name: Ponce De Leon Wastewater Treatment Facility

4) Plant Address: 3154 A1A South

5) City: Goodwin Beach

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: DC55116156

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X12539

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Tom C. Thomas C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.022
(19) Percent of permitted capacity	%	---	22
(20) CBOD5 Effluent	mg/L	080082	1.6
(21) CBOD5 Effluent	lbs/day	---	0.3
(22) TSS Effluent	mg/L	900201	2.7
(23) TSS Effluent	lbs/day	---	0.4
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	7.00
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	1.0
(32) Maximum Chlorine Residual	n/a	---	20.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean) no/100 ml			8

(*) Duval Septic Hauled

Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

34)

Month June Year 1997

Day of Month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100al)
1	0.018	1.0						7.3					
2	0.019	1.2						7.3					
3	0.018	1.1						7.3					
4	0.023	1.1						7.2					
5	0.025	1.3						7.3					
6	0.025	1.2						7.3					
7	0.024	2.5						7.4					
8	0.026	2.5						7.4					
9	0.018	2.3						7.4					
10	0.020	2.2						7.3					8
11	0.020	2.1						7.3					
12	0.019	2.2		166	142	1.6	2.7	7.4			7.00		
13	0.025	1.5						7.0					
14	0.011	1.8						7.1					
15	0.033	1.9						7.2					
16	0.023	1.7						7.2					
17	0.020	2.0						7.1					
18	0.021	1.9						7.1					
19	0.019	1.1						7.2					
20	0.026	3.0						7.4					
21	0.019	3.0						7.3					
22	0.019	2.5						7.1					
23	0.021	2.4						7.2					
24	0.020	2.3						7.2					
25	0.018	2.4						7.3					
26	0.020	2.2						7.3					
27	0.016	2.2						7.3					
28	0.023	20.0						7.2					
29	0.026	2.1						7.2					
30	0.020	2.0						7.2					
1st	0.635	76.7		166	142	1.6	2.7				7.00		8
avg	0.021	2.6		166	142	1.6	2.7				7.00		8
max	0.033	20.0		166	142	1.6	2.7	7.4			7.00		8
min	0.011	1.0		166	142	1.6	2.7	7.0			7.00		8

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

Signed: Roger C. Atwood

Date: 7-15-98

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: May Year: 1997

) Plants DEP Identification Number: 3155P00510

) Plant Name: Ponce De Leon Wastewater Treatment Facility

) Plant Address: 3154 A1A South

) City: Goodwin Beach

) County: St. Johns

) Phone Number: (904) 725-2865

) Permit Number: DC55116156

) Plant Type: 2-C

) Test Site Identification Number: 3155X12539

) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

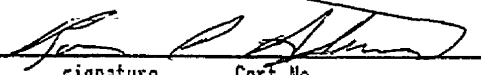
) Cumulative Days of Wet Weather Discharge:

) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator:  C-6191
signature Cert. No.

) Duval Septic Hauled

Loads of Digester Sludge to Landfill at 7000 gal/loads.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.020
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.021
(19) Percent of permitted capacity	%	---	21
(20) CBOD5 Effluent	mg/L	080082	2.5
(21) CBOD5 Effluent	lbs/day	---	0.4
(22) TSS Effluent	mg/L	900201	5.7
(23) TSS Effluent	lbs/day	---	0.9
(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	
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean) no/100 ml			188

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

Ponce De Leon Wastewater treatment Facility

D.E.P. Identification Number: 315SP00510

Month May Year 1997

(34)

Day of month	chlorine residual after contact (mgd)	chlorine residual after de-chlor (mgd)	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	fecal Coliform (#/100ml)
01	0.023	1.8					7.1					
02	0.019	1.6					7.1					
03	0.023	1.3					7.1					
04	0.020	2.5					7.3					
05	0.018	1.9					7.2					
06	0.020	1.8					7.2					
07	0.013	1.2					7.2					
08	0.019	1.1					7.2					
09	0.020	1.2					7.3					
10	0.020	3.0					7.4					
11	0.035	2.5					7.5					
12	0.020	2.4					7.4					
13	0.018	1.8					7.5					188
14	0.018	1.7					7.5					
15	0.018	1.8	176	130	2.5	5.7	7.5					
16	0.015	1.6					7.4					
17	0.015	1.3					7.3					
18	0.032	1.8					7.2					
19	0.022	1.5					7.4					
20	0.019	1.4					7.3					
21	0.018	1.5					7.3					
22	0.023	1.4					7.3					
23	0.018	1.1					7.2					
24	0.011	1.3					7.3					
25	0.026	1.0					7.3					
26	0.019	1.3					7.3					
27	0.023	1.1					7.2					
28	0.018	1.0					7.2					
29	0.021	1.1					7.3					
30	0.020	1.3					7.2					
31	0.024	1.5					7.3					
tot	0.634	48.8	176	130	2.5	5.7						188
avg	0.020	1.6	176	130	2.5	5.7						188
max	0.035	3.0	176	130	2.5	5.7	7.5					188
min	0.011	1.0	176	130	2.5	5.7	7.1					188

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

Signed: _____

Date: 6-6-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

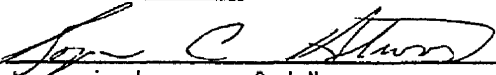
- 1) Month: April Year: 1997
- 2) Plants DEP Identification Number: 3155P00510
- 3) Plant Name: Ponce De Leon Wastwater Treatment Facility
- 4) Plant Address: 3154 A1A South
- 5) City: Goodwin Beach
- 6) County: St. Johns
- 7) Phone Number: (904) 725-2865
- 8) Permit Number: DC55116156
- 9) Plant Type: 2-C
- 10) Test Site Identification Number: 3155X12539
- 11) Fecal Coliform Sample Method:
- ☒ Membrane Filter ☐ Most Probable Number
- 12) Type of Effluent Disposal or Reclaimed Water Reuse
- Percolation Pond
- 13) Limited Wet Weather Discharge Activated
- ☐ Yes ☐ No ☒ Not Applicable
- 14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator:  C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.02
(17) Permitted capacity	mgd	---	0.10
(18) Three-month average daily flow	mgd	---	0.02
(19) Percent of permitted capacity	%	---	2
(20) CBOD5 Effluent	mg/L	080082	1.0
(21) CBOD5 Effluent	lbs/day	---	0.0
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	---	0.0
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.0
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	11.7
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean) no/100 ml			

(x) Duval Septic Hauled

Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

34)

Month April Year 1997

Day	Flow	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
Month	(mgd)												
1	0.019	1.0						7.3					1
2	0.021	2.8						7.4					
3	0.024	0.9		170	133	< 1.0	4.0	7.4			11.70		
4	0.026	1.7						7.4					
5	0.028	2.5						7.4					
6	0.021	3.0						7.4					
7	0.021	2.5						7.4					
8	0.022	2.7						7.4					
9	0.021	2.8						7.4					
0	0.021	1.2						7.3					
1	0.017	1.3						7.3					
2	0.023	1.2						7.4					
3	0.021	1.5						7.4					
4	0.028	1.5						7.4					
5	0.021	1.4						7.4					
6	0.023	1.4						7.3					
7	0.021	1.6						7.4					
8	0.012	1.5						7.3					
9	0.034	1.7						7.2					
0	0.017	2.4						7.3					
1	0.023	2.2						7.3					
2	0.023	2.0						7.4					
3	0.022	1.9						7.3					
4	0.022	2.9						7.3					
5	0.015	2.8						7.3					
6	0.036	2.9						7.3					
7	0.035	2.6						7.3					
8	0.028	2.4						7.3					
9	0.024	2.4						7.4					
0	0.025	2.3						7.3					
Tot	0.694	61.0		170	133	1.0	4.0				11.70		1
Avg	0.023	2.0		170	133	1.0	4.0				11.70		1
Max	0.036	3.0		170	133	1.0	4.0	7.4			11.70		1
Min	0.012	0.9		170	133	1.0	4.0	7.2			11.70		1

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

Signed: Roger C. Atwood

Date: 5-6-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

Month April Year 1997

34)

Day of Month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
1	0.019	1.0						7.3					1
2	0.021	2.8						7.4					
3	0.024	0.9		170	133	<1.0	4.0	7.4			11.70		
4	0.026	1.7						7.4					
5	0.028	2.5						7.4					
6	0.021	3.0						7.4					
7	0.021	2.5						7.4					
8	0.022	2.7						7.4					
9	0.021	2.8						7.4					
10	0.021	1.2						7.3					
1	0.017	1.3						7.3					
2	0.023	1.2						7.4					
3	0.021	1.5						7.4					
4	0.028	1.5						7.4					
5	0.021	1.4						7.4					
6	0.023	1.4						7.3					
7	0.021	1.6						7.4					
8	0.012	1.5						7.3					
9	0.034	1.7						7.2					
10	0.017	2.4						7.3					
1	0.023	2.2						7.3					
2	0.023	2.0						7.4					
3	0.022	1.9						7.3					
4	0.022	2.9						7.3					
5	0.015	2.8						7.3					
6	0.036	2.9						7.3					
7	0.035	2.6						7.3					
8	0.028	2.4						7.3					
9	0.024	2.4						7.4					
10	0.025	2.3						7.3					
Total	0.694	61.0		170	133	1.0	4.0				11.70		1
Avg	0.023	2.0		170	133	1.0	4.0				11.70		1
Max	0.036	3.0		170	133	1.0	4.0	7.4			11.70		1
Min	0.012	0.9		170	133	1.0	4.0	7.2			11.70		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 and accurate.

Signed: Roger C. Atwood

Date: 5-6-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: March Year: 1997

(2) Plants DEP Identification Number: 3155P00510

(3) Plant Name: Ponce De Leon Wastwater Treataent Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator:  C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.022
(19) Percent of permitted capacity	%	---	22
(20) CBOD5 Effluent	mg/L	080082	3.5
(21) CBOD5 Effluent	lbs/day	---	0.5
(22) TSS Effluent	mg/L	900201	6.9
(23) TSS Effluent	lbs/day	---	1.0
(24) Minimum pH		---	7.2
(25) Maximum pH		---	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	17.90
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean) no/100 ml			1

(*) Duval Septic Hauled

Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: February Year: 1997
) Plants DEP Identification Number: 3155P00510
) Plant Name: Ponce De Leon Wastewater Treatment Facility
) Plant Address: 3154 AIA South
) City: Goodwin Beach
) County: St. Johns
) Phone Number: (904) 725-2865
) Permit Number: DC55116156
) Plant Type: 2-C

0) Test Site Identification Number: 3155X12539

1) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Pond

3) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

4) Cumulative Days of Wet Weather Discharge:

5) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: [Signature] C-6191
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.022
(19) Percent of permitted capacity	%	---	22
(20) CBOD5 Effluent	mg/L	080082	3.3
(21) CBOD5 Effluent	lbs/day	---	0.5
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	---	0.9
(24) Minimum pH		---	6.9
(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	20.00
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	1.1
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		< 1

) Duval Septic Hauled 1 Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

D.E.P. Identification Number: 3155P00510

Month February Year 1997

(34)

Day	Flow	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
1	0.032	1.4						7.2					
2	0.023	1.6						7.2					
3	0.022	1.5						7.2					
4	0.018	2.0						7.1					
5	0.021	2.0						7.1					<1
6	0.018	2.5		228	153	3.3	6.0	7.0			20.00		
7	0.019	2.2						7.0					
8	0.019	2.5						7.0					
9	0.026	2.2						7.0					
10	0.014	3.0						6.9					
11	0.029	2.0						7.0					
12	0.013	2.4						6.9					
13	0.030	2.1						7.1					
14	0.010	1.9						7.0					
15	0.021	2.0						7.0					
16	0.023	2.1						7.1					
17	0.029	1.8						6.9					
18	0.019	1.3						7.0					
19	0.018	1.4						7.1					
20	0.019	1.3						7.1					
21	0.019	1.2						7.1					
22	0.022	1.3						7.4					
23	0.015	1.5						7.4					
24	0.025	1.4						7.4					
25	0.020	1.2						7.4					
26	0.019	1.4						7.3					
27	0.021	1.2						7.3					
28	0.020	1.1						7.4					
29	0.584	49.5		228	153	3.3	6.0				20.00		<1
30	0.021	1.8		228	153	3.3	6.0				20.00		<1
31	0.032	3.0		228	153	3.3	6.0	7.4			20.00		<1
32	0.010	1.1		228	153	3.3	6.0	6.9			20.00		<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 and accurate.

Signed: Roger C. Atwood

Date: 3-18-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: January Year: 1997

(2) Plants DEP Identification Number: 3155P00510

(3) Plant Name: Ponce De Leon Wastewater Treatment Facility

(4) Plant Address: 3154 A1A South

(5) City: Goodwin Beach

(6) County: St. Johns

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

(8) Permit Number: DC55116156

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12539

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

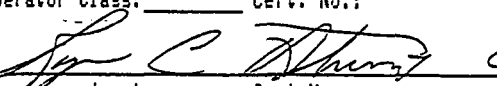
(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "C" Cert. No.: 6191

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator:  C-6191
signature Cert No.

PARAMETER	UNITS	STDR CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.022
(17) Permitted capacity	mgd	---	0.100
(18) Three-month average daily flow	mgd	---	0.022
(19) Percent of permitted capacity	%	---	22
(20) CBOD5 Effluent	mg/L	080082	5.4
(21) CBOD5 Effluent	lbs/day	---	0.6
(22) TSS Effluent	mg/L	900201	4.7
(23) TSS Effluent	lbs/day	---	0.5
(24) Minimum pH		---	7.1
(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	13.80
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	---	0.8
(32) Maximum Chlorine Residual	n/a	---	2.2
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		< 1

(*) Duval Septic Hauled

Loads of Digester Sludge to Landfill at 7000 gal/loads.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponce De Leon Wastwater treatment Facility

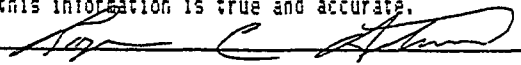
D.E.P. Identification Number: 3155P00510

(34)

Month January Year 1997

day of month	Flow (agd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (ag/L)	TSS inf (mg/L)	BOD5 Eff (ag/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.027	1.8						7.3					
02	0.025	1.9						7.3					
03	0.022	1.7						7.3					
04	0.025	1.7						7.3					
05	0.028	1.3						7.3					
06	0.019	1.1						7.3					
07	0.024	1.8						7.2					<1
08	0.019	1.9						7.2					
09	0.013	1.6		206	156	5.4	4.7	7.2			13.80		
10	0.029	1.8						7.3					
11	0.026	2.2						7.1					
12	0.016	1.1						7.2					
13	0.023	1.0						7.3					
14	0.018	1.2						7.3					
15	0.019	1.1						7.3					
16	0.022	1.3						7.3					
17	0.017	1.2						7.2					
18	0.011	1.0						7.2					
19	0.040	1.0						7.2					
20	0.020	1.1						7.1					
21	0.018	1.0						7.1					
22	0.022	1.0						7.2					
23	0.022	1.2						7.2					
24	0.019	1.0						7.3					
25	0.020	1.0						7.3					
26	0.022	0.9						7.4					
27	0.021	0.8						7.4					
28	0.019	1.2						7.3					
29	0.013	1.5						7.3					
30	0.022	1.4						7.2					
31	0.027	1.2						7.2					
Tot	0.668	41.0		206	156	5.4	4.7				13.80		<1
Avg	0.022	1.3		206	156	5.4	4.7				13.80		<1
Max	0.040	2.2		206	156	5.4	4.7	7.4			13.80		<1
Min	0.011	0.8		206	156	5.4	4.7	7.1			13.80		<1

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

Signed: 

Date: 2-7-97

Roger C. Atwood

Company Name: United Water Florida Inc.

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: December Year: 1997

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: D055-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Signature "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.37
(17) Permitted capacity	mgd	---	0.50
(18) Three-month average daily flow	mgd	---	0.40
(19) Percent of permitted capacity	%	---	8
(20) CBOD5 Effluent	mg/L	080082	4
(21) CBOD5 Effluent	lbs/day	---	12
(22) TSS Effluent	mg/L	900201	9
(23) TSS Effluent	lbs/day	---	28
(24) Minimum pH		---	6
(25) Maximum pH		---	7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Nitrate	mg/L	071850	8
(29) Nitrate + Nitrite	mg/L	---	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1
(32) Maximum Post De-Chlor TRC	mg/L	---	<0
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 9 Loads of Digester Sludge

to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

Month December Year 1997

(34)

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)	
01	0.371	1.4	<0.20					7.1				FLOWS ARE AVERAGED FOR ENTIRE MONTH
02	0.371	1.2						7.2			<1	
03	0.371	1.3						7.2				
04	0.371	1.2		123	108	4.0	6.3	6.9	<0.05	4.90		
05	0.371	1.0						7.0				
06	0.371	2.5						7.3				
07	0.371	1.0						6.7				
08	0.371	1.0	<0.20					7.0				
09	0.371	2.5						7.0			<1	
10	0.371	2.0						7.1				
11	0.371	2.2		116	162	5.6	6.3	7.2	<0.05	8.95		
12	0.371	1.0						7.2				
13	0.371	1.0						7.2				
14	0.371	1.0						7.2				
15	0.371	1.0	<0.20					7.2				
16	0.371	1.0						7.1			1	
17	0.371	1.0						7.1				
18	0.371	2.0		98	215	4.5	12.8	7.1	<0.05	9.53		
19	0.371	1.1						7.2				
20	0.371	1.4						7.1				
21	0.371	2.5						7.3				
22	0.371	1.3	<0.20					7.3				
23	0.371	1.2		162	187	<1.0	9.6	7.3	0.06	10.00	2	
24	0.371	1.1						7.3				
25	0.371	1.2						7.2				
26	0.371	1.0						7.1				
27	0.371	1.1						7.0				
28	0.371	1.4	<0.20					7.1				
29	0.371	1.6						7.2				
30	0.371	3.0		132	254	4.8	11.0	7.2	0.78	7.24	<1	
31	0.371	1.0						7.3				
Tot	11.501	44.2	<0.20	631	926	19.9	46.0		0.99	40.62	6	
Avg	0.371	1.4	<0.20	126	185	4.0	9.2		0.20	8.12	1	
Max	0.371	3.0	<0.20	162	254	5.6	12.8	7.3	0.78	10.00	2	
Min	0.371	1.0	<0.20	98	108	1.0	6.3	6.7	0.05	4.90	1	

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

Signed: 129 mnt "B" 2793

Date: 1/12/98

Simpson A. Mixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 N. W. 11th Street
Jacksonville, FL 32225

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 9/7/12 To: 12/31/12
LIMIT: Inflow
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWT
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155705998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Permit Measurement	0.425				0	cont	Flow Meter
STORLET No. 50050	Permit Measurement	0.5 (Avg.)	mgd				5 Days/Week	Flow Meters
Mon Site No. EPA-01	Sample Measurement	0.371				0	cont	Flow Meter
Flow	Permit Measurement	Report (Avg.)	mgd				5 Days/Week	Flow Meters
STORLET No. 50050	Permit Measurement							
Mon Site No. EPA-01	Sample Measurement					0	1/7	8 Comp
CHODS	Permit Measurement			3.7			Weekly	8-hour FIC
STORLET No. 50052	Permit Measurement			20.0 (Avg.)				
Mon Site No. EPA-01	Sample Measurement			4.0		0	1/7	8 Comp
CHODS	Permit Measurement			23.0 (Avg.)			Weekly	8-hour FIC
STORLET No. 50052	Permit Measurement			3.9		0	1/7	8 Comp
Mon Site No. EPA-01	Sample Measurement			20.0 (Avg.)			Weekly	8-hour FIC
TSS	Permit Measurement			9.2		0	1/7	8 Comp
STORLET No. 50050	Permit Measurement			10.0 (Avg.)			Weekly	8-hour FIC
Mon Site No. EPA-01	Sample Measurement							
TSS	Permit Measurement							
STORLET No. 50050	Permit Measurement							
Mon Site No. EPA-01	Sample Measurement							
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WAFER SITE No.: 10525

* MHS annual average limit was exceeded.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/12/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID:	FL0117951
GMS ID NO.:	3155P05998
DISCHARGE POINT NUMBER:	D002
PLANT SIZE/TREATMENT TYPE:	IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			$NO_3^- = 9$			1/90	16 comp
STORET No. 00600 1	Permit			Report		mg/L	Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			$NO_3^- = 9$			1/90	16 comp
STORET No. 00603 1	Permit			Report		mg/L	Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			$NO_3^- = 9$			1/90	16 comp
STORET No. 00610 1	Permit			Report		mg/L	Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
UNIONIZED AMMONIA AS N	Sample Measurement			$NO_3^- = 9$			1/90	calc
STORET No. 00612 1	Permit			Report		mg/L	Once/quarter	calculation
Mon. Site No. EFD-01	Measurement			(Max)				
PHOSPHOROUS, TOTAL AS P	Sample Measurement			$NO_3^- = 9$			1/90	16 comp
STORET No. 00663 1	Permit			Report		mg/L	Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			$NO_3^- = 9$			1/90	16 comp
STORET No. 70507 1	Permit			Report		mg/L	Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
NITROGEN, TOTAL KJELDAHL	Sample Measurement			$NO_3^- = 9$			1/90	16 comp
STORET No. 00623 1	Permit			Report		mg/L	Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
TEMPERATURE DEG C	Sample Measurement			$NO_3^- = 9$			1/90	Grab
STORET No. 00010 1	Permit			Report		DEG C	Once/quarter	Instrument
Mon. Site No. EFD-01	Measurement			(Sample Perc Avg)				

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: November Year: 1997

2) Plants DEP Identification Number: 3155P05998

3) Plant Name: Ponte Vedra Wastewater Treatment Facility

4) Plant Address: 200 Ponce De Leon Blvd.

5) City: Ponte Vedra

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: D055-185100

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X10696

11) Fecal Coliform Sample Method:

[X] Membrane Filter [] Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Evaporation / Percolation Ponds

13) Limited Wet Weather Discharge Activated

[] Yes [] No [X] Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: signature "B" 2793

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.37
(17) Permitted capacity	mgd	---	0.50
(18) Three-month average daily flow	mgd	---	0.42
(19) Percent of permitted capacity	%	---	8
(20) CBOD5 Effluent	mg/L	080082	3.
(21) CBOD5 Effluent	lbs/day	---	10.
(22) TSS Effluent	mg/L	900201	4.
(23) TSS Effluent	lbs/day	---	11.
(24) Minimum pH		---	6.
(25) Maximum pH		---	7.
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Nitrate	mg/L	071850	7.9
(29) Nitrate + Nitrite	mg/L	---	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.1
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 8 Loads of Digester Sludge
to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(34)

Month November Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.429	1.3						7.4			
02	0.351	1.0						7.5			
03	0.365	1.0	<0.20					7.1			
04	0.382	1.0						7.2			68
05	0.448	1.0						7.5			
06	0.420	1.0		112	150	3.0	6.0	7.4	<0.05	8.34	
07	0.345	1.0						7.3			
08	0.310	1.0						7.3			
09	0.392	1.3						7.3			
10	0.360	1.0	<0.20					7.1			
11	0.331	3.0						7.1			160
12	0.482	1.0						7.2			
13	0.484	1.0		116	163	4.6	3.9	7.6	<0.05	6.91	
14	0.417	1.0						7.2			
15	0.424	1.0						7.3			
16	0.402	1.5						7.2			
17	0.456	3.0	<0.20					7.2			
18	0.322	1.0						7.1			10
19	0.362	1.4						7.3			
20	0.164	1.5		151	116	5.1	3.6	7.4	<0.05	7.85	
21	0.481	1.4						7.0			
22	0.290	3.0						7.2			
23	0.342	1.2						6.9			
24	0.255	1.3						7.0			
25	0.278	1.2		121	116	3.0	2.5	7.1	<0.05	8.76	18
26	0.266	1.4	<0.20					7.1			
27	0.282	1.6						7.2			
28	0.403	1.9						7.3			
29	0.494	1.8						7.2			
30	0.395	2.0						7.1			
Tot	11.132	42.8	<0.20	500	545	15.7	16.0		0.20	31.86	256
Avg	0.371	1.4	<0.20	125	136	3.9	4.0		0.05	7.97	64
Max	0.494	3.0	<0.20	151	163	5.1	6.0	7.6	0.05	8.76	160
Min	0.164	1.0	<0.20	112	116	3.0	2.5	6.9	0.05	6.91	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: 129 mg

Date: 12/10/97

Simpson A. Nixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/11/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.427							0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.5		mgd						5 Days/Week	Flow Meters
Mon. Site No. EFA-01		(An. Avg.)									
Flow	Sample Measurement	0.371							0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report		mgd						5 Days/Week	Flow Meters
Mon. Site No. EFA-01		(Mo. Avg.)									
CODS	Sample Measurement				3.6				0	1/7	8 comp
STORET No. 80082 Y	Permit Measurement				20.0			mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01					(An. Avg.)						
CODS	Sample Measurement				3.9		5.1		0	1/7	8 comp
STORET No. 80082 I	Permit Measurement				25.0		60.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01					(Mo. Avg.)		(Max.)				
TSS	Sample Measurement				3.4				0	1/7	8 comp
STORET No. 00530 Y	Permit Measurement				20.0			mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01					(An. Avg.)						
TSS	Sample Measurement				4.0		6.0		0	1/7	8 comp
STORET No. 00530 I	Permit Measurement				30.0		60.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01					(Mo. Avg.)		(Max.)				
TRC for dechlorination	Sample Measurement						NOI = B	*	0	1/7	Grab
STORET No. 50060 I	Permit Measurement						0.01	mg/L		Weekly	Grab
Mon. Site No. EFD-01							(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	97/12/17

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pontic Veda WWTP

PERMIT NUMBER: FL0117951

DISCHARGE POINT NUMBER: D001

WAIVER SITE No.: 10525

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
TIC for disinfection	Sample Measurement				1.0	mg/L	0	1/Day	Grab
STORET No. 50060 Mon. Site No. EPA-01	Permit Measurement				0.5 (Min)	mg/L		3 Days/Week	Grab
pH	Sample Measurement				6.9		0	1/Day	Grab
STORET No. 006106 Mon. Site No. EPA-01	Permit Measurement				6.0 (Min)	SD		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				15		0	1/7	Grab
STORET No. 31613 Mon. Site No. EPA-01	Permit Measurement				700 (Avg)	100000		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				64		0	1/7	Grab
STORET No. 31613 Mon. Site No. EPA-01	Permit Measurement				Report (Min-Gro-Avg)	800 (Max)		Weekly	Grab
TSS	Sample Measurement				136		0	1/7	8comp
STORET No. 00550 Mon. Site No. EPA-01	Permit Measurement				Report (Min-Avg)	mg/L		Weekly	8-hour FPC
CT10D5	Sample Measurement				185		0	1/7	8comp
STORET No. 80982 Mon. Site No. EPA-01	Permit Measurement				Report (Min-Avg)	mg/L		Weekly	8-hour FPC
NO3-Nitrogen, Total as N	Sample Measurement					mg/L as N	0	1/7	8comp
STORET No. 00620 Mon. Site No. EPA-01	Permit Measurement					mg/L as N		Weekly	8-hour FPC
Ammonia, Total as N	Sample Measurement				1.91		1	1/7	Grab
STORET No. 00610 Mon. Site No. EPA-01	Permit Measurement				1.0 (Avg)	mg/L as N		Weekly	Grab
Ammonia, Total as N	Sample Measurement				0.05		0	1/7	Grab
STORET No. 00610 Mon. Site No. EPA-01	Permit Measurement				1.0 (Min-Avg)	mg/L as N		Weekly	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

* NH3 Annual Average limit was exceeded.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/11/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

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 Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00603 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
UNIONIZED AMMONIA AS N	Sample Measurement			NDAI = 9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	calculation
Mon. Site No. EFD-01								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00663 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00623 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
TEMPERATURE DEG C	Sample Measurement			NDAI = 9			1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Sample Per Avg)	DEG C		Once/quarter	Instrument
Mon. Site No. EFD-01								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1997

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: D055-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: 129 Aug "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.41
(17) Permitted capacity	mgd	---	0.50
(18) Three-month average daily flow	mgd	---	0.45
(19) Percent of permitted capacity	%	---	8
(20) CBOD5 Effluent	mg/L	080082	2.
(21) CBOD5 Effluent	lbs/day	---	11.
(22) TSS Effluent	mg/L	900201	3.
(23) TSS Effluent	lbs/day	---	14
(24) Minimum pH		---	7
(25) Maximum pH		---	7
(26) Total N	mg/L	000600	6.
(27) TKN	mg/L	000625	0.
(28) Nitrate	mg/L	071850	5.
(29) Nitrate + Nitrite	mg/L	---	6.
(30) Total Phosphorus	mg/L	000665	2.
(31) Minimum Chlorine Residual	mg/L	900243	1
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	1.
Organic N	mg/L	---	0.
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 2 Loads of Digester Sludge
to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(34)

