## **Jasmine Lakes**

Docket No. 060368-WS

Application to Increase Rates and Charges
For a "Class A" Utility
In

Florida

**VOLUME 6** 

Book 8

Set 7 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - CATE
00973 JAN 30 5

FPSC-COMMISSION CLEAR

# Aqua Utilities Florida, Inc. Discharge Monitoring Reports

# Jasmine Lakes

	Tab Number	Page Number
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Year: 2005 January February March April May June July August September October November December	1 2 3 4 5 6 7 8 9 10 11	39 42 45 48 51 54 57 60 63 66 69 72

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:

AquaSource, Inc.

PERMIT NUMBER FLA012768

MAILING ADDRESS:

1343 N.E. 17th Road Ocala, FL 34470

LIMIT:

CLASS SIZE:

Final N/A REPORT: GROUP:

Monthly Domestic

FACILITY:

Jasmine Lakes WWTP

MONITORING GROUP NUMBER:

R-001 and Influent

LOCATION:

1343 N.E. 17th Road Ocala, FL 34470

NO DISCHARGE FROM SITE:

COUNTY:

Pasco

MONITORING PERIOD

From:

1/1/04 To

1/31/04

Parameter		Quantity (	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.276		MGD					0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.308 (12MADE) <sup>17</sup>		Mgd	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-Calculation	Rolling 12 Month Avg
Flow	Sample Measurement	0.244	0.195	MGD			provide and another than the second		0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	0:370 (3MADF) <sup>2</sup>	Report (Mo:Avg.)	mgd						5' Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1			mg/l	0	Calculation	Rolling 12 Month Avg. 1
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l		Calculation	Rolling 12 Month Avg. <sup>1</sup>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max:)		mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		-		4.6			mg/l	0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 00530 Y Mon.Sile No. EFA-01	Permit Requirement	Albert Comment			20.0 (An.Avg.)	3. 3. 3.		mg/l		Calculation	Rolling 12 Month Avg
Solids, Total Suspended	Sample Measurement				2.7	3.2		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 i Mon Site No. EFA-01	Permit Requirement		<b>K</b> -1-3-4-4		30.0 (Mo.Avg:)	60.0 * 1. (Max.) = 1		mg/l		Every, Two	8-hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)	
Michael L. Burch, Area Coordinator/Operations Superintendent		352-369-4881		

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

FACILITY NAME:

Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

PASCO COUNTY

MONITORING PERIOD

rom:

<u>1/1/04</u> To

1/31/04

Parameter		Quantity o	or Loading	Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.8		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. EFA-01	Permit Requirement		199		(6.0 (min.)	8.5 (Max.)		ŠįU.	i,	≑ 5 Days/Week >	Grab
Coliform, Fecal	Sample Measurement				37			#/100ml	0	Calculation	Rolling 12 Month Avg <sup>1</sup>
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An Avg.)			#/100ml		a Calculation	Rolling 12 Month Avg <sup>1</sup>
Coliform, Fecal	Sample Measurement		/		1	1	(1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon Site No. EFA-01	Permit Requirement				Report (Mo:Geo:Mean)	800 (Max.)		#/100ml		Every*Iwo ™eeks	Gråb
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/l°		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.8			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Requirement				12:0 (Max.)			mg/I		Every Two Weeks	8-hour EPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				66		a and a second s	%		Monthly	Calculated
PARM Code 00180 Mon Site No.	Permit Requirement		i in the second		Report (Mo.Total)			%		Monthly	. Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				245			mg/l		Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon, Site No. INF-001	Permit Requirement				Report (Mo Avg.)	in the second se		mg/l		+ Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				190			mg/l		Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No INF-001	Permit Requirement				Report (Mo Avg)			mg/l		Every Two Weeks	8-hour FPC

Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.

<sup>2</sup> Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.

FPC – flow Proportioned Composite

Permit Number:

FLA012768

Facility:

Monitoring Period

From: <u>1/1/04</u>

To: <u>1/31/04</u>

Jasmine Lakes WWTP PASCO COUNTY

	Flow (MGD) to R001	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/l)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect:) (mg/l)	CBOD5 (mg/l)	TSS (mg/l)		
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530		
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-001	INF-001		
1	.188				7.8		>2.2				
2	.200				7.8		>2.2				
3	.207				7.7		>2.2		4		
4	.207										
5	.220				7.7		>2.2				
6	.191				7.7		>2.2				
7	.159	2.0 U			7.7	2.2	>2.2	230	180		
8	.190		1 U	29	7.7		>2.2				
9	.179				7.7		>2.2				
10	.198				7.7		>2.2				
11	.198										
12	.208				7.7		>2.2			 -	
13	.185				7.7		>2.2				
14	.189				7.6		>2.2				
15	.190		1		7.5		>2.2				
16	.178				7.6		>2.2				
17	.197				7.5		>2.2				
18	.197										
19	.198				7.6		>2.2				
20	.175				7.7		>2.2				
21	.186	2.0 U			7.7	3.2	>2.2	260	200		
22	.182		1 U	6.8	7.7		>2.2				
23	.184				7.7		>2.2				
24	.204				7.7		>2.2				
25	.204							3			
26	.204				7.7		>2.2				
27	.214				7.7		>2.2				
28	.186				7.7		>2.2				
29	.213				7.7		>2.2				
30	.210				7.7		>2.2				
31	.214				7.7		>2.2				
Total											
Mo. Avg											

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	5904	Name:	Carl Virtuoso
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	5904	Name:	Carl Virtuoso

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:

AquaSource, Inc.

PERMIT NUMBER FLA012768

MAILING ADDRESS:

1343 N.E. 17th Road Ocala, FL 34470

LIMIT:

Final N/A REPORT: GROUP:

Monthly Domestic

FACILITY:

Jasmine Lakes WWTP 1343 N.E. 17th Road

MONITORING GROUP NUMBER:

R-001 and Influent

LOCATION:

1343 N.E. 17th Roa Ocala, FL 34470

NO DISCHARGE FROM SITE:

COUNTY:

Pasco

MONITORING PERIOD

CLASS SIZE:

From:

February 1,2004 To

February 29,2004

Parameter		Quantity of	or Loading	Units	Qua	llity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.276		MGD					0	Calculation	Rolling 12 Month Avg. 1
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0,308 (12MADF) <sup>1</sup>		Mgd				) (1)		Calculation	Rolling 12 Month Avg <sup>1</sup>
Flow	Sample Measurement	0.211	0.233	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	0:370 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			mg/l	0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l		Calculation	Rolling 12 - Month Avg. <sup>1</sup>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60 0 (Max.)		mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		<del>-</del>		4.4			mg/l	0	Calculation	Rolling 12 Month Avg. 1
PARM Gode 00530 Y Mon Site No. EFA-01	Permit Réquirement			12 m	(20.0 (An:Avg.)			.mg/l =		Calculation	Rolling 12. Month Avg
Solids, Total Suspended	Sample Measurement				3.2	4.4		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-01	Permit	17.5	B 12 1		(Mo.Avg.)	60.0 4 \$ (Max.)		mg/l		Every Two Weeks	8-hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Michael V. Fitzgerald, Operations Superintendent	·	352-369-4881	

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

FACILITY NAME:

Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

PASCO COUNTY

MONITORING PERIOD

From:

February 1,2004 To

February 29,2004

Parameter		Quantity o	r Loading	Units	Qual	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.3	7.7		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. EFA-01	Permit Requirement				6.0 (Min.)	8:5 (Max.)		S.u.,		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				37			#/100ml	0	Calculation	Rolling 12 Month Avg <sup>1</sup>
PARM Code 74055 Y: Mon Site No. EFA-01	Permit Requirement				200 (An:Avg.)			#/100ml		Calculation	Rolling 12 Month Avg <sup>1</sup>
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ml	.0	Every Two Weeks	Grab
PARM Code 74055 1 Mon Site No: EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Every Two Weeks	. Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.6			mg/i	.0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Requirement			9 34	12:0 (Max.)			mg/l		Every Two Weeks	8-hour FPC
											Trackle :
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				57			%		Monthly	Calculated
PARM Code 00180 Mon Site No	Permit Requirement	and the state of			- Report			%		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250			mg/l		Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-001	Permit Requirement			W-cz	- Fr Report (Mo Avg.)		44.4	mg/l		Every Two Weeks	% 8-hour FPC
Solids, Total Suspended	Sample Measurement				210			mg/l		Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-001	Permit : Requirement	4. 1. 14			Report (Mo Avg.)			→mg/l		Every I'wo Weeks	8-hour FPC

Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.

<sup>2</sup> Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.

FPC – flow Proportioned Composite

Permit Number:

Monitoring Period

FLA012768

From: <u>February 1,2004</u> To: <u>February 29,2004</u>

Facility:

Jasmine Lakes WWTP PASCO COUNTY

	Flow (MGD) to R001	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/l)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	CBOD5 (mg/l)	TSS (mg/l)		
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	 	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-001	INF-001		
1	.245										
2	.249				7.7		>2.2				
3	.211				7.7		>2.2				
4	.225				7.7		>2.2				
5	.235				7.7		>2.2				
6	.251				7.6		>2.2				
7	.229				7.7		>2.2				
8	.229										
9	.239				7.6		>2.2			 	
10	.222	2.0U			7.6	2.0U	>2.2	190	200		
11	.215		1U	3.6	7.6		>2.2	24.2			
12	.205				7.5		>2.2				
13	.220				7.4		>2.2				
14	.227				7.4		>2.2				
15	.227				7.5		>2.2				
16	.245				7.4		>2.2				
17	.210				7.4		>2.2				
18	.225				7.4		>2.2				
19	.240				7.5		>2.2			 	
20	.229				7.5		>2.2			 	
21	.230				7.5		>2.2		P 1 - 144		
22	.230										
23	.220				7.4		>2.2		1.11		
24	.242	2.0U			7.4	4.4	>2.2	310	220		
25	.263		1U	1.2	7.4		>2.2				
26	.260				7.3		>2.2				
27	.230				7.3		>2.2			 	
28	.255				7.4		>2.2		1		
29	.255										
30											
31											
Total											
Mo. Avg											

PLANT STAFFING: Day Shift Operator	Class:	<u>B</u>	Certificate No:	5904	Name:	Carl Virtuoso
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	5904	Name:	Carl Virtuoso

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: MAILING ADDRESS:

AquaSource, Inc.

1343 N.E. 17th Road

Ocala, FL 34470

Ocaia, PL 34470

FACILITY: LOCATION: Jasmine Lakes WWTP 1343 N.E. 17th Road

Ocala, FL 34470

COUNTY:

Pasco

PERMIT NUMBER FLA012768

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP: Monthly Domestic

MONITORING GROUP NUMBER:

R-001 and Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From:

March 1,2004 To

March 31,2004

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.276		MGD					0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 50050 Y. Mon.Site No. FLW-01	Permit Requirement	0,308 (12MADF) <sup>1</sup>		-Mgd <sup>#</sup> -						Calculation	Rolling 12 Month Avg <sup>1</sup>
Flow	Sample Measurement	0.219	0.229	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	0,370 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd		· 1				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			mg/l	0	Calculation	Rolling 12 Month Avg. 1
PARM Code 80082 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An Avg.)			mg/J-		Calculation	Rolling 12 Month Avg. <sup>1</sup>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	o	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Requirement				30,0 (Mo.Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.4			mg/l	0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An Avg.)	· profes		mg/l		Calculation	Rolling 12 Month Avg
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-01	Permit Requirement			mek ki ji ji Nga Sanga	30-0 (Mo.Avg)	60.03 (Max.) *		mg/J		Fivery Two Weeks	8-hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

FACILITY NAME:

Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

PASCO COUNTY

MONITORING PERIOD

λ

From:

March 1,2004 To

March 31,2004

Parameter		Quantity o	Quantity or Loading Units Quality or Concentration						No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.3	7.5		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. EFA-01	Permit Requirement			1.0	6.0 (Min.)	8.5 (Max.)		S.U.	i i	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				37			#/100ml	0	Calculation	Rolling 12 Month Avg <sup>1</sup>
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement				200 (An:Avg.)			#/100ml		Calculation	Rolling 12 · Month Avg <sup>1</sup>
Coliform, Fecal	Sample Measurement				. 1	1		#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon:Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-01	Permit Requirement				0.5 (Min.)		1.	mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.7			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Requirement				(Max.)	aran Marin		mg/l		Every Two Weeks	8-hour FPC
					e e e e e e e e e e e e e e e e e e e						
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				59			%		Monthly	Calculated
PARM Code 00180 Mon Site No.	Permit ≉Requirement /≠				Report (Mo Fotal)			% *		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				210			mg/l		Every Two Weeks	8-hour FPC
PARM-Code 80082 G Mon Site No. INF-001	Permit Requirement				Report (Mo Avg.)			mg/l	3.0	Every-Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				205			mg/l		Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No. INF-001	Permit Requirement		a series		Report			mg/l	1. · · · · · · · · · · · · · · · · · · ·	Every Two Weeks	8-hour PPC

Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.

<sup>2</sup> Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.

<sup>3</sup> FPC – flow Proportioned Composite

Permit Number:

Monitoring Period

FLA012768

From: <u>3/1/04</u>

Facility:

Jasmine Lakes WWTP PASCO COUNTY To: 3/31/04

	Flow (MGD) to R001	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/l)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	CBOD5 (mg/l)	TSS (mg/l)		
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530		
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-001	INF-001		
1	.260				7.4		>2.2				
2	.245				7.3		>2.2				
3	.215				7.4		>2.2	1 1 1			
4	.240				7.4		>2.2				
5	.237				7.4		>2.2				
6	.236				7.4		>2.2				
7	.236										
8	.240				7.4		>2.2				
9	.230	2.0U			7.4	2.0U	>2.2	200	190		
10	.210		1U	2.9	7.4		>2.2				
11	.210				7.4		>2.2				
12	.250				7.4		>2.2				
13	.210				7.5		>2.2				
14	.210				7.5		>2.2				
15	.230				7.5		>2.2				
16	.225				7.4		>2.2				
17	.235				7.4		>2.2				
18	.210				7.4		>2.2				
19	.252				7.4		>2.2				
20	.234				7.5		>2.2				
21	.234										
22	.230				7.5		1.5				
23	.220	2.0U			7.5	2.0U	>2.2	220	220		
24	.220		1U	4.7	7.5		>2.2				
25	.230				7.5		>2.2				
26	.220				7.4		>2.2				
27	.235				7.4		>2.2				
28	.235										
29	.230				7.4		>2.2				
30	.220				7.4		>2.2				
31	.210				7.5		>2.2				
Total											
Mo. Avg.											

PLANT STAFFING:						
Day Shift Operator	Class:	_ <u>B</u>	Certificate No:	5904	Name:	Carl Virtuoso
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	5904	Name:	Carl Virtuoso

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:

AquaSource, Inc. Ocala, FL 34470

PERMIT NUMBER FLA012768

MAILING ADDRESS:

1343 N.E. 17th Road

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Jasmine Lakes WWTP 1343 N.E. 17th Road

MONITORING GROUP NUMBER:

R-001 and Influent

Ocala, FL 34470

NO DISCHARGE FROM SITE:

COUNTY:

Pasco

MONITORING PERIOD

4/1/04

From:

4/30/04 To

Parameter		Quantity	or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.277		MGD					0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.308 (12MADF) <sup>1</sup>	714 Sept.	Mgd						Calculation	Rolling 12 Month Avg. <sup>1</sup>
Flow	Sample Measurement	0.232	0.235	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	0.370 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			mg/l	0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20,0 (An Avg.)			mg/l		Calculation	Rolling 12 Month Avg. <sup>1</sup>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Requirement				30:0 (Mo Avg.)	60.0 (Max.) *		mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Mcasurement				3.1			mg/l	0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement			100	20:0 (An Avg.)	4 - 3 - 3 5		-mg/I		Calculation	Rolling 12 Month Avg
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-01	Permit Requirement				(Mo Avg.)	#60.0 (Max.)		mg/l		Every Two Weeks	8-hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

FACILITY NAME:

Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

PASCO COUNTY

MONITORING PERIOD

rom.

4/1/04

To <u>4/30/04</u>

Parameter		Quantity o	or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
pН	Sample Measurement				7.0	7.6		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. EFA-01	Permit Requirement				€ (Min.)	8.5 (Max.)		S.U.		5 Days/Week	Grab-
Coliform, Fecal	Sample Measurement				37			#/100ml	0	Calculation	Rolling 12 Month Avg <sup>1</sup>
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement				200 (An Avg.)	opa (* 7		#/100ml		Calculation	Rolling 12 Month Avg
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100mI	0	Every Two Weeks	Grab
PARM Code 74055 I Mon Site No. EFA-01	Permit Requirement				Report (Mo:Geo:Mean)	800 (Max.)		#/100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A: Mon:Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.20			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-01	Permit Requirement				12.0 (Max.)		k y	mg/l		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				75			%		Monthly	Calculated
PARM Code 00180 Mon.Site No.	Permit Requirement				Report (Mo.Total)			%		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				225			mg/l		Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-001	Permit . Requirement				Report (Mo Avg.)			mg/l	3 10 S	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		Mark Control of the C		129			mg/l		Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-001	Permit : Requirement			ļ.	Report (Mo.Avg.)			,mg/l		Every Two : Weeks	8-hour FPC

Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.

<sup>2</sup> Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.

FPC – flow Proportioned Composite

Permit Number:

FLA012768

Facility:

Jasmine Lakes WWTP PASCO COUNTY

From: 4/1/04 To: 4/30/04 Monitoring Period

F	Flow	CBOD5	Fecal	Nitrogen,	pH (s.u.)	TSS (mg/l)	TRC (For	CBOD5	TSS (mg/l)		
	(MGD) to R001	(mg/l)	Coliform Bacteria (#/100ml)	Nitrate, Total (as N) (mg/l)			Disinfect.) (mg/l)	(mg/l)			
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	 	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-001	INF-001		
1	.220				7.5	<u> </u>	>2.2				
2	.233				7.6		>2.2				
3	.233				7.6		>2.2			 -	
4	.233				7.6		>2.2				
5	.220				7.5		>2.2				
6	.230				7.5		>2.2				
7	.230	2.0U			7.6	2.0U	>2.2	240	68		
8	.220		1U	3.7	7.6		>2.2				
9	.240				7.5		>2.2		N. W. W.		}
10	.250				7.5		>2.2			 	
11	.250										
12	.260				7.5		>2.2				
13	.240	_			7.3		>2.2				
14	.230				7.4		>2.2				
15	.230				7.5		>2.2				
16	.238				7.6		>2.2				
17	.226				7.5		>2.2				
18	.226										
19	.230				7.5		>2.2			 	
20	.210				7.5		>2.2				
21	.200	2.0U			7.5	2.0U	>2.2	210	190		
22	.220		1U	0.69	7.5		>2.2				
23	.220				7.5		>2.2				
24	.230				7.5		>2.2				
25	.230										
26	.220				7.6		>2.2				
27	.200				7.6		>2.2				
28	.210				7.5		>2.2				
29	.210				7.6	ļ	>2.2				
30	.219				7.4		>2.2		1		ļ
31				<u> </u>							
Total											
Mo. Avg.	<u> </u>		<u> </u>		<u> </u>						

PLANT STAFFING: Day Shift Operator	Class:	_B	Certificate No:	5904	Name:	Carl Virtuoso
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	5904	Name:	Carl Virtuoso

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:

AquaSource, Inc. Ocala, FL 34470

PERMIT NUMBER FLA012768

MAILING ADDRESS:

1343 N.E. 17th Road

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Jasmine Lakes WWTP 1343 N.E. 17th Road Ocala, FL 34470

MONITORING GROUP NUMBER:

R-001 and Influent

COUNTY:

Pasco

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From:

May 1,2004

To

May 31,2004

Parameter		Quantity	or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.298		MGD					0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0,308; (12MADF) <sup>1</sup>		Mgd						Calculation	Rolling 12 Month Avg
Flow	Sample Measurement	0.221	0.200	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-01	Permit Reguirement	0.370 (3MADF) <sup>2</sup>	Report (Mo.Avg.).	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 80082 Y Mon Site No. EFA-01	Permit Requirement				(An.Avg.)			mg/l		Calculation.	Rolling 12 Month Avg. <sup>1</sup>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Requirement				30:0 (Mo:Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.1			mg/l	0	Calculation	Rolling 12 Month Avg. 1
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An Avg.)			mg/l	1	Calculation	Rolling 12 Month Avg
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Requirement				3000 (Mo Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	8-hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

FACILITY NAME:

Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

PASCO COUNTY

MONITORING PERIOD

From:

May 1,2004

To May 31,2004

Parameter		Quantity o	or Loading	Units	Quali	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.3	7.7		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-01	Permit Requirement			1114	6:0 (Min.)	8.5 (Max.)		S.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				40			#/100ml	0	Calculation	Rolling 12 Month Avg <sup>1</sup>
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				(An Avg.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#/100ml	ye. 3	Calculation	Rolling 12 Month Avg <sup>1</sup>
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Requirement	i de la companya de			Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				-0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.3			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-01	Permit Requirement	7. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1			.12.0 (Max.)			mg/l		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				60			%		Monthly	Calculated
PARM Code 00180 Mon Site No.	Permit Requirement				Report (Mo Total)			%		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				245			mg/l		Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. 1NF-001	Permit Requirement				Report (Md Avg.)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				265			mg/l		Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-001	Pennit Requirement				Report (Mo Avg.)			mg/l		Every Two Weeks	- 8-hour FPC

Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.

<sup>2</sup> Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.

FPC – flow Proportioned Composite

Permit Number:

Monitoring Period

FLA012768

From: May 1,2004 To: M

To: May 31,2004

Facility:

Jasmine Lakes WWTP PASCO COUNTY

	Flow (MGD) to R001	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/l)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	CBOD5 (mg/l)	TSS (mg/l)		
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530		
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-001	INF-001		
1	.210				7.3		>2.2				
2	.210										·
3	.210				7.4		>2.2				
4	.210				7.57.5		>2.2				
5	.210	2.0U			7.6	2.0U	>2.2	230	310		
6	.209		1U	2.0	7.5		>2.2			_	
7	.210				7.6		>2.2			=	
8	.203				7.6		>2.2				
9	.198				7.6		>2.2				
10	.195				7.6		>2.2	1			
11	.200				7.7		>2.2				
12	.190				7.6		>2.2				
13	.200				7.6		>2.2		·		
14	.200				7.6		>2.2	4.			
15	.202										
16	.202				7.6		>2.2				:
17	.201				7.4		>2.2				
18	.185	2.0U			7.3	2.0U	>2.2	260	220		
19	.190		1U	2.3	7.4		>2.2				
20	.180				7.5		>2.2				
21	.190				7.6		>2.2		4.		
22	.220				7.6		>2.2				
23	.210				7.6		>2.2				
24	.195				7.6		>2.2		:		
25	.195				7.6		>2.2	1			
26	.184				7.6		>2.2				
27	.189				7.7		>2.2				
28	.183				7.6		>2.2				
29	.200				7.6		>2.2				
30	.200										
31	.220				7.6		>2.2				
Total											
Mo. Avg	,										

PLANT STAFFING:						
Day Shift Operator	Class:	_B	Certificate No:	5904	Name:	Carl Virtuoso
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	5904	Name:	Carl Virtuoso

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: MAILING ADDRESS: AquaSource, Inc.

1343 N.E. 17th Road

Ocala, FL 34470

Jasmine Lakes WWTP 1343 N.E. 17th Road

Ocala, FL 34470

COUNTY:

FACILITY:

LOCATION:

Pasco

PERMIT NUMBER FLA012768

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

MONITORING GROUP NUMBER: R-001 and Influent 

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From:

6/1/04 To

6/30/04

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.287		MGD					0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.308 (12MADF) <sup>1</sup>		Mgd						Calculation	Rolling 12 Month Avg. <sup>1</sup>
Flow	Sample Measurement	0.213	0.205	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	0.370 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd	17.5					5 Days/Week	Flow meters and totalizers
BOD, Carbonaccous 5 day, 20C	Sample Measurement				2.4			mg/l	0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An:Avg.)			mg/l		Calculation	Rolling 12 Month Avg. <sup>1</sup>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/l		Every:Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.7			mg/l	0	Calculation	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				*20.0 (An Avg.)			mg/l		Calculation	Rolling 12 Month Avg
Solids, Total Suspended	Sample Measurement				2.2	2.4		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Requirement				6 3 30.0 2 (Mo.Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hour FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

FACILITY NAME:

Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

PASCO COUNTY

MONITORING PERIOD

6/1/04 To

From:

6/30/04

Parameter		Quantity of	or Loading	Units	Quali	ity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.4	7.7		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-01	Permit Requirement				6.0 → (Min.)	8.5 (Max.)		s.u./		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				40			#/100ml	0	Calculation	Rolling 12 Month Avg <sup>1</sup>
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement			4	(200 (An Avg.)	Tage of the state		#/100ml		Calculation	Rolling 12 Month Avg
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement		66 37-31		0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.55			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Requirement				(Max.)			mg/l		Every Two Weeks	8-hour FPC
				i de la companya de							
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				57			%		Monthly	Calculated
PARM Code 00180 Mon Site No.	Permit Requirement	1 4 4			Report (Mo:Total)			%		Monthly	ECalculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				295			mg/l		Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-001	Permit Requirement	4.4			Report (Mo:Avg:)		100 Aug.	mg/l		Every/Two / Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				350			mg/l		Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No. INF-001	Permit Requirement				Report (Ma:Avg.)			mg/l		Every Two Weeks	8-hour FPC

Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.

<sup>2</sup> Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.

<sup>3</sup> FPC – flow Proportioned Composite

Permit Number:

Monitoring Period

FLA012768

From: <u>6/1/04</u>

To: 6/30/04

Facility:

Jasmine Lakes WWTP PASCO COUNTY

	Flow (MGD) to R001	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/l)	pH (s.u.)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	CBOD5 (mg/l)	TSS (mg/l)		
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530		
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-001	INF-001		
1	.187				7.6		>2.2				
2	.181				7.6		>2.2			 	
3	.185				7.7		>2.2			 	
4	.206				7.5		>2.2				
5	.217				7.6		>2.2				
6	.217				7.6		>2.2				
7	.200				7.6		>2.2				
8	.207	2.0U	Ţ		7.6	2.4	>2.2	340	480		
9	.200		1	2.4,J4	7.7		>2.2				
10	.190				7.7		>2.2				
11	.202				7.4		>2.2				
12	.204				7.5		>2.2	1			
13	.204										
14	.250				7.6		>2.2				
15	.223				7.4		>2.2				
16	.230				7.6		>2.2				
17	.208				7.4		>2.2				
18	.209				7.5		>2.2	1,000			
19	.223				7.6		>2.2				
20	.220				7.6		>2.2				
21	.210				7.5	1	>2.2				
22	.199	2.0U			7.6	2.0U	>2.2	250	220		
23	.192		1U	4.7	7.6		>2.2				
24	.204				7.6		>2.2				
25	.214				7.6		>2.2				
26	.207				7.7		>2.2				
27	.207										1
28	.199				7.5		>2.2	e ji Sar			
29	.200				7.5		>2.2				
30	.197				7.5		>2.2				
31										<u> </u>	
Total											
Mo. Avg	3.										

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	5904	Name:	Carl Virtuoso
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	5904	Name:	Carl Virtuoso

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly **Domestic** 

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

MONITORING GROUP NUMBER:

R-001 and influent

MONITORING GROUP DESC.

P/E Ponds

Port Richey, FL 34668

NO DISCHARGE FROM SITE:

П

	FULL Michely, FL 3	74000			NO DIOOFFICE		u				
COUNTY:	Pasco				MONITORING PE	ERIODFrom:	07/01/2004	To:		07/31/2004	
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type
									Ex.	Analysis	
Flow, total plant to ponds	Sample Measurement	0.249	0.221	mgd					1	Continuous	Flow meters and totalizers
PARM Code 50050 NS. Mon.Site No. FIW.01.	Permit Requirement	* 0.130 * (12MADF) <sup>1</sup>	Report (Mo Avg.)	mgd				4.4		Continuous	Flow meters and totalizers
	Sample Measurement			mgd					0	Continuous	Flow meters and totalizers
	Permit Requirement	1000		mgd		. A. J				Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				55%			%	0	Monthly	Calculated <sup>3</sup>
PARM Code 00180° G- Mon.Site No. FLW:01	Permit Requirement				Report (3MADF) <sup>2</sup>			. %	į,	Monthly	* Calculated*
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			MG/L	0	Every two weeks	Rolling 12 Mont Avg. <sup>1</sup>
PARM Code 80082 ¥ Mon Sife No EFA 01	Permit Requirement	Present and an article and article article and article article and article		4	200 ii (An Ayg ) -			MG/L		Every two weeks	Relling 12 Mont Avg #
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U		2.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 % ; * Mon Site No EFA-0   * * * * * * * * * * * * * * * * * *	Permit Requirement				_30.0 (Mo <b>yay</b> g).		µ60.0 (Max)	MG/L		two yeeks	8 hour FECA
Solids, Total Suspended	Sample Measurement				2.3			MG/L	0	Every two weeks	Rolling 12 Mont Avg. <sup>1</sup>
PARM Code 00530 (Y Mon Sile No EFA-01	Permit Requirement		i iii		20104 pt 1 A11240	144	de de la	MG/L		We Weeks	Ralling (ZaVlon)
Solids, Total Suspended	Sample Measurement				1.5		1.6	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 / Mon Site No EFA 01	Permit Requirement				30 0 a (MoSAVe))	1 F <b>4</b>	4 60.0 4 (Max ) 4	MGÆ		Everywa two weeks	948-hour ERC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	04/12/15

Facility Name: Jasmine Lakes WWTP PERMIT NUMBER: FLA012768 MONITORING GROUP NUMBER: R-001 and influent Pasco

					MONITORING PE	RIODFrom:	07/01/2004	То:		07/31/2004	
Parameter		Quantity of	of Loading	Units	C	uality or Concentration		Units	No.	Frequency	Sample Type
									Ex.	Analysis	
рН	Sample Measurement				7.3		75.0	S.U.	1	5 Days/Week	Meter/Grab
PARM Code 00400 \$1 Mon Site No EFA-01	Permit Requirement				6.0 (Min.)	11.5	8.5 2 (Max )	s.u		5 Days/Week	*Metet/Crab
Coliform, Fecal	Sample Measurement			E1364 St 136 2.00	37.1			#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. <sup>1</sup>
Parm Code 74055. Y. Mon Site No.EFA-01	Permit Requirement				200 (An Avg.)		ti la	#/100mE		Every Two Weeks	Rolling 12 Month Avg
Coliform, Fecal	Sample Measurement				1U		1U	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 d Mon Site No.EFA 01	Permit Requirement				Report (Mo.Geo.Mean)		800 (max) *	#/100mL	# # #	Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon Site No EFA-01	Permit Regulrement			19 <b>.5</b>	0,5 (Min)			MG/L		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					, i	8.4	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00629 %: Mon Site No.EFA-01	Permit Requirement						12:0 (max)	* MG/L	Ŧ.	Every Two:Weeks	8-hour EPC
											, gr
BOD, Carbonaceous 5 day, 20C	Sample Measurement				205			MG/L	0	Monthly	8-hour FPC
PARM Gode 80082 G Mon Site No.INF-040	Permit Requirement				Reports () (Mo Avg.)	, , <b>(1)</b> /;		MG/L		Monthly.	8-hour FPC+
Solids, Total Suspended	Sample Measurement	1000			165			MG/L	0	Monthly	8-hour FPC
PARM Code 00530 / G Mon Site No INF-01	Permit Requirement		1.00		* Report (Mo Avg.)		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MG/L		Monthly	8-hour ERC

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages. For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number: FLA012768 Facilty: Jasmine Lakes WWTP County: Pasco

MONITORING PERIO 07/01/2004 To: 07/31/2004

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.211				7.6		2.2			
2	0.188		!		7.5		2.2			
3	0.209				7.5		2.2			
4	0.199		:		-					
5	0.199				7.5		2.2	:		
6	0.210				7.5		2.2			
7	0.199				7.6		2.2			
8	0.203		ļ		7.6		2.2			
9	0.195				7.5		2.2	i		
10	0.188		!		7.5	!	2.2	i		
11	0.198									
12	0.198	2U	:	İ	7.6	1.6	2.2	190	180	
13	0.196		1U	8.4	7.6		2.2			
14	0.197				7.6	1	2.2			
15	0.195			4.0	7.6		2.2			
16	0.196				7.6		2.2			
17	0.194				7.5		2.2			
18	0.213				7.5		2.2			
19	0.200	2U			7.5	1.3	2.2	220	150	
20	0.204		1U	3.6	7.5		2.2			
21	0.230	!			7.5		2.2			
22	0.235				7.3		2.2			
23	0.275				7.4		2.2			
24	0.167	i			7.5	:	2.2			
25	0.271				7.5		2.0			
26	0.290	:			7.5		2.1			
27	0.237			<u> </u>	7.6		2.2			
28	0.221				7.5	<u> </u>	2.2			
29	0.277		·		75.0		2.1			
30	0.307				7.5		2.0			
31	0.342			1	7.5		2.0		:	

Day Shift Operator Certification No.: \_ Class: Carl Virtuoso Name: Certification No.: \_\_\_ Class: Day Shift Operator Name: Day Shift Operator Class: Certification No.: Name: Chief Day Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge A No: Not Applicable: yes, cumulative days of wet weather discharge

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly **Domestic** 

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

MONITORING GROUP NUMBER: MONITORING GROUP DESC.