Month October Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.499	1.0						7.2			
02	0.434	1.2		120	141	1.3	9.8	7.1	<0.05	8.13	
03	0.581	1.1						7.1			
04	0.411	1.0						7.1			
05	0.497	1.3						7.2			
06	0.498	1.0	<0.20					7.4			
07	0.340	2.5						7.2			<1
08	0.457	1.0						7.2	<0.05		
09	0.400	1.0		124	136	2.8	1.8	7.2	0.00	5.44	
10	0.528	1.0						7.3	0.00		
11	0.458	1.0						7.3			
12	0.373	1.0						7.3			
13	0.400	1.0	<0.20					7.4			
14	0.442	1.0						7.3			<1
15	0.473	1.0						7.3			
16	0.542	1.0		168	337	5.3	5.1	7.5	<0.05	2.07	
17	0.593	1.0						7.4			
18	0.500	1.5						7.2			
19	0.326	1.0						7.3			
20	0.305	1.0	<0.20					7.2			
21	0.294	1.3						7.2			<1
22	0.300	1.1						7.2			
23	0.381	1.6		140	136	4.2	0.9	7.2	<0.05	6.43	
24	0.000	1.0						7.4			
25	0.401	1.0						7.3			
26	0.443	1.0						7.4			
27	0.415	1.0	<0.20					7.2			
28	0.400	1.0						7.2			156
29	0.402	1.0						7.5			
30	0.462	1.1		109	137	<1.0	1.6	7.5	<0.05	5.46	
31	0.420	1.1						7.5			
Tot	12.975	34.8	<0.20	661	887	14.6	19.2		5.20	27.53	159
Avg	0.419	1.1	<0.20	132	177	2.9	3.8		0.05 0.81	5.51	40
Max	0.593	2.5	<0.20	168	337	5.3	9.8	7.5	5.00	8.13	156
Min	0.000	1.0	<0.20	109	136	1.0	0.9	7.1	0.00	2.07	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: Simpson A. Nixon

Date: 11/17/97

Simpson A. Nixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 9/7/01/01
LIMIT: Interim
CLASS SIZE: Minor

To: 9/7/01/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.429				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.5 (An. Avg.)	mgd				3 Days/Week	Flow Meters
Flow	Sample Measurement	0.419				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				3 Days/Week	Flow Meters
CBOD5	Sample Measurement			3.5		0	1/7	8 comp
STORET No. 50082 Y	Permit Measurement			20.0 (An. Avg.)	mg/L		Weekly	8-hour FIC
CBOD5	Sample Measurement			2.9	5.3	0	1/7	8 comp
STORET No. 50082 I	Permit Measurement			25.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour FIC
TSS	Sample Measurement			3.3		0	1/7	8 comp
STORET No. 00510 Y	Permit Measurement			20.0 (An. Avg.)		mg/L	Weekly	8-hour FIC
TSS	Sample Measurement			3.8	9.8	0	1/7	8 comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour FIC
TRC for dechlorination	Sample Measurement				NOD = B	*	1/7	Grab
STORET No. 50060 I	Permit Measurement				0.01 (Max.)	mg/L	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	9/7/01/25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
* method code for TRC is 4500 Cl (6). Detection limit is 0.20 mg/L.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ponte Vedra WWTP

PERMIT NUMBER: FL0117951

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10525

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection	Sample Measurement				1.0			0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EFA-01	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
pH	Sample Measurement				7.1	7.5		0	1/Day	Grab
STORET No. 00406 I Mon. Site No. EFD-01	Permit Measurement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				10			0	1/7	Grab
STORET No. 31615 Y Mon. Site No. EFA-01	Permit Measurement				700 (Ann. Avg.)		#/100ml		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				40	156		0	1/7	Grab
STORET No. 31615 I Mon. Site No. EFA-01	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)	#/100ml		Weekly	Grab
TSS	Sample Measurement				177			0	1/7	8 comp
STORET No. 00530 G Mon. Site No. INF-01	Permit Measurement				Report (Mo. Avg.)		mg/L		Weekly	8-hour FPC
CHODS	Sample Measurement				132			0	1/7	8 comp
STORET No. 80082 G Mon. Site No. INF-01	Permit Measurement				Report (Mo. Avg.)		mg/L		Weekly	8-hour FPC
NO3-Nitrogen, Total as N	Sample Measurement					8.13		0	1/7	8 comp
STORET No. 00620 I Mon. Site No. EFA-01	Permit Measurement					12.0 (Max.)	mg/L as N		Weekly	8-hour FPC
Ammonia, Total as N	Sample Measurement				1.98			⊗	1/7	Grab
STORET No. 00610 Y Mon. Site No. EFD-01	Permit Measurement				1.0 (Ann. Avg.)		mg/L as N		Weekly	Grab
Ammonia, Total as N	Sample Measurement				0.05	0.05		0	1/7	Grab
STORET No. 00610 I Mon. Site No. EFD-01	Permit Measurement				1.0 (Mo. Avg.)	2.0 (Max.)	mg/L as N		Weekly	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

⊗ NH3 annual average limit was exceeded.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 9/7/10/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			6.99		0	1/90	16 comp
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			0.51		0	1/90	16 comp
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			6.43		0	1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
UNIONIZED AMMONIA AS N	Sample Measurement			<0.0010		0	1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	calculation
Mon. Site No. EFD-01								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			2.70		0	1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			1.39		0	1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			0.56		0	1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
TEMPERATURE DEG C	Sample Measurement			0.9		0	1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Sample Per Avg)	DEG C		Once/quarter	Instrument
Mon. Site No. EFD-01								

* For un-ionized NH_3 ; $pH = 7.18$, $T = 0.9$; $NH_3 = < 0.05$

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: September Year: 1997

2) Plants DEP Identification Number: 3155P05998

3) Plant Name: Ponte Vedra Wastewater Treatment Facility

4) Plant Address: 200 Ponce De Leon Blvd.

5) City: Ponte Vedra

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: D055-185100

9) Plant Type: 2-C

10) Test Site Identification Number: 3155X10696

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:

15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: "B" 2793

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.41
(17) Permitted capacity	mgd	---	0.50
(18) Three-month average daily flow	mgd	---	0.46
(19) Percent of permitted capacity	%	---	81
(20) CBOD5 Effluent	mg/L	080082	4
(21) CBOD5 Effluent	lbs/day	---	14
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	---	19
(24) Minimum pH		---	7
(25) Maximum pH		---	7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Nitrate	mg/L	071850	7.
(29) Nitrate + Nitrite	mg/L	---	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 7 Loads of Digester Sludge

to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(34)

Month September Year 1997

Day of Month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.445	1.2						7.3			
02	0.320	1.4	<0.20					7.3			< 1
03	0.427	1.0						7.2			
04	0.436	1.0		246	133	3.3	2.2	7.5	<0.05	5.88	
05	0.332	1.8						7.2			
06	0.438	1.1						7.3			
07	0.480	3.0						7.3			
08	0.382	2.5	<0.20					7.2			
09	0.358	1.8						7.3			< 1
10	0.450	1.0						7.2			
11	0.643	1.0		136	138	2.3	7.7	7.3	0.07	9.67	
12	0.479	1.0						7.3			
13	0.427	1.0						7.3			
14	0.413	1.0						7.3			
15	0.399	1.0	<0.20					7.3			
16	0.380	1.0						7.3			11
17	0.341	1.0						7.2			
18	0.400	1.0		165	127	5.2	5.5	7.3	< 0.05	8.04	
19	0.593	1.0						7.4			
20	0.386	1.3						7.2			
21	0.375	1.0						7.1			
22	0.408	1.0	<0.20					7.3			
23	0.395	1.0						7.2			< 1
24	0.401	1.0						7.4			
25	0.345	1.0		139	187	5.0	3.9	7.3	< 0.05	8.07	
26	0.389	1.0						7.3			
27	0.453	1.0						7.4			
28	0.471	1.3	<0.20					7.3			
29	0.389	1.0						7.2			
30	0.392	1.0						7.3			58
Tot	12.547	36.4	<0.20	686	585	15.8	19.3		0.22	31.66	72
Avg	0.418	1.2	<0.20	172	146	4.0	4.8		0.06	7.92	14
Max	0.643	3.0	<0.20	246	187	5.2	7.7	7.5	0.07	9.67	58
Min	0.320	1.0	<0.20	136	127	2.3	2.2	7.1	0.05	5.88	1

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

Signed: 129 [Signature]

Date: 10/8/97

Simpson A. Mixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/09/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

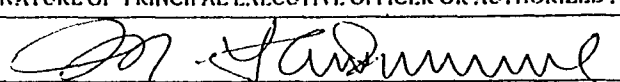
FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.432				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.5 (An. Avg.)	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-01								
Flow	Sample Measurement	0.418				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-01								
CBOD5	Sample Measurement			3.5		0	1/7	8 comp
STORET No. 80082 Y	Permit Measurement			20.0 (An. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01								
CBOD5	Sample Measurement			4.0		0	1/7	8 comp
STORET No. 80082 I	Permit Measurement			25.0 (Mo. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01								
TSS	Sample Measurement			3.2		0	1/7	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (An. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01								
TSS	Sample Measurement			4.8		0	1/7	8 comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01								
TRC for dechlorination	Sample Measurement					0	1/7	Grab
STORET No. 50060 I	Permit Measurement						Weekly	Grab
Mon. Site No. EFD-01								

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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):
*Method code for TRC is 4500C1 (6). Detection limit is 0.20 mg/L.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ponte Vedra WWTP

PERMIT NUMBER: FL0117951

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10525

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection	Sample Measurement			1.0		0	1/Day	Grab
STORET No. 30060 A	Permit Measurement			0.5 (Min.)	mg/L		3 Days/Week	Grab
Mon. Site No. EFA-01	Sample Measurement			7.1 7.5		0	1/Day	Grab
STORET No. 00406 I	Permit Measurement			6.0 (Min.)	S.U.		3 Days/Week	Grab
Mon. Site No. EFD-01	Sample Measurement							
Fecal Coliform Bacteria	Sample Measurement			7		0	1/7	Grab
STORET No. 31613 Y	Permit Measurement			700 (An. Avg.)	#/100ml		Weekly	Grab
Mon. Site No. EFA-01	Sample Measurement			14		0	1/7	Grab
Fecal Coliform Bacteria	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		Weekly	Grab
STORET No. 31613 I	Sample Measurement							
Mon. Site No. EFA-01	Sample Measurement			146		0	1/7	8 comp
TSS	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	8-hour FPC
STORET No. 00530 G	Sample Measurement			172		0	1/7	8 comp
Mon. Site No. INF-01	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	8-hour FPC
CHODS	Sample Measurement							
STORET No. 80082 G	Permit Measurement							
Mon. Site No. INF-01	Sample Measurement							
NO3-Nitrogen, Total as N	Sample Measurement				9.67	0	1/7	8 comp
STORET No. 00620 I	Permit Measurement				12.0 (Max.)		Weekly	8-hour FPC
Mon. Site No. EFA-01	Sample Measurement							
Ammonia, Total as N	Sample Measurement			* 2.16		*	1/7	Grab
STORET No. 00610 Y	Permit Measurement			1.0 (Ann. Avg.)	mg/L as N		Weekly	Grab
Mon. Site No. EFD-01	Sample Measurement			0.06		0	1/7	Grab
Ammonia, Total as N	Permit Measurement				0.07		Weekly	Grab
STORET No. 00610 I	Sample Measurement			1.0 (Mo. Avg.)	mg/L as N			
Mon. Site No. EFD-01	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

* Total NH3 annual average limit was exceeded.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/09/01
LIMIT:
CLASS SIZE: Interim
Minor

FL0117951
97/09/01
Interim
Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

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 Mon. Site No. EFD-01	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00603 1 Mon. Site No. EFD-01	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00630 1 Mon. Site No. EFD-01	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
UNIONIZED AMMONIA AS N	Sample Measurement			NDAI = 9			1/90	calc
STORET No. 00612 1 Mon. Site No. EFD-01	Permit Measurement			Report (Max)	mg/L		Once/quarter	calculation
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00665 1 Mon. Site No. EFD-01	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 70507 1 Mon. Site No. EFD-01	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NDAI = 9			1/90	16 comp
STORET No. 00625 1 Mon. Site No. EFD-01	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
TEMPERATURE DEG C	Sample Measurement			NDAI = 9			1/90	Grab
STORET No. 00010 1 Mon. Site No. EFD-01	Permit Measurement			Report (Sample Per Avg)	DEG C		Once/quarter	Instrument

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: August Year: 1997

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: D055-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: LD S M "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.48
(17) Permitted capacity	mgd	---	0.50
(18) Three-month average daily flow	mgd	---	0.47
(19) Percent of permitted capacity	%	---	9
(20) CBOD5 Effluent	mg/L	080082	3.
(21) CBOD5 Effluent	lbs/day	---	13.
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	---	10
(24) Minimum pH		---	7
(25) Maximum pH		---	8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Nitrate	mg/L	071850	3.
(29) Nitrate + Nitrite	mg/L	---	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	<0
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 9 Loads of Digester Sludge

to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(34)

Month August Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.510	2.2						7.5			
02	0.584	3.0						7.5			
03	0.592	3.0						7.5			
04	0.465	3.0	<0.20					7.5			
05	0.398	3.0						7.3			1
06	0.550	3.0						7.5			
07	0.450	2.9		90	138	4.5	2.0	7.6	1.31	0.64	
08	0.589	2.9						7.6			
09	0.609	2.7						7.6			
10	0.569	2.7						7.6			
11	0.495	2.3	<0.20					7.4			
12	0.427	2.6						7.5			<1
13	0.492	3.0						7.7			
14	0.478	2.4		114	105	4.9	1.3	8.0	0.28	2.66	
15	0.508	1.1						7.6			
16	0.593	1.8						7.4			
17	0.476	2.6						7.6			
18	0.397	2.0	<0.20					7.2			
19	0.434	1.8						7.2			2
20	0.452	2.8						7.3			
21	0.436	1.0		112	136	1.4	5.5	7.5	16.90	6.10	
22	0.471	2.7						7.4			
23	0.465	1.1						7.3			
24	0.397	1.0						7.3			
25	0.408	1.1	<0.20					7.3			
26	0.416	1.0						7.5			<1
27	0.361	2.7						7.3			
28	0.426	1.0		128	150	3.1	2.2	7.3	< 0.05	4.59	
29	0.574	1.0						7.3			
30	0.425	1.3						7.3			
31	0.527	1.6						7.2			
Tot	14.974	66.3	<0.20	444	529	13.9	11.0		18.54	13.99	5
Avg	0.483	2.1	<0.20	111	132	3.5	2.8		4.64	3.50	1
Max	0.609	3.0	<0.20	128	150	4.9	5.5	8.0	16.90	6.10	2
Min	0.361	1.0	<0.20	90	105	1.4	1.3	7.2	0.05	0.64	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: Simpson A. Mixon

Date: 9/11/97

Simpson A. Mixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/08/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

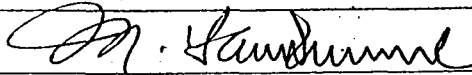
FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.430							0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. EPA-01	Permit Measurement	0.5 (An. Avg.)		mgd						5 Days/Week	Flow Meters
Flow	Sample Measurement	0.483							0	cont	Flow Meter
STORET No. 50050 I Mon. Site No. EPA-01	Permit Measurement	Report (Mo. Avg.)		mgd						5 Days/Week	Flow Meters
CBOD5	Sample Measurement				3.4			mg/L	0	1/7	8 comp
STORET No. 80082 Y Mon. Site No. EPA-01	Permit Measurement				20.0 (An. Avg.)			mg/L		Weekly	8-hour FPC
CBOD5	Sample Measurement				3.5	4.9		mg/L	0	1/7	8 comp
STORET No. 80082 I Mon. Site No. EPA-01	Permit Measurement				25.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				2.8			mg/L	0	1/7	8 comp
STORET No. 00530 Y Mon. Site No. EPA-01	Permit Measurement				20.0 (An. Avg.)			mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				2.8	5.5		mg/L	0	1/7	8 comp
STORET No. 00530 I Mon. Site No. EPA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC
TRC for dechlorination	Sample Measurement					NODI = B		mg/L	0	1/7	Grab
STORET No. 50060 I Mon. Site No. EPA-01	Permit Measurement					0.01 (Max.)		mg/L		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	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):

FACILITY NAME: Ponte Vedra WWTW

DISCLAIMER POINT NUMBER: D001

WAFR SITE No.: 10525

A method code for TPC is 4500 Cl (b). Detection limit is 0.20 mg/L.

12 months of Total NH3 data are not available to calculate annual average.

(43) Total NH₃ used at coded on 8/21/97 due to equipment failure.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/08/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWT
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NDDI = 9			1/90	16 comp
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NDDI = 9			1/90	16 comp
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NDDI = 9			1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
UNIONIZED AMMONIA AS N	Sample Measurement			NDDI = 9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	calculation
Mon. Site No. EFD-01								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NDDI = 9			1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NDDI = 9			1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NDDI = 9			1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
TEMPERATURE DEG C	Sample Measurement			NDDI = 9			1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Sample Per Avg.)	DEG C		Once/quarter	Instrument
Mon. Site No. EFD-01								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: July Year: 1997

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: D055-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: 12927 "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.476
(17) Permitted capacity	mgd	---	0.506
(18) Three-month average daily flow	mgd	---	0.464
(19) Percent of permitted capacity	%	---	94
(20) CBOD5 Effluent	mg/L	080082	3.7
(21) CBOD5 Effluent	lbs/day	---	13.7
(22) TSS Effluent	mg/L	900201	1.7
(23) TSS Effluent	lbs/day	---	6.7
(24) Minimum pH		---	6.7
(25) Maximum pH		---	7.7
(26) Total N	mg/L	000600	6.1
(27) TKN	mg/L	000625	4.8
(28) Nitrate	mg/L	071850	0.9
(29) Nitrate + Nitrite	mg/L	---	1.2
(30) Total Phosphorus	mg/L	000665	3.4
(31) Minimum Chlorine Residual	mg/L	900243	2.7
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.2
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	1.0
Organic N	mg/L	---	0.88
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 8 Loads of Digester Sludge

to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(34)

Month July Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.501	3.0						7.5			< 1
02	0.455	2.5		136	137	1.6	1.2	7.4	2.23	2.14	
03	0.527	3.0						7.6			
04	0.547	2.8						7.5			
05	0.415	3.0						7.3			
06	0.514	3.0	<0.20					7.3			
07	0.428	3.0						7.5			
08	0.363	2.2						7.5			< 1
09	0.448	2.1						7.0			
10	0.419	3.0		98	167	3.9	1.6	7.1	2.77	0.10	
11	0.451	3.0						7.1			
12	0.491	3.0						7.3			
13	0.528	3.0	<0.20					7.3			
14	0.473	3.0						7.5			
15	0.360	3.0						7.4			< 1
16	0.405	3.0						7.3			
17	0.450	3.0		114	163	4.7	2.5	6.8	4.27	0.73	
18	0.633	3.0						6.9			
19	0.498	3.0						7.0			
20	0.400	3.0						7.0			
21	0.434	2.3	<0.20					7.4			
22	0.429	2.6						7.4			< 1
23	0.500	3.0						7.6			
24	0.430	2.5		144	143	3.9	0.9	7.4	4.01	1.25	
25	0.506	2.9						7.4			
26	0.592	2.0	<0.20					7.3			
27	0.447	2.2						7.5			
28	0.491	2.2						7.3			
29	0.433	2.5						7.4			< 1
30	0.500	3.0						7.5			
31	0.494	2.5		91	157	4.4	2.8	7.5	3.33	0.26	
Tot	14.562	85.3	<0.20	583	767	18.5	9.0		16.61	4.48	5
Avg	0.470	2.8	<0.20	117	153	3.7	1.8		3.32	0.90	1
Max	0.633	3.0	<0.20	144	167	4.7	2.8	7.6	4.27	2.14	1
Min	0.360	2.0	<0.20	91	137	1.6	0.9	6.8	2.23	0.10	1

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

Signed: *[Signature]*

Date: 8/11/97

Simpson A. Nixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/07/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

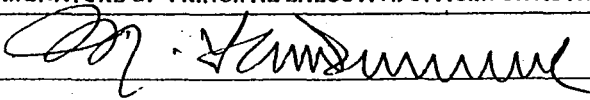
FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.426				0	cont	Flow Meter
STORET No. 50050 Y	Permit	0.5	mgd				5 Days/Week	Flow Meters
Mon. Site No. EPA-01	Measurement	(An. Avg.)						
Flow	Sample Measurement	0.470				0	cont	Flow Meter
STORET No. 50050 I	Permit	Report	mgd				5 Days/Week	Flow Meters
Mon. Site No. EPA-01	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			3.4		0	1/7	8 comp
STORET No. 80082 Y	Permit			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EPA-01	Measurement			(An. Avg.)				
CBOD5	Sample Measurement			3.7		0	1/7	8 comp
STORET No. 80082 I	Permit			25.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EPA-01	Measurement			(Mo. Avg.)				
TSS	Sample Measurement			2.7		0	1/7	8 comp
STORET No. 00530 Y	Permit			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EPA-01	Measurement			(An. Avg.)				
TSS	Sample Measurement			1.8		0	1/7	8 comp
STORET No. 00530 I	Permit			30.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EPA-01	Measurement			(Mo. Avg.)				
TRC for dechlorination	Sample Measurement					0	1/7	Grab
STORET No. 50060 I	Permit						Weekly	Grab
Mon. Site No. EPA-01	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	97/08/21

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

FACILITY NAME: Ponce Vedra WWTW

DISCLAIMER: WINTER NUMBER 2001

WATER SITE No. 10528

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection								
STORET No. 30060 Mon. Site No. EFA-01	Sample Measurement		2.0			0	1/Day	Grab
pill	Permit Measurement		0.5 (Min.)		mg/L		3 Days/Week	Grab
STORET No. 09106 Mon. Site No. EFD-01	Sample Measurement		6.8			0	1/Day	Grab
fecal Coliform bacteria	Permit Measurement		6.0 (Min.)		S.U.		3 Days/Week	Grab
STORET No. 31615 Mon. Site No. EFA-01	Sample Measurement		7			0	1/7	Grab
fecal Coliform bacteria	Permit Measurement		200 (Min. Avg.)		10000/ml		Weekly	Grab
STORET No. 31615 Mon. Site No. EFA-01	Sample Measurement		*			0	1/7	Grab
TSS	Permit Measurement		Report (Min. Clean)		800 (Max.)		Weekly	Grab
STORET No. 00930 Mon. Site No. NF-01	Sample Measurement		153		mg/L	0	1/7	8comp
CHODS	Permit Measurement		Report (Min. Avg.)				Weekly	8-hour FPC
STORET No. 80082 Mon. Site No. NF-01	Sample Measurement		117		mg/L	0	1/7	8comp
NO3-Nitrogen, Total as N	Permit Measurement		Report (Min. Avg.)				Weekly	8-hour FPC
STORET No. 00620 Mon. Site No. EFA-01	Sample Measurement				2.0 (Max.)		1/7	8comp
Ammonia, Total as N	Permit Measurement				mg/L	0	1/7	Grab
STORET No. 00610 Mon. Site No. EFD-01	Sample Measurement		NO3 = 9		*	0	1/7	Grab
Ammonia, Total as N	Permit Measurement		1.0 (Min. Avg.)		mg/L		Weekly	Grab
STORET No. 00610 Mon. Site No. EFD-01	Sample Measurement		3.32		4.27	*	1/7	Grab
Ammonia, Total as N	Permit Measurement		1.0 (Min. Avg.)		2.0 (Max.)	mg/L	Weekly	Grab
Ammonia, Total as N	Sample Measurement							
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Ammonia, Total as N	Permit Measurement							
Ammonia, Total as N	Sample Measurement							

* 12 months of total M3 data are not available to calculate annual average.

★ Total NH₃ max of 2.0 was exceeded in all 5 well samples.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/07/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			6.14		0	1/90	16 comp
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			0.88		0	1/90	16 comp
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			1.25		0	1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
UNIONIZED AMMONIA AS N	Sample Measurement			0.021		0	1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	calculation
Mon. Site No. EFD-01								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			3.40		0	1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			1.08		0	1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			4.89		0	1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
TEMPERATURE DEG C	Sample Measurement			1.4		0	1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Sample Per. Avg.)	DEG C		Once/quarter	Instrument
Mon. Site No. EFD-01								

* sampled on 7/24/97. pH = 7.58, T = 1.4

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: June Year: 1997
 2) Plants DEP Identification Number: 3155P05998
 3) Plant Name: Ponte Vedra Wastewater Treatment Facility
 4) Plant Address: 200 Ponce De Leon Blvd.
 5) City: Ponte Vedra
 6) County: St. Johns
 7) Phone Number: (904) 725-2865
 8) Permit Number: D055-185100
 9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Joe M. "B" 2793
 signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.474
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.446
(19) Percent of permitted capacity	%	---	89
(20) CBOD5 Effluent	mg/L	080082	3.4
(21) CBOD5 Effluent	lbs/day	---	14.6
(22) TSS Effluent	mg/L	900201	2.2
(23) TSS Effluent	lbs/day	---	9.6
(24) Minimum pH		---	6.9
(25) Maximum pH		---	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Nitrate	mg/L	071850	1.6
(29) Nitrate + Nitrite	mg/L	---	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.2
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	<0.0
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 9 Loads of Digester Sludge
 to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

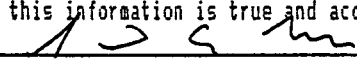
D.E.P. Identification Number: 3155P05998

(34)

Month June Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.324	1.0						7.1			
02	0.431	2.5	<0.20					7.2			
03	0.387	2.2						7.4			<1
04	0.387	1.0						7.3			
05	0.565	1.0		140	172	3.4	1.9	7.4	0.25	0.78	
06	0.387	1.0						7.5			
07	0.517	1.0						7.3			
08	0.524	1.0						7.3			
09	0.445	1.4						7.4			
10	0.408	1.0	<0.20					7.3			4
11	0.455	1.0						6.9			
12	0.574	1.0		91	120	2.4	3.3	7.0	0.34	0.51	
13	0.655	1.0	<0.20					7.0			
14	0.528	1.2						7.1			
15	0.417	1.0						7.2			
16	0.453	3.0	<0.20					7.4			
17	0.483	3.0						7.4			3
18	0.441	1.0						7.4			
19	0.520	1.0		86	103	3.8	1.4	7.3	< 0.05	0.88	
20	0.661	1.1						7.5			
21	0.502	1.5						7.3			
22	0.536	1.2						7.1			
23	0.406	3.0	<0.20					7.6			
24	0.400	3.0						7.4			<1
25	0.451	1.2						7.4			
26	0.465	1.0		123	171	3.9	2.0	7.5	0.11	4.59	
27	0.583	3.0						7.5			
28	0.508	2.4						7.5			
29	0.400	2.2						7.5			
30	0.405	2.3	<0.20					7.6			
Tot	14.218	48.2	0.60	440	566	13.5	8.6		0.75	6.76	9
Avg	0.474	1.6	<0.20	110	142	3.4	2.2		0.19	1.69	2
Max	0.661	3.0	<0.20	140	172	3.9	3.3	7.6	0.34	4.59	4
Min	0.324	1.0	<0.20	86	103	2.4	1.4	6.9	0.05	0.51	1

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

Signed: Date: 7/8/97

Simpson A. Nixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/06/01
LIMIT: Interim
CLASS SIZE: Minor

To: 97/06/30
REPORT: Monthly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

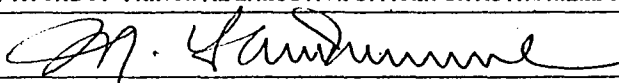
FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.423				0	cont	Flow Meter
STORET No. 50050 Y	Permit	0.5	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-01	Measurement	(Mo. Avg.)						
Flow	Sample Measurement	0.474				0	cont	Flow Meter
STORET No. 50050 I	Permit	Report	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-01	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			3.4		0	1/7	8 comp
STORET No. 30082 Y	Permit			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01	Measurement			(Mo. Avg.)				
CBOD5	Sample Measurement			3.4		0	1/7	8 comp
STORET No. 30082 I	Permit			25.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01	Measurement			(Mo. Avg.)				
TSS	Sample Measurement			2.8		0	1/7	8 comp
STORET No. 00530 Y	Permit			20.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01	Measurement			(Mo. Avg.)				
TSS	Sample Measurement			2.2		0	1/7	8 comp
STORET No. 00530 I	Permit			30.0	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01	Measurement			(Mo. Avg.)				
TRC for dechlorination	Sample Measurement					0	1/7	Grab
STORET No. 50060 I	Permit						Weekly	Grab
Mon. Site No. EFD-01	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	97/07/21

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

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

* 12 months of Total NHs data are not available for annual average calculation.