R-001 and influent

Port Richey, FL 34668

NO DISCHARGE FROM SITE:

P/E Ponds

COUNTY:	Pasco				MONITORING PE	RIODFrom:	08/01/2004	To:		08/31/2004	
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample Type
									Ex.	Analysis	
Flow, total plant to ponds	Sample Measurement	0.250	0.292	mgd					1	Continuous	Flow meters and totalizers
PARM Code 50050§ Ý Mon Site No. El W-01§	Permit Requirement	0.130 (12MADF) <sup>1</sup>	Report (Mo Avg.)	angd .			1			Continuous	Flow meters and lotalizers
	Sample Measurement			mgd					0	Continuous	Flow meters and totalizers
PARM, Code 50059 11 Mon Site No. FEW 02 1 1 1 1 1 1	Permit Requirement			mgd			4.1.1.31	475.9		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				63%			%	0	Monthly	Calculated <sup>3</sup>
PARM Code:00180€ G.: Mon Site No. FLW:01≦	Permit Requirement			136 v 1	Report (3MADF)			- 1%	1	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			MG/L	0	Every two weeks	Rolling 12 Month Avg. <sup>1</sup>
PARM Code 800825 Y Mon Site No EFA 01	Permit Regulrement		4		20.0 = 5 (An Avg.)			MG/L:		av Eyerv ⊋iwo weeks	Rolling 12 Month Ava
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4		2.7	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 (15) Mon Site No EFA (0)	Permit Requirement			41	(MovAve)	<b>6</b> , 24, 17, 14	60,0 1 (Max.)	MG/L	7	two weeks	Shoulder
Solids, Total Suspended	Sample Measurement			2 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	2.3			MG/L	0	Every two weeks	Rolling 12 Month  Avg. <sup>1</sup>
PARM Code 00530 Mon Sile No EFA-01	Permit Requirement	4 44	**		And the			MG/L		two weeks 1	Rolling 12 Month Avg
Solids, Total Suspended	Sample Measurement				2.1		2.1	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 (1). Mon Sile No FFA 04	Permit Requirement		16		(MoVAV9.)		i 60,0 (Max:) ₩	MG/L		Every	8 Hour BP.C

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	04/12/15

1

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and influent

Pasco

					MONITORING PI	RIODFrom:	08/01/2004	To:		08/31/2004	
Parameter		Quantity o	of Loading	Units	C	Quality or Concentration		Units	No.	Frequency of	Sample Type
						· · · · · · · · · · · · · · · · · · ·			Ex.	Analysis	
pH	Sample Measurement				7.3		7.6	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon Site No.EFA-01	Permit Requirement				60. (Min)		8.5 (Max.)	SU.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement				37.2	Programme Services Services Services Services		#/100mL	0	Every Two Weeks	Rolling 12 Montl Avg. <sup>1</sup>
Parm Code 74055 Y Mon Site No EFA-01 <sup>V</sup>	Permit Requirement		l (A		200 (An Avg.)			#/100mL	144	Every Two Weeks	Rolling 12 Montl Avg
Coliform, Fecal	Sample Measurement				2.0		4.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 1; Mon Site No.EFA-01 3;	Permit Requirement			****	Report (Mö Geo Meary		800 4 (max)	#/400mL		Every Lwc Weeks	₹ Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon Sile No EFA 01	Permit Requirement		100	100	0.5 (Min)			MGA		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement						6.8	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 L Mon Sife No EFA 01	Permit Requirements				46		12.0 °; ) 1.5 (max) *=	i MG/L		Every Two Weeks A	* 8-hour FRG
					4.4			T.		14 36	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			-	220			MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon Site No INF-01	Permit Requirement	iji.		- 6	Report ( (Mo Avg.)	14:31:24		MG/B	, bin	a SeMorthiya-	8 hour FRC
Solids, Total Suspended	Sample Measurement		W. T. PHENNA . A		109			MG/L	0	Monthly	8-hour FPC
PARM Code 00530 °G Mon Sife No INF-01 %	Permit Requirement			1748	Report: ( (Mo Avgr)	10 M 3		MG/E		Monthly	8.8 hour FPC u

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages. For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number: FLA012768 Facilty: Jasmine Lakes WWTP County: Pasco

MONITORING PERIO 08/01/2004 To: 08/31/2004

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.272								
2	0.272	2U			7.5	2.1	2.2	160	120
3	0.253		4.0	5.1	7.5		2.2		
4	0.260				7.5		2.2		
5	0.267				7.5		2.2		
6	0.257		:		7.5		2.2		
7	0.292				7.5		2.2	:	
8	0.350								
9	0.350			 :	7.6		1.5		
10	0.321		:		7.5		2.0		
11	0.278				7.6		2.0	:	
12	0.261				7.6		2.2		
13	0.290			:	7.5		2.0		
14	0.235								
15	0.443								
16	0.443	2.7			7.4	2.1	2.2	280	98
17	0.396		1U	6.8	7.5		2.2	-	
18	0.336			•	7.5		2.2	:	
19	0.292				7.4		2.2		
20	0.276				7.4		2.2		
21	0.305								
22	0.271				:	i	!		
23	0.271				7.5		2.2	<del>                                     </del>	
24	0.295				7.5		2.2		
25	0.259				7.5		2.2		
26	0.248		i		7.4	<del></del>	2.2		
27	0.255				7.4		2.2		:
28	0.288							!	
29	0.273								
30	0.215				7.3		2.0		1
31	0.242			: 	7.4		2.0		

PLANT STAFFING:						
FLANT STAFFING.						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	5904	Name:	Carl Virtuoso
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo	sal or Reclai	med Water Re	use: Evaporation / Percul	ation Ponds		
Limited Wet Weather			Not Applicable:		e days of wet wea	ther discharge
* Attack additional abo						

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

CLASS SIZE:

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS: 1343 N.E. 17th Rd. LIMIT:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY:

Jasmine Lakes WWTP

Ocala, Fl. 34470

MONITORING GROUP NUMBER: R-001 and Influent

LOCATION:

7612Pineapple Lane Port Richey, FL 34668

NO DISCHARGE FROM SITE:

COUNTY

MONITORING PERIOD-From:

09/01/2004

09/30/2004

COUNTY:	Pasco				MONITORING PE	=RIODFrom:	09/01/2004	To:		09/30/2004	
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample Type
									Ex.	Analysis	
Flow	Sample Measurement	0.254	0.405	mgd					1	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.308 <sub>a</sub> ; (12MADF) <sup>1</sup>	Report (Mo.Avg.)	mgd	to the second		0.0	1.0		Continuous	Flow meters and totalizers
Flow	Sample Measurement			mgd	100				0	Continuous	Flow meters and totalizers
PARM Code 50050 I. Mon Site No: FEW-01	Permit Requirement	Report (An Avg.)	Report (Mo Avg.)	mgd .			9.			Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				80%			%	0	Monthly	Calculated <sup>3</sup>
PARM Code 00180 G . Mon Site No. FLW-0)	Permit Réquirement			4(%)	0,370 (3MADF) <sup>2,23</sup>		\$ /\$W	%.;		Monthly	Calculated <sup>8</sup>
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			MG/L	0	Every two weeks	Rolling 12 Mont Avg. <sup>1</sup>
PARM Code 80082: Y Mon Site No.EFA-01	Permit Requirement			**************************************	20.0 (An Avg )			MG/L		Every two weeks	Rolling 12 Mont Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.3		10.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082   Mon Site No EFA-01	Permit Requirement				30,0 (Mo Avg.)		60.0 (Max.)	MG/L		Every. two weeks	8-hour FRC
Solids, Total Suspended	Sample Measurement				2.6			MG/L	0	Every two weeks	Rolling 12 Montl Avg. <sup>1</sup>
PARM Code 00530 17 + Mon Sile No EFA:01	Pennit Requirement				20.0 (An <sup>a</sup> Avg <sup>*</sup> ):	and the second		MGÆ	1		Rolling,12 Montl
Solids, Total Suspended	Sample Measurement				6.2		12.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 . I Mon Site No EFA-01	Permit Requirement				% = 60.0 - (Mo√Avg.) • -	No. of the second	% 60.0 (Max.)	. MG/L		Every two weeks	8 hour FRC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	04/12/15

Facility Name: Jasmine Lakes WWTP PERMIT NUMBER: FLA012768 MONITORING GROUP NUMBER: R-001 and Influent Pasco

					MONITORING PI	ERIODFrom:	09/01/2004	To:		09/30/2004	
Parameter		Quantity of	of Loading	Units	C	Quality or Concentration		Units	No.	Frequency	Sample Type
									Ex.	of Analysis	
рН	Sample Measurement				7.3		7.5	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400, 1 Mon Site No:EFA:01	Permit Requirement		e Williams		G.O. (Min)		8.5 (Max)	S U		.5Days/Week	Melei/Grab
Coliform, Fecal	Sample Measurement		Section 1997		38.0		State	#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. <sup>1</sup>
Parm Code 74055 ¥ Mon Sile No EFA-01	Permit Requirement				200, ** (An Ayo.) **			#/100mL		Every Two Weeks	Rolling 12 Month
Coliform, Fecal	Sample Measurement		NINO W WORLD		11.2		16000.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 12 Mon Site No EEA-01 4	Permit Requirement			34	Report (Mo Geo Mean)		800 (max)	#/100mL		Every Two Weeks	Grabij
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A. Mon Site No.EFA-01	Permit Requirement			74.5	0(5) (Min)			MG/E		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					4	7.7	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 T Mon Site No EFA-01*	Permit Requirement	We had	t tong		r. Fa		(2.0 t) (max)	MGA		Every Two Weeks	8-hour FP61.
				77.			all a second				
BOD, Carbonaceous 5 day, 20C	Sample Measurement				197			MG/L	0	Monthly	8-hour FPC
RARM Code 80082 sG Mon Site No INF-01%	Permit Requirement			and the second	Report * (Mo Avg.) *		* * * * * * * * * * * * * * * * * * * *	MG/L s		. Wonthly	8-hourFPC
Solids, Total Suspended	Sample Measurement				99			MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon Site No.INF-01 5	Permit Requirement			*****	Report (Mo Avo)		e de la lación de la composition de la La composition de la	MG/L		Monthly	1.8 hour FPC

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages. For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number:				Facilty: County:	Jasmine Lakes WWTP Pasco
MONITORING PERIO	09/01/2004	To: _	09/30/2004		

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.230	6.8	1U	0.7	7.4	3.9	2.2	330	100	
2	0.232				7.4		2.2			
3	0.228				7.4		2.2			
4	0.254									
5	0.353		<u> </u>				<u> </u>			
6	0.353		i_							
7	0.353				7.3		2.2			
8	0.616				7.4	1	1.5			
9	0.595			1	7.5		1.0			
10	0.735				7.4		2.2			
11	0.693									
12	0.519									
13	0.519				7.3		2.0			
14	0.520				7.4		2.2			
15	0.450	2U	1U	7.7	7.4	2.6	2.2	150	110	
16	0.420				7.4		2.2			-
17	0.405				7.3	,	2.2			
18	0.458									
19	0.350					1				
20	0.350				7.4		1.8	<del></del>		
21	0.397			1	7.3		2.0	<u> </u>		
22	0.357				7.4		2.0	1		
23	0.299				7.4		2.0			
24	0.332				7.4		2.0			
25	0.302						1			
26	0.202		-			†	<del>-</del>		· i	
27	0.202	10.0	16,000.0	6.4	7.3	12.0	1.8	110	88	
28	0.530				7.3		1.8			
29	0.454		1		7.4		2.0			
30	0.429		1U		7.4		2.0	<u> </u>		
31	0.313			1	'''	+	2.0			

<u> </u>						
PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	5904	Name:	Carl Virtuoso
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:	<del>-</del>	Name:	
Type of Effluent Dispo	sal or Reclair	med Water Reus	e: Evaporation / Percola	tion Ponds		
Limited Wet Weather	Discharge A	No:	Not Applicable:	√yes, cumulative	e days of wet weat	her discharge

Version 5/18/98

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994

CLASS SIZE:

when completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

Ocala, Fl. 34470

PERMIT NUMBER:

FLA012768

MAILING ADDRESS: 1343 N.E. 17th Rd. LIMIT:

Final N/A

REPORT: GROUP:

To:

Monthly Domestic

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

MONITORING GROUP NUMBER:

P/E Ponds

MONITORING GROUP DESC.

R-001 and influent

Port Richey, FL 34668

NO DISCHARGE FROM SITE:

COUNTY

Pasco

MONITORING PERIOD-From:

10/01/2004

10/31/2004

ļ	Quantity of	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample Type
!						ı		Ex.	Analysis	<u> </u>
Sample Measurement	0.252	0.267	mgd					1	Continuous	Flow meters and totalizers
Permit Requirement	0.130 (12MADF) <sup>1</sup> .	Reporti (Mo Avg.)	mgd	4.73				* /	Continuous	Flow meters and totalizers
Sample Measurement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	73 73	mgd			_		0	Continuous	Flow meters and totalizers
Permit Requirement	Report (An:Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Sample Measurement				85%			%	0	Monthly	Calculated <sup>3</sup>
Permit Requirement	7. 7. 3			Report (3MADF) <sup>2</sup>		A	<b>%</b> =		Monthly	Calculated <sup>3</sup>
Sample Measurement				2.4			MG/L	0	Every two weeks	Rolling 12 Month Avg. <sup>1</sup>
Permit Requirement		**		2010 (An Avg.)			MG/L		Every two weeks	Ralling 12 Month
Sample Measurement				2U		2.0	MG/L	0	Every two weeks	8-hour FPC
Permit Reguirement			i pe	30 0 (Mo Avg.)»		60-0 (Max) ≱	MG/L		<ul> <li>two weeks</li> </ul>	8 housePC
Sample Measurement				2.8			MG/L	0	Every two weeks	Rolling 12 Month Avg. <sup>1</sup>
Permit Requirement	1.1			200 <b>0</b> (#1AMAY97			MG/L :		Eyely # wo weeks	Rolling 12 Month
Sample Measurement				3.9		4.1	MG/L	0	Every two weeks	8-hour FPC
Permit Requirement	* 3		13	se(MoreAvg ): st	Part of part	# 168 08 # 1 (Max.) # 1	MG/L#		Every # two weeks	#8 houstare
	Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Sample Measurement Permit Requirement Sample Measurement Measurement	Measurement  Permit Requirement Sample Measurement  Permit Requirement Permit Requirement Sample Measurement  Permit Requirement Sample Measurement  Sample Measurement  Permit Requirement Sample Measurement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement	Measurement  Permit Requirement Sample Measurement  Permit Requirement Measurement  Permit Requirement  Sample Measurement  Sample Measurement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Measurement	Measurement  Permit Requirement Sample Measurement  Permit Requirement Measurement  Permit Requirement Sample Measurement  Permit Requirement Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Sample Measurement  Permit Requirement  Permit Requirement  Sample Measurement  Permit Requirement  Permit Requirement  Permit Requirement  Permit Requirement  Permit Requirement  Permit Requirement	Measurement  Permit Requirement Sample Measurement  Permit Requirement Measurement  Report (Mo.Avg.) mgd  Sample Measurement  Report (Mo.Avg.) mgd  Sample Measurement  Permit Requirement   Measurement  Permit Requirement Control Commit Requirement Commit Requ	Measurement 0.252 0.267 mgd  Permit Requirement (12MADF) (Mo.Avg.) mgd  Sample Measurement Report (An.Avg.) (Mo.Avg.) mgd  Sample Measurement Report (An.Avg.) (Mo.Avg.) mgd  Sample Measurement Requirement (An.Avg.) (Mo.Avg.) mgd  Permit Requirement (3MANEF)  Sample Measurement Requirement (4M.Avg.) (Mo.Avg.) 2.4  Permit Requirement (4M.Avg.) 2.0  Permit Requirement (4M.Avg.) 2.0  Permit Requirement (Mo.Avg.) (Mo.Avg.) 2.8  Permit Requirement (Mo.Avg.)	Measurement 0.252 0.267 mgd  Permit Requirement (12MADF) i (Mo. Avg.) mgd  Sample Measurement Repuirement (An. Avg.) (Mo. Avg.) mgd  Sample Measurement (An. Avg.) (Mo. Avg.) mgd  Permit Requirement (An. Avg.) (Mo. Avg.) mgd  Permit Requirement (30MABF)	Ex.   Sample   Measurement	Sample Measurement 0.252 0.267 mgd 1 1 Continuous 0.252 0.252 0.267 mgd 1 1 Continuous 0.252 0.252 0.267 mgd 1 1 Continuous 0.252 0.252 0.267 mgd 1 1 1 Continuous 0.252 0.252 0.252 0.252 0.252 0.252 0.262 0.252 0	

Learlify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.

aware that there are eightheart periodices for submitting false information, more and the personny or	and differential transfer and t		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	04/12/15

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and influent

Pasco

					MONITORING PE	RIODFrom:	10/01/2004	To:		10/31/2004	
Parameter		Quantity	of Loading	Units	Q	uality or Concentration		Units	No.	Frequency of	Sample Type
									Ex.	Analysis	
рН	Sample Measurement				7.3		7.7	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400\$1 Mon.Site No.EEA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement				38.0		1000	#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. <sup>1</sup>
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An:Avg.)			#/100mL		Every Two Weeks	Rolling 12 Month Avg 1
Coliform, Fecal	Sample Measurement			2 11222 232	1U		1U	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 J Mon Sie No EFA-01	Permit Requirement				«Report (Mo:Geo:Mean)»		800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8			MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060. A Mon Site No.EFA-01	Permit Requirement	1.11	1		9.5 (Min)			MG/L	7	5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	370000	9.0	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620; t Mon Site No.EFA-01;	Permit Requirement						12.0 (max)	MG/L		Every Two Weeks	8-hour EPC
									- W - 1		
		T Y								1	40
BOD, Carbonaceous 5 day, 20C	Sample Measurement				225			MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon Site No INF-015	Permit Requirement				Report (Mo:Ayg.)			MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement	error o mar mar ar an			140			MG/L	0	Monthly	8-hour FPC
PARM Code 00530° G Mon Sile No: NF: 01 -	Permit Requirement	10.6		<b>34</b> )	Report (Mo <sup>l</sup> Avg.)			MG/L		Monthly	8-hour FRC

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages, For Fecal Coliform, use the monthly geometric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number: FLA012768	Facilty:	Jasmine Lakes WWTF
	County:	Pasco

MONITORING PERIO 10/01/2004 To: 10/31/2004 TSS TRC (For CBOD5 TSS CBOD5 Fecal рΗ Flow Nitrogen, (MGD) (mg/L) Coliform Nitrate, (Std. (mg/L) Disinfect.) (mg/L) (mg/L) total plant Bacteria Total (as Units) (mg/L) (#/100ml) N) (mg/L) flow to ponds 00400 50060 80082 00530 00620 00530 50050 80082 74055 Code FLW-01 EFA-01 EFA-01 EFA-01 EFA-01 INF-01 INF-01 Mon.Site EFA-01 EFA-01 7.3 2.0 0.313 2 0.373 0.311 3 4 0.311 7.7 1.8 7.4 2.2 5 0.330 7.4 2.2 6 0.304 7 7.4 2.0 0.264 2.0 0.304 7.5 8 0.301 9 0.265 10 11 0.265 2U 1U 9.0 7.4 3.7 2.0 150 120 7.4 0.283 2.0 12 7.5 2.2 13 0.275 0.255 7.4 2.2 14 15 0.264 7.5 2.2 16 0.239 17 0.266 2.0 0.266 7.4 18 2.2 7.3 19 0.249 20 0.243 7.4 2.2 21 0.250 7.4 2.2 22 0.249 7.4 2.2 23 0.237 24 0.236 25 7.4 2.2 0.236 2.2 26 0.237 2U 1U 6.8 7.4 4.1 300 160 27 0.217 7.4 2.2 28 0.222 7.3 2.0 29 0.238 7.4 2.2 30 0.223 31 0.257 PLANT STAFFING: Lead Operator Class: Certification No.: 6452 Name: Dennis Muldoon

Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Disposa	al or Reclaim	ned Water Reuse	e: Evaporation / Per	culation Ponds	_	
Limited Wet Weather D	ischarge A <u></u>	No:	Not Applicable:	yes, cumulative days	of wet weathe	r discharge

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768 Final

REPORT: GROUP:

Monthly

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

LIMIT: CLASS SIZE:

N/A

Domestic

FACILITY:

Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 and Influent

LOCATION:

7612Pineapple Lane Port Richey, FL 34668

NO DISCHARGE FROM SITE:

COUNTY:	Pasco				MONITORING PE	RIODFrom:	11/01/2004	To:		11/30/2004		
Parameter		Quantity of	of Loading	Units	Quality or Concentration			Units	No.	Frequency of	Sample	Туре
	]								Ex.	Analysis		
Flow	Sample Measurement	0.229	0.229	mgd					1	Continuous	Flow meter totalize	zers
PARM Code 50050 Y Mon Site No. FLW-01:	Permit Requirement	0.308 (12MADF) <sup>1</sup>	Report (Mo Avg.)	mgd						Continuous	Flow mete	
Flow	Sample Measurement			mgd					0	Continuous	Flow meter totalize	zers
PARM Code 50050, j Mon Sife No. FLW-0.1	Permit Requirement	Report (An Avg.)	Report (Mo Avg.)	riigd:						Continuous	Flow mete totaliz	A STATE OF THE STA
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				20%			%	0	Monthly	Calcula	ated <sup>3</sup>
PARM Code (10180) G. 7 Mön Site No. FLW-01.	Permit Requirement				(3MADF)			<b>%</b>		Monthly	Galcula	24.4
BOD, Carbonaceous 5 day, 20C	Sample Measurement	3.700	7550,02		2U			MG/L	1	Every two weeks	Rolling 12 Avg	J. <sup>1</sup>
PARM Code 80082 cy Mon Site No EFA-015	Permit Requirement			4	2010) 1 (An Avg.)			MG/L		Evely	Rolling 12	W. 350
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U		2.0	MG/L	0	Every two weeks	8-hour	FPC
PARM Code 80092 f Mon Site No EFA-01	Permit Requirement		i in the		30 0 2 (Mol Avg.) 1		60.0 (Max.)	" MC/L		Every 1 two weeks	8-hour	
Solids, Total Suspended	Sample Measurement				3.5			MG/L	0	Every two weeks	Rolling 12 Avg	g. <sup>1</sup>
PARM Code 00530 Y Mon Site No EFA 01	Permit Requirement			₩:	200 (Ал Avg.)			MG/L		Every (we weeks)	Rolling 12 Avg	2 Month j
Solids, Total Suspended	Sample Measurement				3.5		4.0	MG/L	0	Every two weeks	8-hour	FPC
PARM Code 00530 3. Mon Site No EFA 01	Permit Requirement	4, 7, 3			# 3000 +3 (Mo VAVg.)	1,141	60.0.1 k 14 (Maxi) b	MG/P		two weeks	18 hour	TEC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations...

and a tract trace are digitimes it perializes for traciniting forms.			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	04/12/15

Facility Name: Jasmine Lakes WWTP PERMIT NUMBER: FLA012768 MONITORING GROUP NUMBER: R-001 and Influent Pasco

					MONITORING PE	RIODFrom:	11/01/2004	То:		11/30/2004	
Parameter		Quantity o	f Loading	Units	C	uality or Concentration		Units	No.	Frequency of	Sample Type
							•		Ex.	Analysis	
pН	Sample Measurement		-		7.3		7.4	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 Fi	Permit Requirement	T			6.04	10 and 10		i kŞ Ü		5 Days/Week	Moler/Grab i
Coliform, Fecal	Sample Measurement			<b>1</b>	1U			#/100mL	1	Every Two Weeks	Rolling 12 Month Avg. <sup>1</sup>
Parm Code 74055 Y	Permit Requirement			4,1	2003 (An Avg.)	1.0		#/100ml			Rolling 12 Month
Coliform, Fecal	Sample Measurement			i interpretation of the	1U	y, og nædder	1U	#/100mL	0	Every Two Weeks	Grab
Parm Gode 74055 it Mon Site No EFA 01.	Permit Requirement	i i			Report ← (Mo Geo Mean)		800 (max)*	#/100mL		Every Two Weeks	Grab .
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060, A Mon Site No.EFA-01	Permit Requirement				0.5 (Min)		1	MG/L		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					S. M. West and S.	8.7	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620_1* Mon Site No EPA 01.	Permit Requirement						12.D (max)	MG/L		Two Weeks	8-hour FPC
			le de la companya de								
		1,4									
BOD, Carbonaceous 5 day, 20C	Sample Measurement				230			MG/L	0	Monthly	8-hour FPC
PARM Code 80082 § G Mon Site No INF-00 8 §	Permit Requirement	es i		384 3.27	*** (Report ) (S. (Mo.Avg.) ***		1 K	MG/L		Monthly e	8-hourEPC
Solids, Total Suspended	Sample Measurement				140			MG/L	0	Monthly	8-hour FPC
PARM Code 00530 a G Mon Site No INF-019	Permit Requirement	, per qui			:Report (Mo:Avg.) *a			MG/L		Mouthly .	8 apqui FPC

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages. For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number:

Facilty:

Jasmine Lakes WWTP

County: Pasco

MONITORING PERIO

11/01/2004

To: 09/30/2004

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.513			:	7.4		2.2		,	
2	0.207				7.4		2.2			
3	0.187				7.4		2.2			
4	0.236				7.4		2.0			
5	0.217				7.4					
6	0.240									
7	0.221									
8	0.221	2U			7.4	4.0	2.2	170	110	!
9	0.258		1U	8.3	7.3		2.2			
10	0.187				7.4		2.2	!		
11	0.193				7.4		2.0			
12	0.256				7.3		2.2			ļ
13	0.293									
14	0.194							·		
15	0.194				7.4		2.0			
16	0.222			3	7.3		2.0			
17	0.222				7.3		2.2			
18	0.213				7.3		2.2			
19	0.197				7.3		2.2			
20	0.220			ļ				,		
21	0.214	İ								
22	0.214	2U			7.3	3.0	2.2	290	170	
23	0.214		1U	8.7	7.3		2.2			
24	0.202				7.3	.,	2.2			
25	0.248		!		7.3		2.2			
26	0.211				7.4		2.2			
27	0.253					1			:	
28	0.200		1			:				
29	0.200				7.3		2.2			
30	0.232				7.3		2.2			
31	0.200			1	!					

PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	5904	Name:	Carl Virtuoso
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo	sal or Recla	imed Water Reu	se: Evaporation / Perco	ation Ponds		
Limited Wet Weather	Discharge A	No:	Not Applicable:	yes, cumulative	days of wet wea	ther discharge

Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

12/01/2004

12/31/2004

Ocala, Fl. 34470

THREE MONTH ROLLING ADF

To: 0.227

% OF PERMITTED CAPACITY

60%

FACILITY:

Jasmine Lakes WWTP

CLASS SIZE:

LIMIT:

REPORT: Monthly GROUP:

Domestic WAFR SITE NO.:37591

LOCATION:

7612 Pineapple Lane Port Richey, FL 34668

FLA012768 FACILITY ID: DISCHARGE POINT NUMBER:

R001 (RIBs)

COLINTY

Pacco

IIIC PLANTSIZE/TREATMENT TYPE:

Final

N/A

DMR Version 9/00

COUNTY:	Pasco						DIVIR VE	R version 9/00					
Parameter		Quantity	of Loading	Units	Quality or Concentration			Units	No.	Frequency of	Sample	Тур	
									Ex.	Analysis			
Flow	Sample Measurement	0.241						_	0				
PARM Code 50050 *Y Mon.Site No.EFA-01-13862 -	Permit Requirement	0.308 (Annual Avg)		mgd						Report Monthly	Calcul Roll:An	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Flow	Sample Measurement		0.184						0				
PARM Code 50050 1 Mon Site No.EFA-01-13862	Permit Requirement		0.370 (Mo <sup>s</sup> Avg.)	mgd						Continuous	Flow mel	3 7 9 9 9 9 9	
CBOD5	Sample Measurement				2.5				0				
PARM Code 80082, Y Mon.Site No.EFA-01-13862	Permit Requirement				20.0 (An <b>A</b> vg.)			.*:MG/L		Report Monthly	Calcul Roll An		
CBOD <sub>5</sub>	Sample Measurement				3.1		4.1		0				
PARM Code 80082/1/3 Mon.Site No.EFA-01-13862	Permit Requirement	<b>u</b>			30.0 (MacAva)		60.0 \$ (Max.)	MGŽE		sk Every two weeks	8 hour	FPC	
TSS	Sample Measurement	enterior (Alexander)	A STATE OF THE PROPERTY OF THE		2.8				0				
PARM Code 00530 \$Y, Mon Site No EFA-01-13862	Permit Reguirement		1 3,8	6 ji 11	20.0 (An:Avg.)			MG/L	(C)	Report Monthly	Calcul Roll.An		
tss	Sample Measurement				2.7		2.9		0				
PARM Code 00530 \$1 Mon Site No.EFA-01-13862	Permit Requirement	1.4			30.0 (Mo Avg.)		60.0	MG/L		Every Woweeks	8-hour	FPC	

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)	
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/26	

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine La	akes vvvii	PERMIT NUMBER:		DISCHARGE POINT NO.: R001 (R					R SITE No.: 37	Sample	Туре	
Parameter		Quantity	of Loading	Units	(	Quality or Concentration		Units	No.	Frequency of	Sample	туре
									Ex.	Analysis		
Fecal Coliform Bacteria	Sample Measurement				1.9				0			×-900203
Parm Code 31615 Y Mon Site No EFA-01-13862	Permit Requirement			*	200 ; (AmAvg.)		中有""。	#/100mL	T pro	Report Monthly	Calcula Roll An	ited Avg
Fecal Coliform Bacteria	Sample Measurement	C. 55. 55. 55. 55. 55. 55. 55. 55. 55. 5			1.0	1.0	1U		0			
Parm Code 31615 1: Mon Site No.EEA-01:13862	Permit Requirement			100	Report (Mo Geo Mean)	400 (Mo.Avg.)	* 800 (max) *	#/100mL		Every two weeks	. Gral	) )
рН	Sample Measurement		gar in glenn der Periode Lab Grysten, dem Sedellen. – Ande	de la constitución de la constit	7.2		7.4		0			
PARM Code 00400 A	Permit Requirement				.6.0 (Min.)		8.5 (Max.)	s.u.		Daily, 5lwk	Meter/C	Srab.
TRC (For Disinfection)	Sample Measurement				1.8				0			
PARM Code 50060; A Mon Site No EFA-01-13862	Permit Requirement				0/5 (Min)			MG/L		Daily, 5/wk	: Meter/C	Stab.
Nitrate (as N)	Sample Measurement		<u> </u>				2.7		0			
PARM Code 00620 A Mon Site No EFA 01 13862	Permit Requirement				4		12.0 (max)	MG/L		Every Two Weeks	Gral	D;
	Sample Measurement		A STATE OF THE STA	- 30 per 14 to 25 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to 20 to	- Committee of the Comm		A STATE OF THE PARTY OF THE PAR					
	Permit Requirement						1111	21,746.2	4			
CBOD5	Sample Measurement	20.362	<u> </u>		215			W 2 4 5 1	0			71.1111.00
PARM Code 8008 <b>2</b> , G Mon Site No:INF-01-24863	Permit Reguirement:		[ * <b>v</b> [ <b>#</b> ] *		i Report			r MG/L		Every two weeks	38 hour	FPC,
TSS	Sample Measurement			**************************************	103				0			na antonio
PARM Code 00530° G	Measurement Permit Requirement				Report 3	100		MG/L		Every two weeks	8-hour.	FPC

Permit Number: FLA012768 Facilty: Jasmine Lakes WWTP
County: Pasco

MONITORING PERIO 12/01/2004 To: 12/31/2004

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.200				7.3		2.2			
2	0.192		<u> </u>		7.4		2.2			
3	0.218		-	1	7.3		2.2		<u> </u>	<u> </u>
4	0.206				ļ			!		
5	0.207					_		<u> </u>		
6	0.207	4.1			7.4	2.4	2.2	220	110	
7	0.197		1U	2.7	7.4		2.2			
8	0.172		ļ		7.3	i	2.2			
9	0.168	ļ.			7.3	<u> </u>	2.0		!	
10	0.181				7.3		2.0			
11	0.207									
12	0.165								1	
13	0.165			1	7.3		2.0			
14	0.161				7.2		2.0			
15	0.174				7.2		2.0			
16	0.164				7.3		2.0			
17	0.170				7.2		2.0			
18	0.243									
19	0.151									
20	0.151	2.1			7.4	2.9	2.0	210	95	1
21	0.221	1	1U	0.6	7.2		2.0			
22	0.179			İ	7.3		1.8	i		
23	0.182				7.3		2.0			
24	0.189				7.4		1.8			
25	0.205		i							
26	0.156	!								
27	0.156				7.3		2.0			
28	0.150				7.4		2.0			
29	0.206				7.4	+	2.2	1	:	
30	0.200	:			7.4		2.0			
31	0.150				7.4		2.2			

31	0.150			7.4		2.2		
PLANT ST.	AFFING:							
Lead Opera	ator	Class:	A	Certification No.:	6452		Name:	Dennis Muldoon
Day Shift C	perator	Class:	A	Certification No.:	9139		Name:	David Rodiguez
Day Shift C	perator	Class:	В	Certification No.:	8937		Name:	Steve Fuller
Day Shift C	perator	Class:		Certification No.:			Name:	
Chief Day	Operator	Class:		Certification No.:			Name:	
Type of Effl	uent Dispos	al or Reclain	ned Water Reu	se: Evaporation / Percul	lation Ponds	s		
Limited We	t Weather D	Discharge A	No:	Not Applicable:	yes, cumu	lative days	of wet weat	her discharge
* Attach ad	ditional cha	ate if nacace	and to list all con	tified operators				

Version 5/18/98

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA012768

0.199

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

01/01/2005

01/31/2005

MAILING ADDRESS:

Ocala, Fl. 34470

THREE MONTH ROLLING ADF LIMIT: Final

% OF PERMITTED CAPACITY REPORT:

52%

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

CLASS SIZE: N/A GROUP:

Monthly Domestic

Port Richey, FL 34668

FACILITY ID: FLA012768 WAFR SITE NO.:37591 R001 (RIBs)

To:

**DISCHARGE POINT NUMBER:** 

COLINTY

IIIC PLANTSIZE/TREATMENT TYPE: DMR Version 9/00

COUNTY:	Pasco	DMR Version 9/00										
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample	Туре
									Ex.	Analysis		
Flow	Sample Measurement	0.240				,			0			
PARM Code 50050 N Mon Site No EFA-01-13862	Permit Réquirement	0-308 (Annual Avg)	ar ar	mgd .						Report Monthly	Calcula Roll.An	
Flow	Sample Measurement		0.184	_					0			intertación de la constantia de la constantia de la constantia de la constantia de la constantia de la constant
PARM Code 50050, 11 Mon Site No EFA 01-13862	Permit Requirement		0,970 N (Mo Avg.)	mgd						Cantiduous	Flow met Iotaliz	er and er
CBOD5	Sample Measurement				2.5				0			e <b>ra</b> nn <del>a</del> sooneen
PARM Code 80082 Y / Mon.Sile No.EFA-01-13862	Permit Requirement				20'0 (An Avol)			MG/L		Report Monthly	Galcula Roll An	ited. Avg
CBODs	Sample Measurement				2.3		2.6		0			
PARM Code 8008231 Mon Site No EFA 0133862	Permit Reguliement.			ar ene	3000 (MorAvg.)		60 0 (Max)	LAMG/L		y Every 12 two weeks 3	2 8sijouri	ů¢.
TSS	Sample Measurement				2.8				0			
PARM Code 00530 ay Mon Site No EFA-01-13862 "	PermikRequirement			75	20 0s HAN Avo	194		MG/L		Report Monthly	Calcul RollAn	ied Avg
tss	Sample Measurement	To a construction of the second of the secon			2.8		4.0		0			
PARM Code 00530 114 % % Mon Sile No EFA-0110862 % %	Permit Reguliemente				\$1818 *** (Micharys)		6070 (Vlave) - W	M(c/L)		Every Iwo weeks	g (Ghour)	ne.
1 Rolling Annual Average is the average	e of the current monthly	average and the preceding 11 month's monthlyaverage.										

t certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
-				
Į	Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine	Lakes WWTP		PERMIT NUMBER: DISCHARGE POINT NO.: R0		NT NO.: R001 (F	RIBs)	WAF	R SITE No.: 37				
Parameter		Quantity	of Loading	Units	Quality or Concentration			Units	No.	Frequency of	Sample	Туре
									Ex.	Analysis		
Fecal Coliform Bacteria	Sample Measurement				1.9				0			
Parm Code 31615 NY 4. Mon Site No.EFA-01-13862	Permit Requirement				200			#/100mL		Report Monthly	Calcula Roll An	3.35 C-13.35 A
Fecal Coliform Bacteria	Sample				(An Avg.) 1.0	1.0	1U		0	- 1 T	a Kunan	Avg
Parm Code 31615 4. Mon Site No.EFA-01-13862	Measurement  Permit Requirement					400		#/100mL		Every two weeks	≓ ∰ Gral	bje
pH	Sample				7.2	(Mo Avg.)	(max) 7.4		0		Twisters to	NIMITE !
PARM Code 00400 A Mon Site No EFA-01-13862	Measurement Permit Requirement				60		8.5	. A SCUIR A		. Daily Slwk	. <sup>4</sup> Meter/0	Srab i
TRC (For Disinfection)	Sample Measurement				(Min.) 1.4		(Wax )		0			22000 No. 10
PARM Code 50060 A Mon Site No EFA 01-13862	Permit Requirement				0.5 (Min)			MG/L		Daily 5/wk	Meter/0	3rab ∗
Nitrate (as N)	Sample Measurement			5 94 3 7 <b>8</b> 4 8 8	710012		7.5		0			##:###################################
PARM Code 00620 A Mon Site No EFA 01 13862	Remit Requirement						12.0	MG/L		Every	Gra	<b>b</b> iji.
	Sample Measurement											The state of the
	Permit Requirement					7.0						
CBOD5	Sample Measurement				230				0	<b>3000</b>		27442-402
PARM Code 80082 G. Mon Site No INF-01-24863	Permit Requirement				Report (Mo/Ava)			MG/L:		Every Iwo weeks	3 8 hour	EPC)
TSS	Sample Measurement				295		The state of the s	Process of the Proces	0	g arrange (an Anthropa an	NI WELL	a a restrict to
PARM Code 00530 G Mon Site No.INF-01-24863	Permit Requirements				Report :	in diam		MG/L		Every two weeks	. 8-hour	FPC"

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

County: Pasco

MONITORING PERIO 01/01/2005

To: 01/31/2005

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.182		i							
2	0.187			·		-				
3	0.187	2.6			7.3	4.0	1.4	220	170	
4	0.180		1U	0.1	7.4		1.9			
5	0.157			·	7.3		2.0			
6	0.178				7.2		2.0			
7	0.178				7.3		2.0			
8	0.225									
9	0.173		-							
10	0.173				7.3		1.8			
11	0.190				7.2		1.6			
12	0.185				7.2		1.4			
13	0.203				7.2		1.8			
14	0.167				7.3	-	1.8			
15	0.200		ļ							
16	0.183		!							
17	0.183	2U			7.3	1.6	2.0	240	420	
18	0.201		1U	7.5	7.2		2.0			
19	0.165		1		7.2	i	2.0			
20	0.186				7.2	İ	2.0			
21	0.167				7.3		2.2			
22	0.206									
23	0.185				į					
24	0.185				7.4		2.0			
25	0.176				7.4		2.0	!		
26	0.189				7.3		2.0			
27	0.179	]			7.3		2.0			
28	0.169	i.			7.3		1.8			
29	0.163				İ					
30	0.198									
31	0.198	ļ			7.4		2.0			

PLANT STAFFING:			· - · · - ·				
Lead Operator	Class:	Α	Certification No.:	6452	Name:	Dennis Muldoon	
Day Shift Operator	Class:	Α	Certification No.:	9139	Name:	David Rodiguez	_
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Operator	Class:		Certification No.:		Name:		
Chief Day Operator	Class:		Certification No.:		Name:		
Type of Effluent Dispo	sal or Recla	imed Water Reu	se: Evaporation / Percul	lation Ponds			_
Limited Wet Weather	Discharge A	No:	Not Applicable:	yes, cumulativ	e days of wet weat	her discharge	
* Attach additional abo	ate if naces	aani ta liat ali aa	difficul amountains				

Version 5/18/98

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994

LIMIT:

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

0.182

IIIC

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

02/01/2005 To:

Ocala, Fl. 34470

THREE MONTH ROLLING ADF Final

% OF PERMITTED CAPACITY REPORT:

Monthly

02/28/2005

48%

FACILITY: LOCATION:

Jasmine Lakes WWTP 7612Pineapple Lane

CLASS SIZE: N/A FACILITY ID: FLA012768

**Domestic** GROUP: WAFR SITE NO.:37591

Port Richey, FL 34668

DISCHARGE POINT NUMBER:

R001 (RIBs)

PLANTSIZE/TREATMENT TYPE:

COUNTY:	Pasco	DMR Version 9/00										
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units		Frequency	Sample	Туре
		-	_			•			No.	of		
							r		Ex.	Analysis		
Flow	Sample Measurement	0.235							0			ro se essere
PARM Code 50050 X Mon Site No EFA-01-13862	Permit Réquirement	0 308 (Annual Avg)		mgd				<b>1</b>	k	Report Monthly	, sealcula Roll'An	ated Avg.
Flow	Sample	2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.178	ONE VARIANCE STREET			Section Section Services	40000	n			
	Measurement			anne anne anne					THE SECTION AS		S Day 25 FE V	
PARM Gode 50050 1. Mor. Sie No EFA:01-13862	Permit Requirement	4.15	0:370 g (Mo Avg.)	mgd.	11 编译表		<b>A</b> 1.1.1			Contiquous	Flow met Iotaliz	eran zer
CBOD5	Sample				2.6				0			
BADU A COMMAND	Measurement		Vertical Control of the Control of t				C AN A C C C	**************************************	A 16.00	100	: Calcula	STAR
PARM Code 80082 Y Mon Site No EFA 03:13862	Permit Requirement				(Anado)	\$ 18.00 A		MG/L		Report Monthly.	Roll.An	Avg:
CBOD <sub>5</sub>	Sample Measurement				3.3		3.6		0			
PARM Code 80082, 1 Mon Sife No EFA 01:13862	Pennit Requirement		198. 1		(ModAVo)	4 2 4 6	69'0 (Max)	MG/E	j,	Every two weeks	8 hour	HPO
TSS	Sample Measurement				3.2				0			
PARM Code 00530 Y Mon Site No EFA 01 13862	Pennil Requirement	4 (A)			72010 (An Avo )			: MG/E		Report Monthly	Calcula Roll An	ated Avg
tss	Sample	100 Hill (1992)		The same of the same	7.9	The second secon	9.7	De la constitución de la constit	0	And the second second second second		
PARM Code 00530 T	Measurement				do area				- <b>Lat</b>			and a
Mon Site No EFA-01-13862	Permit Requirement				(Mo Avg.)		Max	MG/E.		two weeks	L. A hour	PPC

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 monthly average.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)	
i	Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20	

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine Lake	es WWTP		PERMIT NUMBER: DISCHARGE POINT NO.: R001		NT NO.: R001 (F	RIBs)	WAF	R SITE No.: 37	591			
Parameter		Quantity	of Loading	Units	C	uality or Concentration		Units	No.	Frequency of	Sample	Type
								}	Ex.	Analysis		
Fecal Coliform Bacteria	Sample Measurement				1.9				0			ľ
Parm Code 31615 (Y) Mon Site No EFA-01-13862	Permit Requirement				# 200 #(AniAyg)) #			#/100mL		Report Monthly	Calcula Roll An	ated Avg
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	<b>1</b> U		0			
Parm Code 31615 34	Permit Requirement	,			Report (Mo Geo Mean)	i 400 (Mo.Avg.)	800 . (max)=1	#/100mL		Every two weeks	Gral	b y
рН	Sample Measurement			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.2		7.5		0			
PARM Code 00400; A Mon Sile No. PPA-04-13862	Permit Requirement			# 1	6:0* (Min.):23	y	(Max) € #	#8 <b>1</b> ].		Daily 5/wk	⇒ Meter/0	åjab .
TRC (For Disinfection)	Sample Measurement				0.5				0			
PARM Code 50060 A Mon Sile No EF A-01-13862	Permit Requirement		ight if	16 10	0.5 (Min)		7 1 3 W	MG/E*		Daily 5 Wk	Meter/(	Srab :
Nitrate (as N)	Sample Measurement						0.17		0			
PARM Code 00620 A Mon Site No EFA-01-13862	Permit Requirement				14 de 14		# 12.0 # (max)	MGA		Every Two Weeks	Ç <sub>i</sub> Çir	ij.,
	Sample Measurement		_									entre en la lace
	Permit Requirement	1. u. 40	# 14		1.4	Francis La	well de			1664		
CBOD5	Sample Measurement				385				0			
PARM Code 80082; G	Permit Requirement		141	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	A Report (Mc Ava F		*//*	MG/E		Every two Weeks	s a flour	RG.
TSS	Sample Measurement		27,799 (1		185				0			
PARM Code 00530 G Mon Site No INF-01-24863	Permit Requirement		7 <b>8</b>	1.4	Report (Mo Avo )	i ki i kitala	14 30	MG/L		Every two weeks	8-hour	EP©

Permit Number:	Facilty:	Jasmine Lakes WWTF
	County	Pasco

02/28/2005 02/01/2005 To: MONITORING PERIO TSS TRC (For CBOD5 TSS Flow CBOD5 Fecal Nitrogen, pН Coliform Nitrate, (Std. (mg/L) Disinfect.) (mg/L) (mg/L) (MGD) (mg/L) (mg/L) total plant Bacteria Total (as Units) (#/100ml) N) (mg/L) flow to ponds 50060 80082 00530 00620 00400 00530 80082 74055 50050 Code INF-01 EFA-01 INF-01 FLW-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 Mon.Site 7.3 2.0 470 210 0.187 3.6 6.1 1U 0.1 7.3 1.8 2 0.175 3 0.183 7.3 1.6 7.4 1.6 0.179 4 5 0.225 6 0.197 7.3 2.0 7 0.197 1.6 7.3 8 0.173 0.203 7.3 1.5 9 7.4 1.6 10 0.136 0.160 7.5 1.8 11 0.193 12 13 0.186 3.0 7.2 9.7 0.5 300 160 14 0.186 0.160 1U 0.2 7.4 1.0 15 7.3 0.6 16 0.180 0.110 7.3 0.9 17 0.6 18 0.170 7.4 19 0.183 20 0.182 7.4 0.9 21 0.182 0.200 7.4 1.0 22 23 7.3 2.0 0.154 24 7.4 0.186 0.9 0.183 7.3 1.4 25 26 0.146 27 0.190 0.190 7.3 2.0 28 29 0.247 30 31 PLANT STAFFING: Lead Operator Class: Certification No.: 6452 Name: Dennis Muldoon A Day Shift Operator Class: 9139 Certification No.: Name: David Rodiguez В 8937 Day Shift Operator Class: Certification No.: Name: Steve Fuller Day Shift Operator Class: Certification No.: Name: Chief Day Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

Version 5/18/98

Limited Wet Weather Discharge A No: Not Applicable: yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

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

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 N.E. 17th Rd.

Ocala, Fl. 34470

PERMIT NUMBER: MONITORING PERIOD--From:

03/01/2005

03/31/2005

THREE MONTH ROLLING ADF

FLA012768 0.196

IIIC

% OF PERMITTED CAPACITY

51%

Final

REPORT: GROUP:

Monthly Domestic WAFR SITE NO.:37591

CLASS SIZE: FACILITY ID:

LIMIT:

N/A FLA012768

R001 (RIBs)

To:

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane Port Richey, FL 34668

DISCHARGE POINT NUMBER: PLANTSIZE/TREATMENT TYPE:

DMR Version 9/00

COUNTY:	Pasco	DMR Version 9/00										
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample	Туре
									Ex.	Analysis		
Flow	Sample Measurement	0.235	, i specie delle di con						0			
PARM Code 50050 . Y Mon.Site No.EFA-01-13852	Permit Requirement	0,308 Å (Annual Avg)		mgd i						Report Monthly	Calcula Roll An	
Flow	Sample Measurement		0.228	- Nagari Salat					0			
PARM Code 50050 1 Mon Site No. EFA-01-13862	Permit Requirement		0:370 s + (Mo:Avg.)	mgd		100		4.2	100	Continuous	Flow mete totaliz	
CBODs	Sample Measurement				2.9			V110 C T WO IA	0			
PARM Code 80082 Y * Mon Site No EFA-01-13862	Permit Requirement				20.0 (An Avg.)	in the second		MG/E		Report Monthly	Galcula Roll An	ted Avg
CBOD₅	Sample Measurement			:	5.4		9.3		0			
PARM Code 80082 (15 Mon Site No EFA-01-13862	Pemili Requirement		A Company		(Mo. Ayg.)		, 60 0 (Max) €	MG/L		Every 1	8 haur.	EPC:
TSS	Sample Measurement				3.4				0			ese sono
PARM Code 00530 YY Mon Site No EFA-01-13862	Pennil Requirement		es rec'her ye		20.0 (An/Avg.)	, b# 3		MG/P		, Report Monthly	Roll An	iled Avg
tss	Sample Measurement				3.6		7.3		0			<b>E</b> EEE CONTRA
PARM Code 00530 14. Mon Site No.EFA-01-13862	Permit Reguirement				30 0 (Mo. Avg.)			MG/L		Every two weeks	# 8-hour.)	PC *

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthlyaverage.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations...