[illegible]

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

- 1) Month: May Year: 1997
- 2) Plants DEP Identification Number: 3155P05998
- 3) Plant Name: Ponte Vedra Wastewater Treatment Facility
- 4) Plant Address: 200 Ponce De Leon Blvd.
- 5) City: Ponte Vedra
- 6) County: St. Johns
- 7) Phone Number: (904) 725-2865
- 8) Permit Number: D055-185100
- 9) Plant Type: 2-C
- 10) Test Site Identification Number: 3155X10696
- 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:
- 15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

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

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

Lead Operator: 15a [signature] "B" 2793

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.446
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.431
(19) Percent of permitted capacity	%	---	86
(20) CBOD5 Effluent	mg/L	080082	3.7
(21) CBOD5 Effluent	lbs/day	---	13.5
(22) TSS Effluent	mg/L	900201	3.2
(23) TSS Effluent	lbs/day	---	11.4
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Nitrate	mg/L	071850	0.76
(29) Nitrate + Nitrite	mg/L	---	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	9
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

- (*) Duval Septic Hauled 9 Loads of Digester Sludge
- to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(34)

Month May Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.514	1.0		116	138	3.5	1.8	7.2	0.30	1.48	
02	0.540	1.0						7.2			
03	0.502	1.3						7.3			
04	0.409	1.1						7.2			
05	0.450	1.0	<0.20					7.5			
06	0.421	1.3						7.4			
07	0.367	1.0						7.9			< 2
08	0.430	1.0		156	157	4.1	3.8	7.6	0.13	0.07	
09	0.464	1.0						7.5			
10	0.462	1.7						7.4			
11	0.459	2.0						7.4			
12	0.401	2.3	<0.20					7.3			
13	0.539	2.0						7.3			31
14	0.274	1.0						7.2			
15	0.447	1.0		122	165	3.5	2.4	7.2	1.27	0.33	
16	0.452	1.2						7.2			
17	0.489	1.7						7.3			
18	0.498	1.1						7.2			
19	0.371	2.5	<0.20					7.8			
20	0.392	2.0						7.7			2
21	0.388	2.4						7.9			
22	0.358	1.0		164	173	3.6	3.2	7.7	1.50	0.71	
23	0.509	1.1						7.5			
24	0.404	1.4						7.3			
25	0.524	1.1						7.3			
26	0.351	1.5						7.5			
27	0.473	1.3	<0.20					7.4			1
28	0.445	1.2						7.4			
29	0.413	1.0		100	149	4.0	5.0	7.0	0.07	1.23	
30	0.571	1.0						7.1			
31	0.506	1.3						7.0			
Tot	13.823	42.5	<0.20	658	782	18.7	16.2		3.27	3.82	36
Avg	0.446	1.4	<0.20	132	156	3.7	3.2		0.65	0.76	9
Max	0.571	2.5	<0.20	164	173	4.1	5.0	7.9	1.50	1.48	31
Min	0.274	1.0	<0.20	100	138	3.5	1.8	7.0	0.07	0.07	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: Simpson A. Mixon

Date: 6/11/97

Simpson A. Mixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/05/01
LIMIT: Interim
CLASS SIZE: Minor

To: 97/05/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

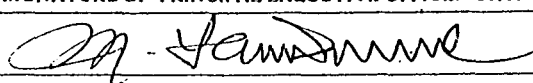
FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.421				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.5 (An. Avg.)	mgd				3 Days/Week	Flow Meters
Mon. Site No. EFA-01	Sample Measurement	0.446				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				3 Days/Week	Flow Meters
Mon. Site No. EFA-01	Sample Measurement					0	1/7	8 comp
COD5	Permit Measurement			3.5			Weekly	8-hour FPC
STORET No. 30082 Y	Sample Measurement			20.0 (An. Avg.)	mg/L	0	1/7	8 comp
Mon. Site No. EFA-01	Permit Measurement			3.7		0	Weekly	8-hour FPC
COD5	Sample Measurement			25.0 (Mo. Avg.)	mg/L		1/7	8 comp
STORET No. 30082 I	Permit Measurement			60.0 (Max.)	mg/L	0	Weekly	8-hour FPC
Mon. Site No. EFA-01	Sample Measurement			2.7		0	1/7	8 comp
TSS	Permit Measurement			20.0 (An. Avg.)	mg/L		Weekly	8-hour FPC
STORET No. 00530 Y	Sample Measurement			3.2		0	1/7	8 comp
Mon. Site No. EFA-01	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Weekly	8-hour FPC
TSS	Sample Measurement			5.0		0	1/7	8 comp
STORET No. 00530 I	Permit Measurement			60.0 (Max.)	mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-01	Sample Measurement					0	1/7	Grab
TRC for dechlorination	Permit Measurement					0	Weekly	Grab
STORET No. 50060 I	Sample Measurement					0	Weekly	Grab
Mon. Site No. EFD-01	Permit Measurement					0	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	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):

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

FACILITY NAME: Ponte Vedra WWP

PERMIT NUMBER: FI.0117951

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10525

[illegible]

* 12 months of data are not available for Total N/3 to calculate 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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/05/01
LIMIT: Interim
CLASS SIZE: Minor

To: 97/05/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NDSZ = 9			1/90	16 comp
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NDSZ = 9			1/90	16 comp
STORET No. 00603 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NDSZ = 9			1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
UNIONIZED AMMONIA AS N	Sample Measurement			NDSZ = 9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	calculation
Mon. Site No. EFD-01								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NDSZ = 9			1/90	16 comp
STORET No. 00663 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NDSZ = 9			1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, TOTAL KJELDAIL	Sample Measurement			NDSZ = 9			1/90	16 comp
STORET No. 00623 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
TEMPERATURE DEG C	Sample Measurement			NDSZ = 9			1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Sample, Per, Avg)	DEG C		Once/quarter	Instrument
Mon. Site No. EFD-01								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: April Year: 1997

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: D055-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: John "B" 2793
signature Cert No.(*) Duval Septic Hauled 8 Loads of Digester Sludge
to Landfill at 7000 gal/load.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.457
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.406
(19) Percent of permitted capacity	%	---	81
(20) CBOD5 Effluent	mg/L	080082	3.5
(21) CBOD5 Effluent	lbs/day	---	12.7
(22) TSS Effluent	mg/L	900201	2.8
(23) TSS Effluent	lbs/day	---	10.2
(24) Minimum pH		---	7.2
(25) Maximum pH		---	7.6
(26) Total N	mg/L	000600	5.07
(27) TKN	mg/L	000625	4.97
(28) Nitrate	mg/L	071850	0.77
(29) Nitrate + Nitrite	mg/L	---	0.10
(30) Total Phosphorus	mg/L	000665	2.66
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.2
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	1.8
Organic N	mg/L	---	1.00 <0.0
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	2
(34) TRC Method Code: 4500 Cl (S)			

Minimum Detection Level: 0.20

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

(34)

Month April Year 1997

Day of Month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.488	1.0						7.3			< 1
02	0.386	1.0						7.3			
03	0.479	1.3		121	174	3.4	3.0	7.3	1.64	0.06	
04	0.435	1.0						7.3			
05	0.425	2.5						7.3			
06	0.390	2.8						7.3			
07	0.445	3.0	<0.20					7.4			
08	0.402	3.2						7.4			< 1
09	0.415	2.0						7.3			
10	0.368	3.5		140	182	3.0	2.5	7.4	3.46	0.14	
11	0.434	1.0						7.3			
12	0.446	3.0						7.6			
13	0.459	2.5						7.4			
14	0.389	2.0	<0.20					7.4			
15	0.377	2.0						7.3			106
16	0.456	1.0						7.6			
17	0.450	1.1		148	139	3.7	2.3	7.5	3.97	0.10	
18	0.431	1.2						7.5			
19	0.438	1.3						7.6			
20	0.366	2.1						7.3			
21	0.382	2.5	<0.20					7.3			
22	0.458	2.5						7.4			2
23	0.481	1.8						7.4			
24	0.436	1.0		124	164	3.9	3.4	7.3	0.07	2.77	
25	0.554	1.0						7.3			
26	0.684	1.1						7.3			
27	0.672	1.0						7.3			
28	0.600	1.0	<0.20					7.3			
29	0.520	1.0						7.2			16
30	0.432	1.2						7.2			
Tot	13.698	52.6	<0.20	533	659	14.0	11.2		9.14	3.07	126
Avg	0.457	1.8	<0.20	133	165	3.5	2.8		2.29	0.77	25
Max	0.684	3.5	<0.20	148	182	3.9	3.4	7.6	3.97	2.77	106
Min	0.366	1.0	<0.20	121	139	3.0	2.3	7.2	0.07	0.06	1

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

Signed: A J G m

Date: 5/9/97

Simpson A. Mixon

Company Name: United Water Florida Inc.

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3331, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

United Water Florida
1400 Millcove Road
Jacksonville, FL 32225

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 9/7/04 To: 10/01/04
LIMIT: Interim
CLASS SIZE: Minor

T: 97/04/30
REPORT:
GROUP:

Monthly Domestic

Ponte Vedra WVTP
200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID:	PL011751
GAIS ID NO.:	3135P05998
DISCHARGE POINT NUMBER:	D001
PLANT SIZE/TREATMENT TYPE:	IIC

WAFER SITE NO.: 10525
GMS TEST SITE NO.: 3155N10696

St. Johns

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement				0	cont	Flow Meter
STOJET No. 50050 Mon. Site No. EFA-01	Permit Measurement	0.419	0.5 (mu. Ave.)	mg/L		5 Days/Week	Flow Meters
Flow	Sample Measurement	0.457	1 mg/L		0	cont	Flow Meter
STOJET No. 50050 Mon. Site No. EFA-01	Permit Measurement					5 Days/Week	Flow Meters
CBOD5	Sample Measurement		3.5	mg/L	0	1/7	8 comp
STOJET No. 50052 Mon. Site No. EFA-01	Permit Measurement		20.0 (Mu. Ave.)	mg/L		Weekly	8-hour FIC
CBOD5	Sample Measurement		3.5	mg/L	0	1/7	8 comp
STOJET No. 50082 Mon. Site No. EFA-01	Permit Measurement		25.0 (Mu. Ave.)	mg/L		Weekly	8-hour FIC
TSS	Sample Measurement		2.7	mg/L	0	1/7	8 comp
STOJET No. 00310 Mon. Site No. EFA-01	Permit Measurement		20.0 (Mu. Ave.)	mg/L		Weekly	8-hour FIC
TSS	Sample Measurement		2.8	mg/L	0	1/7	8 comp
STOJET No. 00310 Mon. Site No. EFA-01	Permit Measurement		30.0 (Mu. Ave.)	mg/L		Weekly	8-hour FIC
TTC for dechlorination	Sample Measurement				MDD = 3	1/7	Grab
STOJET No. 50060 Mon. Site No. EFD-01	Permit Measurement				0.01 (Max)		Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted hereto, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information 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 (MM, DD, YY)

M. Semberwerthe	Vice President	✓ H. Christmann	1904/10/1-700 11/05/20
-----------------	----------------	-----------------	------------------------

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 none. TRS is in compliance. A lastday letter is being sent to the affected individuals. A lastday letter is being sent to the affected individuals.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ponte Vedra WWTP

PERMIT NUMBER: FL0117951

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10525

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection	Sample Measurement			1.0		0	1/Day	Grab
STORET No. 50060 A	Permit Measurement			0.5 (Min.)	mg/l		5 Days/Week	Grab
Mon. Site No. EFA-01								
pH	Sample Measurement			7.2		0	1/Day	Grab
STORET No. 00406 I	Permit Measurement			6.0 (Min.)	S.U.		5 Days/Week	Grab
Mon. Site No. EFD-01								
Fecal Coliform Bacteria	Sample Measurement			8		0	1/7	Grab
STORET No. 31613 Y	Permit Measurement			200 (Ar. Avg.)	#/100ml		Weekly	Grab
Mon. Site No. EFA-01								
Fecal Coliform Bacteria	Sample Measurement			25		0	1/7	Grab
STORET No. 31613 I	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		Weekly	Grab
Mon. Site No. EFA-01								
TSS	Sample Measurement			165		0	1/7	8comp
STORET No. 00530 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. INF-01								
CHLORIDES	Sample Measurement			133		0	1/7	8comp
STORET No. 80082 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. INF-01								
NO3-Nitrogen, Total as N	Sample Measurement				2.77	0	1/7	8comp
STORET No. 00620 I	Permit Measurement				12.0 (Max.)		Weekly	8-hour FPC
Mon. Site No. EFA-01								
Ammonia, Total as N	Sample Measurement			NO0F=9		0	1/7	Grab
STORET No. 00610 Y	Permit Measurement			1.0 (Ann. Avg.)	mg/L as N		Weekly	Grab
Mon. Site No. EFD-01								
Ammonia, Total as N	Sample Measurement			2.29		2	1/7	Grab
STORET No. 00610 I	Permit Measurement			1.0 (Mo. Avg.)	2.0 (Max.)		Weekly	Grab
Mon. Site No. EFD-01								
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

* 12 months of Total Ammonia data are not available for annual average.

** Daily Max and Monthly Average Total Ammonia limits were exceeded.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 9/7/04/01
LIMIT: Interim
CLASS SIZE: Minor

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

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GNIS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			5.07		0	1/90	16 comp
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			1.00		0	1/90	16 comp
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			0.10		0	1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
UNIONIZED AMMONIA AS N	Sample Measurement			0.0170		0	1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	calculation
Mon. Site No. EFD-01								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			2.68		0	1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			1.80		0	1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			4.97		0	1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01								
TEMPERATURE DEG C	Sample Measurement			5.9		0	1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Sample Per Avg.)	DEGC		Once/quarter	Instrument
Mon. Site No. EFD-01								

Nutrient sample on 4/17/97: T= 5.9°C, pH= 7.38.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: March Year: 1997

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: D055-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: 1298 "B" 2793
signature Cert No.(*) Duval Septic Hauled 8 Loads of Digester Sludge
to Landfill at 7000 gal/load.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.411
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.395
(19) Percent of permitted capacity	%	---	79
(20) CBOD5 Effluent	mg/L	080082	2.9
(21) CBOD5 Effluent	lbs/day	---	9.5
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	---	12.9
(24) Minimum pH		---	7.2
(25) Maximum pH		---	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Nitrate	mg/L	071850	0.8
(29) Nitrate + Nitrite	mg/L	---	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.2
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	
(34) TRC Method Code: 4500 Cl (6)			

Minimum Detection Level: 0.20

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

Month March Year 1997

(34)

Day of Month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.448	1.2						7.4			
02	0.477	1.1						7.4			
03	0.417	2.0	<0.20					7.5			
04	0.432	2.0						7.5			4
05	0.444	2.2						7.4			
06	0.410	2.5		174	224	3.5	2.3	7.3	1.59	0.14	
07	0.473	2.0						7.3			
08	0.437	1.8						7.5			
09	0.379	1.3						7.3			
10	0.340	2.5	<0.20					7.5			
11	0.316	1.5						7.4			<1
12	0.376	2.5						7.4			
13	0.367	2.5		148	189	2.3	2.9	7.5	1.51	0.32	
14	0.409	1.0						7.7			
15	0.401	1.7						7.3			
16	0.387	1.8						7.4			
17	0.392	1.5	<0.20					7.5			
18	0.393	1.5						7.5			4
19	0.375	1.5						7.4			
20	0.374	1.4		152	146	4.2	8.6	7.4	1.30	0.07	
21	0.432	1.3						7.4			
22	0.328	1.5						7.4			
23	0.404	1.7						7.2			
24	0.425	2.0	<0.20					7.3			
25	0.411	2.2						7.6			<1
26	0.470	1.0		140	174	1.5	2.1	7.3	0.79	2.75	
27	0.509	1.0						7.3			
28	0.534	1.3						7.3			
29	0.443	1.1						7.2			
30	0.368	1.0						7.3			
31	0.360	2.0	<0.20					7.3			
Tot	12.731	51.6	<0.20	614	733	11.5	15.9		5.19	3.28	10
Avg	0.411	1.7	<0.20	154	183	2.9	4.0		1.30	0.82	3
Max	0.534	2.5	<0.20	174	224	4.2	8.6	7.7	1.59	2.75	4
Min	0.316	1.0	<0.20	140	146	1.5	2.1	7.2	0.79	0.07	<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: Simpson A. Mixon

Date: 4/10/97

Simpson A. Mixon

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/03/01
LIMIT: Interim
CLASS SIZE: Minor

To: 97/03/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.415				0	cont	Flow Meter
STORET No. 50050 Y	Permit Measurement	0.5 (Mo. Avg.)	mgd				3 Days/Week	Flow Meters
Mon. Site No. EPA-01								
Flow	Sample Measurement	0.411				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				3 Days/Week	Flow Meters
Mon. Site No. EPA-01								
CBOD5	Sample Measurement			3.7		0	1/7	8 comp
STORET No. 80082 Y	Permit Measurement			20.0 (Mo. Avg.)	mg/L		Weekly	8-hour FFC
Mon. Site No. EPA-01								
CBOD5	Sample Measurement			2.9	4.2	0	1/7	8 comp
STORET No. 80082 I	Permit Measurement			25.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour FFC
Mon. Site No. EPA-01								
TSS	Sample Measurement			2.7		0	1/7	8 comp
STORET No. 00530 Y	Permit Measurement			20.0 (Mo. Avg.)	mg/L		Weekly	8-hour FFC
Mon. Site No. EPA-01								
TSS	Sample Measurement			4.0	8.6	0	1/7	8 comp
STORET No. 00530 I	Permit Measurement			10.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	8-hour FFC
Mon. Site No. EPA-01								
TRC for dechlorination	Sample Measurement				NDA = B	*	1/7	Grab
STORET No. 50060 I	Permit Measurement				0.01 (Max.)	mg/L	Weekly	Grab
Mon. Site No. EPA-01								

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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	97/04/23

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ponte Vedra WWTP

PERMIT NUMBER: FL0117951

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10525

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection	Sample Measurement			1.0		0	1/Day	Grab
STORET No. 50060 A	Permit Measurement			0.5 (Min.)	mg/L		5 Days/Week	Grab
Mon. Site No. EPA-01								
pH	Sample Measurement			7.2		0	1/Day	Grab
STORET No. 00406 I	Permit Measurement			6.0 (Min.)	S.U.		5 Days/Week	Grab
Mon. Site No. EPA-01								
Fecal Coliform Bacteria	Sample Measurement			6		0	1/7	Grab
STORET No. 31615 Y	Permit Measurement			200 (Ann. Avg.)	1/100ml		Weekly	Grab
Mon. Site No. EPA-01								
Fecal Coliform Bacteria	Sample Measurement			3		0	1/7	Grab
STORET No. 31615 I	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)	1/100ml	Weekly	Grab
Mon. Site No. EPA-01								
TSS	Sample Measurement			183		0	1/7	8 comp
STORET No. 00530 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. INF-01								
CHLOR	Sample Measurement			154		0	1/7	8 comp
STORET No. 80082 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	8-hour FPC
Mon. Site No. INF-01								
NO3-Nitrogen, Total as N	Sample Measurement				2.75	0	1/7	8 comp
STORET No. 00620 I	Permit Measurement				12.0 (Max.)	mg/L as N	Weekly	8-hour FPC
Mon. Site No. EPA-01								
Ammonia, Total as N	Sample Measurement			NO3 = 9	*	0	1/7	Grab
STORET No. 00610 Y	Permit Measurement			1.0 (Ann. Avg.)	mg/L as N		Weekly	Grab
Mon. Site No. EPA-01								
Ammonia, Total as N	Sample Measurement			1.30	1.59	**	1/7	Grab
STORET No. 00610 I	Permit Measurement			1.0 (Mo. Avg.)	2.0 (Max.)	mg/L as N	Weekly	Grab
Mon. Site No. EPA-01								
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

* 12 months of data not available to calculate: Total NH3 annual average.

** Total NH3 monthly average limit was exceeded.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 9/7/03/01
LIMIT: Interim
CLASS SIZE: Minor

To: 9/7/03/3/
REPORT: Quarterly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			<i>N00I=9</i>			<i>1/90</i>	<i>16 comp</i>
STORET No. 00600 1	Permit			Report	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			<i>N00I=9</i>			<i>1/90</i>	<i>16 comp</i>
STORET No. 00605 1	Permit			Report	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			<i>N00I=9</i>			<i>1/90</i>	<i>16 comp</i>
STORET No. 00610 1	Permit			Report	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
UNIONIZED AMMONIA AS N	Sample Measurement			<i>N00I=9</i>			<i>1/90</i>	<i>calc</i>
STORET No. 00612 1	Permit			Report	mg/L		Once/quarter	calculation
Mon. Site No. EFD-01	Measurement			(Max)				
PHOSPHOROUS, TOTAL AS P	Sample Measurement			<i>N00I=9</i>			<i>1/90</i>	<i>16 comp</i>
STORET No. 00665 1	Permit			Report	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			<i>N00I=9</i>			<i>1/90</i>	<i>16 comp</i>
STORET No. 70507 1	Permit			Report	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
NITROGEN, TOTAL KJELDAHL	Sample Measurement			<i>N00I=9</i>			<i>1/90</i>	<i>16 comp</i>
STORET No. 00625 1	Permit			Report	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-01	Measurement			(Max)				
TEMPERATURE DEG C	Sample Measurement			<i>N00I=9</i>			<i>1/90</i>	<i>Grab</i>
STORET No. 00010 1	Permit			Report	DEG C		Once/quarter	Instrument
Mon. Site No. EFD-01	Measurement			(Sample, Per, Avg)				

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: February Year: 1997

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: D055-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Signature "B" 2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.401
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.388
(19) Percent of permitted capacity	%	---	78
(20) CBOD5 Effluent	mg/L	080082	3.8
(21) CBOD5 Effluent	lbs/day	---	12.5
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	---	17.2
(24) Minimum pH		---	7.2
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	0.00
(27) TKN	mg/L	000625	13.40
(28) Nitrate	mg/L	071850	0.32
(29) Nitrate + Nitrite	mg/L	---	< 0.05
(30) Total Phosphorus	mg/L	000665	2.60
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Post De-Chlor TRC	mg/L	---	< 0.20
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	2.00
Organic N	mg/L	---	< 0.01
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	14
(34) TRC Method Code: 4500 C1 (6)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 8 Loads of Digester Sludge

to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Ponte Vedra Wastewater Treatment Facility

D.E.P. Identification Number: 3155P05998

Month February Year 1997

(34)

Day of Month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Total NH3 Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.259	1.4						7.3			
02	0.295	1.1						7.2			
03	0.373	1.0	<0.20					7.4			
04	0.348	2.0						7.4			<1
05	0.380	2.0						7.4			
06	0.417	1.6		138	150	4.6	1.8	7.5	14.20	<0.05	
07	0.531	2.0						7.4			
08	0.436	1.5						7.3			
09	0.376	1.2						7.3			
10	0.375	1.1	<0.20					7.3			
11	0.347	1.2						7.3			<1
12	0.448	1.0						7.4			
13	0.432	1.1		206	299	1.6	4.5	7.3	11.70	<0.05	
14	0.478	1.4						7.2			
15	0.433	1.0						7.2			
16	0.311	1.3						7.3			
17	0.394	1.0						7.2			
18	0.460	1.0	<0.20					7.4			
19	0.384	1.0						7.3			43
20	0.392	1.0		168	133	3.4	2.2	7.4	1.06	0.94	
21	0.435	1.1						7.4			
22	0.441	1.6						7.5			
23	0.395	1.1						7.4			
24	0.417	1.0	<0.20					7.3			
25	0.391	1.0						7.4			< 10
26	0.409	1.0						7.3			
27	0.421	1.1		134	129	4.9	11.2	7.4	1.21	0.23	
28	0.456	1.1						7.4			
Tot	11.234	34.9	<0.20	646	711	14.5	19.7		28.17	1.27	55
avg	0.401	1.2	<0.20	162	178	3.6	4.9		7.04	0.32	14
Max	0.531	2.0	<0.20	206	299	4.9	11.2	7.5	14.20	0.94	43
Min	0.259	1.0	<0.20	134	129	1.6	1.8	7.2	1.06	0.05	1

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

Signed: *[Signature]*Date: 3/18/97

Simpson A. Nixon

Company Name: United Water Florida Inc.

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

NPDES 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 N. Mifflin Road
Jacksonville, FL 32225

FACILITY: Ponce Vedra WWT
LOCATION: 200 State Road A1A
Ponce Vedra Ranch, FL 32082

COUNTY: St. Johns

PERMIT NUMBER: FLO117951
MONITORING PERIOD From: 9/7/03 To: 9/28/03
LIMIT: Interim
CLASS SIZE: Minor

FACILITY ID: FLO117951
GNIS ID NO.: 3153705928
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

To: 9/7/03 To: 9/28/03
REPORT GROUP: Monthly Domestic

WAFR SITE NO.: 10525
GNIS TEST SITE NO.: 3153510696

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
AV	Sample Measurement	0.413			0	Cont	Flow Meter
JRET No. 50050	Permit Measurement (Avg)	mgd				5 Days/Week	Flow Meters
Mon Site No. EFA-01							
Flow	Sample Measurement	0.401			0	Cont	Flow Meter
STOJET No. 50050	Permit Measurement (Avg)	mgd				5 Days/Week	Flow Meters
Mon Site No. EFA-01							
CHODS	Sample Measurement	3.8			0	1/7	8 Comp
STOJET No. 80082	Permit Measurement (Avg)	20.0				Weekly	8-hour FPC
Mon Site No. EFA-01							
CHODS	Sample Measurement	3.6			0	1/7	8 Comp
STOJET No. 80082	Permit Measurement (Avg)	25.0				Weekly	8-hour FPC
Mon Site No. EFA-01							
TSS	Sample Measurement	2.6			0	1/7	8 Comp
STOJET No. 00510	Permit Measurement (Avg)	20.0				Weekly	8-hour FPC
Mon Site No. EFA-01							
3	Sample Measurement	4.9			0	1/7	8 Comp
STOJET No. 00510	Permit Measurement (Avg)	30.0				Weekly	8-hour FPC
Mon Site No. EFA-01							
TRE for dechlorination	Sample Measurement				*	1/7	Grab
STOJET No. 50060	Permit Measurement					Weekly	Grab
Mon Site No. EFD-01							

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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. Samborath Vice President		(904) 721-4100	9/23/03

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
Method used for TRE is 4500 Cl (6). Detection limit is 0.30 mg/L.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ponte Vedra WWT²

PERMIT NUMBER: FL0117951

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10525

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection	Sample Measurement					0	1/Day	Grab
STORET No. 30060 A Mon. Site No. EFA-01	Permit Measurement			1.0 0.5 (Min.)	mg/L		5 Days/Week	Grab
pH	Sample Measurement			7.2 7.5		0	1/Day	Grab
STORET No. 00406 I Mon. Site No. EFD-01	Permit Measurement			6.0 (Min.) 8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			6		0	1/7	Grab
REF No. 31613 Y Site No. EFA-01	Permit Measurement			700 (Ann. Avg.)	//100ml		Weekly	Grab
Coliform Bacteria	Sample Measurement			14		0	1/7	Grab
STORET No. 31613 I Mon. Site No. EFA-01	Permit Measurement			Report (Mo. Geo. Mean) 800 (Max.)	//100ml		Weekly	Grab
TSS	Sample Measurement			178		0	1/7	8 comp
STORET No. 00530 G Mon. Site No. INF-01	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	8-hour FPC
CHODS	Sample Measurement			162		0	1/7	8 comp
STORET No. 80082 G Mon. Site No. INF-01	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	8-hour FPC
NO3-Nitrogen, Total as N	Sample Measurement				0.94	0	1/7	8 comp
STORET No. 00620 I Mon. Site No. EFA-01	Permit Measurement				12.0 (Max.)		Weekly	8-hour FPC
Ammonia, Total as N	Sample Measurement			NO3 = 9		*	1/7	Grab
STORET No. 00610 Y Site No. EFD-01	Permit Measurement			1.0 (Ann. Avg.)	mg/L as N		Weekly	Grab
Ammonia, Total as N	Sample Measurement			7.04		2	1/7	Grab
REF No. 00610 I Mon. Site No. EFD-01	Permit Measurement			1.0 (Mo. Avg.)	mg/L as N		Weekly	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

* 12 months of Total NH3 are not available for annual average calculation.

Total NH3 exceeded weekly max on 2/6 (14.2) and 2/13 (11.7).

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/02/01
LIMIT: Interim
CLASS SIZE: Minor

To: 97/02/28
REPORT: Quarterly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
ROGEN, TOTAL AS N	Sample Measurement			13.45		0	1/90	16 comp
STRET No. 00600 1	Permit			Report	mg/l.		Once/quarter	16-hour FPC
Mon. Site No. EPD-01	Measurement			(Max)				
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			1.7		0	1/90	16 comp
STRET No. 00603 1	Permit			Report	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EPD-01	Measurement			(Max)				
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			<0.05		0	1/90	16 comp
STRET No. 00630 1	Permit			Report	mg/l.		Once/quarter	16-hour FPC
Mon. Site No. EPD-01	Measurement			(Max)				
UNIONIZED AMMONIA AS N	Sample Measurement			0.019		0	1/90	calc
STRET No. 00612 1	Permit			Report	mg/l.		Once/quarter	calculation
Mon. Site No. EPD-01	Measurement			(Max)				
PHOSPHOROUS, TOTAL AS P	Sample Measurement			2.60		0	1/90	16 comp
STRET No. 00663 1	Permit			Report	mg/l.		Once/quarter	16-hour FPC
Mon. Site No. EPD-01	Measurement			(Max)				
OSPHOROUS, ORTHO- AS P	Sample Measurement			2.00		0	1/90	16 comp
STRET No. 70507 1	Permit			Report	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EPD-01	Measurement			(Max)				
NITROGEN, TOTAL KJELDAHL	Sample Measurement			13.40		0	1/90	16 comp
STRET No. 00623 1	Permit			Report	mg/l.		Once/quarter	16-hour FPC
Mon. Site No. EPD-01	Measurement			(Max)				
TEMPERATURE DEG C	Sample Measurement			2.5		0	1/90	Grab
STRET No. 00010 1	Permit			Report	DEG C		Once/quarter	Instrument
Mon. Site No. EPD-01	Measurement			(Sample Per Avg.)				