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine Lak	es WWTP		PERMIT NUI	MBER:	<u>.</u>	DISCHARGE POINT NO.: R001 (RIE				RIBs) WAFR SITE No.: 37591				
Parameter		Quantity	of Loading	Units	(	Quality or Concentration		Units	No.	Frequency of	Sample	Туре		
									Ex.	Analysis				
Fecal Coliform Bacteria	Sample Measurement				1.9				0					
Parm Code 31615 Y: Mon Ste No EFA 01-13862	Permit Requirement			£	260 * (An Avg.)			#/100mL		Report Monthly	Calcula Roll An			
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	1U		0		39-31-00-203			
Parm Code 31615 1 Mon Site No EFA:01-13862	Permit Réquirement			# 1	Report (Mo.Gec.Mean)	400 (Mo Avg.)	800 (max)**	#/100mL		Every two weeks	: Gral	o vijiliji.		
рH	Sample Measurement				7.3		7.4		0					
PARM Code 00400 ; A: Mon Site No:EFA-01-13862	Permit Requirement		are not not not not not not not not not not		6.0 (Min.)		8.5 (Max.)	• 'S.U?		Daily 5/wk	Meter/C	irab:		
TRC (For Disinfection)	Sample Measurement				0.8				0	Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Sa		Sec. Last Sec.		
PARM Code 50060 A Mon Site No EFA-01-13862	Permit Requirement				,0.5 (Min)			s MG/L		Daily 5/wk	Meter/C	irab:		
Nitrate (as N)	Sample Measurement						4.80		0					
PARM Code 00620 A Mon Site No EFA-01-13862	Permit Requirement						12.0 (max)	MG/E	1.75	Every Two Weeks	Grat	)		
	Sample Measurement													
	Permit Requirement	e de la					114			and the				
CBOD5	Sample Measurement				340				0					
PARM Code 80082 : G Mon Site No. INF-01-24863.	Permit Requirement				-Report (Mb-Aya )			* +MG/L*		Every two weeks	8 nour l	₩Ç.		
TSS	Sample Measurement		M. M. M. M. M. M. M. M. M. M. M. M. M. M		273			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0		and the second second	2012/04/12 2000 2000		
PARM Code 00530 G Mon Sile No INF-01-24863	Permit Requirement			carri.	, Report (Mo Āva )			MG/L		Every two weeks	8-hour F	PC		

Page 2 of 2

Permit Number: FLA012768 Facility: Jasmine Lakes WWTP
County: Pasco

MONITORING PERIO 03/01/2005 To: 03/31/2005

Code Mon.Site 1 2	50050 FLW-01 0.247	80082					(mg/L)		(mg/L)
1			74055	00620	00400	00530	50060	80082	00530
	0.247	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
2		3.9	1U		7.3	2.3	2.0	350	320
,	0.174				7.3		2.0		
3	0.186				7.4		2.0		
4	0.198			4.8	7.3		2.0		
5	0.256				ļ				
6	0.190								
7	0.190				7.4		1.0		
8	0.241				7.4		2.0		
9	0.238				7.4		2.0		
10	0.242				7.4		2.0		
11	0.209				7.3		2.0		
12	0.202								
13	0.217								
14	0.217	3.1			7.4	7.3	2.0	340	290
15	0.251		1U	0.4	7.3		1.6		
16	0.217				7.4		0.8		
17	0.304				7.4		2.0		
18	0.217				7.3		1.0		
19	0.253								
20	0.211								
21	0.211				7.4		0.8		
22	0.172				7.3		0.9		
23	0.189				7.4		0.9		
24	0.277				7.3		1.4		
25	0.349				7.4		1.0		
26	0.218								
27	0.231				į	<del>!</del>	1		
28	0.231	9.3			7.3	1.1U	1.8	330	210
29	0.256		1U	0.7	7.4		1.4		
30	0.239				7.4		1.2		
31	0.238				7.4		0.9		

PLANT STAFFING:						
Lead Operator	Class:	Α	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	A	Certification No.:	9139	Name:	David Rodiguez
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo	sal or Reclai	med Water Re	euse: Evaporation / Percu	ation Ponds		<del>~~</del>
Limited Wet Weather					e days of wet wea	ther discharge

Version 5/18/98

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

MONITORING PERIOD--From: THREE MONTH ROLLING ADF 04/01/2005 To: 04/30/2005

FACILITY:

FLA012768

0.207

IIIC

% OF PERMITTED CAPACITY

Jasmine Lakes WWTP

CLASS SIZE:

LIMIT:

REPORT: GROUP: WAFR SITE NO.:37591

Monthly Domestic

LOCATION:

7612Pineapple Lane

FACILITY ID: FLA012768 DISCHARGE POINT NUMBER:

R001 (RIBs)

Port Richey, FL 34668

PLANTSIZE/TREATMENT TYPE:

Final

N/A

COUNTY:	Pasco	DMR Version 9/00										
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units		Frequency	Sample	Туре
		acaronically (			,				No.	of		
									Ex.	Analysis		
Flow	Sample Measurement	0.234						-	0			
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement	0:308 (Annual Avg)	36.	mgd*				400		Report Monthly	≟Calçula Roll An	
Flow	Sample Measurement		0.219		of the second se				0			
PARM Code 50050 1 Mon Site No.ERA.01-13862	Permit Requirement	4.1	0.370 (Mo:Avg.)	mgd						Continuous	Flow met totaliz	ter and zer
CBOD₅	Sample Measurement				3.1				0			
PARM Code 80082 Y Mon,Site No.EFA-01-13862	Permit Réquirement		in the		200 (An Ayg.)			MG/L	1	Report Menthlys	, Çalçula Roll:Am	
CBOD <sub>5</sub>	Sample Measurement				4.2		5.2		0			
PARM Code 80082-1 Mon Site No EFA-0(-13862	Permit Requirement		w *** * * * * * * *		30.0 (Mo. Avg.)*		600.53 1 (Max.) 4	MG/L		(Every : Iwo weeks :	8 hour	FPC
TSS	Sample Measurement				4.0				0			
PARM Code 00530; Y Mon Site No EPA 01:13862	Permit Requirement				20 g (Alic/Avg)/	e e de la companya de la companya de la companya de la companya de la companya de la companya de la companya d		emgil.	¥.	Report Monthly	Calcula Roll An	atedy: Avg
tss	Sample Measurement				9.8		12.0		0			
PARM Code 00530; 1 Mon:Site No.EFA-01; 13662	Permit Requirement		<b>1</b>		-30 0i (Mo-Avg.)		- % 60°0 <u>- 30</u> - % (Max.) <b>4</b> -	MG/L		(Every two weeks	.8 hour	ije.

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations...

NAM	E/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Den	nis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine Lak	es WWTP	PERMIT NUMBER:				RIBs) WAFR SITE No.: 37591					
Parameter		Quantity	of Loading	Units	C		Units	No.	Frequency of	Sample Type	
									Ex.	Analysis	
Fecal Coliform Bacteria	Sample Measurement				1.93				0		
Parm Code 31615 ¥Y Mon Site No EFA-01-13862	Permit Requirement	7 1/ 1			200 ∉ (An Avgi)	56. L		#/100mL		Report Monthly	Calculated : Roll An Avg
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	1U		0		
Parm Code 31615 1; Mon Site No. EFA-01-13862	Permit Requirement		14.		Report 1 (Mo.Geg Mean)	400 (Mo,Avg.) *	,800 (max).	#/100mL		Every two weeks	Grab
pH	Sample Measurement				7.3		7.5		0		
PARM Code 00400 A Mon.Site No.EFA 01-13862	Permit Requirement		i june.		6.0 (Mig.)		. 8'5 ¥ (Max.)•	\$.U.\.		Daily, 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement				0.9				0		
PARM Code 50060 A Mon Site No.EFA 01-13862	Permit Requirement				0/5 (Min)	1		MG/L		5Daily, 5/wk	Mefer/Grab
Nitrate (as N)	Sample Measurement						0.28		0		
PARM Code:00620 A Mon Site No.EFA-01-13862	Permit Requirement						12(0, x (max)	MG/L		Every Two Weeks	Grab
7	Sample Measurement										
	Permit Requirement			4							
CBOD5	Sample Measurement				205				0		
PARM Code 80082 G Mon.Site No.]NF-01-24863	Permit Requirement	de	4 2 7 2 4		Report (Mo Avg.)			MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement				205				0		
PARM Code 00530% G Mon Site No. INF-01, 24863	Permit Requirement				e Réport (Mo Avg.)			MGAL	1	Every two weeks	8 hour FPC

	DAIL! Of	71411 F.F		- 1 WIZT	
Permit Number:				Facilty:	Jasmine Lakes WWTP
				County:	Pasco
MONITORING PERIO	04/01/2005	To:	04/30/2005		

_										
	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.224				7.4		1.0			
2	0.323									
3	0.201									
4	0.201				7.3		1.6			
5	0.271	İ			7.4					
6	0.197	! 			7.4		1.5			
7	0.275				7.4		1.8			
8	0.195				7.4		1.5			
9	0.311									
10	0.194						1			
11	0.194			İ	7.4		1.4			
12	0.266	5.2			7.4	7.6	1.6	230	250	
13	0.196		1U	0.3	7.4		1.9			
14	0.232				7.4		1.4			
15	0.251				7.4		1.8			
16	0.222									
17	0.229									
18	0.229			Ì	7.5		1.4			
19	0.192	!			7.5		1.1			
20	0.202		<u></u>		7.4		1.4			
21	0.178				7.5		1.1	i i		
22	0.174	1			7.3		2.0			
23	0.242									
24	0.180			1						
25	0.180	3.1			7.4	12.0	0.9	180	160	
26	0.199		1U	0.3	7.4		1.2			
27	0.161				7.3		2.0			
28	0.238		-		7.4	!	2.0			
29	0.188	!	ļ		7.4		2.0			
30	0.224	!	ļ		ļ			1		
31	0.240	<u></u>	<u> </u>			<u> </u>		!		

0.240						
PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo	sal or Reclai	med Water Re	euse: Evaporation / Perco	lation Ponds		
Limited Wet Weather			Not Applicable:		e days of wet wea	ther discharge
* Attach additional sho	ate if name	anita liat all a	artifical annual			

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

LIMIT:

05/01/2005

05/31/2005

Ocala, Fl. 34470

THREE MONTH ROLLING ADF

0.219

% OF PERMITTED CAPACITY

FACILITY: LOCATION:

Jasmine Lakes WWTP 7612Pineapple Lane

CLASS SIZE: N/A

Final

REPORT: GROUP:

To:

Monthly **Domestic**  38%

Port Richey, FL 34668

FACILITY ID: FLA012768 WAFR SITE NO.:37591

**DISCHARGE POINT NUMBER:** 

IIIC

R001 (RIBs)

COLINITY:

Dacco

PLANTSIZE/TREATMENT TYPE: DMR Version 9/00

COUNTY:	Pasco	DMR Version 9/00										
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample	Туре
									Ex.	Analysis		
Flow	Sample Measurement	0.235							0			ententar og b
PARM Code 50050 Y Mon Site No EFA 01 13862	Permit Requirement	0,308 g (Annual Avg)	4	mgd					61	Report Monthly	Calcula Roll An	ited. Avg
Flow	Sample Measurement		0.210						0			
PARM Code 50050 .1 Mon Site No.EFA-01;13862	Permit Requirement		0.370 (Mo Avg.)	mgd						Continuous	Flow met totaliz	er and zer
CBOD5	Sample Measurement				3.5				0			Faces Section
PARM Code 80082 Y Mon Site No EFA-01-13862	Pennit Requirement				2010 (An Avg.)			MGAL		Report Monthly	Calcula Roll An	ated. Avg. 1
CBOD₅	Sample Measurement				7.5		13.0		0		Elmethor entrologic	
PARM Code 80082 :1 Mon Sile No EFA-01-13862	Measurement Remit Requirement Sample			757.1.4	30,0 3 (Mo Avg )		60-0 (Max)	MG/L		Every two weeks	e a 8-hour	FPÇ'.
	Sample Measurement				5.4				0		A 1971	
PARM Code 00530. Y Mon Site No.EFA-01-13862 1	Permit Requirement				2007 (AnAyg)			MG/L		Report Monthly	Calcula Roll An	Avg
tss	Sample Measurement				19.1		36.0		0		100 Park 120 Ballon	Parathaeti
PARM Code 00530, 4 Mon Site No.EFA-01-13862	Permit Requirements		•		30.0 (Mo: Avg.)		60 0 a * (Max.)	MG/L		Every ≥ two weeks?	≥18-hour	FPC:
Salari vit il jugaste stats <b>is</b>	na inggo pilangangan ga <b>nggangga</b>		AMERICAN PROPERTY.								Tara ana	
				•	V Mr.				* 1		H. I	

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine Lake	es WWTP		PERMIT NUM	MBER:		DISCHARGE POIN	DISCHARGE POINT NO.: R001 (RIBs)					WAFR SITE No.: 37591				
Parameter		Quantity o	of Loading	Units	G	Quality or Concentration		Units	No.	Frequency of	Sample	Type				
							r		Ex.	Analysis						
Fecal Coliform Bacteria	Sample Measurement				2.09				0		14 4 4 2 W 2 2 VA					
Parm Code 31615 Y Mon Site No.EFA-01-13862	Permit Requirement				200 (Art Avg.)			#/100mL		Report Monthly	Calcul Roll An	ated Avg. (				
Fecal Coliform Bacteria	Sample Measurement				2.8	4.5	8.0		0	MARKA ARCOMAN						
Parm Code 81615 (1 Mon Site No.EFA 01 13862	Permit Requirement				Report (Mo Geo Mean)	400 . i (Mo Avg.)	800 (max)	#/100ml		Every two weeks	, Gra	billi Litt				
pH	Sample Measurement		n o o o		7.3		7.5		0							
PARM Code 00400s. A Mon Site No. EFA-01-13862	Permit Requirement				(Min.)		8.5 (Max.) \$	SU).		Daily 5/Wk	- Meter/	Sreb#				
TRC (For Disinfection)	Sample Measurement	a e de la companya de la companya de la companya de la companya de la companya de la companya de la companya d			1.0				0							
PARM Code 50060, A. Mon Site No EFA-0.1 13862.	Permit Requirement				0.5 % (Min)			MG/L		Daily, 5/wk	Meter/	Srab*				
Nitrate (as N)	Sample Measurement						0.37		0	Approx						
PARM Code 00620-A Mon Site No. FFA-01-13862	Pennit Requirement Sample						ra (max)	MG/L		Two\Weeks	Gra	bir.				
	Measurement									4						
CBOD5	Permit Reguliernent Sample								0			m)				
PARM Code 80082 G	Measurement				220 Report			1407	0		a e e	ED#				
Mon Site No.INF-01-24863	Pennit Requirement Sample	<b>N</b>			X (M∂Avg.).			NICH A	0	and woweek						
PARM Code 00530 G	Measurement				245 Report 🕬			LIGH.	U	<b>-</b>		EDP:				
Mon.Site No INF-01-24863	Permit Requirement		114,12	A LY	t (MoiAvg:)is	*		MG/L	1,44	Every two weeks	O-HUUI	W.				

Facilty: County: Jasmine Lakes WWTP

unty: Pasco

MONITORING PERIO\_\_\_\_

05/01/2005

To: 05/31/2005

	Flow (MGD)	CBOD5 (mg/L)	Fecal Coliform	Nitrogen, Nitrate,	pH (Std.	TSS (mg/L)	TRC (For Disinfect.)	CBOD5 (mg/L)	TSS (mg/L)	
	total plant flow to ponds		Bacteria (#/100ml)	Total (as N) (mg/L)	Units)		(mg/L)			
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.240		1							
2	0.240				7.4		2.0			
3	0.235				7.4		1.8			
4	0.181			1	7.5		1.4			
5	0.196				7.4	-	1.0			
6	0.217				7.3		2.0			
7	0.249			1			3.0			
8	0.208									
9	0.208	2.0			7.4	2.1	2.0	220	280	
10	0.186		1U	0.4	7.5		2.0			
11	0.231				7.5		2.0			
12	0.182				7.4		2.0			
13	0.215				7.3		2.0			
14	0.203									
15	0.221									
16	0.221				7.4		2.0			
17	0.204				7.3	-	2.0			
18	0.210				7.4		1.6			
19	0.212	İ	1		7.3		2.0			
20	0.149				7.4		2.0	İ		
21	0.258				!		2.2			
22	0.207					-				
23	0.207	13.0			7.4	36.0	2.0	220	210	
24	0.229		8.0	0.1	7.3		2.0	-		
25	0.207	:			7.4		1.6			
26	0.181				7.3		1.2			
27	0.190				7.4		1.4			
28	0.215									
29	0.198			Ţ	!					
30	0.198				7.5		1.0	<u> </u>		
31	0.214				7.5		1.0			

PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	A	Certification No.:	9139	Name:	David Rodiguez
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo	sal or Recla	imed Water Re	euse: Evaporation / Percu	lation Ponds		
Limited Wet Weather	Discharge A	No:	Not Applicable:	yes, cumulativ	e days of wet wea	ther discharge

Version 5/18/98

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

06/01/2005 To:

FLA012768

06/30/2005

38%

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

MONITORING PERIOD-From: THREE MONTH ROLLING ADF

0.211

% OF PERMITTED CAPACITY

FACILITY:

Jasmine Lakes WWTP

LIMIT: Final N/A CLASS SIZE:

REPORT: GROUP:

Monthly Domestic

LOCATION

7612Pineapple Lane

FACILITY ID:

WAFR SITE NO.:37591

Port Richey, FL 34668

DISCHARGE POINT NUMBER: PLANTSIZE/TREATMENT TYPE:

FLA012768

R001 (RIBs)