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: January Year: 1997

(2) Plants DEP Identification Number: 3155P05998

(3) Plant Name: Ponte Vedra Wastewater Treatment Facility

(4) Plant Address: 200 Ponce De Leon Blvd.

(5) City: Ponte Vedra

(6) County: St. Johns

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

(8) Permit Number: D055-185100

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X10696

(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:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 2793

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: SC. um B2793
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.382
(17) Permitted capacity	mgd	---	0.500
(18) Three-month average daily flow	mgd	---	0.397
(19) Percent of permitted capacity	%	---	79
(20) CBOD5 Effluent	mg/L	080082	5.0
(21) CBOD5 Effluent	lbs/day	---	15.6
(22) TSS Effluent	mg/L	900201	3.1
(23) TSS Effluent	lbs/day	---	9.5
(24) Minimum pH		---	7.1
(25) Maximum pH		---	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Nitrate	mg/L	071850	1.50
(29) Nitrate + Nitrite	mg/L	---	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Post De-Chlor TRC	mg/L	---	<0.20
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml	031501	<1
(34) TRC Method Code: 4500 Cl (G)			

Minimum Detection Level: 0.20

(*) Duval Septic Hauled 9 Loads of Digester Sludge
to Landfill at 7000 gal/load.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/01/01
LIMIT: Interim
CLASS SIZE: Minor

To: 97/01/31
REPORT: Monthly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

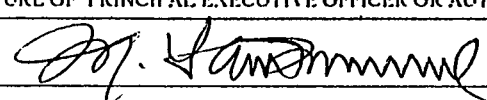
FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0.410							0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. EPA-01	Permit Measurement	0.5 (An. Avg.)		mgd						5 Days/Week	Flow Meters
Flow	Sample Measurement	0.382							0	cont	Flow Meter
STORET No. 50050 I Mon. Site No. EPA-01	Permit Measurement	Report (Mo. Avg.)		mgd						5 Days/Week	Flow Meters
CODS	Sample Measurement				3.9				0	1/7	8 comp
STORET No. 50082 Y Mon. Site No. EPA-01	Permit Measurement				20.0 (An. Avg.)			mg/L		Weekly	8-hour FIC
CODS	Sample Measurement				5.0		7.6		0	1/7	8 comp
STORET No. 50082 I Mon. Site No. EPA-01	Permit Measurement				25.0 (Mo. Avg.)		60.0 (Max.)	mg/L		Weekly	8-hour FIC
TSS	Sample Measurement				2.4				0	1/7	8 comp
STORET No. 50050 Y Mon. Site No. EPA-01	Permit Measurement				20.0 (An. Avg.)			mg/L		Weekly	8-hour FIC
IS	Sample Measurement				3.1		4.9		0	1/7	8 comp
STORET No. 50050 I Mon. Site No. EPA-01	Permit Measurement				30.0 (Mo. Avg.)		60.0 (Max.)	mg/L		Weekly	8-hour FIC
TRC for dechlorination	Sample Measurement						NDZ = B	*	0	1/7	Grab
STORET No. 50060 I Mon. Site No. EPA-01	Permit Measurement						0.01 (Max.)	mg/L		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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/02/27

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

* Method code for TRC is 4500 Cl (6). Detection limit is 0.20 mg/L.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Ponte Vedra WWTP

PERMIT NUMBER: FL0117951

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10525

9/7/01/01 - 9/7/01/31

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection	Sample Measurement					1.0			0	1/Day	Grab
STORET No. 30060 A Mon. Site No. EPA-01	Permit Measurement					0.5 (Min.)		mg/L		5-Days/Week	Grab
pH	Sample Measurement					7.1	7.8		0	1/Day	Grab
STORET No. 00406 I Mon. Site No. EPA-01	Permit Measurement					6.0 (Min.)	8.5 (Max.)	S.U.		5-Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				5				0	1/7	Grab
STORET No. 31613 Y Mon. Site No. EPA-01	Permit Measurement				200 (Ann. Avg.)			#/100ml		Weekly	Grab
Coliform Bacteria	Sample Measurement				< 1				0	1/7	Grab
STORET No. 31613 I Mon. Site No. EPA-01	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Weekly	Grab
TSS	Sample Measurement				141				0	1/7	8 comp
STORET No. 00530 G Mon. Site No. INF-01	Permit Measurement				Report (Mo. Avg.)	1/1		mg/L		Weekly	8-hour FPC
CHLIDS	Sample Measurement				144				0	1/7	8 comp
STORET No. 80082 G Mon. Site No. INF-01	Permit Measurement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC
NO3-Nitrogen, Total as N	Sample Measurement						6.77		0	1/7	8 comp
STORET No. 00620 I Mon. Site No. EPA-01	Permit Measurement						12.0 (Max.)	mg/L as N		Weekly	8-hour FPC
Ammonia, Total as N	Sample Measurement				NODI=9			**	—	1/7	Grab
STORET No. 00610 Y Mon. Site No. EPA-01	Permit Measurement				1.0 (Ann. Avg.)			mg/L as N		Weekly	Grab
Ammonia, Total as N	Sample Measurement				2.83		6.95	***	3	1/7	Grab
STORET No. 00610 I Mon. Site No. EPA-01	Permit Measurement				1.0 (Mo. Avg.)		2.0 (Max.)	mg/L as N		Weekly	Grab
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

* Total NH3 annual average cannot be calculated. Only 3 months of data are available.

*** Weekly NH3 limit was exceeded on 3 of 5 samples.

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

PERMIT NUMBER: FL0117951
MONITORING PERIOD From: 97/01/01
LIMIT: Interim
CLASS SIZE: Minor

To: 97/01/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: Ponte Vedra WWTP
LOCATION: 200 State Road A1A
Ponte Vedra Beach, FL 32082

FACILITY ID: FL0117951
GMS ID NO.: 3155P05998
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10525
GMS TEST SITE NO.: 3155X10696

COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NOΔI=9			1/90	16 comp
STRET No. 00600	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EPD-01								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NOΔI=9			1/90	16 comp
STRET No. 00603	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EPD-01								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NOΔI=9			1/90	16 comp
STRET No. 00630	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EPD-01								
UNIONIZED AMMONIA AS N	Sample Measurement			NOΔI=9			1/90	calc
STRET No. 00612	Permit Measurement			Report (Max)	mg/L		Once/quarter	calculation
Mon. Site No. EPD-01								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NOΔI=9			1/90	16 comp
STRET No. 00663	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EPD-01								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NOΔI=9			1/90	16 comp
STRET No. 70507	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EPD-01								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NOΔI=9			1/90	16 comp
STRET No. 00623	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EPD-01								
TEMPERATURE DEG C	Sample Measurement			NOΔI=9			1/90	Grab
STRET No. 00010	Permit Measurement			Report (Sample Per Avg)	DEG C		Once/quarter	Instrument
Mon. Site No. EPD-01								

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: December Year: 1997

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

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

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

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

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

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

Lead Operator: Prentiss Lawrence
signature Cert. No. 5438

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.242
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.136
(19) Percent of permitted capacity	%	---	64.5
(20) CBOD5 Effluent	mg/L	080082	4.5
(21) TSS Effluent	mg/L	900201	5.8
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	7.4
(24) Organic N	mg/L	---	0.39
(25) TKN	mg/L	000625	3.40
(26) Total Ammonia	mg/L	000610	3.01
(27) Nitrite + Nitrate	mg/L	071850	4.01
(28) Total Phosphorus	mg/L	000665	3.19
(29) Ortho Phosphates	mg/L	---	2.27
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		62
Fecal Coliform (Arithmetic Mean)	#/100 ml		74
(33) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 12-04-97			

(*) Duval Septic Tank hauled 38 loads of digester sludge at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116P05360

Month: December Year: 1997

(34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.269	0.5	< 0.20					6.9	6.7	
02	2.148	0.7	< 0.20					6.9	6.7	32
03	2.245	0.6	< 0.20					6.9	6.7	
04	2.287	0.8	< 0.20	169	186	5.5	8.9	6.9	6.7	
05	2.048	0.5	< 0.20					6.8	6.7	
06	1.918	0.7	< 0.20					6.8	6.8	
07	1.702	0.7	< 0.20					7.0	6.8	
08	2.054	0.5	< 0.20					7.0	6.8	
09	2.463	0.6	< 0.20					7.4	6.8	148
10	2.469	0.5	< 0.20					6.9	6.7	
11	2.230	0.6	< 0.20	131	101	3.0	1.9	6.9	6.8	
12	2.730	0.6	< 0.20					6.8	6.8	
13	2.365	0.7	< 0.20					6.8	6.7	
14	2.713	0.5	< 0.20					6.8	6.7	
15	2.860	0.5	< 0.20					6.8	6.5	
16	2.312	0.6	< 0.20					6.8	6.6	64
17	2.165	0.5	< 0.20					6.8	6.7	
18	2.169	0.5	< 0.20	132	99	6.0	3.4	6.9	6.7	
19	2.117	0.5	< 0.20					6.8	6.7	
20	1.940	0.6	< 0.20					6.8	6.8	
21	2.035	0.6	< 0.20					6.8	6.8	
22	2.369	0.6	< 0.20					6.9	6.8	
23	2.380	0.5	< 0.20	164	130	3.3	2.2	6.8	6.8	96
24	2.260	0.5	< 0.20					7.0	6.8	
25	2.260	0.7	< 0.20					6.9	6.8	
26	2.260	0.5	< 0.20					7.0	6.8	
27	2.260	0.6	< 0.20					6.9	6.8	
28	2.260	0.6	< 0.20					6.9	6.7	
29	2.260	0.5	< 0.20					7.0	6.8	
30	1.943	0.5	< 0.20	140	94	7.1	15.8	6.9	6.7	32
31	1.997	0.5	< 0.20					6.8	6.8	

Tot	69.488	17.8		736	610	24.9	32.2			372
Avg	2.242	0.6		147	122	5.0	6.4			74
Max	2.860	0.8	< 0.20	169	186	7.1	15.8	7.4	6.8	148
Min	1.702	0.5	< 0.20	131	94	3.0	1.9	6.8	6.5	32

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

Signed: _____

Date: _____

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

0011

PERMIT NUMBER

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ☒ ***

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	12	01		97	12	31
	(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(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			
FH	SAMPLE MEASUREMENT	*****	*****		6.5	*****	7.4	(12)	0	1/Hour	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	RECORD
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		122	122	186	(19)	0	1/9	16 Comp
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
RAW SEW/INFLUENT											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	169	*****	(19)	0	1/30	Calc
00530 P 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCT
SEE COMMENTS BELOW											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.2	*****	(19)	0	1/30	Calc
00530 Y 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	10.0	*****	MG/L		ONCE/ MONTH	CALCT
ANNUAL AVERAGE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		6.4	6.4	15.8	(19)	0	1/9	16 Comp
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	12.5	15.0	20.0	MG/L		WEEKLY	COMPL
EFFLUENT GROSS VALUE					MO AVG	WKLY AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	2.172	*****	(03)	0	1/30	Calc
50050 Y 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	3.3	*****	MGD		ONCE/ MONTH	CALCT
ANNUAL AVERAGE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		2.242	2.242	2.860	(03)	0	Cont	Flow Meter
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RECORD
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Smarsh
Vice President

TYPED OR PRINTED

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

M. Smarsh
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

984 721-4600

98 01 19

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

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

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(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

MONITORING PERIOD							
YEAR			MO			DAY	
FROM	97	12	01	TO	97	12	31
(20-21)		(22-23)		(24-25)		(26-27)	
(28-29)		(30-31)		(32-33)		(34-35)	

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			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	NOO I = B	(19)	0	1/Day Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01 DAILY MX			DAILY SRAB
LENGTH OF LONGEST PH EXCURSION 72107 Q 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30 calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60 MIN- MAXIMUM			ONCE/ MONTH CALCT
% OF TIME EXCEEDING PH LIMITS 72108 Q 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0	1/30 calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 PER- MAXIMUM			ONCE/ MONTH CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0	SAMPLE MEASUREMENT	*****	*****		*****	73		(13)	0	1/30 calc
ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	200 ANNL AVG				ONCE/ MONTH CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	62	148	(13)	0	1/7 Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO GEOMN	800 DAILY MX			WEEKLY SRAB
300, CARBONACEOUS 05 DAY, 20C 30082 G 0 0	SAMPLE MEASUREMENT	*****	*****		147	147	169	(19)	0	1/7 16 comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX			WEEKLY COMPLE
300, CARBONACEOUS 05 DAY, 20C 30082 P 0 0	SAMPLE MEASUREMENT	*****	*****		*****	165		(19)	0	1/30 calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****			ONCE/ MONTH CALCT

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]
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

904 731-4620
AREA CODE NUMBER

DATE

98 01 19
YEAR MO DAY

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

P: REPORT INFLUENT VALUE

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

* Method code for TRC is 4500 Cl (6). Detection limit is 0.20 mg/L.

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

FL0028751

PERMIT NUMBER

0011

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	12	31		97	12	31

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(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			
BOD, CARBONACEOUS 05 DAY, 20C 30082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.1	*****	(19)	0	1/30 calc
	PERMIT REQUIREMENT	*****	*****	*****	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE / MONTH
BOD, CARBONACEOUS 05 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		5.0	5.0	7.1	(19)	0	1/7 16 comp
	PERMIT REQUIREMENT	*****	*****	*****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY COMPT
	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. Samba murthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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 M. Samba murthi	TELEPHONE	DATE		
			904 721-4000 AREA CODE NUMBER	98	01	19 YEAR MO DAY

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

P: REPORT INFLUENT VALUE

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

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: November Year: 1997

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

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

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

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

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

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

Lead Operator: Prentiss A. Serrano
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.130
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.059
(19) Percent of permitted capacity	%	---	64.1
(20) CBOD5 Effluent	mg/L	080082	4.5
(21) TSS Effluent	mg/L	900201	5.8
(22) Minimum pH	mg/L	---	6.7
(23) Maximum pH	mg/L	---	7.0
(24) Organic N	mg/L	---	0.62
(25) TKN	mg/L	000625	1.15
(26) Total Ammonia	mg/L	000610	0.53
(27) Nitrite + Nitrate	mg/L	071850	6.22
(28) Total Phosphorus	mg/L	000665	3.21
(29) Ortho Phosphates	mg/L	---	2.12
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		20
Fecal Coliform (Arithmetic Mean)	#/100 ml		48
(33) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 11-06-97			

(*) Duval Septic Tank hauled 31 loads of digester sludge at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116PO5360

Month: November Year: 1997

34)

Day Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
1	2.141	0.7	< 0.20					6.8	6.7	
2	1.899	0.8	< 0.20					6.8	6.8	
3	2.054	0.5	< 0.20					6.9	6.7	
4	1.999	0.5	< 0.20					6.9	6.7	148
5	2.210	0.6	< 0.20					6.9	6.7	
6	2.215	0.7	< 0.20	76	65	2.8	1.7	6.9	6.7	
7	2.216	0.7	< 0.20					6.8	6.7	
8	1.934	0.5	< 0.20					6.8	6.8	
9	1.958	0.6	< 0.20					6.9	6.8	
10	2.144	0.6	< 0.20					7.0	6.8	
11	2.211	0.6	< 0.20					6.9	6.7	6
12	2.336	0.6	< 0.20					6.8	6.7	
13	2.633	0.5	< 0.20	157	126	3.2	0.7	6.9	6.8	
14	2.310	0.5	< 0.20					6.9	6.8	
15	1.918	0.7	< 0.20					7.0	6.8	
16	1.840	0.8	< 0.20					6.9	6.8	
17	1.974	0.6	< 0.20					6.9	6.7	
18	2.365	0.5	< 0.20					6.9	6.7	6
19	2.742	0.5	< 0.20					6.9	6.7	
20	2.162	0.6	< 0.20	161	81	5.0	8.0	6.8	6.7	
21	2.208	0.9	< 0.20					6.9	6.7	
22	2.092	0.7	< 0.20					6.8	6.7	
23	2.005	0.8	< 0.20					6.8	6.8	
24	2.061	0.5	< 0.20					7.0	6.7	
25	2.135	0.5	< 0.20	194	421	3.5	3.5	6.8	6.7	32
26	2.065	0.5	< 0.20					6.9	6.7	
27	1.681	0.6	< 0.20					6.8	6.7	
28	2.051	0.7	< 0.20					6.8	6.7	
29	2.218	0.6	< 0.20					6.8	6.7	
30	2.113	0.5	< 0.20					6.9	6.8	

Tot	63.890	18.4		588	693	14.5	13.9			192
Avg	2.130	0.6		147	173	3.6	3.5			48
Max	2.742	0.9	< 0.20	194	421	5.0	8.0	7.0	6.8	148
Min	1.681	0.5	< 0.20	76	65	2.8	0.7	6.8	6.7	6

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

Signed: Prentiss M. Garraway

Date: 12-10-97

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SU2R JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 111 ***

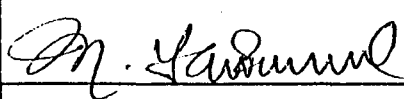
NOTE: Read instructions before completing this form.

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 (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			
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.0	(12)	0	1/4 hr	Grate
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	CORD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		173	173	421	(19)	0	1/2	16 corr
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	175	*****	(19)	0	1/30	calc
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE / MONTH	CALCTI
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.2	*****	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNL AVG	*****	MG/L		ONCE / MONTH	CALCTI
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		3.5	3.5	8.0	(19)	0	1/2	16 corr
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	2.166	*****	(03)	0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	3.8 ANNL AVG	*****	MGD		ONCE / MONTH	CALCTI
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		2.130	2.130	2.742	(03)	0	Cont	Flow rate
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	CDFL

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. Sankar Vice President TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

0011

PERMIT NUMBER

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	11	01		97	11	30

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

NOTE: Read instructions before completing this form.

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			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	1/day	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 Q 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	1/30	calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	ONCE/	CALC TO
% OF TIME EXCEEDING PH LIMITS 72108 Q 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	1/30	calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	ONCE/	CALC TO
COLIFORM, FECAL GENERAL 74055 Y 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	1/30	calc
ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	ONCE/	CALC TO
COLIFORM, FECAL GENERAL 74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 G 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	1/7	16 comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	WEEKLY	COMPL
BOD, CARBONACEOUS 5 DAY, 20C 80032 P 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	1/30	calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	ONCE/	CALC TO

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.)

Scott Turner

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

4600

904 721-5500

DATE

97 12 17

AREA CODE NUMBER YEAR MO DAY

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

P: REPORT INFLUENT VALUE *Method code for TRC is 4500 C (CL). Detection limit is 0.20 mg/L.

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ☐ ***

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	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			
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	10.0	*****			ONCE/MONTH	CALCT
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		3.6	3.6	5.0	(19)	0	1/7	16 com,
	PERMIT REQUIREMENT	*****	*****	***	12.5	15.0	20.0			WEEKLY	COMPT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Samba murthi
Vice President

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE

NUMBER

DATE

YEAR MO DAY

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

P: REPORT INFLUENT VALUE

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

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

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FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

0011

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY TO YEAR MO DAY

FROM

TO

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

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

TOXICITY TESTING

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ☐ ***

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

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			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi

Vice President

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

904 721-4600

97 12 17

AREA CODE NUMBER

YEAR MO DAY

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

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

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1997

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

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

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

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

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

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

Lead Operator: Prentice Lavaray
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.023
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.115
(19) Percent of permitted capacity	%	---	65.9
(20) CBOD5 Effluent	mg/L	080082	4.5
(21) TSS Effluent	mg/L	900201	5.8
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.1
(24) Organic N	mg/L	---	1.77
(25) TKN	mg/L	000625	2.75
(26) Total Ammonia	mg/L	000610	0.98
(27) Nitrite + Nitrate	mg/L	071850	4.81
(28) Total Phosphorus	mg/L	000665	4.35
(29) Ortho Phosphates	mg/L	---	1.96
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		2
Fecal Coliform (Arithmetic Mean)	#/100 ml		5
(33) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 10-02-97			

(*) Duval Septic Tank hauled 38 loads of digester sludge at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116PO5360

(34)

Month: October Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.884	0.5	< 0.20					7.0	6.8	
02	1.789	0.6	< 0.20	186	325	2.6	1.4	7.0	6.8	
03	1.599	0.5	< 0.20					7.0	6.8	
04	1.252	0.9	< 0.20					7.0	6.9	
05	1.384	0.7	< 0.20					7.1	6.8	
06	1.896	0.5	< 0.20					6.9	6.7	
07	2.173	0.5	< 0.20					6.9	6.7	10
08	2.211	0.6	< 0.20					6.9	6.8	
09	2.281	0.6	< 0.20	172	111	3.4	4.1	6.8	6.7	
10	2.028	0.5	< 0.20					6.8	6.7	
11	1.904	0.7	< 0.20					6.9	6.8	
12	1.925	0.6	< 0.20					6.9	6.8	
13	2.076	0.6	< 0.20					7.0	6.7	
14	2.159	0.8	< 0.20					6.9	6.7	8
15	2.208	0.6	< 0.20					7.0	6.7	
16	2.760	0.9	< 0.20	76	69	3.2	5.1	6.9	6.7	
17	1.706	0.6	< 0.20					7.0	6.7	
18	1.969	0.6	< 0.20					6.8	6.8	
19	1.842	0.5	< 0.20					6.9	6.8	
20	2.053	0.5	< 0.20					7.0	6.8	
21	2.017	0.7	< 0.20					6.9	6.8	36
22	2.061	0.7	< 0.20					6.9	6.8	
23	2.019	0.5	< 0.20	148	171	2.7	3.4	6.9	6.8	
24	2.056	0.6	< 0.20					7.0	6.7	
25	1.951	0.9	< 0.20					6.8	6.8	
26	2.176	0.9	< 0.20					6.9	6.8	
27	2.530	0.5	< 0.20					6.9	6.6	
28	2.143	0.6	< 0.20					6.7	6.6	168
29	2.043	0.9	< 0.20					6.8	6.6	
30	2.195	0.6	< 0.20	140	74	2.6	3.3	6.7	6.7	
31	2.410	0.7	< 0.20					6.8	6.7	
Tot	62.700	19.9		722	750	14.5	17.3			222
Avg	2.023	0.6		144	150	2.9	3.5			56
Max	2.760	0.9	< 0.20	186	325	3.4	5.1	7.1	6.9	168
Min	1.252	0.5	< 0.20	76	69	2.6	1.4	6.7	6.6	8

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

Signed: Prentiss Garraway

Date: 11/14/97

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)FL0026751
PERMIT NUMBER0011
DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ☐ ***

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	31
(20-21)		(22-23)		(24-25)		(26-27)	

NOTE: Read instructions before completing this form.

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				
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.1	(12)	0	1/4 Hour	Grab	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	RECORD	
EFFLUENT GROSS VALUE												
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		150	150	325	(19)	0	1/4	16 comp	
00530 6 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL	
RAW SEW/INFLUENT												
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	168	*****	(19)	0	1/30	calc	
00530 P 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/ MONTH	CALC TO	
SEE COMMENTS BELOW												
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.4	*****	(19)	0	1/30	calc	
00530 Y 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	10.0	*****	MG/L		ONCE/ MONTH	CALC TO	
ANNUAL AVERAGE												
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		3.5	3.5	5.1	(19)	0	1/4	16 comp	
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	12.5	15.0	20.0	MG/L		WEEKLY	COMPL	
EFFLUENT GROSS VALUE					MO AVG	WKLY AVG	DAILY MX					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	2.176	*****	(03)	0	1/30	calc	
50050 Y 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	*****	MGD		ONCE/ MONTH	CALC TO	
ANNUAL AVERAGE												
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		2.023	2.023	2.760	(03)	0	cont	Flow Meter	
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RECORD FLO	
EFFLUENT GROSS VALUE												
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 6 years.)						TELEPHONE		DATE		
M. Sambamurti Vice President								704 775-2865		97 11 25		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

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

P: REPORT INFLUENT VALUE

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

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FL 32239

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LOCATION JACKSONVILLE

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ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

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Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	97	10	01	TO	97	10	31	
(20-21)			(22-23)			(24-25)		
						(26-27)		
						(28-29)		
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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			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NO2I=B 0.01	(19)	0	1/day Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX MG/L			DAILY GRAB
LENGTH OF LONGEST PH EXCURSION 72107 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30 calc
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	60 IN- UTES			ONCE/ MONTH CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0	1/30 calc
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 ER- CENT			ONCE/ MONTH CALCTD
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	85	*****	(13)	0	1/30 calc
	PERMIT REQUIREMENT	*****	*****	***	*****	200 ANNL AVG	*****			ONCE/ MONTH CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	26	168	(13)	0	1/7 Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO GEOMN	800 DAILY MX			WEEKLY GRAB
BOD, CARBONACEOUS 5 DAY, 20C 30082 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****		144	144	186	(19)	0	1/7 16 comp
	PERMIT REQUIREMENT	*****	*****	***	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX			WEEKLY COMPLE
BOD, CARBONACEOUS 5 DAY, 20C 30082 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	169	*****	(19)	0	1/30 calc
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT ANNL AVG	*****			ONCE/ MONTH CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sankaranarathi

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

904 785-2865

97 11 25

AREA CODE

NUMBER

YEAR

MO

DAY

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

P: REPORT INFLUENT VALUE

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

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY P. O. BOX 8004

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1 1 ***

Form Approved.

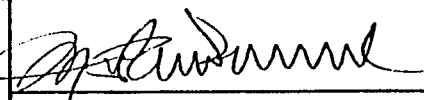
OMB No. 2040-0004

Approval 2015-05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	10	01	97	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(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			
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		2.9	2.9	3.4	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*****	*****	****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMPILED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. Sambamurthi Vice President TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			904 725-2865	97	11	25

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

P: REPORT INFLUENT VALUE

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

Form Approved.

TOXICITY TESTING OMB No. 2040-0004

APPROVED BY: _____
(SUBJ: JA)

F - FINAL

FRACK

FILED -

NO DISCHARGE

THE BROADWAY THEATRE

NOTE: Road instructions before completing this form.

EFFLUE
*** NO DISCHARGE 11 ***

MONITORING PERIOD									
FROM		YEAR	MO	DAY	TO		YEAR	MO	DAY
120-211		97	10	01	126-271		97	10	31
QUANTITY OR LOADING					QUANTITY OR LOADING				
(164-611)					(14 Card Only) (138-451)				
MAXIMUM	UNITS	MINIMUM	AVERAGE		MAXIMUM	UNITS	MINIMUM	AVERAGE	
*****			*****		*****			*****	
*****		ADD ± 9	*****		*****		ADD ± 9	*****	
*****		MINIMUM	*****		*****		MINIMUM	*****	
*****		ADD ± 9	*****		*****		ADD ± 9	*****	
*****		MINIMUM	*****		*****		MINIMUM	*****	
*****		ADD ± 9	*****		*****		ADD ± 9	*****	
*****		MINIMUM	*****		*****		MINIMUM	*****	
*****		ADD ± 9	*****		*****		ADD ± 9	*****	
*****		MINIMUM	*****		*****		MINIMUM	*****	
*****		ADD ± 9	*****		*****		ADD ± 9	*****	
*****		MINIMUM	*****		*****		MINIMUM	*****	

ments 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."

MONTHLY OPERATING REPORT

Part II General Information

1) Month: September Year: 1997

2) Plant's DER Identification Number: 3116P05360

3) Plant Name: Royal Lakes Wastewater Treatment Plant

4) Plant Address: 8509 Western Way

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DT16-194940

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X12403

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

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

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

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

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

Lead Operator: Prentiss Larraway
signature Cert. No. 5456

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.033
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.186
(19) Percent of permitted capacity	%	---	68.5
(20) CBOD5 Effluent	mg/L	080082	4.5
(21) TSS Effluent	mg/L	900201	5.8
(22) Minimum pH	mg/L	---	6.7
(23) Maximum pH	mg/L	---	7.1
(24) Organic N	mg/L	---	0.00
(25) TKN	mg/L	000625	< 0.05
(26) Total Ammonia	mg/L	000610	< 0.05
(27) Nitrite & Nitrate	mg/L	071850	5.45
(28) Total Phosphorus	mg/L	000665	1.99
(29) Ortho Phosphates	mg/L	---	1.08
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		42
Fecal Coliform (Arithmetic Mean)	#/100 ml		50
(33) TRC method code: 4500 CI (G)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 09-04-97			

(*) Duval Septic Tank hauled 39 loads of digester sludge at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116P05360

Month: September Year: 1997

(34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.215	0.5	< 0.20					7.0	6.9	
02	2.350	0.6	< 0.20					7.0	6.8	12
03	2.207	0.7	< 0.20					7.0	6.9	
04	2.089	0.5	< 0.20	256	83	2.4	3.0	6.9	6.8	
05	2.120	0.6	< 0.20					6.8	6.7	
06	1.962	0.6	< 0.20					6.9	6.8	
07	1.975	0.6	< 0.20					6.9	6.9	
08	2.181	0.5	< 0.20					6.9	6.8	
09	2.112	0.6	< 0.20					6.9	6.7	56
10	2.197	0.6	< 0.20					6.8	6.7	
11	2.669	0.7	< 0.20	161	73	2.5	0.8	6.8	6.7	
12	1.828	0.8	< 0.20					6.9	6.8	
13	1.755	0.9	< 0.20					6.9	6.8	
14	1.797	0.5	< 0.20					6.8	6.7	
15	1.814	0.6	< 0.20					6.9	6.8	
16	2.157	0.5	< 0.20					6.9	6.7	72
17	1.661	0.7	< 0.20					7.0	6.7	
18	1.832	0.8	< 0.20	274	393	3.9	3.1	6.8	6.7	
19	1.640	0.6	< 0.20					6.9	6.7	
20	1.561	0.6	< 0.20					6.8	6.7	
21	2.057	0.7	< 0.20					6.9	6.8	
22	1.720	0.9	< 0.20					6.9	6.8	
23	2.462	0.7	< 0.20					7.0	6.8	72
24	2.237	0.7	< 0.20					7.1	6.8	
25	2.170	0.7	< 0.20	140	101	3.5	3.1	7.1	6.8	
26	2.112	0.6	< 0.20					7.1	6.8	
27	1.955	0.7	< 0.20					6.9	6.7	
28	1.723	0.5	< 0.20					6.9	6.8	
29	2.161	0.5	< 0.20					6.9	6.8	
30	2.268	0.5	< 0.20					6.8	6.7	36

Tot	60.987	19.0		831	650	12.3	10.0			248
Avg	2.033	0.6		208	163	3.1	2.5			50
Max	2.669	0.9	< 0.20	274	393	3.9	3.1	7.1	6.9	72
Min	1.561	0.5	< 0.20	140	73	2.4	0.8	6.8	6.7	12

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

Signed: Prentiss M. GarrawayDate: 10/10/97

Name (Please Type) Prentiss M. Garraway

Company Name: United Water-Florida Inc.

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

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

NAME JSO ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSO ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ☐ ***

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) (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			
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.1	(12)	0	1/4 hr	web
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	RECORD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		163	163	393	(19)	0	1/7	16 comp
00530 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT MD AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	170	*****	(19)	0	1/30	calc
00530 2 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.6	*****	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	10.0	*****	MG/L		ONCE/ MONTH	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		2.5	2.5	3.1	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	12.5	15.0	20.0	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	2.212	*****	(03)	0	1/30	calc
00050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	3.0	*****	MGD		ONCE/ MONTH	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		2.033	2.033	2.669	(03)	0	cont	Flow meter
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MD AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	CD FLO
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		
Mr. Sanku murthi Vice President							904 721-4600		97 10 20		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W O DIRECTOR

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

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

12545

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
97	09	01		97	09	30	
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL 50050 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI=B	(19)	0	1/Day	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 0 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60 MAXIMUM	MIN- UTES		ONCE/ MONTH	CALCTD
% OF TIME EXCEEDING PH LIMITS 72108 0 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0	1/30	calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 MAXIMUM	PER- CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 Y 0 0	SAMPLE MEASUREMENT	*****	*****		*****	90	*****	(13)	0	1/30	calc
ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	200 ANNL AVG	*****	100ML		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	42	72	(13)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO GEOMN	800 DAILY MX	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 G 0 0	SAMPLE MEASUREMENT	*****	*****		208	208	274	(19)	0	1/7	16 comp
RAW SEN/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPTD
BOD, CARBONACEOUS 5 DAY, 20C 80082 P 0 0	SAMPLE MEASUREMENT	*****	*****		*****	173	*****	(19)	0	1/30	calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCTD
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 19 U.S.C. § 1001 AND 33 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		
Mr. Sambamurthi Vice President							904 721-4600		97	10	20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

P: REPORT INFLUENT VALUE Method code for TRE is 4500 CI (6). Detection limit is 0.20 mg/L.
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

NAME JSU ROYAL LAKES

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

ADDRESS P. O. BOX 3004

FL0026751

001 1

(SUBR JA)

Approval expires 05-31-98

SUITE 103

PERMIT NUMBER

DISCHARGE NUMBER

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	09	01	97	09	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

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	UNITS			
500, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		*****	4.2	*****	(19)	0	1/30	calc
05 DAY, 20C	PERMIT REQUIREMENT	*****	*****	****	*****	10.0	*****	MG/L		ONCE/	CALCUL
30082 Y 0 0						ANNUAL AVG				MONTH	
ANNUAL AVERAGE											
500, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		3.1	3.1	3.9	(19)	0	1/7	10 comp
05 DAY, 20C	PERMIT REQUIREMENT	*****	*****	****	12.5	15.0	20.0	MG/L		WEEKLY	COMPL
30082 1 0 0					NO AVG	WKLY AVG	DAILY MX				
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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. § 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			
Mr. Sambamurti Vice President						904 281-4600		97 10 20			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	

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

P: REPORT INFLUENT VALUE

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

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

NAME JSJ ROYAL LAKES

ADDRESS P. O. BOX 0004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSJ ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

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

FL0026751

PERMIT NUMBER

001 F

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY
97 09 01

YEAR MO DAY
97 09 30

FROM

TO

(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
12545

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			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN38 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN38 Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Samba murthi
Vice President

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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

904 271-4600

97 10 30

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."

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: August Year: 1997

(2) Plant's DER Identification Number: 3116PO5360

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:
☒ Membrane Filter ☐ Most Probable Number

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

(13) Limited Wet Weather Discharge Activated:
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:
 Day Shift Operator Class: "B" Cert. No. 5458
 Day Shift Operator Class: "A" Cert. No. 5755
 Day Shift Operator Class: "B" Cert. No. 9197
 Evening Shift Operator Class: "C" Cert. No. 8438
 Lead Operator: Peter J. Arroway
 signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.299
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.284
(19) Percent of permitted capacity	%	---	70.2
(20) CBOD5 Effluent	mg/L	080082	3.5
(21) TSS Effluent	mg/L	900201	3.5
(22) Minimum pH	mg/L	---	6.7
(23) Maximum pH	mg/L	---	7.0
(24) Organic N	mg/L	---	1.77
(25) TRN	mg/L	000625	5.05
(26) Total Ammonia	mg/L	000610	3.28
(27) Nitrite + Nitrate	mg/L	071850	< 0.05
(28) Total Phosphorus	mg/L	000665	3.46
(29) Ortho Phosphates	mg/L	---	2.51
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		171
Fecal Coliform (Arithmetic Mean)	#/100 ml		233
(33) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 08-07-97			

(*) Duval Septic Tank hauled 38 loads of digester sludge at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116PO5360

Month: August Year: 1997

(34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EPP	MIN pH EPP	FECAL COLIFORM (#/100ML)
01	2.323	0.8	< 0.20					6.9	6.7	
02	2.323	0.8	< 0.20					6.9	6.8	
03	2.323	0.6	< 0.20					6.9	6.8	
04	2.323	0.7	< 0.20					6.9	6.7	
05	2.323	0.8	< 0.20					6.9	6.8	76
06	2.323	0.5	< 0.20					7.0	6.8	
07	2.323	0.7	< 0.20	104	190	3.6	3.4	6.9	6.8	
08	2.323	0.5	< 0.20					6.9	6.8	
09	2.323	0.5	< 0.20					6.9	6.8	
10	2.323	0.5	< 0.20					6.9	6.8	
11	2.323	0.5	< 0.20					7.0	6.8	
12	2.323	0.5	< 0.20					7.0	6.7	104
13	2.323	0.5	< 0.20					6.8	6.7	
14	2.323	0.5	< 0.20	204	250	3.3	3.7	6.9	6.7	
15	2.323	0.5	< 0.20					6.9	6.7	
16	2.323	0.6	< 0.20					6.8	6.7	
17	2.323	0.5	< 0.20					6.9	6.8	
18	2.323	0.5	< 0.20					6.9	6.8	
19	2.323	0.5	< 0.20					6.9	6.8	560
20	2.323	0.5	< 0.20					6.9	6.7	
21	2.323	0.7	< 0.20	176	301	3.9	3.5	6.9	6.7	
22	2.206	0.8	< 0.20					6.9	6.7	
23	2.151	0.8	< 0.20					6.9	6.8	
24	2.129	0.7	< 0.20					6.9	6.8	
25	2.302	0.8	< 0.20					6.9	6.8	
26	2.356	0.8	< 0.20					7.0	6.8	192
27	2.470	0.7	< 0.20					7.0	6.8	
28	2.365	0.8	< 0.20	150	151	3.0	3.2	6.9	6.8	
29	2.320	0.8	< 0.20					6.9	6.8	
30	2.223	0.8	< 0.20					6.9	6.8	
31	1.950	0.7	< 0.20					7.0	6.8	
Tot	71.255	19.9		634	892	13.8	13.8			932
Avg	2.299	0.6		159	223	3.5	3.5			233
Max	2.470	0.8	< 0.20	204	301	3.9	3.7	7.0	6.8	560
Min	1.950	0.5	< 0.20	104	151	3.0	3.2	6.8	6.7	76

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

Signed: Prentiss GarrawayDate: 9-10-97

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

* Flow recorder out of service from 7/21/97.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME JSU ROYAL LAKES
ADDRESS P.O. BOX 3004
SUITE 108
JACKSONVILLE
FL 32239

FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE
ATTN: SCOTT TURNER-W Q DIRECTOR
FL 32239

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PERMIT NUMBER FL0026751
DISCHARGE NUMBER 0011

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT

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

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (13 Card Only) (46-53)			QUANTITY OR CONCENTRATION (14 Card Only) (38-45)			QUANTITY OR CONCENTRATION (15 Card Only) (54-61)			NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH		*****	*****		6.7	*****	7.0	(12)	0	1/Year	Lab		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		REPORT MINIMUM	*****	REPORT MAXIMUM	(19)	0	1/30	Lab		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		223	223	301	(19)	0	1/7	Lab		
00530 6 0 0 RAW SEM/INFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MD AVG	REPORT WPLY AVG	REPORT DAILY MX	(19)	0	1/30	Lab		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	16.4	*****	(19)	0	1/30	Lab		
SUSPENDED	PERMIT REQUIREMENT	*****	*****		*****	REPORT ANNL AVG	*****	(19)	0	1/30	Lab		
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	(19)	0	1/30	Lab		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	5.7	*****	(19)	0	1/30	Lab		
SUSPENDED	PERMIT REQUIREMENT	*****	*****		*****	10.0	*****	(19)	0	1/30	Lab		
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****		*****	3.5	3.7	(19)	0	1/7	Lab		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		3.5	3.5	3.7	(19)	0	1/7	Lab		
SUSPENDED	PERMIT REQUIREMENT	*****	*****		12.5	13.0	20.0	(19)	0	1/30	Lab		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		MD AVG	WPLY AVG	DAILY MX	(19)	0	1/30	Lab		
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****		*****	2.239	*****	(03)	0	1/30	Lab		
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****		*****	3.8	*****	(03)	0	1/30	Lab		
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	(03)	0	1/30	Lab		
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****		2.299	2.299	2.470	(03)	0	1/30	Lab		
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****		REPORT MD AVG	REPORT WPLY AVG	REPORT DAILY MX	(03)	0	1/30	Lab		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	(03)	0	1/30	Lab		
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 KNOWLEDGE OF THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE 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 5 months and 5 years.)												
Typed or Printed	Signature of Principal Executive Officer or Authorized Agent												
TELEPHONE	DATE												

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER - W. Q. DIRECTOR

FROM

TO

DATE

YEAR

MO

DAY

TIME

PERMIT NUMBER

DISCHARGE NUMBER

DATE

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PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

DISCHARGE NUMBER

DATE

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PERMIT NUMBER

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PERMIT NUMBER

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 106

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ☐ ***

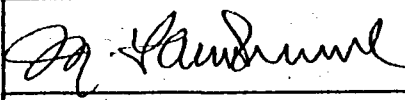
NOTE: Read instructions before completing this form.

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 (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	4.2	*****	(19)	0	1/30	calc
80082 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		3.5	3.5	3.9	(19)	0	1/7	16 comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	12.5 MO. AVG	15.0 WKLY AVG	20.0 DAILY MAX	MG/L		WEEKLY	COMPLETED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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. § 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		
Mr. Sambamurthi Vice President TYPED OR PRINTED			904 721-4600 AREA CODE NUMBER	97 09 22 YEAR MO DAY		

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

FL0026751

PERMIT NUMBER

0011

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY TO YEAR MO DAY

FROM 97 08 01 TO 97 08 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)		(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 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Sumbamurthi

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 09 22

AREA CODE NUMBER

YEAR MO DAY

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

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

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: July Year: 1997

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

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

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

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

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

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

Lead Operator: *Ken Thomas*
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.226
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.251
(19) Percent of permitted capacity	%	---	68.6
(20) CBOD5 Effluent	mg/L	080082	4.6
(21) TSS Effluent	mg/L	900201	4.8
(22) Minimum pH	mg/L	---	6.7
(23) Maximum pH	mg/L	---	7.0
(24) Organic N	mg/L	---	1.31
(25) TKN	mg/L	000625	3.49
(26) Total Ammonia	mg/L	000610	2.18
(27) Nitrite + Nitrate	mg/L	071850	4.60
(28) Total Phosphorus	mg/L	000665	4.55
(29) Ortho Phosphates	mg/L	---	4.31
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		106
Fecal Coliform (Arithmetic Mean)	#/100 ml		111
(33) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 07-10-97			

(*) Duval Septic Tank hauled 31 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116P05360

Month: July Year: 1997

(34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.320	0.6	< 0.20					7.0	6.8	120
02	2.269	0.8	< 0.20	164	95	4.4	4.2	6.9	6.8	
03	2.085	0.8	< 0.20					6.9	6.8	
04	1.925	0.6	< 0.20					6.9	6.8	
05	2.014	0.5	< 0.20					7.0	6.9	
06	2.132	0.5	< 0.20					7.0	6.9	
07	2.434	0.5	< 0.20					6.9	6.8	
08	2.147	0.7	< 0.20					6.9	6.8	140
09	2.306	0.8	< 0.20					7.0	6.8	
10	2.291	0.6	< 0.20	113	74	3.5	4.1	6.9	6.8	
11	2.388	0.8	< 0.20					6.9	6.8	
12	2.094	0.8	< 0.20					6.9	6.8	
13	2.090	0.7	< 0.20					6.9	6.8	
14	2.267	0.8	< 0.20					6.9	6.8	
15	2.152	0.5	< 0.20					6.9	6.8	56
16	2.209	0.8	< 0.20					6.9	6.8	
17	2.182	0.7	< 0.20	149	169	3.8	3.9	6.9	6.8	
18	2.144	0.7	< 0.20					7.0	6.8	
19	2.044	0.9	< 0.20					6.9	6.9	
20	1.962	0.7	< 0.20					6.9	6.8	
21	2.323	0.5	< 0.20					7.0	6.8	
22	2.323	0.6	< 0.20					7.0	6.8	124
23	2.323	0.8	< 0.20					6.9	6.8	
24	2.323	0.5	< 0.20	133	112	6.8	3.8	6.9	6.9	
25	2.323	0.5	< 0.20					6.9	6.8	
26	2.323	0.5	< 0.20					6.9	6.9	
27	2.323	0.6	< 0.20					7.0	6.8	
28	2.323	0.9	< 0.20					6.9	6.8	
29	2.323	0.8	< 0.20					6.9	6.8	114
30	2.323	0.6	< 0.20					6.9	6.8	
31	2.323	0.7	< 0.20	158	398	4.6	8.0	6.9	6.7	
Tot	69.008	20.8		717	848	23.1	24.0			554
Avg	2.226	0.7		143	170	4.6	4.8			111
Max	2.434	0.9	< 0.20	164	398	6.8	8.0	7.0	6.9	140
Min	1.925	0.5	< 0.20	113	74	3.5	3.8	6.9	6.7	56

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

Signed: _____

Date: _____

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

* Flow recorder out of service from 7/21/97.

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8064
SUITE 108
JACKSONVILLE
FL 32239

FL 32239

ACTIVITY JSU ROYAL LAKES
LOCATION JACKSONVILLE
ATTN: SCOTT TURNER - W Q DIRECTOR

FROM FL 32239

FL0026751
PERMIT NUMBER

0011
DISCHARGE NUMBER

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (13 Card Only) (46-53)			QUANTITY OR CONCENTRATION (14 Card Only) (38-45)			QUANTITY OR CONCENTRATION (15 Card Only) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
H 10400 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
10530 6 0 0 SOLIDS, TOTAL SUSPENDED LAKE SEM/INFLUENT	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
10530 P 0 0 SOLIDS, TOTAL SUSPENDED SEE COMMENTS BELOW	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
10530 Y 0 0 SOLIDS, TOTAL SUSPENDED ANNUAL AVERAGE	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
10530 1 0 0 EFFLUENT GROSS VALUE THRU TREATMENT PLANT	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
10050 Y 0 0 ANNUAL AVERAGE THRU TREATMENT PLANT	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
10050 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. J. Turner
Vice President

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE
97 791-4600

DATE
97 08 21

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

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

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108

FL 32239

ACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

FL0026751	PERMIT NUMBER
-----------	---------------

001 1	DISCHARGE NUMBER
-------	------------------

(SUBR JA)
F - FINAL

MAJOR

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

*** NO DISCHARGE |---| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (38-45)			(5 Card Only) (54-61)			NO. EX (62-69)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
CHLORINE, TOTAL (RESIDUAL												
00060 I 0 0												
EFFLUENT GROSS VALUE												
LENGTH OF LONGEST PH												
EXCURSION												
72107 Q 0 0												
SEE COMMENTS BELOW												
% OF TIME EXCEEDING												
-H LIMITS												
72108 Q 0 0												
SEE COMMENTS BELOW												
CULIFORM, FECAL												
GENERAL												
74055 Y 0 0												
ANNUAL AVERAGE												
CULIFORM, FECAL												
GENERAL												
74055 I 0 0												
EFFLUENT GROSS VALUE												
CO ₂ , CARBONACEOUS												
05 DAY, 20C												
00082 G 0 0												
KAW SEW/INFLUENT												
CO ₂ , CARBONACEOUS												
05 DAY, 20C												
00082 P 0 0												
SEE COMMENTS BELOW												

DATE

YEAR MO DAY

97 08 21

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sandoval-Munoz

Vice President

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

984 721-4600

AREA CODE NUMBER

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

REPORT INFLUENT VALUE * method code for TRC is 4500 Cl(6), Detection limit is 0.20 mg/L.
: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) FL0026751 (17-19) 001 1
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 97 01 01 TO 97 01 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
OMB No. 2040-0004
Approval 2014-05-31-98

(SUBR JA)
F - FINAL
MAJOR
EFFLUE
*** NO DISCHARGE 1-1 ***

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	UNITS			
COD, CARBONACEOUS 5 DAY, 20C 0082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.2	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
COD, CARBONACEOUS 5 DAY, 20C 0082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		4.6	4.6	6.8	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MAX	MG/L		WEEKLY	COMPLET
	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			
			YEAR	MO	DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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

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

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 (38-45) (46-53) (54-61)				NO. EX (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		>100	*****	*****	(23)	0	1/6 mos	4 grab
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		>100	*****	*****	(23)	0	1/6 mos	4 grab
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. 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 AREA CODE NUMBER	DATE 97 08 21 YEAR MO DAY
--	---	--	-----------------------------------	-------------------------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
=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: 3116P05360
 3) Plant Name: Royal Lakes Wastewater Treatment Plant

4) Plant Address: 8509 Western Way

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DT16-194940

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X12403

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

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

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

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

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

Lead Operator: *Chris L. Hannaway*
 signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.323
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.206
(19) Percent of permitted capacity	%	---	67.0
(20) CBOD5 Effluent	mg/L	080082	3.7
(21) TSS Effluent	mg/L	900201	5.2
(22) Minimum pH	mg/L	---	6.8
(23) Maximum pH	mg/L	---	7.1
(24) Organic N	mg/L	---	2.10
(25) TKN	mg/L	000625	3.74
(26) Total Ammonia	mg/L	000610	1.64
(27) Nitrite + Nitrate	mg/L	071850	4.93
(28) Total Phosphorus	mg/L	000665	2.64
(29) Ortho Phosphates	mg/L	---	2.10
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		78
Fecal Coliform (Arithmetic Mean)	#/100 ml		86
(33) TRC method code: 4500 Cl (8)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 06-05-97			

(*) Duval Septic Tank hauled 52 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID # : 3116PD5360

Month: June Year: 1997

34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
1	2.328	0.9	< 0.20					6.9	6.9	
2	2.260	0.5	< 0.20					7.1	6.8	
3	2.380	0.8	< 0.20					6.9	6.9	58
4	2.365	0.5	< 0.20					6.9	6.9	
5	2.743	0.8	< 0.20	120	71	3.7	5.2	6.9	6.8	
6	2.399	0.7	< 0.20					7.0	6.8	
7	2.030	0.5	< 0.20					6.9	6.9	
8	1.942	0.6	< 0.20					7.0	6.9	
9	2.362	0.6	< 0.20					6.9	6.8	
10	2.385	0.7	< 0.20					7.0	6.8	116
11	2.449	0.7	< 0.20					6.9	6.8	
12	2.384	0.6	< 0.20	140	107	4.4	6.4	6.9	6.8	
13	2.356	0.6	< 0.20					6.9	6.8	
14	2.198	0.6	< 0.20					7.0	6.9	
15	2.120	0.6	< 0.20					7.0	6.9	
16	2.271	0.5	< 0.20					7.0	6.9	
17	2.373	0.7	< 0.20					7.0	6.8	44
18	3.102	0.5	< 0.20					6.9	6.8	
19	3.258	0.7	< 0.20	144	90	3.7	4.5	6.9	6.8	
20	2.324	0.8	< 0.20					6.9	6.8	
21	2.107	0.8	< 0.20					6.9	6.8	
22	1.901	0.7	< 0.20					6.9	6.9	
23	2.192	0.7	< 0.20					7.0	6.9	
24	2.318	0.7	< 0.20					6.9	6.8	124
25	2.313	0.6	< 0.20					6.9	6.8	
26	2.326	0.6	< 0.20	103	104	3.1	4.5	6.9	6.8	
27	2.235	0.6	< 0.20					6.8	6.8	
28	2.124	0.7	< 0.20					6.9	6.9	
29	1.954	0.5	< 0.20					6.9	6.9	
30	2.184	0.5	< 0.20					7.1	6.9	
Tot	69.683	19.3		507	372	14.9	20.6			342
Avg	2.323	0.6		127	93	3.7	5.2			86
Max	3.258	0.9	< 0.20	144	107	4.4	6.4	7.1	6.9	124
Min	1.901	0.5	< 0.20	103	71	3.1	4.5	6.8	6.8	44

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

Signed: Prentiss M. GarrawayDate: 7-7-97

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(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			YEAR			MO			DAY								
FROM			97			08			01			TO			97			08			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			
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.1	(12)	0	1/Hour Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS RECORD
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		93	93	107	(19)	0	1/7 16 comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY COMPLETE
00530 G 0 0	SAMPLE MEASUREMENT	*****	*****		*****	160	*****	(19)	0	1/30 calc
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/ MONTH CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.6	*****	(19)	0	1/30 calc
00530 P 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	10.0	*****	MG/L		ONCE/ MONTH CALCT
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		5.2	5.2	6.4	(19)	0	1/7 16 comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	12.5	15.0	20.0	MG/L		WEEKLY COMPLETE
00530 Y 0 0	SAMPLE MEASUREMENT	*****	*****		*****	2.281	*****	(03)	0	1/30 calc
ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	*****	MGD		ONCE/ MONTH CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	*****	*****		2.323	2.323	3.258	(03)	0	cont Flow Meter
50050 Y 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS RECORD
ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(03)	0	1/30 calc
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MGD		CONTINUOUS RECORD
50050 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(03)	0	1/30 calc
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MGD		CONTINUOUS RECORD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(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 (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			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19) #	0	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****		0.01 DAILY MX		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSION 72107 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(14) 0	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****		60 MIN- UTES		ONCE/ MONTH	CALCUL
% OF TIME EXCEEDING PH LIMITS 72108 Q 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(23) 0	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****		1.0 PER- CENT		ONCE/ MONTH	CALCUL
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	83		(13) 0	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	200 ANNUAL AVG		100ML		ONCE/ MONTH	CALCUL
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	86	124	(13) 0	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO GEOMN	800 DAILY MX	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****		127	127	144	(19) 0	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
BOD, CARBONACEOUS 05 DAY, 20C 80082 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	172		(19) 0	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCUL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

McSambamurthi
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 07 21

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

P: REPORT INFLUENT VALUE *Method Code for TRC is 4500 C(16). Detection limit is 0.20 mg/L.
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

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

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

12345

PARAMETER (32-37)	X	(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			
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		3.7	3.7	4.4	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*****	*****	****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMPLETION
	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. Sambamurthi Vice President TYPED OR PRINTED			704 721-4600	97 07 21			

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

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

FL0026751
PERMIT NUMBER

001 T
DISCHARGE NUMBER

MONITORING PERIOD
FROM 97 06 01 TO 97 06 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 1 1 ***

NOTE: Read instructions before completing this form.

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 STATRE 96HR ACU CERIODAPHNIA TAN3B P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurti
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 07 21

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

M. Sambamurti

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: May Year: 1997

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

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

☒ 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: "A" Cert. No. 3303

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

Night Shift Operator Class: Cert. No.

Lead Operator: Franklin J. Hargaway
signature Cert. No. 3303

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.208
(17) Permitted Capacity	mgd	---	2.400
(18) Three-month average daily flow	mgd	---	2.146
(19) Percent of permitted capacity	%	---	0.6
(20) CBOD5 Effluent	mg/L	080082	3.7
(21) CBOD5 Effluent	lbs/day	---	
(22) TSS Effluent	mg/L	900201	4.9
(23) TSS Effluent	lbs/day	---	
(24) Minimum pH		---	6.7
(25) Maximum pH		---	7.1
(26) Total N	mg/L	000600	2.26
(27) TKN	mg/L	000625	2.92
(28) Ammonia (NH3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	4.43
(31) Minimum Chlorine Residual	mg/L	---	0.5
(32) Maximum Chlorine Residual	mg/L	---	0.20
(33) Other Effluent Parameters			
Ortho Phosphate	mg/L		2.16
Fecal Coliform	#/100 ml		65
(35) TRC method code: 4500 Cl (6)			
minimum detection level: 0.01			

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116P05360

(34)

Month: May Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	TKN EFF (mg/L)	NH3-N EFF (mg/L)	NITRATE Eff (mg/L)	TOTAL P EFF (mg/L)	FECAL COLIFORM (#/100ml)
01	2.024	0.7	< 0.20	134	90	4.1	5.5	7.0	6.8					
02	2.071	0.5	< 0.20					7.0	6.9					
03	2.119	0.7	< 0.20					7.0	6.9					
04	2.001	0.5	< 0.20					7.1	7.0					
05	2.226	0.7	< 0.20					7.1	6.9					
06	2.375	0.5	< 0.20					7.0	6.9					26
07	2.241	0.7	< 0.20					7.0	6.9					
08	2.091	0.6	< 0.20	198	87	3.9	5.0	7.0	6.9	2.92			4.43	
09	2.252	0.8	< 0.20					6.9	6.9					
10	1.830	0.8	< 0.20					7.0	6.9					
11	1.903	0.8	< 0.20					7.0	6.9					
12	1.894	0.6	< 0.20					7.0	6.9					
13	2.280	0.5	< 0.20					7.0	6.8					112
14	2.219	0.5	< 0.20					6.9	6.8					
15	2.188	0.6	< 0.20	155	68	3.7	4.8	7.0	6.8					
16	2.208	0.5	< 0.20					7.0	6.8					
17	2.051	0.6	< 0.20					6.9	6.8					
18	1.946	0.5	< 0.20					6.9	6.9					
19	2.250	0.6	< 0.20					7.0	6.9					
20	2.371	0.7	< 0.20					6.9	6.8					46
21	2.369	0.7	< 0.20					6.9	6.8					
22	2.309	0.7	< 0.20	144	87	3.7	5.1	6.9	6.8					
23	2.242	0.5	< 0.20					6.9	6.7					
24	2.003	0.5	< 0.20					6.9	6.8					
25	2.498	0.5	< 0.20					6.9	6.9					
26	2.094	0.5	< 0.20					7.0	6.9					
27	2.818	0.7	< 0.20					6.9	6.8					130
28	2.660	0.6	< 0.20					6.9	6.8					
29	2.425	0.7	< 0.20	126	157	3.3	4.0	6.9	6.8					
30	2.344	0.7	< 0.20					6.9	6.8					
31	2.152	0.8	< 0.20					6.9	6.8					
Tot	68.454	19.3		747	489	18.7	24.4			2.92			4.43	314
Avg	2.208	0.6	0.20	149	98	3.7	4.9			2.92			4.43	65
Max	2.818	0.8	0.20	188	157	4.1	5.5	7.1	7.0	2.92			4.43	130
Min	1.830	0.5	0.20	126	68	3.3	4.0	6.9	6.7	2.92			4.43	26

Lead Operator: This is to certify that 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: Kenneth L. FrintDate: 5-11-97

Name (Please Type) Kenneth L. Frint

Company Name: Jacksonville Suburban Utilities Corp.