IIIC DMD Version 9/00

COUNTY:	Pasco		DMR Ve	ersion 9/00								
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample	Туре
									Ex.	Analysis		
Flow	Sample Measurement	0.235							0			TO PERSON NAMED OF STREET
PARM Code 50050; Y Mon Site No.EFA-01-13862	Permit Requirement	0.308 (Annual Avg)	a a	mgd					100	ReportMonthly	Calcula Roll.An	
Flow	Sample Measurement		0.205						0			
PARM Code 50050 15 Mon. Sile: No.EFA-01-13862	Pennit Requirement		0:370 (Mo:Avg.)	mgd :			4.14			- Conlinuous	Flow met totaliz	
CBOD <sub>5</sub>	Sample Measurement				3.5				0			
PARM Code 80082 Y, Mon Site No EFA 01-13862	Permit Requirement				20.0 (An-Avg.)	7. V. V. V. V.		MGÆ		*Report Monthly	Calcul Roll An	
CBOD5	Sample Measurement				2.1		2.1		0			o de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
PARM Code 80082, 1 Mon Site No.EFA-01-13862	Permit Requirement			17 (1	30 0 (Mo Avg.)		60 0 (# (Max.)3	ĕMG/Ľ		Every two weeks	8-hour	FPC
TSS	Sample Measurement				5.5				0			ere syden
PARM Code 00530 Y1 Man Site No EFA-01:13862	Permit Requirement	4 0			20.0 (Ап.Avg.)	\$ 18 m		MG/L		Report Monthly	Calcul Roll:An	ated Avg
tss	Sample Measurement			:	2.4	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O	2.4	SUPER STATES NO.	0		Oko ne stania (	and a collèg
PARM Code 00530 x1 Mon.Site No.EFA-01-13862	Permit Requirement		r (Engl	(A)	30.0 (Mo Avg )		60.0 A. (Max.)	MG/L		Every Iwo weeks	8-hour	FPC
747 T T T T T T T T T T T T T T T T T T	100 mm 10	Colon of the colonial of the c	Cash is a saliding of the	- No. Sept. 187 (19. 200)								
1 Rolling Annual Average is the average	7 27	that I			or Mills		4.0			1	13 h	<b>W</b> ires

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthlyaverage.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Ja	smine Lake	es WWTP		PERMIT NUM	MBER:		DISCHARGE POIN	NT NO.: R001 (R	lBs)	WAFR SITE No.: 3759			
Parameter			Quantity	of Loading	Units	C	Quality or Concentration		Units	No.	Frequency of	Sample	Туре
										Ex.	Analysis		
Fecal Coliform Bacteria		Sample Measurement				2.08				0			0
Parm Code 31615 Y Mon Site No:EFA-01-13862		Permit Requirement			1	200 (An Avg.)			#/100mL		ReportMonthly	Calcul Roll An	aled .Avg.
Fecal Coliform Bacteria		Sample Measurement				1.0	1.0	1.0		0			
Parm Code 31615 : 1 S. Mon Site No.EFA-01-13862		Permit Requirement				Report (Mo.Geo-Mean)	400 (Mo Avg.)	800 (max)	#/100mL		Every two weeks	s. Gra	b.
рН		Sample Measurement				7.3		7.6		0	i fall		and the Section
PARM Code 00400 A Mon Site No EFA-01-13862	1.00	Permit Requirement				6.0 b* (Min.)		8.5 (Max.)	·S.U.S		.≥₁ Ďaily 5/wk	Meter/	Grab
TRC (For Disinfection)		Sample Measurement				1.1				0		The state of the s	energy ene
PARM Code 50060 NA Mon Site No.EFA-01-13862		Permit Requirement			•	(Min)			MG/L		Daily, 5/wk	Mefer/	Stab
Nitrate (as N)	100-000 C	Sample Measurement						0.27		0		Factor Control	15-26-17
PARM Code 00620 A Mon Site No EFA-01 13862		Permit Requirement			an Ares			12.0 (max)	∵ MG/L		Every Two Weeks	Gra	b,
	#W-	Sample Measurement										12000404	
		Permit Requirement							1 1 1				
CBOD5	er en en en en en en en en en en en en en	Sample Measurement	a na na na na na na na na na na na na na			305				0		1	
PARM Code 80082, G Mon Site No INF 01 24863		Permit Requirement				Report (MolAvg.)	2 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MG/L		Every two weeks	8-hour	FPC.
TSS	200	Sample Measurement				140				0			
PARM Code 00530 § G Mon Site No INF-01;24863		Permit Requirement		133.0		Report (MaiAvg.)		10. 34.	MG/L		Every two weeks	8-hour	FPG

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages, For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number: FLA012773	Facilty:	Jasmine Lakes WWTP
	County:	Pasco

MONITORING PERIO 06/01/2005 To: 06/30/2005

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.210				7.4		1.1		
2	0.189				7.5		1.1		
3	0.223				7.4		1.2	_	
4	0.235								
5	0.178				_				
6	0.178	2.1			7.3	2.3	1.8	200	180
7	0.204		1U	0.3	7.4	_	1.8		
8	0.189				7.4		2.0		
9	0.068			i	7.3		1.4		
10	0.215			L .	7.4		2.0		
11	0.192			ļ 1		f			
12	0.204						:		
13	0.204				7.3		1.4		
14	0.220				7.4		2.0		
15	0.188				7.3		2.0		
16	0.195				7.4		1.6		
17	0.197				7.3		1.8		
18	0.263								
19	0.108								
20	0.108	2U			7.4	2.4	1.4	410	100
21	0.281		1U	0.3	7.4		1.6		
22	0.155				7.3		1.4		
23	0.191				7.4		1.2		
24	0.228				7.6		1.8		
25	0.257								
26	0.243								İ
27	0.243				7.4		1.6		
28	0.241				7.3		1.8		
29	0.258				7.4		1.6		
30	0.283				7.3	ı	1.6		
31	0.262								

31	0.262						
PLANT STA	AFFING:						
Lead Opera	itor	Class:	Α	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift O	perator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift O	perator	Class:		Certification No.:		Name:	
Day Shift O	perator	Class:		Certification No.:		Name:	
Chief Day C	Operator	Class:		Certification No.:		Name:	
Type of Efflu	uent Dispos	al or Reclaime	ed Water Reu	se: Evaporation / Perco	lation Ponds		
Limited Wet	Weather D	ischarge A	No:	Not Applicable: [	yes, cumulativ	e days of wet weat	her discharge
		ets if necessar (10), Effective		rtified operators. ), 1994			

Version 5/18/98

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER: FLA012768

To: 07/31/2005

MAILING ADDRESS:

1343 N.E. 17th Rd. Ocala, Fl. 34470

MONITORING PERIOD--From: THREE MONTH ROLLING ADF

07/01/2005 0.221

% OF PERMITTED CAPACITY

38%

FACILITY:

Jasmine Lakes WWTP

LIMIT: Final CLASS SIZE: N/A

REPORT: GROUP:

Monthly Domestic

LOCATION:

7612 Pineapple Lane

FACILITY ID: FLA012768

WAFR SITE NO.:37591

Port Richey, FL 34668

DISCHARGE POINT NUMBER:  R001 (RIBs)

COUNTY:

Pasco

PLANTSIZE/TREATMENT TYPE: IIIC

DMR Version 9/00

OCONTT.	rasco				DIVIR Version 9/00									
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	tion	Units		Frequency	Sample	Туре		
						•			No.	of				
									Ex.	Analysis				
Flow	Sample Measurement	0.237							0					
PARM Code 50050° Y Mon Site No.EEA-01-13862	Permit Requirement	0.308** (Annual Avg)		mgd						Report Monthly.	Calcula Roll An			
Flow	Sample Measurement		0.248	- Policies - Consider					0			Series		
PARM Code 50050 1 Mon Site No.EFA.01-13862	Permit Requirement	4.67	0,370 (Mo.Avg.)	amgd"	4 %					Gontinuous v	Flow mete totaliz			
CBOD5	Sample Measurement				4.8				0			2234		
PARM Code:80082:sY Mon,Site No:EFA-91-13862	Permit Requirement				20,0° (An,Ayg')			MG/L		Report Monthly	Galcula Roll And	ited Avg.		
CBOD5	Sample Measurement				16.5		31.0		0			- CANADA		
FARM Code 80082 1 Mon Site No EFA-01-13862	Permit Requirement				30:0 *(Mo: Avg )**		60-0 (Max)	MG/L		Every two weeks	.∜8-hour F	FPC		
TSS	Sample Measurement				6.4				0		W. W. C. T. C. C. C. C. C. C. C. C. C. C. C. C. C.			
PARM Code 00530, Y Mon Site No EFA-01-13862	Permit Requirement			1. Yes.	20.0g (An Avg.)			, MG/L		Report Moutaly	Calcula Roll An	iled Avg		
tss	Sample Measurement				13.05	7	25.0		0					
PARM Code 00530 1 Mon.Site No.EFA 01-13862	Permit Requirement				* 30.07 (Mo Avgs)		60.00 (1) (Max)	MG/L		Every 7	8-hour F	FPQ.		

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

1

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine Lak	y Name: Jasmine Lakes WWTP			MBER:		DISCHARGE POI	NT NO.: R001 (F				591	
Parameter		Quantity	of Loading	Units	(	Quality or Concentration		Units	No.	Frequency of	Sample Ty	уре
				1					Ex.	Analysis		
Fecal Coliform Bacteria	Sample Measurement				2.8				0	_		
Parm Code 31615 'Y.' Mon Site No.EFA'01-13862'	Permit Requirement.	1		* 10	200 (An Avg.)			#/100mb		Report Monthly	Calculated	
Fecal Coliform Bacteria	Sample Measurement				9.8	48.5	9.8		0			E La Ca
Parm Code 31615, 1, Mon.Site No.EFA-01-13862	Permit Requirement				Reparti∔ (Ma Geo Mean)	400₄ (Mo Avg.)	800 * (max)	*#/100ml	i n	Every two weeks	Grab ,	
Hq	Sample Measurement		(94)		7.3		7.5		0			
PARM Code 00400 - A Mon Site No EEA-01-13862	Permit Requirement				6.0 (Min.) <sup>C</sup>		8.5 (Max.)	s.u.		Daily, 5/wk ⊛	Meler/Gral	<b>3</b> -
TRC (For Disinfection)	Sample Measurement		. 14. /		1.4				0			
PARM Code 50060; A Mon:Site No:EFA 01-13862	Permit Réquirement				0.5 (Min)			MG/L*		Daily, 5/wk	Meter/Grat	3
Nitrate (as N)	Sample Measurement						0.55		0			
PARM Code 00620-A Mon Site No EFA 01-13862	Permit Requirement				36		12.0 (max)	MG/b	3. 3. P	Every Two Weeks	Grab .	
	Sample Measurement				da ar ann an Aire ann an Aire ann an Aire ann an Aire ann an Aire ann an Aire ann an Aire ann an Aire ann an A			No. 7 to the Parcel State Control				2000
	Permit Requirement								63			
CBOD5	Sample Measurement	3000000			220			down in the case of the	0		il Regionization de la company	298.2
PARM Code 80082 pG Mon:Site No.INF-01:24863	Permit Requirement				was Reports. M(Mo Avg Was			* MG/L		Every two weeks	8. Nour EPC	
TSS	Sample Measurement		334461.135		145				0		379-100 11 (11 A)	astroid.
PARM Code 00530 .G . *	Permit Requirement				Redon (Mo Avg.)			MG/L		Every two weeks	48 hour FPC	

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages, For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number: FLA012768	Facilty:	Jasmine Lakes WWTF
• • • • • • • • • • • • • • • • • • • •		_

County: Pasco MONITORING PERIO 07/01/2005 To: 07/31/2005 TSS TRC (For CBOD5 TSS CBOD5 Fecal Hq Flow Nitrogen, Disinfect.) (mg/L) (mg/L) (MGD) Coliform (Std. (mg/L) (mg/L) Nitrate, total plant Bacteria Total (as Units) (mg/L) flow to (#/100ml) N) (mg/L) ponds 00530 74055 00620 00400 00530 50060 80082 Code 50050 80082 **INF-01** Mon.Site FLW-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 **INF-01** 7.4 1.4 0.262 2 0.359 0.288 3 4 0.288 7.3 2.0 5 0.202 31.0 7.4 25.0 1.8 170 160 7.4 1.8 6 0.166 96.0 0.6 7.4 1.6 7 0.249 0.156 8 7.4 1.6 9 0.266 10 0.258 7.3 1.4 11 0.258 0.302 7.4 1.6 12 0.254 7.4 1.8 13 2.0 7.5 0.245 14 15 0.250 7.5 2.0 0.258 16 17 0.252 18 0.252 2U 7.4 1.1U 1.8 270 130 19 0.243 1U 0.3 7.5 1.4 20 0.232 7.4 1.6 21 0.227 7.4 1.8 22 0.243 7.5 1.4 23 0.289 24 0.223 25 0.223 7.4 1.6 26 0.272 7.4 1.4 27 0.211 7.3 1.6 28 0.222 7.4 1.8 0.263 29 7.4 1.4 30 0.256 31 0.222 PLANT STAFFING: Lead Operator Class: Α Certification No.: 6452 Name: Dennis Muldoon Day Shift Operator В Class: Certification No.: 8937 Name: Steve Fuller Day Shift Operator Class: Certification No.: Name: Day Shift Operator Class: Certification No.: Name: Chief Day Operator Class: Certification No.: Name: Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Not Applicable: Tyes, cumulative days of wet weather discharge \* Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994

Limited Wet Weather Discharge A No: No:

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

IIIC

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

08/01/2005 0.229

To: 08/31/2005

Ocala, Fl. 34470

THREE MONTH ROLLING ADF LIMIT: Final

% OF PERMITTED CAPACITY Monthly

38%

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

CLASS SIZE: N/A FACILITY ID:

REPORT: GROUP: Domestic WAFR SITE NO.:37591

Port Richey, FL 34668

FLA012768 DISCHARGE POINT NUMBER:

R001 (RIBs)

COUNTY:

Pasco

PLANTSIZE/TREATMENT TYPE:

DMR Version 9/00

COOKIT.	rasco				·		Divil	151011 9/00				
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample	Туре
									Ex.	Analysis		
Flow	Sample Measurement	0.292							0			
PARM Code 50050 Y Mon Site No.EFA-01-13862	Permit Requirement	.0 308 (Annual Avg):		mgd*			A 10 - 10 -			Report Monthly	- Calcula Roll An	
Flow	Sample Measurement		0.234						0			
PARM Code 50050 1 Mon Site No.EFA-01-13862	Permit Requirement		0.370 (Ma.Avg.)	, mgd						Continuous	Elow met totaliz	
CBODs	Sample Measurement				2.4				0			anio Cak
PARM Code 80082 Y Mon Site No EFA-01-13862	Permit Requirement				20'0 (An Avg.)			MG/L		Report Monthly	Calcula Roll.An	ifed Avg.
CBODs	Sample Measurement				2.1		2.2		0			
PARM Code 80082: 1,	Permit Requirement				30.0 (Mo; Avg.)		60,0 (Max.)	. MG/L		Every	8-hours	EPC:
TSS	Sample Measurement	a V (1500a Pantasassassassassassassassassassassassassa			2.1	35 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			0			
PARM Code 00530 °Y Mon Sile No:EFA-01-13862	Permit Requirement				20,0+ 11 (An;Avg.)+ 1		**********	MG/L F	14	Report Monthly	. Calcula Roll An	
tss	Sample Measurement				4.47		5.2		0			
PARM Code 00530 %1 Mon Site No EFA-01;-13862	Permit Requirement				30.8 • (Mo•Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour	FPC

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations...