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (13 Card Only) (46-53)			QUANTITY OR CONCENTRATION (14 Card Only) (38-45)			NO. OF ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		6.7								
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	REPORT MAXIMUM			
EFFLUENT GROSS VALU		*****	*****	*****		*****				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	98	98	157			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX			
00530 0 0 0		*****	*****	*****	*****	*****	*****			
RAM SEM/INFLUENT		*****	*****	*****						
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	192	*****			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT ANNL AVG	*****			
00530 0 0 0		*****	*****	*****	*****	*****	*****			
SEE COMMENTS BELOW		*****	*****	*****						
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.5	*****			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	10.0	*****			
00530 0 0 0		*****	*****	*****	*****	ANNL AVG	*****			
ANNUAL AVERAGE		*****	*****	*****	*****	*****	*****			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	4.9	4.9	5.5			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	15.0	*****			
00530 1 0 0		*****	*****	*****	*****	WKLY AVG	*****			
EFFLUENT GROSS VALU		*****	*****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
THRU TREATMENT PLAN	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 0 0 0		*****	*****	*****	*****	*****	*****			
ANNUAL AVERAGE		*****	*****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
THRU TREATMENT PLAN	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 0		*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALU		*****	*****	*****	*****	*****	*****			
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. Sankaranarayanan										
Vice President										
TYPED OR PRINTED										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
P: REPORT INFLUENT VALUE										
Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.										

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 0004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

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

FLO026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 111 ***

NOTE: Read instructions before completing this form.

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 (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			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)	0	1/Day	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01 DAILY MX	MG/L		DAILY	GRAB
LENGTH OF LONGEST P EXCURSION 72107 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	Calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60 MAXIMUM	MIN- UTES		ONCE/ MONTH	CALCT
% OF TIME EXCEEDING PH LIMITS 72108 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0	1/30	Calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 MAXIMUM	PER- CENT		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	85	*****	(13)	0	1/30	Calc
	PERMIT REQUIREMENT	*****	*****	****	*****	200 ANNL AVG	*****	100ML		ONCE/ MONTH	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	65	130	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO GEOMN	300 DAILY MX	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 50082 5 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	*	149	149	188	(19)	0	1/7	16
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPT
BOD, CARBONACEOUS 05 DAY, 20C 50082 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	184	*****	(19)	0	1/30	C
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCT
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. Sankararathi Vice President							904-721-4600		97 06 26		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER		YEAR MO DAY		

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

P: REPORT INFLUENT VALUE

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

* method code for TRC is 4500 CI (A). Detection limit is 0.20 mg/L.

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 3004
SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W D DIRECTOR

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

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

OMB No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(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			
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		3.7	3.7	4.1	(19)	0	1/7	1/6 comp
	PERMIT REQUIREMENT	*****	*****	****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MAX	MG/L		WEEKLY	COMPLETED
	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. Samkurnathi
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

AREA
CODE

NUMBER

97

06

26

YEAR

MO

DAY

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

P: REPORT INFLUENT VALUE

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

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 100
JACKSONVILLE FL 32239
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE FL 32239
ATTN: SCOTT TURNER-W Q DIRECTOR

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

FLO026751

PERMIT NUMBER

001 T

DISCHARGE NUMBER

TOXICITY TESTING OMB No. 2040-0004
(SUBR JA) Approval expires 05-31-98
12345

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(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 STATRE 96HR AC CERIODAPHNIA TAN3B P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)	0	1/6 mos	Grab
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR AC CERIODAPHNIA TAN3B Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR AC CYPRINELLA LEEDSI TAN6H P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)	0	1/6 mos	Grab
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR AC CYPRINELLA LEEDSI TAN6H Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
M. Sambamurthi Vice President				I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE	
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				904 721-4600	97	06	26
								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."

MONTHLY OPERATING REPORT

Part II General Information

1) Month: April Year: 1997

2) Plant's DER Identification Number: 3116PUS360

3) Plant Name: Royal Lakes Wastewater Treatment Plant

4) Plant Address: 8509 Western Way

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DT16-194940

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X12403

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

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

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

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

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

Lead Operator: Prentice Haraway
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.082
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.148
(19) Percent of permitted capacity	%	---	66.3
(20) CBOD5 Effluent	mg/L	080082	4.5
(21) TSS Effluent	mg/L	900201	5.8
(22) Minimum pH	mg/L	---	6.8
(23) Maximum pH	mg/L	---	7.1
(24) Organic N	mg/L	---	0.69
(25) TKN	mg/L	000625	1.85
(26) Total Ammonia	mg/L	000610	1.16
(27) Nitrite + Nitrate	mg/L	071850	7.74
(28) Total Phosphorus	mg/L	000665	4.04
(29) Ortho Phosphates	mg/L	---	3.56
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		81
Fecal Coliform (Arithmetic Mean)	#/100 ml		85
(33) TRC method code: 4500 Cl (G)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 04-03-97			

(*) Duval Septic Tank hauled 39 loads of digester sludge at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116PD5360

34)

Month: April Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
1	1.946	0.6	< 0.20					7.0	6.9	108
2	2.100	0.5	< 0.20					7.1	6.9	
3	2.095	0.6	< 0.20	180	363	3.9	3.8	6.9	6.9	
4	2.089	0.6	< 0.20					6.9	6.9	
5	1.920	0.5	< 0.20					7.0	6.9	
6	1.914	0.9	< 0.20					7.0	7.0	
7	2.209	0.8	< 0.20					7.0	6.9	
8	2.171	0.7	< 0.20					7.0	6.9	48
9	2.077	0.6	< 0.20					7.0	6.9	
10	2.176	0.8	< 0.20	142	80	5.4	7.5	7.0	6.9	
11	2.205	0.5	< 0.20					7.0	6.9	
12	2.093	0.6	< 0.20					7.0	6.9	
13	2.022	0.5	< 0.20					7.0	6.9	
14	2.190	0.5	< 0.20					7.1	6.9	
15	2.225	0.5	< 0.20					6.9	6.8	84
16	1.834	0.5	< 0.20					6.9	6.8	
17	2.058	0.9	< 0.20	154	92	2.5	4.5	7.0	6.8	
18	2.066	0.7	< 0.20					6.9	6.9	
19	1.758	0.9	< 0.20					7.0	6.8	
20	1.913	0.9	< 0.20					7.0	6.9	
21	2.064	0.5	< 0.20					7.0	6.9	
22	2.113	0.6	< 0.20					7.0	6.9	72
23	2.879	0.5	< 0.20					7.0	6.9	
24	1.889	0.6	< 0.20	125	97	4.7	8.1	7.0	6.9	
25	1.850	0.5	< 0.20					7.0	6.9	
26	2.021	0.6	< 0.20					7.1	6.9	
27	2.440	0.8	< 0.20					7.0	6.9	
28	1.974	0.5	< 0.20					7.1	6.9	
29	2.252	0.5	< 0.20					7.0	6.9	112
30	1.918	0.7	< 0.20					7.0	6.9	

Total	62.461	18.9		601	632	16.5	23.9			424
Avg	2.082	0.6		150	158	4.1	6.0			85
Max	2.879	0.9	< 0.20	180	363	5.4	8.1	7.1	7.0	112
Min	1.758	0.5	< 0.20	125	80	2.5	3.8	6.9	6.8	48

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

Signed: _____

Prentiss M. Garraway

Date: _____

5-4-97

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(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 (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			
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.1	(12)	0	1/Hour	Grab
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	RECORD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		158	158	363	(19)	0	1/7	16 comp
00530 G 0 0 R/ SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MD AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	205	*****	(19)	0	1/30	calc
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.4	*****	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNL AVG	*****	MG/L		ONCE/MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		6.0	6.0	8.1	(19)	0	1/7	16 comp
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	12.5 MD AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	2.302	*****	(03)	0	1/30	calc
00550 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	3.8 ANNL AVG	*****	MGD		ONCE/MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		2.082	2.082	2.879	(03)	0	cont	Flow Meter
00550 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MD AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RECORD
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	
McSambamurthi Vice President TYPED OR PRINTED								904 721-4600 AREA CODE NUMBER		97 05 20 YEAR MO DAY	

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

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

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

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DISCHARGE NUMBER

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*** NO DISCHARGE ☐ ***

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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19) #	0	1/Day	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01 DAILY MAX	MG/L		DAILY	GRAB
LENGTH OF LONGEST PH CURSION 72107 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60 MIN- MAXIMUM	UTES		ONCE/ MONTH	CALCUL
% OF TIME EXCEEDING PH LIMITS 72108 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 PER- MAXIMUM	CENT		ONCE/ MONTH	CALCUL
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	81	*****	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	200 ANNUAL AVG	*****	100ML		ONCE/ MONTH	CALCUL
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	81	112	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO GEDMN	300 DAILY MAX	100ML		WEEKLY	GRAB
300, CARBONACEOUS C DAY, 20C 80082 0 0 0 SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****		150	150	180	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMPLE
300, CARBONACEOUS C DAY, 20C 80082 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	188	*****	(19)	0	1/7	No Calc
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCUL
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							704 731-4600		97 05 20		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER		YEAR MO DAY		

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE 1-1 ***

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	UNITS			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	4.1	*****	(19)	0	1/30	calc
80082 Y 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	10.0	*****	MG/L		ONCE/	CALCT
ANNUAL AVERAGE				***		ANNL AVG				MONTH	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		4.1	4.1	5.4	(19)	0	1/7	16 comp
80082 1 0 0	PERMIT REQUIREMENT	*****	*****	***	12.5	15.0	20.0	MG/L		WEEKLY	COMPL
EFFLUENT GROSS VALUE				***	MD AVG	WKLY AVG	DAILY MX				
	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				904/721-4600	97	05	20	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER	YEAR	MO	DAY	

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

P: REPORT INFLUENT VALUE

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

FL0026751

PERMIT NUMBER

001 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

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 STATRE 96HR ACU CERIODAPHNIA TAN3B P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU RIODAPHNIA TAN3B Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurti
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.)

TELEPHONE

904 721-4600

DATE

97 05 20

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

F=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."

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Scott Turner

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: March Year: 1997

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

(3) Plant Name: Royal Lakes Wastewater Treatment Plant

(4) Plant Address: 8509 Western Way

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: DT16-194940

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X12403

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

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

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

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

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

Lead Operator *Robert L. Haraway* signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.149
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.168
(19) Percent of permitted capacity	%	---	66.6
(20) CBOD5 Effluent	mg/L	080082	4.5
(21) TSS Effluent	mg/L	900201	5.8
(22) Minimum pH	mg/L	---	6.8
(23) Maximum pH	mg/L	---	7.2
(24) Organic N	mg/L	---	2.48
(25) TKN	mg/L	000625	5.26
(26) Total Ammonia	mg/L	000610	2.78
(27) Nitrite + Nitrate	mg/L	071850	4.24
(28) Total Phosphorus	mg/L	000665	5.94
(29) Ortho Phosphates	mg/L	---	4.59
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		107
Fecal Coliform (Arithmetic Mean)	#/100 ml		127
(33) TRC method code: 4500 Cl (6)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 03-06-97			

(*) Duval Septic Tank hauled 45 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116P05360

(34)

Month: March Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.110	0.5	< 0.20					7.0	7.0	
02	2.140	0.5	< 0.20					7.1	7.0	
03	2.321	0.5	< 0.20					7.1	7.0	
04	2.351	0.5	< 0.20					7.1	6.9	270
05	2.142	0.5	< 0.20					7.0	6.9	
06	2.267	0.5	< 0.20	164	87	3.6	4.1	7.1	6.9	
07	2.145	0.7	< 0.20					7.1	6.9	
08	1.985	0.7	< 0.20					7.0	6.9	
09	1.954	0.5	< 0.20					7.0	6.9	
10	2.181	0.5	< 0.20					7.1	6.9	
11	2.288	0.6	< 0.20					7.1	7.0	86
12	2.379	0.5	< 0.20					7.1	7.0	
13	2.298	0.5	< 0.20	204	238	4.2	5.1	7.1	7.0	
14	2.245	0.5	< 0.20					7.1	7.0	
15	1.916	0.5	< 0.20					7.0	6.9	
16	1.822	0.5	< 0.20					7.0	6.9	
17	2.318	0.5	< 0.20					7.2	6.9	
18	2.245	0.5	< 0.20					6.9	6.8	76
19	2.218	0.5	< 0.20					7.0	6.8	
20	2.320	0.6	< 0.20	150	168	5.0	6.0	7.0	6.9	
21	2.203	0.5	< 0.20					7.0	6.9	
22	2.110	0.5	< 0.20					7.0	7.0	
23	1.935	0.7	< 0.20					7.1	7.0	
24	2.184	0.5	< 0.20					7.0	7.0	
25	2.163	0.5	< 0.20					7.0	6.9	74
26	2.245	0.5	< 0.20	153	176	5.2	8.0	7.0	6.9	
27	2.171	0.8	< 0.20					7.0	6.8	
28	2.121	0.7	< 0.20					7.0	6.9	
29	1.847	0.8	< 0.20					7.0	6.9	
30	1.900	0.6	< 0.20					7.0	6.9	
31	2.091	0.5	< 0.20					7.1	6.9	
Tot	66.625	17.2		671	669	18.0	23.2			506
Avg	2.149	0.6		168	167	4.5	5.8			127
Max	2.379	0.8	< 0.20	204	238	5.2	8.0	7.2	7.0	270
Min	1.822	0.5	< 0.20	150	87	3.6	4.1	6.9	6.8	74

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

Signed: Prentiss M. GarrawayDate: 4-11-97

Name (Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

DISCHARGE NUMBER	001 1
------------------	-------

MONITORING PERIOD											
YEAR			MO			DAY			TO		
(12-01) (22-23) (24-25)			9 / 03			01			(12-27) (28-29) (30-31)		
FROM			YEAR			MO			DAY		
(12-01) (22-23) (24-25)			9 / 03			01			(12-27) (28-29) (30-31)		

(SUBJ DA)
 APPROVAL EXPIRES 05-31
 F - FINAL
 MAJOR
 EFFUSE
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

[illegible]

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

2: REPORT INFLUENT VALUE

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

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

NAME JSO ROYAL LAKES

ADDRESS P. O. BOX 3004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSO ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W O DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

F10025751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUPER JA)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE ***

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

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)			

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			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NOOT = B	(19)	0	1/Day	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.07			DAILY	GRAB
LENGTH OF LONGEST P EXCURSION 72107 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60			IN- UTES	CALCT
OF TIME EXCEEDING PH LIMITS 72108 0 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(.23)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0			PER- CENT	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	78	*****	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	200	*****			1/ 100MI	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	127	270	(13)	0	1/4	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	400			1/ 100MI	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 0032 6 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		168	168	204	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	REPORT			WEEKLY	COMPT
					NO AVG	WELY AVG	DAILY EX	MG/L			
BOD, CARBONACEOUS 5 DAY, 20C 60082 2 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	201	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	*****			ONCE/ MONTH	CALCT
						ANNUAL AVG		MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sam Banarthy
Vice President

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA
CODE

NUMBER

YEAR

MO

DAY

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

P: REPORT INFLUENT VALUE

Q: THE PH RANGE IS 6.5 TO 9.5 STD. UNITS.

* Method code for TPC is 4500 CI (6). Detection limit is 0.20 mg/L.

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

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

02749/970109-1743

PAGE

23

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

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FL 32239

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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FL0026751

PERMIT NUMBER

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MAJOR

EFFLUENT

*** NO DISCHARGE [] ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 5 DAY, 20C 80082 Y U O ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCUL
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 U O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		4.5	4.5	5.2	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	12.5 NO AVG	15.0 WEEKLY AVG	20.0 DAILY AVG	MG/L		WEEKLY	COMPL
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

904.721-4600

97 04 23

AREA
CODE

NUMBER

YEAR

MO

DAY

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

P: REPORT INFLUENT VALUE

Q: THE 2H RANGE IS 6.5 TO 8.5 STD. UNITS.

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

NAME JSO ROYAL LAKES

ADDRESS P. O. BOX 9004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSO ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER - F O DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

12345

TOXICITY TESTING

(SUBR JA)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	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			
LC50 STATRE 96HR ACI CERIODAPHNIA TAN3E P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOI=9	*****	*****	(23)		1/6mos	4Grab
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACI CERIODAPHNIA TAN3E Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
50 STATRE 96HR ACI CYPRINELLA LEEDSI TAN6H P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOI=9	*****	*****	(23)		1/6mos	4Grab
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACI CYPRINELLA LEEDSI TAN6H Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NOI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthy
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

[Signature]

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 "NOI=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: 3116P05360

3) Plant Name: Royal Lakes Wastewater Treatment Plant

4) Plant Address: 8509 Western Way

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DT16-194940

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X12403

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

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

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

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

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

Lead Operator: Penelope Savarney
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.209
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.173
(19) Percent of permitted capacity	%	---	66.8
(20) CBOD5 Effluent	mg/L	080082	5.9
(21) TSS Effluent	mg/L	900201	8.3
(22) Minimum pH	mg/L	---	6.8
(23) Maximum pH	mg/L	---	7.2
(24) Organic N	mg/L	---	0.32
(25) TKN	mg/L	000625	3.12
(26) Total Ammonia	mg/L	000610	2.80
(27) Nitrite + Nitrate	mg/L	071850	7.54
(28) Total Phosphorus	mg/L	000665	3.57
(29) Ortho Phosphates	mg/L	---	2.24
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		49
Fecal Coliform (Arithmetic Mean)	#/100 ml		56
(33) TRC method code: 4500 Cl (6)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 02-06-97			

(*) Duval Septic Tank hauled 36 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116P05360

Month: February Year: 1997

th	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
	1.930	0.5	< 0.20					7.0	6.9	
	2.019	0.7	< 0.20					7.0	6.9	
	2.180	0.7	< 0.20					7.1	6.9	
	2.326	0.6	< 0.20					7.0	6.9	36
	2.268	0.6	< 0.20					7.0	6.9	
	2.162	0.7	< 0.20	281	451	5.4	5.9	7.1	6.9	
	2.260	0.6	< 0.20					7.1	6.9	
	2.141	0.6	< 0.20					6.9	7.1	
	2.002	0.5	< 0.20					7.1	7.0	
	2.248	0.5	< 0.20					7.1	6.9	
	2.159	0.5	< 0.20					7.0	7.0	50
	2.223	0.5	< 0.20					7.0	6.9	
	2.416	0.5	< 0.20	227	278	5.7	9.9	7.1	6.9	
	2.437	0.7	< 0.20					7.1	7.0	
	2.064	0.7	< 0.20					7.2	7.0	
	1.904	0.5	< 0.20					7.2	7.0	
	2.083	0.6	< 0.20					7.1	7.0	
	2.355	0.6	< 0.20					7.1	7.0	108
	2.323	0.5	< 0.20					7.1	7.0	
	2.383	0.6	< 0.20	228	213	7.0	9.9	7.0	6.8	
	2.317	0.5	< 0.20					7.1	6.9	
	2.269	0.5	< 0.20					7.0	6.9	
	2.011	0.9	< 0.20					7.0	6.9	
	2.220	0.7	< 0.20					7.1	6.9	
	2.244	0.7	< 0.20					7.1	6.9	30
	2.088	0.7	< 0.20					7.1	6.9	
	2.473	0.8	< 0.20	252	303	5.5	7.6	7.1	6.9	
	2.336	0.5	< 0.20					7.1	6.9	

61.841	17.0		988	1245	23.6	33.3				224
2.209	0.6		247	311	5.9	8.3				56
2.473	0.9	< 0.20	281	451	7.0	9.9	7.2	7.1		108
1.904	0.5	< 0.20	227	213	5.4	5.9	6.9	6.8		30

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

Signed: Prentiss M. Garraway

Date: 2-18-97

(Please Type) Prentiss M. Garraway

Company Name: United Water Florida Inc.

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

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

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 3004
SUITE 103
JACKSONVILLE
FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE

FL 32239

FL 32239

ATTN: SCOTT TURNER-W O DIRECTOR

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

FL0026751
PERMIT NUMBER

001 1
DISCHARGE NUMBER

(SUBR JA)
F - FINAL
MAJOR
EFFLUENT

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

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

*** NO DISCHARGE | 1 | ***
NOTE: Read instructions before completing this form.

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			
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.2	(12)	0	1/10hr	Grab
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	50		CONTINUOUS	RECORD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		311	311	451	(19)	0	1/7	16comp
0030 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	240	*****	(19)	0	1/30	calc
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.8	*****	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNL AVG	*****	MG/L		ONCE/MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		8.3	8.3	9.9	(19)	0	1/7	16comp
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	*****	*****		*****	2.317	*****	(03)	0	1/30	calc
5 0 0 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	3.0 ANNL AVG	*****	MGD		ONCE/MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	*****	*****		2.209	2.209	2.473	(03)	0	cont	Flow meter
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RECORD FLOW
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	03	25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

NAME JSU ROYAL LAKES
ADDRESS P. O. BOX 8004
SUITE 108
JACKSONVILLE
FL 32239

FACILITY JSU ROYAL LAKES
LOCATION JACKSONVILLE
FL 32239
ATTN: SCOTT TURNER - H. O. DIRECTOR

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

PERMIT NUMBER FL0026751	
DISCHARGE NUMBER 001 1	
MONITORING PERIOD	
YEAR 91	MO 02
DAY 28	TO
DATE 91 02 28	

(SUBR JA)
F - FINAL
MAJOR
EFFECT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98
NOTE: Read instructions before completing this form.
*** NO DISCHARGE ***

PARAMETER (32-37)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	QUANTITY OR LOADING (4 Card Only)				QUANTITY OR CONCENTRATION (54-61)				EX NO. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
				MAXIMUM (38-45)	AVERAGE (46-53)	MINIMUM (54-61)	UNITS	MAXIMUM (54-61)	AVERAGE (46-53)	MINIMUM (54-61)	UNITS					
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE LENGTH OF LONGEST P CURSION 7.07 0 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
% OF TIME EXCEEDING PH LIMITS 72108 2 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW COLIFORM, FECAL GENERAL 74055 1 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
COLIFORM, FECAL ANNUAL AVERAGE 74055 1 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE BOD, CARBONACEOUS 05 DAY, 20C 80082 2 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, CARBONACEOUS 05 DAY, 20C 052 6 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
HAW SEM/INFLENT BOD, CARBONACEOUS 05 DAY, 20C 052 6 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, CARBONACEOUS 05 DAY, 20C 80082 2 0 0	PERMIT REQUIREMENT	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW TYPED OR PRINTED Vice President M. Samba-muthi	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND OBTAINED THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING 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.)														
		COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) P: REPORT INFLENT VALUE Q: THE PH RANGE IS 6.5 TO 8.5 STD. UNITS.														
REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.) FORM 3320-1 (08-95) Previous editions may be used.																

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W O DIRECTOR

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

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUPER 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

MONITORING PERIOD

YEAR MO DAY
97 02 01

YEAR MO DAY
97 02 28

FROM

TO

(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) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 05 DAY, 20C B0082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNY AVG	*****	MG/L		ONCE/ MONTH	CALCTN
BOD, CARBONACEOUS 05 DAY, 20C B0082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		5.9	5.9	7.0	(19)	0	1/7	16comp
	PERMIT REQUIREMENT	*****	*****	****	12.5 NO AVG	15.0 WKLY AVG	20.0 DAILY EX	MG/L		WEEKLY	COMPL
	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. Sambamurthi Vice President TYPED OR PRINTED			904 721-4600	97	03	25

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

P: REPORT INFLUENT VALUE

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

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 100

JACKSONVILLE

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

ATTN: SCOTT TURNER-W Q DIRECTOR

FL 32239

FL 32239

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

FL0026751

PERMIT NUMBER

001 T

DISCHARGE NUMBER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	02	01	97	02	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
12345

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	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
LC50 STATRE 96HR ACU CYPRINELLA LEEDSI TAN6H Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. 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 03 25

AREA
CODE

NUMBER

YEAR

MO

DAY

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

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

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: January Year: 1997

2) Plant's DER Identification Number: 3116P05360

3) Plant Name: Royal Lakes Wastewater Treatment Plant

4) Plant Address: 8509 Western Way

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DT16-194940

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X12403

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

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

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

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

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

Lead Operator: *Freddie Sawney*
signature Cert. No. 5458

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.139
(17) Permitted Capacity	mgd	---	3.250
(18) Three-month average daily flow	mgd	---	2.183
(19) Percent of permitted capacity	%	---	68.1
(20) CBOD5 Effluent	mg/L	080082	4.1
(21) TSS Effluent	mg/L	900201	7.5
(22) Minimum pH	mg/L	---	6.8
(23) Maximum pH	mg/L	---	7.3
(24) Organic N	mg/L	---	0.21
(25) TKN	mg/L	000625	1.09
(26) Total Ammonia	mg/L	000610	0.88
(27) Nitrite + Nitrate	mg/L	071850	6.56
(28) Total Phosphorus	mg/L	000665	2.68
(29) Ortho Phosphates	mg/L	---	2.40
(30) Minimum Chlorine Residual	mg/L	---	0.5
(31) Maximum Chlorine Residual	mg/L	---	< 0.20
(32) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		57
Fecal Coliform (Arithmetic Mean)	#/100 ml		92
(33) TRC method code: 4500 Cl (6)			
minimum detection level: 0.20			
(34) Sample Date for Nutrients: 01-09-97			

(*) Duval Septic Tank hauled 38 loads of digester sludge at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: Royal Lakes Wastewater Treatment Plant

Plant DER ID #: 3116P05360

(34)

Month: January Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	1.939	0.6	< 0.20					7.1	7.0	
02	2.210	0.6	< 0.20	153	84	3.3	4.6	7.1	7.0	
03	2.044	0.6	< 0.20					7.0	6.9	
04	2.087	0.7	< 0.20					7.0	6.9	
05	2.107	0.6	< 0.20					7.0	7.0	
06	2.299	0.5	< 0.20					7.1	6.9	
07	2.254	0.5	< 0.20					7.0	6.9	140
08	2.389	0.5	< 0.20					7.0	6.9	
09	2.368	0.5	< 0.20	162	111	3.6	6.1	7.0	6.9	
10	2.201	0.5	< 0.20					7.1	6.9	
11	1.902	0.5	< 0.20					7.0	6.9	
12	1.823	0.7	< 0.20					7.1	7.0	
13	2.155	0.7	< 0.20					7.2	6.9	
14	2.111	0.7	< 0.20					7.0	6.8	58
15	2.452	0.7	< 0.20					7.0	6.9	
16	2.178	0.8	< 0.20	182	148	4.1	8.3	7.0	6.9	
17	1.889	0.5	< 0.20					7.1	6.9	
18	1.657	0.6	< 0.20					7.1	7.0	
19	1.725	0.7	< 0.20					7.2	7.0	
20	2.157	0.5	< 0.20					7.1	6.9	
21	2.169	0.5	< 0.20					7.1	7.0	8
22	2.174	0.8	< 0.20					7.0	6.9	
23	2.242	0.5	< 0.20	256	420	4.1	7.4	7.0	6.9	
24	2.291	0.8	< 0.20					7.0	6.9	
25	2.276	0.9	< 0.20					7.0	7.0	
26	1.982	0.5	< 0.20					7.1	7.0	
27	2.203	0.5	< 0.20					7.3	7.0	
28	2.238	0.5	< 0.20					7.1	7.0	>160
29	2.328	0.5	< 0.20					7.1	7.0	
30	2.272	0.5	< 0.20	174	227	5.2	11.3	7.1	6.9	
31	2.130	0.5	< 0.20					7.0	6.9	
Tot	66.312	18.5		927	990	20.3	37.7			366
Avg	2.139	0.6		185	198	4.1	7.5			92
Max	2.452	0.9	< 0.20	256	420	5.2	11.3	7.3	7.0	>160
Min	1.657	0.5	< 0.20	153	84	3.3	4.6	7.0	6.8	8

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

Signed: Prentiss M. GarawayDate: 2-8-97

Name (Please Type) Prentiss M. Garaway

Company Name: United Water Florida Inc.

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

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

ATTN: SCOTT TURNER-W. Q. DIRECTOR

FL 32239

FL 32239

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

OMB No. 2040-0004
Approval expires 05-31-91

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

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)	SAMPLI TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.3	(12)	0	1/Hour	Grab	
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTINUOUS	HCOR	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		198	198	420	(19)	0	1/7	16 com	
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT NO AVG	REPORT WKLY AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	247	*****	(19)	0	1/30	calc	
00530 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.8	*****	(19)	0	1/30	calc	
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		7.5	7.5	11.3	(19)	0	1/7	16 com	
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	12.5 MO AVG	15.0 WKLY AVG	20.0 DAILY MX	MG/L		WEEKLY	COMPT	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	*****	*****	*	*****	2.3/10	*****	(03)	0	1/30	c	
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	3.8 ANNL AVG	*****	MGD		ONCE/ MONTH	CALCT	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	*****	*****		2.139	2.139	2.452	(03)	0	cont Flow Meters		
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT NO AVG	REPORT WKLY AVG	REPORT DAILY MX	MGD		CONTINUOUS	RCDFL	
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									904 721-4600		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: REPORT INFLUENT VALUE

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(SUBR JA)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

OMB No. 2040-0004

Approval expires 05-31-98
 12345

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	01	01	97	01	31
FROM (20-21) (22-23) (24-25)			TO (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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/Day	Grab
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0.01		DAILY	GRAB
LENGTH OF LONGEST PH EXCURSIONS 72107 0 0 0 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	(14)	0	1/30	Calc
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	50 MIN-UTES		ONCE/MONTH	CALC
% OF TIME EXCEEDING PH LIMITS 72108 0 0 0 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	(23)	0	1/30	Calc
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1.0 PER-CENT		ONCE/MONTH	CALC
COLIFORM, FECAL GENERAL 74055 Y 0 0 0 ANNUAL AVERAGE	*****	*****	*****	*****	*****	*****	*****	(13)	0	1/30	Calc
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	200 ANNUAL AVG		ONCE/MONTH	CALC
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(13)	0	1/7	Grab
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	REPORT NO GEOMN DAILY MAX		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 G 0 0 0 RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/7	Grab
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	REPORT NO AVG WEEKLY AVG DAILY MAX		WEEKLY	COMPL
BOD, CARBONACEOUS 5 DAY, 20C 80082 P 0 0 0 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/30	Calc
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	REPORT ANNUAL AVG		ONCE/MONTH	CALC

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
 [Signature]

TELEPHONE
 904 721-4600
 DATE
 97 02 27

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

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

* Method code for TRC is 4500 CI (6). Detection limit is 0.20 mg/L.

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

FL 32239

ATTN: SCOTT TURNER-W Q DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0026751

PERMIT NUMBER

001 1

DISCHARGE NUMBER

(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

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

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				UNITS
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		4.1	4.1	5.2	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	12.5 MO AVG	15.0 WEEKLY AVG	20.0 DAILY MAX	MG/L		WEEKLY	COMPLETED
	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]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

904 781-4600

DATE

97 02 27

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

P: REPORT INFLUENT VALUE

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

NAME JSU ROYAL LAKES

ADDRESS P. O. BOX 8004

SUITE 108

JACKSONVILLE

FACILITY JSU ROYAL LAKES

LOCATION JACKSONVILLE

ATTN: SCOTT TURNER - W Q DIRECTOR

FL 32239

FL 32239

DISCHARGE MONITORING REPORT (DMH) (17-19)

FL0026751

PERMIT NUMBER

001 T

DISCHARGE NUMBER

TOXICITY TESTING

(SUBR JA)

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE | ☐ ***

NOTE: Read instructions before completing this form.

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 01 01 TO 97 01 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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50 STATRE 96HR ACI CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		>100	*****	*****	(23)	0	1/6 mos 4 grab
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
LC50 STATRE 96HR ACI CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
LC50 STATRE 96HR ACI CYPRINELLA LEEDSI TAN6H P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		>100	*****	*****	(23)	0	1/6 mos 4 grab
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
LC50 STATRE 96HR ACI CYPRINELLA LEEDSI TAN6H Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 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. Sambamurthi
Vice President

904 741-4600

97 02 27

TYPED OR PRINTED

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

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

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: December Year: 1997

2) Plant's DEP Identification Number: 3116P01471

3) Plant Name: San Jose Wastewater Treatment Facility

4) Plant Address: 7126 Balboa Road

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: D016-163452

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X00023

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

Day Shift Operator Class: "B" Cert. No. 6719

Evening Shift Operator Class: "B" Cert. No. 4478

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

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.479
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	2.075
(19) Percent of permitted capacity	%	---	92
(20) CBOD5 Effluent	mg/L	08008	4.8
(21) TSS Effluent	mg/L	900201	8.3
(22) Minimum pH	mg/L	---	6.6
(23) Maximum pH	mg/L	---	7.6
(24) Organic N	mg/L	---	
(25) TKN	mg/L	000625	
(26) Total Ammonia	mg/L	000610	
(27) Nitrite + Nitrate	mg/L	---	
(28) Total Phosphorus	mg/L	000665	
(29) Ortho Phosphates	mg/L	---	
(30) Total N	mg/L	---	
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		3
Fecal Coliform (Arithmetic Mean)	#/100 ml		9
(34) TRC method code: 4500 CL (6)			
minimum detection level: 0.20			
(35) Sample Date For Nutrients: 11/20/97			

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116PO1471

(34)

Month: December Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL D.O. EFF	COLIFORM (#/100ML)
1	2.101	0.8	<0.20					7.3	6.9	5.2	
2	2.088	0.8	<0.20					7.5	6.9	6.7	37
3	2.101	0.8	<0.20					7.6	7.0	5.2	
4	2.105	0.8	<0.20	141	306	4.5	13.4	7.3	7.0	4.6	
5	2.023	0.9	<0.20					7.2	7.0	5.7	
6	1.981	0.6	<0.20					7.2	6.9	5.9	
7	2.102	0.5	<0.20					7.1	6.9	6.5	
8	1.823	0.6	<0.20					7.2	6.9	8.0	
9	2.076	0.8	<0.20					7.3	6.9	4.6	2
10	2.080	0.6	<0.20					7.6	6.9	7.0	
11	2.140	0.6	<0.20	126	283	4.6	9.1	7.2	6.9	3.5	
12	2.823	0.8	<0.20					7.2	6.8	3.4	
13	2.789	0.8	<0.20					7.2	7.0	3.2	
14	3.342	0.6	<0.20					7.3	6.9	3.0	
15	3.568	0.5	<0.20					7.3	6.8	3.2	
16	2.826	0.6	<0.20					7.2	6.8	4.8	2
17	2.633	0.5	<0.20					7.3	6.8	6.8	
18	2.397	0.5	<0.20	86	128	5.0	11.4	7.4	6.9	6.6	
19	2.432	0.5	<0.20					7.2	6.6	5.8	
20	2.367	0.5	<0.20					7.2	6.6	5.0	
21	2.401	0.6	<0.20					7.0	6.7	5.3	
22	2.470	0.5	<0.20					7.0	6.7	5.2	
23	2.330	0.5	<0.20	130	191	4.8	5.0	6.9	6.7	6.1	<1
24	2.439	0.6	<0.20					6.9	6.7	6.5	
25	2.418	0.7	<0.20					7.2	6.7	5.9	
26	3.372	0.5	<0.20					7.2	7.0	5.6	
27	3.514	0.5	<0.20					7.0	6.8	5.5	
28	2.673	0.7	<0.20					7.1	6.8	5.5	
29	2.615	0.5	<0.20					7.1	6.9	5.9	
30	2.413	0.9	<0.20	93	102	4.9	2.7	7.1	6.9	6.9	<1
31	2.422	0.5	<0.20					7.2	7.1	5.9	
Tot	76.864	19.6		576	1010	23.8	41.6			169.0	43
Avg	2.479	0.6		115	202	4.8	8.3			5.5	9
Max	3.568	0.9	<0.20	141	306	5.0	13.4	7.6	7.1	8.0	37
Min	1.823	0.5	<0.20	86	102	4.5	2.7	6.9	6.6	3.0	<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: Thomas G. JonesDate: 1-10-98

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/12/01
LIMIT: Final
CLASS SIZE: Major

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

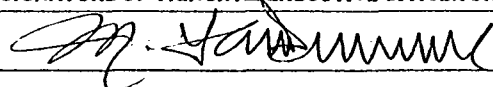
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.991				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.25	mgd				Continuous	Meter or Instrument
Mon. Site No. EFD-1	Measurement	(Ann. Avg.)						
Flow	Sample Measurement	2.479				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. EFD-1	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			3.7		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			10.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement			(Ann. Avg.)				
CBOD5	Sample Measurement			4.8		0	1/7	16 comp
STORET No. 80082 I	Permit Measurement			12.5	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement			(Mo. Avg.)				
TSS	Sample Measurement			7.7		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement			(Ann. Avg.)				
TSS	Sample Measurement			8.3		0	1/7	16 comp
STORET No. 00530 I	Permit Measurement			30.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement			(Mo. Avg.)				
pH	Sample Measurement			6.6		0	cont	Chart Recorder
STORET No. 00406 I	Permit Measurement			6.5	S.U.		Continuous	Grab
Mon. Site No. EFD-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: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER:D001&D002 WAFR SITE No.:9153

[illegible]

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

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: FL0023663
MONITORING PERIOD From: 9/7/12/01
LIMIT: Final
CLASS SIZE: Major

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

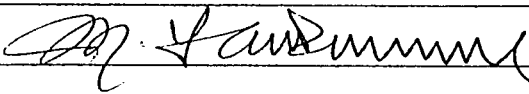
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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/24 H
STORET No. TAN3E P	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
Mon.Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement			-				
STORET No. TAN3E Q	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
Mon.Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			NODI=9			1/6 mos	4 Grab/24 H
STORET No. TAN6B P	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
Mon.Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement							
STORET No. TAN6B Q	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
Mon.Site No. EFD-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):

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: FL0023663
MONITORING PERIOD From: 9/7/12/01
LIMIT: Final
CLASS SIZE: Major

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

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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	calc
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1	Sample Measurement			NODI = 9			1/90	calc
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NODI = 9			1/90	calc
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1	Sample Measurement			NODI = 9			1/90	16 comp
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	16-hour FPC
Mon. Site No. EFD-1	Sample Measurement			NODI = 9			1/90	16 comp
AMMONIA, TOTAL AS N	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1	Sample Measurement			NODI = 9			1/90	16 comp
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1	Sample Measurement			NODI = 9			1/90	16 comp
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1	Sample Measurement			NODI = 9			1/90	16 comp
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: November Year: 1997

(2) Plant's DEP Identification Number: 3116PD1471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: D016-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

Day Shift Operator Class: "B" Cert. No. 6719

Evening Shift Operator Class: "B" Cert. No. 4478

Lead Operator: Thomas Jones

signature

Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALU
(16) Monthly average daily flow	mgd	050053	2.09
(17) Permitted Capacity	mgd	---	2.25
(18) Three-month average daily flow	mgd	---	2.00
(19) Percent of permitted capacity	%	---	8
(20) CBOD5 Effluent	mg/L	08008	5.
(21) TSS Effluent	mg/L	900201	7.
(22) Minimum pH	mg/L	---	6.
(23) Maximum pH	mg/L	---	8.
(24) Organic N	mg/L	---	8.1
(25) TKN	mg/L	000625	11.9
(26) Total Ammonia	mg/L	000610	3.7
(27) Nitrite + Nitrate	mg/L	---	2.1
(28) Total Phosphorus	mg/L	000665	1.5
(29) Ortho Phosphates	mg/L	---	1.1
(30) Total N	mg/L	---	14.1
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.1
(33) Other Effluent Parameters			

Fecal Coliform (Geometric Mean) #/100 ml

Fecal Coliform (Arithmetic Mean) #/100 ml

(34) TRC method code: 4500 CL (8)

minimum detection level: 0.20

(35) Sample Date For Nutrients: 11/20/97

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116P01471

Month: November Year: 199

(34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL D.O. EFF	COLIFORM (#/100ML)
01	2.110	0.7	<0.20					8.2	6.9	3.8	
02	2.256	0.5	<0.20					7.6	6.9	3.1	
03	2.139	0.6	<0.20					7.8	7.0	7.1	
04	1.941	0.9	<0.20					7.3	6.9	6.4	14
05	1.996	0.5	<0.20					7.9	7.0	3.1	
06	2.053	0.7	<0.20	103	310	4.6	11.9	7.9	7.0	4.1	
07	2.092	0.7	<0.20					7.4	7.1	4.1	
08	2.086	0.6	<0.20					7.4	7.0	4.5	
09	2.186	0.5	<0.20					7.4	7.2	7.1	
10	1.806	0.5	<0.20					7.8	7.0	6.2	
11	2.048	0.8	<0.20					7.6	6.9	6.5	11
12	2.191	0.6	<0.20					7.2	6.9	6.3	
13	2.376	0.8	<0.20	126	199	3.1	4.6	7.1	6.8	6.8	
14	2.281	1.1	<0.20					7.5	6.9	5.2	
15	2.250	0.5	<0.20					7.1	6.7	6.2	
16	2.239	0.9	<0.20					7.0	6.7	6.3	
17	2.029	0.8	<0.20					7.4	6.7	4.7	
18	2.026	0.8	<0.20					7.9	7.0	3.0	54
19	2.070	0.7	<0.20					7.4	7.0	3.5	
20	1.946	0.8	<0.20	154	410	4.3	5.0	7.4	7.0	3.1	
21	1.953	1.0	<0.20					7.3	7.1	3.2	
22	1.984	0.6	<0.20					8.0	7.1	3.6	
23	2.186	1.3	<0.20					7.4	7.1	4.9	
24	2.198	0.9	<0.20					7.2	6.9	3.8	
25	1.839	0.7	<0.20					7.4	7.0	6.6	13
26	2.044	0.7	<0.20					8.0	7.0	7.0	
27	2.019	0.6	<0.20	169	197	9.4	9.3	7.5	7.0	3.6	
28	1.924	0.6	<0.20					7.4	7.0	3.9	
29	2.194	0.5	<0.20					7.3	7.0	3.0	
30	2.359	0.7	<0.20					7.2	6.9	3.0	

Tot	62.821	21.6		552	1116	21.4	30.8			143.7	92
Avg	2.094	0.7		138	279	5.4	7.7			4.8	23
Max	2.376	1.3	<0.20	169	410	9.4	11.9	8.2	7.2	7.1	54
Min	1.806	0.5	<0.20	103	197	3.1	4.6	7.0	6.7	3.0	11

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

Signed: Thomas G. JonesDate: 12-10-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 9/7/11/01
LIMIT: Final
CLASS SIZE: Major

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

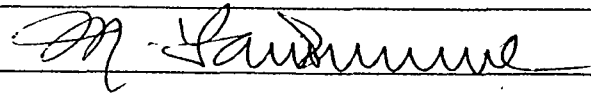
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.957				0	1/30	calc
STORET No. 50050 Y Mon. Site No. EFD-1	Permit Measurement	2.25 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Flow	Sample Measurement	2.094				0	cont	Flow Meter
STORET No. 50050 I Mon. Site No. EFD-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
CBOD5	Sample Measurement			3.5		0	1/30	calc
STORET No. 80082 Y Mon. Site No. EFD-1	Permit Measurement			10.0 (Ann. Avg.)	mg/L		Weekly	16-hour FPC
CBOD5	Sample Measurement			5.4	9.4	0	1/7	16 comp
STORET No. 80082 I Mon. Site No. EFD-1	Permit Measurement			12.5 (Mo. Avg.)	20.0 (Max.)	0	Weekly	16-hour FPC
TSS	Sample Measurement			7.2		0	1/30	calc
STORET No. 00530 Y Mon. Site No. EFD-1	Permit Measurement			20.0 (Ann. Avg.)			Weekly	16-hour FPC
TSS	Sample Measurement			7.7	11.9	0	1/7	16 comp
STORET No. 00530 I Mon. Site No. EFD-1	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)		Weekly	16-hour FPC
pH	Sample Measurement			6.7	8.2	0	cont	Chart Recorder
STORET No. 00406 I Mon. Site No. EFD-1	Permit Measurement			6.5 (Min.)	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) 731-4600	9/7/12/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER:D001&D002 WAFR SITE No.:9153

[illegible]

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

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: FL0023663
MONITORING PERIOD From: 97/11/01
LIMIT: Final
CLASS SIZE: Major

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

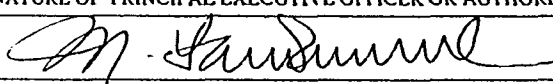
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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			>100		0	1/6 mos	4 Grab/24 Hr.
STORET No. TAN3E P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement							
STORET No. TAN3E Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			>100		0	1/6 mos	4 Grab/24 Hr.
STORET No. TAN6B P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement							
STORET No. TAN6B Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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):
see attached HER report # 911.

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: FL0023663
MONITORING PERIOD From: 9/7/11/01
LIMIT: Final
CLASS SIZE: Major

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

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement				14.01				0	1/90	calc
STORET No. 00600 1 Mon. Site No. EFD-1	Permit Measurement				Report (Max)			mg/L		Once/quarter	16-hour FPC
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement				8.12				0	1/90	calc
STORET No. 00605 1 Mon. Site No. EFD-1	Permit Measurement				Report (Max)			mg/L		Once/quarter	16-hour FPC
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement				2.11				0	1/90	16 comp
STORET No. 00630 1 Mon. Site No. EFD-1	Permit Measurement				Report (Max)			mg/L		Once/quarter	16-hour FPC
AMMONIA, TOTAL AS N	Sample Measurement				3.78				0	1/90	16 comp
STORET No. 00610 1 Mon. Site No. EFD-1	Permit Measurement				Report (Max)			mg/L		Once/quarter	16-hour FPC
PHOSPHOROUS, TOTAL AS P	Sample Measurement				1.33				0	1/90	16 comp
STORET No. 00665 1 Mon. Site No. EFD-1	Permit Measurement				Report (Max)			mg/L		Once/quarter	16-hour FPC
PHOSPHOROUS, ORTHO- AS P	Sample Measurement				1.21				0	1/90	16 comp
STORET No. 70507 1 Mon. Site No. EFD-1	Permit Measurement				Report (Max)			mg/L		Once/quarter	16-hour FPC
NITROGEN, TOTAL KJELDAHL	Sample Measurement				11.90				0	1/90	16 comp
STORET No. 00625 1 Mon. Site No. EFD-1	Permit Measurement				Report (Max)			mg/L		Once/quarter	16-hour FPC

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1997

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

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: D016-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

Day Shift Operator Class: "B" Cert. No. 6719

Evening Shift Operator Class: "B" Cert. No. 4478

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

PARAMETER	UNITS	STORET CODE	VA
(16) Monthly average daily flow	mgd	050053	1.
(17) Permitted Capacity	mgd	---	2.
(18) Three-month average daily flow	mgd	---	1.
(19) Percent of permitted capacity	%	---	
(20) CBOD5 Effluent	mg/L	08008	
(21) TSS Effluent	mg/L	900201	
(22) Minimum pH	mg/L	---	
(23) Maximum pH	mg/L	---	
(24) Organic N	mg/L	---	
(25) TKN	mg/L	000625	
(26) Total Ammonia	mg/L	000610	
(27) Nitrite + Nitrate	mg/L	---	
(28) Total Phosphorus	mg/L	000665	
(29) Ortho Phosphates	mg/L	---	
(30) Total N	mg/L	---	
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0
(33) Other Effluent Parameters			

Fecal Coliform (Geometric Mean) #/100 ml

Fecal Coliform (Arithmetic Mean) #/100 ml

(34) TRC method code: 4500 CL (6)

minimum detection level: 0.20

(35) Sample Date For Nutrients:

(*) Duval Septic hauled

33 Loads of Digester Sludge to Landfill at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116P01471

(34)

Month: October Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL D.O. EFF	COLIFORM (#/100ML)
01	1.937	0.8	<0.20					7.7	6.6	6.0	
02	1.845	0.6	<0.20	132	178	1.9	5.7	7.4	6.5	4.9	
03	1.861	0.6	<0.20					7.0	6.5	4.8	
04	1.894	0.6	<0.20					7.7	6.6	4.6	
05	1.989	0.9	<0.20					7.4	6.6	4.6	
06	1.866	1.4	<0.20					7.3	6.6	5.0	
07	1.770	0.7	<0.20					7.2	6.5	5.0	8
08	1.772	0.8	<0.20					7.2	6.8	5.3	
09	1.891	0.7	<0.20	150	318	2.5	6.2	7.3	6.5	4.6	
10	1.728	0.5	<0.20					7.4	6.6	6.5	
11	1.865	0.6	<0.20					7.6	6.7	6.8	
12	1.998	0.5	<0.20					7.3	6.7	5.1	
13	1.876	0.5	<0.20					7.7	6.7	5.0	
14	1.814	0.9	<0.20					7.7	6.7	5.7	16
15	1.761	0.8	<0.20					7.2	6.6	5.1	
16	2.011	1.4	<0.20	112	179	3.3	8.6	7.0	6.6	5.0	
17	1.926	0.8	<0.20					6.9	6.5	5.9	
18	1.740	0.7	<0.20					6.9	6.6	5.0	
19	1.824	0.8	<0.20					7.2	6.6	4.8	
20	1.767	0.8	<0.20					7.5	6.7	6.0	
21	1.742	0.8	<0.20					8.0	6.7	5.1	38
22	1.752	0.5	<0.20					7.0	6.7	6.2	
23	1.690	0.6	<0.20	114	194	2.8	4.0	7.4	6.8	6.6	
24	1.699	1.2	<0.20					6.9	6.7	6.1	
25	1.919	1.1	<0.20					7.0	6.8	6.8	
26	1.992	0.7	<0.20					7.0	6.9	6.3	
27	2.931	0.7	<0.20					7.0	6.7	5.9	
28	2.210	0.8	<0.20					7.1	6.6	3.8	2
29	2.058	0.9	<0.20					7.3	7.0	5.8	
30	2.019	1.1	<0.20	118	224	3.1	5.9	7.3	7.0	4.1	
31	2.389	0.7	<0.20					7.3	7.0	3.6	
Tot	59.536	24.5		626	1093	13.6	30.4			166.0	64
Avg	1.921	0.8		125	219	2.7	6.1			5.4	16
Max	2.931	1.4	<0.20	150	318	3.3	8.6	8.0	7.0	6.8	38
Min	1.690	0.5	<0.20	112	178	1.9	4.0	6.9	6.5	3.6	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: Thomas G. Jones

Date: 11-21-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 9/7/10/01
LIMIT: Final
CLASS SIZE: Major

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

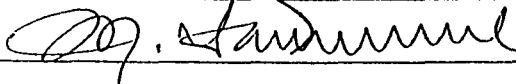
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.950							0	1/30	calc
STORET No. 50050 Y	Permit	2.25		mgd						Continuous	Meter or Instrument
Mon. Site No. EFD-1	Measurement	(Ann. Avg.)									
Flow	Sample Measurement	1.921		*					0	cont	Flow Meter
STORET No. 50050 I	Permit	Report		mgd						Continuous	Meter or Instrument
Mon. Site No. EFD-1	Measurement	(Mo. Avg.)									
CBOD5	Sample Measurement				3.3			mg/L	0	1/30	calc
STORET No. 80081 Y	Permit				10.0					Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement				(Ann. Avg.)						
CBOD5	Sample Measurement				2.7	3.3		mg/L	0	1/7	16 comp
STORET No. 80082 I	Permit				12.5	20.0				Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement				(Mo. Avg.)	(Max.)					
TSS	Sample Measurement				7.1			mg/L	0	1/30	calc
STORET No. 00530 Y	Permit				20.0					Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement				(Ann. Avg.)						
TSS	Sample Measurement				6.1	8.6		mg/L	0	1/7	16 comp
STORET No. 00530 I	Permit				30.0	60.0				Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement				(Mo. Avg.)	(Max.)					
pH	Sample Measurement				6.5	8.0		S.U.	0	cont	Chart Recorder
STORET No. 00406 I	Permit				6.5	8.5				Continuous	Grab
Mon. Site No. EFD-1	Measurement				(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) 721-4600	9/7/11/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER:D001&D002 WAFR SITE No.:9153

[illegible]

* Method code for TBC is 4500 Cl (6). Detection limit is 0.20 mg/L.

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: FL0023663
MONITORING PERIOD From: 9/7/10/01
LIMIT: Final
CLASS SIZE: Major

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

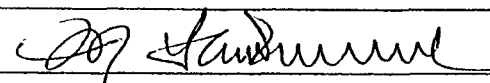
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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/24 Hr
STORET No. TAN3E P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement		*	NODI=9				
STORET No. TAN3E Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement						1/6 mos	4 Grab/24 Hr
STORET No. TAN6B P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement							
STORET No. TAN6B Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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	9/7/11/25

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. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/10/01
LIMIT: Final
CLASS SIZE: Major

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

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NDSI = 9			1/90	calc
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement		*	NDSI = 9			1/90	calc
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 00630 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
AMMONIA, TOTAL AS N	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NDSI = 9			1/90	16 comp
STORET No. 00623 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: September Year: 1997

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

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: D016-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

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

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

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

PARAMETER	UNITS	STORED CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.0
(17) Permitted Capacity	mgd	---	2.2
(18) Three-month average daily flow	mgd	---	2.0
(19) Percent of permitted capacity	%	---	
(20) CBOD5 Effluent	mg/L	08008	2
(21) TSS Effluent	mg/L	900201	2
(22) Minimum pH	mg/L	---	6
(23) Maximum pH	mg/L	---	8
(24) Organic N	mg/L	---	
(25) TKN	mg/L	000605	
(26) Total Ammonia	mg/L	000510	
(27) Nitrite + Nitrate	mg/L	---	
(28) Total Phosphorus	mg/L	000665	
(29) Ortho Phosphates	mg/L	---	
(30) Total N	mg/L	---	
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	<
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		
Fecal Coliform (Arithmetic Mean)	#/100 ml		
(34) TRC method code: 4500 CL (B)			
minimum detection level: 0.20			
(35) Sample Date For Nutrients:			

(*) Duval Septic hauled 38 loads of Digester Sludge to Landfill at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116PD1471

Month: September Year: 1997

(34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL D.O. EFF	COLIFORM (#/100ML)
01	2.298	0.8	<0.20					7.3	6.8	4.6	
02	2.547	0.5	<0.20					7.2	6.8	5.0	15
03	2.038	0.6	<0.20					7.7	6.7	4.0	
04	2.236	0.7	<0.20	194	104	4.6	3.5	6.9	6.7	6.2	
05	2.121	0.7	<0.20					7.1	6.6	4.0	
06	2.118	1.1	<0.20					7.5	6.6	4.3	
07	2.257	0.9	<0.20					7.5	6.5	4.9	
08	2.081	0.8	<0.20					8.0	6.5	5.0	
09	1.873	0.8	<0.20					7.8	6.5	5.7	13
10	1.850	0.8	<0.20					7.5	6.7	6.0	
11	1.988	0.9	<0.20	162	191	1.3	0.8	7.3	6.7	4.4	
12	1.976	0.9	<0.20					7.5	6.8	5.7	
13	2.056	0.6	<0.20					8.0	6.8	4.9	
14	2.149	0.8	<0.20					7.2	7.0	5.0	
15	1.977	0.6	<0.20					7.3	6.9	5.0	
16	1.875	0.8	<0.20					8.0	6.8	4.6	9
17	1.954	1.2	<0.20					7.4	6.8	4.9	
18	1.776	1.0	<0.20	211	188	3.1	3.7	7.0	6.7	4.6	
19	1.797	0.8	<0.20					7.0	6.7	4.2	
20	1.839	0.5	<0.20					8.2	7.0	4.5	
21	1.831	1.2	<0.20					7.4	6.8	4.5	
22	1.823	0.7	<0.20					7.5	6.9	4.1	
23	1.798	0.7	<0.20					7.8	6.8	6.4	9
24	1.811	0.9	<0.20					8.2	6.9	6.1	
25	1.786	0.7	<0.20	132	133	1.7	3.3	7.7	6.8	6.0	
26	2.395	0.7	<0.20					7.2	6.8	5.0	
27	2.661	0.9	<0.20					6.9	6.7	5.1	
28	2.630	0.5	<0.20					7.8	6.6	5.0	
29	2.246	0.7	<0.20					7.9	6.7	3.3	
30	2.066	0.9	<0.20					7.0	6.6	5.2	31
Tot	61.758	23.7		699	616	10.7	11.3			149.0	77
Avg	2.059	0.8		175	154	2.7	2.8			5.0	15
Max	2.661	1.2	<0.20	211	191	4.6	3.7	8.3	7.0	6.4	31
Min	1.776	0.5	<0.20	132	104	1.3	0.8	6.9	6.5	3.3	9

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

Signed: Thomas G. Jones

Date: 10-14-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/09/01
LIMIT: Final
CLASS SIZE: Major

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

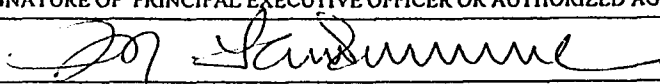
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.990				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.25 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Flow	Sample Measurement	2.059				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
CBOD5	Sample Measurement			3.2		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			10.0 (Ann. Avg.)	mg/L		Weekly	16-hour FPC
CBOD5	Sample Measurement			2.7		0	1/7	16 Comp
STORET No. 80082 I	Permit Measurement			12.5 (Mo. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement			7.0		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement			* 2.8		0	1/7	16 Comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo. Avg.)	mg/L		Weekly	16-hour FPC
pH	Sample Measurement			6.5		0	cont	Chart Recorder
STORET No. 00406 I	Permit Measurement			6.5 (Min.)	8.5 (Max.)	8.0	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	97/10/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER:D001&D002

WAFR SITE No.:9153

[illegible]

* Method code for TRC is 4500 C1(6). Detection limit is 0.20 mg/L.

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: FL0023663
MONITORING PERIOD From: 9/7/09/01
LIMIT: Final
CLASS SIZE: Major

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

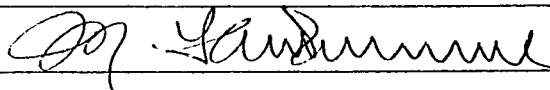
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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/24 Hr
STORET No. TANJE P	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
Mon. Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement			NODI=9				
STORET No. TANJE Q	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
Mon. Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			NODI=9			1/6 mos	4 Grab/24 Hr
STORET No. TAN6B P	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
Mon. Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement			NODI=9				
STORET No. TAN6B Q	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
Mon. Site No. EFD-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	9/7/10/20

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 9/7/09/01
LIMIT: Final
CLASS SIZE: Major

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

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: August Year: 1997

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

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: D016-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

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

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

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

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.285
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	2.060
(19) Percent of permitted capacity	%	---	92
(20) CBOD5 Effluent	mg/L	08008	2.7
(21) TSS Effluent	mg/L	900201	7.8
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	8.1
(24) Organic N	mg/L	---	2.08
(25) TKN	mg/L	000625	4.43
(26) Total Ammonia	mg/L	000610	2.35
(27) Nitrite + Nitrate	mg/L	---	2.07
(28) Total Phosphorus	mg/L	000665	1.53
(29) Ortho Phosphates	mg/L	---	1.05
(30) Total N	mg/L	---	6.50
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	1/100 ml		2
Fecal Coliform (Arithmetic Mean)	1/100 ml		2
(34) TRC method code: 4500 CL (G)			
minimum detection level: 0.20			

(*) Duval Septic hauled 39 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116P01471

Month: August Year: 1997

(34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	D.O. EFF	FECAL COLIFORM (#/100ML)
01	2.402	0.7	<0.20					7.0	6.7	4.0	
02	2.411	0.7	<0.20					7.3	6.8	4.5	
03	3.010	0.5	<0.20					7.2	6.8	4.0	
04	2.569	0.8	<0.20					8.1	6.7	3.4	
05	2.225	1.0	<0.20					7.9	6.8	3.4	44
06	2.356	0.8	<0.20					7.2	6.8	4.5	
07	2.244	1.0	<0.20	105	108	2.6	11.3	7.0	6.7	4.4	
08	2.120	0.9	<0.20					7.1	6.8	4.5	
09	2.808	0.5	<0.20					7.4	6.7	4.0	
10	2.522	0.9	<0.20					7.0	6.7	4.4	
11	2.844	0.7	<0.20					7.2	6.7	6.7	
12	2.476	0.8	<0.20					6.9	6.6	5.2	16
13	2.292	0.9	<0.20					7.6	6.6	4.3	
14	2.303	1.0	<0.20	112	114	3.6	10.8	7.4	6.5	5.9	
15	2.303	1.0	<0.20					7.4	6.5	5.9	
16	2.219	0.9	<0.20					7.5	6.7	6.0	
17	2.182	1.2	<0.20					7.5	6.7	4.9	
18	2.149	1.4	<0.20					7.5	6.8	4.5	
19	1.950	0.7	<0.20					7.8	6.5	4.0	22
20	2.078	1.0	<0.20					8.1	6.5	4.2	
21	1.955	0.5	<0.20	122	250 *	2.2	3.8	7.8	6.5	4.6	
22	1.841	0.8	<0.20					7.5	6.8	4.7	
23	1.905	0.6	<0.20					7.6	6.7	5.4	
24	2.803	0.7	<0.20					7.0	6.7	4.9	
25	2.247	1.1	<0.20					7.5	6.6	4.6	
26	2.102	0.9	<0.20					7.8	6.7	5.1	17
27	1.988	1.1	<0.20					7.2	6.7	4.7	
28	2.088	0.8	<0.20	144	270	2.2	5.1	8.0	6.8	4.2	
29	1.931	1.0	<0.20					7.7	6.8	4.6	
30	2.265	0.6	<0.20					7.8	6.7	4.2	
31	2.247	0.8	<0.20					7.6	6.5	4.1	
Tot	70.835	26.3		483	742	10.6	31.0			143.8	99
Avg	2.285	0.8		121	186	2.7	7.8			4.6	25
Max	3.010	1.4	<0.20	144	270	3.6	11.3	8.1	6.8	6.7	44
Min	1.841	0.5	<0.20	105	108	2.2	3.8	6.9	6.5	3.4	16

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

Signed: Thomas G. JonesDate: 9-11-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 9/7/08/01
LIMIT: Final
CLASS SIZE: Major

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

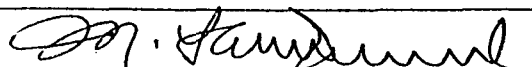
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.985				0	1/30	calc
STORET No. 50030 Y Mon. Site No. EFD-1	Permit Measurement	2.25 (Ann. Avg.)	mgd				Continuous	Meter or Instrument
Flow	Sample Measurement	2.285	*			0	cont	Flow Meter
STORET No. 50030 I Mon. Site No. EFD-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Meter or Instrument
CBOD5	Sample Measurement			3.2		0	1/30	calc
STORET No. 80082 Y Mon. Site No. EFD-1	Permit Measurement			10.0 (Ann. Avg.)	mg/L		Weekly	16-hour FPC
CBOD5	Sample Measurement			2.7	3.6	0	1/7	16 Comp
STORET No. 80082 I Mon. Site No. EFD-1	Permit Measurement			12.5 (Mo. Avg.)	20.0 (Max.)	mg/L	Weekly	16-hour FPC
TSS	Sample Measurement			7.1		0	1/30	calc
STORET No. 00330 Y Mon. Site No. EFD-1	Permit Measurement			20.0 (Ann. Avg.)		mg/L	Weekly	16-hour FPC
TSS	Sample Measurement			7.8	11.3	0	1/7	16 Comp
STORET No. 00330 I Mon. Site No. EFD-1	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Weekly	16-hour FPC
pH	Sample Measurement			6.5	8.1	0	cont	Chart Recorder
STORET No. 00406 I Mon. Site No. EFD-1	Permit Measurement			6.5 (Min.)	8.5 (Max.)	pH	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	9/7/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER:D001&D002 WAFR SITE No.:9153

[illegible]

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

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: FL0023663
MONITORING PERIOD From: 9/7/08/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/08/3/
REPORT: Toxicity
GROUP: Domestic

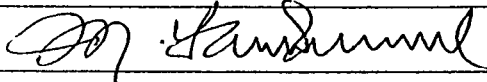
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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			NODF=9			1/6 mos	4 Grabs/24 Hr
STORET No. TAN3E P	Permit			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
Mon. Site No. EFD-1	Measurement							
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement			NODF=9				
STORET No. TAN3E Q	Permit			100 (Min)	Percent		As Required	4 Grabs/24 hours
Mon. Site No. EFD-1	Measurement							
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			NODF=9			1/6 mos	4 Grabs/24 Hr
STORET No. TAN6B P	Permit			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
Mon. Site No. EFD-1	Measurement							
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement			NODF=9				
STORET No. TAN6B Q	Permit			100 (Min)	Percent		As Required	4 Grabs/24 hours
Mon. Site No. EFD-1	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	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. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 9/7/08/01
LIMIT: Final
CLASS SIZE: Major

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

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			6.50		0	1/90	calc
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement		*	2.08		0	1/90	calc
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			2.07		0	1/90	16 comp
STORET No. 00630 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
AMMONIA, TOTAL AS N	Sample Measurement			2.35		0	1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			1.53		0	1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			1.05		0	1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			4.43		0	1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: July Year: 1997

2) Plant's DEP Identification Number: 3116PO1471

3) Plant Name: San Jose Wastewater Treatment Facility

4) Plant Address: 7126 Balboa Road

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: DO16-163452

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X00023

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

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

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

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

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.029
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.949
(19) Percent of permitted capacity	%	---	87
(20) CBOD5 Effluent	mg/L	08008	3.2
(21) TSS Effluent	mg/L	900201	8.3
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	8.2
(24) Organic N	mg/L	---	
(25) TKN	mg/L	000625	
(26) Total Ammonia	mg/L	000610	
(27) Nitrite + Nitrate	mg/L	---	
(28) Total Phosphorus	mg/L	000665	
(29) Ortho Phosphates	mg/L	---	
(30) Total N	mg/L	---	
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		21
Fecal Coliform (Arithmetic Mean)	#/100 ml		25
(34) TRC method code: 4500 CL (G)			
minimum detection level: 0.20			

(*) Duval Septic hauled 38 Loads of Digester Sludge to Landfill at 7000 gal/load.

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID # : 3116PO1471

(34)

Month: July Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL D.O. EFF	COLIFORM (#/100ML)
01	1.840	0.5	<0.20					7.8	6.9	3.6	8
02	2.015	0.5	<0.20	162	426	3.1	6.5	8.2	7.0	4.4	
03	1.834	0.5	<0.20					7.7	7.0	6.0	
04	1.846	0.5	<0.20					7.8	7.0	4.3	
05	2.090	0.5	<0.20					7.5	7.0	5.0	
06	2.044	0.5	<0.20					7.3	7.0	6.0	
07	2.183	0.6	<0.20					7.5	7.0	4.9	
08	1.903	0.5	<0.20					8.2	6.7	4.4	12
09	2.272	0.5	<0.20					7.2	6.7	3.8	
10	2.584	0.5	<0.20	134	458	3.0	8.3	7.3	6.6	3.9	
11	2.846	0.7	<0.20					7.2	6.6	3.0	
12	2.379	0.6	<0.20					6.7	6.5	3.9	
13	2.243	0.5	<0.20					7.3	6.5	4.1	
14	2.207	0.5	<0.20					7.7	6.9	4.3	
15	1.926	0.7	<0.20					7.6	6.8	3.7	40
16	2.018	0.6	<0.20					7.5	6.9	5.2	
17	1.915	0.5	<0.20	83	137	3.0	8.4	7.8	6.9	4.9	
18	1.986	0.8	<0.20					7.7	7.0	4.3	
19	1.937	0.5	<0.20					7.6	6.7	4.1	
20	1.936	0.9	<0.20					7.4	6.5	4.1	
21	1.954	1.0	<0.20					7.5	6.7	5.1	
22	1.917	1.0	<0.20					7.9	6.5	3.8	37
23	1.892	0.5	<0.20					8.0	7.0	4.4	
24	1.908	0.8	<0.20	86	149	3.1	7.8	7.7	7.0	5.2	
25	1.909	0.6	<0.20					7.4	6.9	5.5	
26	1.795	0.7	<0.20					7.4	7.0	5.0	
27	2.035	1.0	<0.20					7.4	7.0	5.1	
28	1.901	0.8	<0.20					7.4	7.0	4.0	
29	1.781	0.9	<0.20					7.5	7.1	4.6	28
30	1.751	0.8	<0.20					7.5	7.0	4.7	
31	2.060	0.5	<0.20	106	194	3.9	10.5	7.5	6.6	7.4	
Tot	62.907	20.0		571	1364	16.1	41.5			142.7	125
Avg	2.029	0.6		114	273	3.2	8.3			4.6	25
Max	2.846	1.0	<0.20	162	458	3.9	10.5	8.2	7.1	7.4	40
Min	1.751	0.5	<0.20	83	137	3.0	6.5	6.7	6.5	3.0	8

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

Signed: Thomas G. JonesDate: 8-14-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Major

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

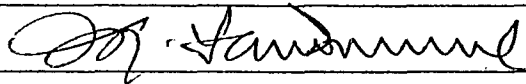
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.956				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.25 (Ann.Avg.)	mgd				Continuous	Meter or Instrument
Mon.Site No. EFD-1	Sample Measurement	2.029				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report (Mo.Avg.)	mgd				Continuous	Meter or Instrument
Mon.Site No. EFD-1	Sample Measurement					0	1/30	calc
CBOD5	Permit Measurement			3.3			Weekly	16-hour FPC
STORET No. 80082 Y	Permit Measurement			10.0 (Ann.Avg.)	mg/L		Weekly	16-hour FPC
Mon.Site No. EFD-1	Sample Measurement					0	1/7	16 Comp
STORET No. 80082 I	Permit Measurement			3.2	3.9		Weekly	16-hour FPC
Mon.Site No. EFD-1	Permit Measurement			12.5 (Mo.Avg.)	20.0 (Max.)	mg/L	Weekly	16-hour FPC
TSS	Sample Measurement			7.1		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0 (Ann.Avg.)		mg/L	Weekly	16-hour FPC
Mon.Site No. EFD-1	Sample Measurement					0	1/7	16 Comp
STORET No. 00530 I	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	Weekly	16-hour FPC
Mon.Site No. EFD-1	Sample Measurement					0	cont	Chart Recorder
pH	Permit Measurement				6.5	8.2	Continuous	Grab
STORET No. 00406 I	Permit Measurement				6.5 (Min.)	8.5 (Max.)	Continuous	Grab
Mon.Site No. EFD-1	Permit 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	97/08/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER:D001&D002 WAFR SITE No.:9153

[illegible]

* Method code for TRC is 4500 Cl (6). Detection limit is 0.020 mg/L.

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: FL0023663
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Major

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

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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		0	1/6 mos	4 Grab/24 Hrs
STORET No. TAN3E P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement			NODI = 9		0		
STORET No. TAN3E Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			NODI = 9		0	1/6 mos	4 Grab/24 Hrs
STORET No. TAN6B P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement			NODI = 9		0		
STORET No. TAN6B Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours

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

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: FL0023663
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Major

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

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			NODI = 9		0	1/90	calc
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			* NODI = 9		0	1/90	calc
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			NODI = 9		0	1/90	16 comp
STORET No. 00630 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
AMMONIA, TOTAL AS N	Sample Measurement			NODI = 9		0	1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			NODI = 9		0	1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			NODI = 9		0	1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NODI = 9		0	1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: June Year: 1997

2) Plant's DEP Identification Number: 3116P01471

3) Plant Name: San Jose Wastewater Treatment Facility

4) Plant Address: 7126 Balboa Road

5) City: Jacksonville

6) County: Duval

7) Phone Number: (904) 725-2865

8) Permit Number: D016-163452

9) Plant Type: 2-B

10) Test Site Identification Number: 3116X00023

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

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

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

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

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	2.006
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.856
(19) Percent of permitted capacity	%	---	82
(20) CBOD5 Effluent	mg/L	08008	3.1
(21) TSS Effluent	mg/L	900201	8.3
(22) Minimum pH	mg/L	---	6.4
(23) Maximum pH	mg/L	---	7.8
(24) Organic N	mg/L	---	
(25) TKN	mg/L	000625	
(26) Total Ammonia	mg/L	000610	
(27) Nitrite + Nitrate	mg/L	---	
(28) Total Phosphorus	mg/L	000655	
(29) Ortho Phosphates	mg/L	---	
(30) Total N	mg/L	---	
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		20
Fecal Coliform (Arithmetic Mean)	#/100 ml		20
(34) TRC method code: 4500 CL (6)			
minimum detection level: 0.20			
(35) Sample Date For Nutrients:			

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116P01471

(34)

Month: June Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL D.O. EFF	COLIFORM (#/100ML)
01	2.818	0.6	<0.20					7.2	6.4	4.6	
02	2.304	0.6	<0.20					7.8	6.8	5.1	
03	2.102	0.6	<0.20					7.2	6.7	4.8	8
04	1.997	0.5	<0.20					7.2	6.7	5.0	
05	2.281	0.5	<0.20	128	343	3.7	9.5	6.9	6.8	4.5	
06	2.094	0.8	<0.20					7.2	6.7	3.7	
07	2.120	0.6	<0.20					7.0	6.7	3.8	
08	2.027	1.0	<0.20					7.0	6.8	3.6	
09	2.006	1.2	<0.20					7.3	6.8	7.1	
10	1.919	0.5	<0.20					7.1	6.9	4.5	17
11	1.812	0.6	<0.20					7.2	6.9	5.5	
12	1.776	0.7	<0.20	110	166	3.4	9.3	7.2	6.8	5.0	
13	1.846	0.5	<0.20					7.3	6.8	3.8	
14	1.965	0.5	<0.20					7.7	6.9	3.5	
15	2.145	0.5	<0.20					7.1	6.8	3.8	
16	1.847	0.5	<0.20					7.3	6.8	4.5	
17	2.016	1.2	<0.20					7.2	6.8	3.8	57
18	2.152	0.8	<0.20					7.1	6.9	4.4	
19	2.036	0.6	<0.20	106	202	2.9	8.1	7.0	6.7	4.7	
20	1.859	0.6	<0.20					7.1	6.5	4.5	
21	1.879	0.6	<0.20					7.0	6.4	4.5	
22	1.980	0.5	<0.20					7.3	6.8	4.7	
23	1.847	0.9	<0.20					7.3	7.0	4.4	
24	1.945	0.9	<0.20					7.3	7.0	4.8	22
25	1.896	0.6	<0.20					7.6	7.0	3.8	
26	1.859	0.9	<0.20	126	235	2.5	6.3	7.5	7.0	4.4	
27	1.781	1.1	<0.20					7.6	7.1	4.5	
28	2.059	0.9	<0.20					7.6	7.0	3.8	
29	1.871	0.5	<0.20					7.3	7.1	3.9	
30	1.929	0.5	<0.20					7.6	6.9	4.0	

Tot	60.168	20.8		470	946	12.5	33.2			133.0	104
Avg	2.006	0.7		118	237	3.1	8.3			4.4	26
Max	2.818	1.2	<0.20	128	343	3.7	9.5	7.8	7.1	7.1	57
Min	1.776	0.5	<0.20	106	166	2.5	6.3	6.9	6.4	3.5	8

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

Signed: Thomas G. JonesDate: 7-9-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/06/01
LIMIT: Final
CLASS SIZE: Major

To: 97/06/30
REPORT: Monthly
GROUP: Domestic

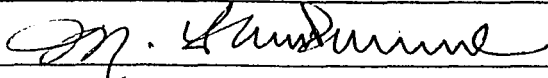
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.963						0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.25		mgd					Continuous	Meter or Instrument
Mon. Site No. EFD-1		(Ann. Avg.)								
Flow	Sample Measurement	2.006		*				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report		mgd					Continuous	Meter or Instrument
Mon. Site No. EFD-1		(Mo. Avg.)								
CBOD5	Sample Measurement				3.3			0	1/30	calc
STORET No. 80082 Y	Permit Measurement				10.0		mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1					(Ann. Avg.)					
CBOD5	Sample Measurement				3.1	3.7		0	1/7	16 comp
STORET No. 80082 I	Permit Measurement				12.5	20.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1					(Mo. Avg.)	(Max.)				
TSS	Sample Measurement				7.0			0	1/30	calc
STORET No. 00530 Y	Permit Measurement				20.0		mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1					(Ann. Avg.)					
TSS	Sample Measurement				8.3	9.5		0	1/7	16 comp
STORET No. 00530 I	Permit Measurement				30.0	60.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1					(Mo. Avg.)	(Max.)				
pH	Sample Measurement				6.4	7.8	*	2	cont	Chart Recorder
STORET No. 00406 I	Permit Measurement				6.5	8.5	S.U.		Continuous	Grab
Mon. Site No. EFD-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) 721-4600	97/07/21

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

* pH minimum of 6.5 was not met on 2 days.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER:D001&D002 WAFR SITE No.:9153

[illegible]

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

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: FL0023663
MONITORING PERIOD From: 9/7/06/09
LIMIT: Final
CLASS SIZE: Major

To: 9/7/06/30
REPORT: Toxicity
GROUP: Domestic

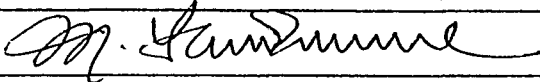
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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/24 Hr
STORET No. TAN3E P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement		*	NODI = 9				
STORET No. TAN3E Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			NODI = 9			1/6 mos	4 Grab/24 Hr
STORET No. TAN6B P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement			NODI = 9				
STORET No. TAN6B Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information 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	9/7/07/21

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. Munipalli Sambamurthi, Vice President, Manager
1400 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 9/7/06/01
LIMIT: Final
CLASS SIZE: Major

To: 9/7/06/30
REPORT: Quarterly
GROUP: Domestic

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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	calc
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			NODI = 9			1/90	calc
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-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	16-hour FPC
Mon. Site No. EFD-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	16-hour FPC
Mon. Site No. EFD-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	16-hour FPC
Mon. Site No. EFD-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	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			NODI = 9			1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: May Year: 1997

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

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

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

(8) Permit Number: D016-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

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

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

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

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.838
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.760
(19) Percent of permitted capacity	%	---	78
(20) CBOD5 Effluent	mg/L	08008	2.8
(21) TSS Effluent	mg/L	900201	7.3
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	8.3
(24) Organic N	mg/L	---	
(25) TKN	mg/L	000625	
(26) Total Ammonia	mg/L	000610	
(27) Nitrite + Nitrate	mg/L	---	
(28) Total Phosphorus	mg/L	000665	
(29) Ortho Phosphates	mg/L	---	
(30) Total N	mg/L	---	
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		12
Fecal Coliform (Arithmetic Mean)	#/100 ml		25
(34) TRC method code: 4500 CL (G)			
minimum detection level: 0.20			
(35) Sample Date For Nutrients:			

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116P01471

Month: May Year: 1997

(34)

Day of Month	Flow (agd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (ag/L)	TSS Inf (ag/L)	CBOD5 Eff (ag/L)	TSS Eff (ag/L)	MAX pH EFF	MIN pH EFF	FECAL D.O. EFF	COLIFORM (#/100ML)
01	1.834	0.5	<0.20	79	173	<1.0	6.4	7.1	6.5	3.7	
02	1.834	0.5	<0.20					6.8	6.5	3.9	
03	1.820	0.5	<0.20					7.1	6.5	3.6	
04	1.834	0.5	<0.20					7.5	6.5	3.8	
05	1.681	0.5	<0.20					7.3	6.8	4.4	
06	1.561	0.6	<0.20					7.3	6.9	5.1	17
07	1.727	0.8	<0.20					7.9	7.0	4.3	
08	1.862	1.0	<0.20	150	156	3.2	9.1	8.3	7.8	4.3	
09	1.546	0.8	<0.20					8.2	8.0	4.3	
10	1.834	0.8	<0.20					8.0	7.6	4.5	
11	1.834	0.5	<0.20					8.0	7.6	4.3	
12	2.078	1.1	<0.20					8.0	7.7	4.8	
13	1.834	0.6	<0.20					7.9	7.0	6.7	< 1
14	1.834	0.5	<0.20					7.2	6.8	6.0	
15	1.834	0.6	<0.20	131	191	3.6	7.3	7.3	6.8	4.1	
16	1.747	0.6	<0.20					7.1	6.8	4.2	
17	1.804	0.6	<0.20					7.2	6.8	4.9	
18	1.827	0.7	<0.20					7.2	6.8	4.5	
19	1.738	0.9	<0.20					7.3	6.9	6.7	
20	1.845	0.6	<0.20					7.2	6.6	4.8	54
21	1.785	0.6	<0.20					7.5	7.0	6.0	
22	1.755	0.5	<0.20	146	176	3.1	7.2	7.3	7.0	4.9	
23	1.743	0.6	<0.20					7.3	6.9	6.1	
24	1.767	0.5	<0.20					7.2	6.9	4.1	
25	1.786	0.5	<0.20					7.1	6.6	3.8	
26	1.850	0.6	<0.20					7.4	6.8	4.1	
27	1.950	1.0	<0.20					7.0	6.6	6.1	26
28	2.361	0.7	<0.20					7.1	6.8	4.5	
29	2.030	0.5	<0.20	99	181	3.0	6.5	7.1	6.9	4.7	
30	2.002	0.6	<0.20					7.1	6.9	4.3	
31	2.029	0.7	<0.20					7.0	7.0	3.9	
Tot	56.966	20.0		605	877	13.9	36.5			145.4	98
Avg	1.838	0.6		121	175	2.8	7.3			4.7	25
Max	2.361	1.1	<0.20	150	191	3.6	9.1	8.3	8.0	6.7	54
Min	1.546	0.5	<0.20	79	156	1.0	6.4	6.8	6.5	3.6	1

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

Signed: Thomas G. JonesDate: 6-6-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Major

To: 97/05/31
REPORT: Monthly
GROUP: Domestic

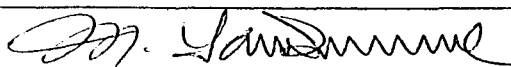
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1,967				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.25	mgd				Continuous	Meter or Instrument
Mon. Site No. EFD-1		(Ann. Avg.)						
Flow	Sample Measurement	1,838				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. EFD-1		(Mo. Avg.)						
CBOD5	Sample Measurement			3.2		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			10.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1				(Ann. Avg.)				
CBOD5	Sample Measurement			2.8		0	1/7	16 comp
STORET No. 80082 I	Permit Measurement			12.5	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1				(Mo. Avg.)				
TSS	Sample Measurement			6.9		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1				(Ann. Avg.)				
TSS	Sample Measurement			7.3		0	1/7	16 comp
STORET No. 00530 I	Permit Measurement			30.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1				(Mo. Avg.)				
pH	Sample Measurement					0	cont	Chart Recorder
STORET No. 00406 I	Permit Measurement			6.5	S.U.		Continuous	Grab
Mon. Site No. EFD-1				(Min.)				
				8.3				
				(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	97/06/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER:D001&D002

WAFR SITE No.:9153

[illegible]

* Method code for TRC is 4500 Cl (G), Detection limit is 0.00 mg/L.

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: FL0023663
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Major

To: 97/05/31
REPORT: Toxicity
GROUP: Domestic

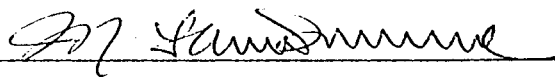
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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			>100		0	1/6 mos	4 Grab/24 Hrs
STORET No. TAN3E P	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
Mon.Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement		*	NOBZ=9				
STORET No. TAN3E Q	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
Mon.Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			>100		0	1/6 mos	4 Grab/24 Hrs
STORET No. TAN6B P	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
Mon.Site No. EFD-1								
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement			NOBZ=9				
STORET No. TAN6B Q	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
Mon.Site No. EFD-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	97/06/26

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

See attached HER report # 873.

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: FL0023663
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Major

To: 97/05/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

- (1) Month: April Year: 1997
- (2) Plant's DEP Identification Number: 3116P01471
- (3) Plant Name: San Jose Wastewater Treatment Facility
- (4) Plant Address: 7126 Balboa Road
- (5) City: Jacksonville
- (6) County: Duval
- (7) Phone Number: (904) 725-2865
- (8) Permit Number: D016-163452
- (9) Plant Type: 2-B
- (10) Test Site Identification Number: 3116X00023
- (11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

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

Surface Waters

- (13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

- (14) Cumulative Days of Wet Weather Discharge:

- (15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

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

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

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

Lead Operator: *Theresa E. Jones*

Signature

Cert. No. 3305

(*) Duval Septic hauled

39 Loads of Digester Sludge to Landfill at 7000 gal/load.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.843
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.748
(19) Percent of permitted capacity	%	---	78
(20) CBOD5 Effluent	mg/L	08008	3.4
(21) TSS Effluent	mg/L	900201	3.5
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	8.0
(24) Organic N	mg/L	---	0.60
(25) TKN	mg/L	000625	11.80
(26) Total Ammonia	mg/L	000610	11.20
(27) Nitrite + Nitrate	mg/L	---	2.98
(28) Total Phosphorus	mg/L	000665	2.30
(29) Ortho Phosphates	mg/L	---	0.92
(30) Total N	mg/L	---	14.78
(31) Minimum Chlorine Residual (pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual (post So2)	mg/L	---	<0.20

(33) Other Effluent Parameters

Fecal Coliform (Geometric Mean)	#/100 ml	12
Fecal Coliform (Arithmetic Mean)	#/100 ml	1E

- (34) TRC method code: 4500 CL (G)

minimum detection level: 0.20

- (35) Sample Date For Nutrients: 04-24-97

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116P01471

(34)

Month: April Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	D.O. EFF	COLIFORM (#/100ML)
01	1.762	0.5	<0.20					7.3	6.8	5.8	2
02	1.689	0.9	<0.20					7.8	6.9	4.8	
03	1.754	0.5	<0.20	88	123	2.4	0.5	7.5	6.8	5.0	
04	1.585	0.5	<0.20					7.5	7.0	4.7	
05	1.754	0.5	<0.20					7.4	7.2	4.5	
06	1.775	0.5	<0.20					8.0	7.3	4.4	
07	1.700	0.5	<0.20					7.5	7.1	5.2	
08	1.708	0.8	<0.20					7.6	7.0	4.7	12
09	1.754	0.9	<0.20					7.5	7.0	4.4	
10	1.783	0.9	<0.20	130	185	4.8	0.8	7.8	6.9	4.9	
11	1.754	1.1	<0.20					7.9	6.6	4.4	
12	1.754	0.5	<0.20					8.0	7.1	4.9	
13	1.754	0.6	<0.20					8.0	7.2	4.7	
14	1.755	0.6	<0.20					7.6	7.0	5.8	
15	1.754	0.5	<0.20					7.5	7.1	4.7	29
16	1.807	0.6	<0.20					7.5	6.9	6.3	
17	1.754	0.7	<0.20	136	151	3.0	6.3	7.6	7.3	5.0	
18	1.630	0.5	<0.20					7.6	7.2	5.8	
19	1.754	0.7	<0.20					8.0	7.2	6.0	
20	1.754	0.7	<0.20					7.6	6.7	5.5	
21	1.754	1.0	<0.20					7.3	6.9	5.2	
22	1.754	1.0	<0.20					8.0	7.3	7.3	33
23	2.164	0.8	<0.20					7.9	7.4	6.0	
24	1.754	0.6	<0.20	138	213	3.2	6.2	7.9	7.5	6.0	
25	1.754	0.5	<0.20					6.9	6.5	5.8	
26	2.109	0.6	<0.20					7.5	6.6	5.6	
27	3.073	0.5	<0.20					7.5	6.7	5.5	
28	2.692	0.6	<0.20					7.2	6.8	4.0	
29	1.794	0.5	<0.20					7.7	6.6	4.0	14
30	1.698	0.5	<0.20					7.2	6.7	4.7	

Tot	55.280	19.6		492	672	13.4	13.8			155.6	90
Avg	1.843	0.7		123	168	3.4	3.5			5.2	18
Max	3.073	1.1	<0.20	138	213	4.8	6.3	8.0	7.5	7.3	33
Min	1.585	0.5	<0.20	88	123	2.4	0.5	6.9	6.5	4.0	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: Thomas G. JonesDate: 5-9-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

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