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

1

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine Lak	es WWTP		PERMIT NUM	MBER:	FLA012768	DISCHARGE POI	NT NO.: R001 (R	RIBs)	WAF	R SITE No.: 37		
Parameter		Quantity	of Loading	Units	(	Quality or Concentration		Units		Frequency	Sample	Туре
									No.	of		
									Ex.	Analysis		
Fecal Coliform Bacteria	Sample Measurement				2.0				0			
Parm Code 31615 X = Mon.Site No.EFA-0 £13662	Permit Requirement				200 (Ap Avg.)			#/100mL		Report Monthly	x Calcul Roll An	SERVICE.
Fecal Coliform Bacteria	Sample Measurement				2.3	4.7	12.0		0			
Parm Code:31615, 1 Mon.Site No.EFA-01-13862	Permit Requirement				, 6 Regorite (Mo Geo Mean).	% 400% "*(Mo.Avg.)"	(*800.; *\. (max)	#/100m/L	*	Every two weeks	N. Gid	6 116
рН	Sample Measurement				7.3		7.5		0			
PARM Code 00400 A Mon Site No EFA-01-13862	Permit Requirement				16:0 <sub>(*)</sub> (Mip.)		. 8.5 (Max.)	S.U.		Daily, 5/wk e.	Meter/(	3rab
TRC (For Disinfection)	Sample Measurement				1.2				0			
PARM Code 50060 A Mon.Sife.No.EFA-01-13862	Permit Requirement		٠,		0(5) (Min)		at Paris and Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah Salah S	-MG/L		Daily, 5/wk≫	Meter/0	Śrab-
Nitrate (as N)	Sample Measurement						0.40		0			war over the second
PARM Code:00629. A Mon Site No.EFA-01-13862	Permit Requirement						12.0 (max)	MG/L		Leveny to Two Weeks.	- Gra	þ
	Sample Measurement											
	Pennit Regulrement		e was			* 114						
CBOD5	Sample Measurement		7616		297	25.	The second secon		0	A. 9.2.540		CONTRACTOR OF THE PARTY OF THE
PARM Code 80082; G Mon Site No INF-0124863	Remit Requirement				Report (Mo Avg.)			, MG/L		Every two weeks	nuod-8	EPC:
TSS	Sample Measurement		S Waster S	No. of the last	179	Commence of the Commence of th			0		Mark Marin	
PARM Code 00530, G Mon Site No. INF-01-24863	Permit Requirement				Report (Mo Avg.)			, MG/Ľ		Every two weeks	≨ .8-hour	FPC

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages, For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

To:

Permit Number: FLA012768

Facilty: County: Jasmine Lakes WWTP Pasco

MONITORING PERIO

08/01/2005

08/31/2005

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.443	2.1			7.3	4.4	1.6	130	58	
2	0.241		1U	0.3	7.5		1.2			
3	0.234				7.4		1.4			
4	0.178				7.4		1.6			
5	0.213				7.4		1.5			
6	0.242									
7	0.218									
8	0.218				7.5		1.4			
9	0.226				7.4		1.2			
10	0.212				7.4		1.6			
11	0.221				7.3		1.8	,		
12	0.206				7.4		1.8			
13	0.377			!						
14	0.176									
15	0.176	2.2			7.4	3.8	1.4	260	220	
16	0.190		12.0	0.4	7.5		1.2			
17_	0.227		ĺ		7.4		1.4			_
18	0.248				7.3		1.4			
19	0.201				7.5		1.6			
20	0.234									_
21	0.239					_			1	
22	0.239				7.4		1.2			
23	0.263				7.5		1.4			
24	0.252				7.4		1.5			
25	0.203			<u> </u>	7.4		1.6			
26	0.194				7.3		1.8			
27	0.261									
28	0.221									
29	0.221	2U			7.4	5.2	1.2	500	260	
30	0.279	! <del> </del> -	1U	0.4	7.5		1.4			
31	0.196				7.4		1.6			

PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.;	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:	<del></del>	Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo	sal or Reclai	med Water Re	euse: Evaporation / Percul	ation Ponds		
Limited Wet Weather	Discharge A	No:	Not Applicable:	yes, cumulativ	ve days of wet weat	her discharge

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA012768

0.228

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

09/01/2005

09/30/2005

MAILING ADDRES

1343 N.E. 17th Rd. Ocala, Fl. 34470

THREE MONTH ROLLING ADF

%

% OF PERMITTED CAPACITY

38%

FACILITY:

Jasmine Lakes WWTP

CLASS SIZE:

LIMIT:

REPORT: GROUP: Monthly Domestic

LOCATION:

7612 Pineapple Lane

FACILITY ID: FLA012768

WAFR SITE NO.:37591

Port Richey, FL 34668

DISCHARGE POINT NUMBER:

R001 (RIBs)

To:

COUNTY:

Pasco

PLANTSIZE/TREATMENT TYPE: IIIC

Final

N/A

DMR Version 9/00

	1 0300							151011 9/00				
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample	Type
									Ex.	Analysis		
Flow	Sample Measurement	0.216							0			
PARM Code 50050 *Y Mon.Site No.EFA-01-13862	Permit Requirement	0.308 (Annual Avg)	16	mgd						Report Monthly	Calcula Roll An	
Flow	Sample Measurement		0.203						0			
PARM Code 50050: 1 Mon Sile No.EFA-01-13862	Permit Requirement		0.370 (Mo Avg.)	mgd					13	Continuous	Flow meter	Mary Control
CBOD₅	Sample Measurement				4.6				0			
PARM Code 80082 Y Mon Site No EFA 01 13862	Permit Requirement				20 0 (Arī Āvg.)			MG/L		Report Monthly	Calcula Roll.An	
CBOD <sub>5</sub>	Sample Measurement			COLUMN TO STATE OF THE STATE OF	4.6		4.6		0			
PARM Code 80082, 1 Mon Site No EFA 91-13862	Permit Requirements	1.5	1	1	30.0 (Moc Avg.)		60.0 (Max.)	MG/L		Every L two weeks	. 8-hour I	FPC
TSS	Sample Measurement				6.4				0			
PARM Code 00530 * Y Mon Site No.EFA-01-13862	Permit Requirement	4.05			20 <sup>1</sup> 0; (AdAV9.)	4. 7.		MG/L		Report Monthly	Calcula Rolf Ant	
tss	Sample Measurement				3.70		3.7		0			
PARM Code 00530 : 1 Mon Site No. EFA 01=13862	Permit Requirement				30:03 (MokAvg.)		60.0 (Max.)	MG/L		Every 1, 1 two weeks	8-hour	FPÇ

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations..

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

09/01/2005

38%

Ocala, Fl. 34470

THREE MONTH ROLLING ADF LIMIT: Final

0.228

% OF PERMITTED CAPACITY REPORT: Monthly

FACILITY:

Jasmine Lakes WWTP

CLASS SIZE: N/A GROUP:

Domestic

LOCATION:

7612 Pineapple Lane

FACILITY ID: FLA012768 WAFR SITE NO.:37591 R001 (RIBs)

To:

Port Richey, FL 34668

DISCHARGE POINT NUMBER:

PLANTSIZE/TREATMENT TYPE:

IIIC

COUNTY:	Pasco	DMR Version 9/00										
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequency of	Sample	Type
									Ex.	Analysis		
Flow	Sample Measurement	0.216							0			
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement	0.308 (Annual Avg)	1 2 4.	mgd	4.44					Report Monthly	Calcula Roll.An.	
Flow	Sample Measurement		0.203						0			
PARM Code 50050, 1 Mon Site No.EFA-01-13862	Permit Requirement	A Chief	0.370 (Mo:Avg.)	mgd						Continuous	Flow met	200
CBOD5	Sample Measurement				4.6				0			-100.000
PARM Code 80082; Y Mon Site No EFA 01-13862	Permit Requirement	7.5			20.0 (An Avg.)			MG/È		Report Monthly	Calcula Roll An	
CBODs	Sample Measurement				4.6		4.6		0			
PARM Code 80082 1 3 Mon Site No EFA 01 13862	Permit Requirement				3010 <u>1</u> (Mo: Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour	EPC:
TSS	Sample Measurement				6.4				0			samos as a v2r
PARM Gode 00530 Y Mon Site No:EFA-01-13862	Remit Requirement		15/14		(An Avg)			MG/L		Report Monthly	i Calcula Roll An	ated . Avg.
tss	Sample Measurement				3.70		3.7		0			
PARM Code 00530 / 15 Mon Site No EFA 01-13862	Permit Requirement		1 2	1	30.0% (Mo. Avg.)		(Max.)	MGAL		Every two weeks	8 hour.	FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations...

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Permit Number:	Facilty:	Jasmine Lakes WWTF
	County:	Pasco

MONITORING PERIO 09/01/2005 To: 09/30/2004

F						TSS	TD0 (F	00005	TSS	
	Flow (MGD)	CBOD5 (mg/L)	Fecal Coliform	Nitrogen, Nitrate,	pH (Std.	188 (mg/L)	TRC (For Disinfect.)	CBOD5 (mg/L)	(mg/L)	
İ	total plant	(mg/L)	Bacteria	Total (as	Units)	(mg/L)	(mg/L)	(1119/2)	(111 <b>9</b> 72)	ļ
	flow to		(#/100ml)	N) (mg/L)	,				ļ	
	ponds			ı						
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.202		!		7.5		1.6			
2	0.218				7.4		1.8			
3	0.238									
4	0.266									
_5	0.266				7.5					
6	0.232			 	7.4		1.8			
7	0.220			ļ	7.5		2.0			
8	0.191			<u> </u>	7.5		1.8			
9	0.171			<u> </u>	7.4		2.0			
10	0.175						! 			
11	0.213			<u> </u>	! L					
12	0.213	4.6	1		7.5	3.7	1.6	230	240	
13	0.205		8.0	4.8	7.5		1.8			ļ <del> </del>
14	0.200				7.4		2.2			
15	0.201				7.4	<u> </u>	2.2	<u> </u>		
16	0.209				7.5		1.4			
17	0.238		<u> </u>	<u> </u>		ļ		<u></u>		
18	0.033								<u> </u>	İ
19	0.033				7.5		1.6			
20	0.246				7.4		1.8			
_21	0.191				7.5	<u> </u>	2.0	Ì		
22	0.206				7.5		2.2			1
23	0.204				7.4		2.2			
24	0.252	<u> </u>								
25	0.211			i						1
26	0.211				7.5		2.2			
27	0.156				7.4		2.2			
28	0.230				7.4		2.2			
29	0.204		<u> </u>		7.6		2.0			
30	0.270			İ	7.5		2.2			
31	0.234									1

PLANT STAFFING:						·
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:	<u></u>	Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo-	sal or Reclaii	med Water Rei	use: Evaporation / Percol	ation Ponds		
Limited Wet Weather I	Discharge A{	No:	Not Applicable:	yes, cumulativ	e days of wet weat	ther discharge

Version 5/18/98

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA012768

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD--From:

10/01/2005

To: <u>10/30/2005</u>

Ocala, Fl. 34470

THREE MONTH ROLLING ADF LIMIT: Final

<u>0.216</u> % OF

% OF PERMITTED CAPACITY

38%

FACILITY: LOCATION:

Jasmine Lakes WWTP

LIMIT: Fina CLASS SIZE: N/A

REPORT:

Γ: Monthly Domestic

7612 Pineapple Lane Port Richey, FL 34668 FACILITY ID: FLA012768

GROUP: Domest WAFR SITE NO.:37591

DISCHARGE POINT NUMBER:

R001 (RIBs)

COUNTY:

Pasco

PLANTSIZE/TREATMENT TYPE: IIIC

DMR Version 9/00

COUNTY.	Fasco				151011 3/00							
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	tion	Units	No.	Frequency of	Sample	Тур
									Ex.	Analysis		
Flow	Sample Measurement	0.211							0			
PARM Code 50050 \$27 Mon Site No.EFA-01-13862	Permit Requirement	0.308 (Annual Avg)		mgd)	1000 1000 1000					Report Monthly	a Calcul. Roll An	ated Ävg
Flow	Sample Measurement		0.210	4444					0			nows:
PARM Code 50050 1 Mon Sile No.EEA-01-13862	Permit Requirement		0.370/ (Mo Avg.)	mgd.	reality.		100 A 10			5 Continuous	Flow met	er ål zer
CBOD₅	Sample Measurement				4.6				0			
PARM Code 80082 j¥ Mon Site No EFA-01-13862	Permit Requirement				2000 (An Avgr) ¥			MG/L		Report Monthly	Calcul Roll An	alèd Avg
CBOD <sub>5</sub>	Sample Measurement	estart that had being configuration from			2.2		2.0		0			
PARM Code 80082 (4 5 4) Mon Site No.EFA-01 13862	Permit Requirement				30.0 (Mg (Avg))	11 10 \$4.7	0 00 00 (c (XáM) :	MG/É		in Every is two weeks	8 Shour	PPC
TSS	Sample Measurement				6.2				0			o on ever
PARM Code 90530 (Y) Mon Site No EFA-01 3862	Permit Requirement		( 17 °		20.05 4 (An Aya)		L. F. Britis	MG/L		Report Monthly	Çâlcul Roll-An	aleg Avg
tss	Sample Measurement				1.25		1.1		0		<b>K</b> #25	TOEN SEED
PARM Code 00530 x1	Permit Requirement	164		46.	30.0 % // (Mo Avg ) 4	1,000	60.0 (Max)	MG/L		Eyery Wa weeks	a La hour	HEC.

<sup>1</sup> Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

Facility Name: Jasmine Lak	es WWTP		PERMIT NUM		38626	DISCHARGE POI	NT NO.: R001 (F		WAF	R SITE No.: 37		
Parameter		Quantity of	of Loading	Units	(	Quality or Concentration		Units	No.	Frequency of	Sample	Туре
									Ex.	Analysis		
Fecal Coliform Bacteria	Sample				2.6					,,		
	Measurement				2.0		THE WAS THE STATE OF THE STATE	**************************************	2.7977		140000000000000000000000000000000000000	***********
Parm Code 31615 Y . Mon Site No.EFA-01-13862	Permit Requirement		100		200 (Añ.Ayg.)			#/100mL		Report Monthly	, Calcul Roll An	
Fecal Coliform Bacteria	Sample	The state of the s	Co. Co. Library Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.		1.0	1.0	1.0		n			
	Measurement					1.0		E CONTRACTOR DE	-		- 22th 32.55	154.151.1
Parm Code £1615° 1. Mon Sile No.EFA-01-73862	Permit Requirement				Report (Mg Geo Mean)	400 (Mo Ayg.)	(max)	#/100mL		Every two weeks	Gra	ıb.
рН	Sample Measurement				7.3		7.6		0			
PARM Code 00400 A Mon Site No EFA 01-13862	Permit Requirement	1			(Min.)		8.5 (Max.)	s.u		Daily, 5/wk	Meter/	Grab
TRC (For Disinfection)	Sample Measurement			0.000	2.2				0			
PARM Code 50060: A Mon-Site No EFA-01-13862	Permit Requirement				0.5 (Min)		1.34	MG/L		Daily 5/wk	Meter/	Grab:
Nitrate (as N)	Sample		200				8.20		0			
Secretary for the second section of the section of the sec	Measurement	The state of the Santage	and the second s	and the second second	Transcription (Profit and Solve Solve - Association	to the first state of the state	0.20		To the second			Riania
PARM Code 00620 A Mon Site No EFA 01313862	Permit Requirement				4481		12.04 (max) ***	MG/L		Everyy Two Weeks	, Gra	ib.
	Sample Measurement											
	Permit Requirement	, <b>,</b> [	<b>4</b> E									
CBOD5	Sample Measurement		and the second second second		265	A STATE OF THE PROPERTY OF THE		3004	0			
PARM Code 80082 G Mon Site No INF 01-24863	Permit Requirement				** ** Recort ** ** (Mc Ava )			MG/L		Every two weeks	8 hour	FPC
TSS	Sample					200000000000000000000000000000000000000		<b>14</b> 0 3 10 10 10 10 10 10 10 10 10 10 10 10 10	0	and the second s	The same same	
	Measurement	A V CARLESCO CO CONTRACTO			180		Topic Control of the				E7875 444	auroren
PARM Code 00530 G Mon Site No INF-01-24863	Permit Requirement	1843 <b>.</b>		k (4.5)	(Mo Avg.)			MG/L		Every two weeks	8-hour	FPO

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages. For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number: FLA012768	Facilty:	Jasmine Lakes WWTF
	County	Pacco

MONITORING PERIO 10/01/2005 To: 10/31/2005

fi	<b>F</b> 1	CBOD5	Forel	Nitrogon	- LU	TSS	TRC (For	CBOD5	TSS	<del></del> -1
ļ	Flow (MGD)	(mg/L)	Fecal Coliform	Nitrogen, Nitrate,	pH (Std.	155 (mg/L)	Disinfect.)	(mg/L)	(mg/L)	
	total plant	(9, -)	Bacteria	Total (as	Units)	(***3*=)	(mg/L)	, , ,		
	flow to		(#/100ml)	N) (mg/L)	l				Ì	
	ponds									
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
11	0.234			ļ <u>-</u>			ļ			
2	0.202		<u> </u>	<u> </u>			<u> </u>			
3	0.202		-	!	7.5		2.2			
4	0.223				7.6		2.2			
5	0.193				7.5		2.4			
6	0.185				7.5	!	2.2	ļ		
7	0.221				7.5		2.2			
8	0.234				! 			! <del> </del>		
9	0.226	·				· 				
10	0.226	2.0			7.5	1.4	2.2	280	200	
11	0.214		1U	5.4	7.4		2.4			
12	0.198	ļ			7.5		2.4			
13	0.232				7.5	<u> </u>	2.4			
14	0.170	<u></u>			7.4	<u> </u>	2.4			
15	0.222		<u> </u>			i	<u> </u>			
16	0.236		<u> </u>			! 				
17	0.236		i		7.5		2.2			
18	0.213	_	į į		7.4	ļ 	2.2			
19	0.197		İ		7.3		2.2		ı	
20	0.170		1		7.3		2.2			
21	0.205				7.4		2.2			
22	0.235									
23	0.223									
24	0.223				7.6		2.2			
25	0.165	2.4			7.5	1.1	2.4	250	160	
26	0.192		1U	8.2	7.6		2.4			
27	0.182				7.5		2.4			
28	0.190				7.6		2.4			
29	0.211							1		
30	0.220			1						
31	0.220				7.5		2.4			i

PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:	<del></del> _	Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo	sal or Reclai	med Water Re	use: Evaporation / Percul	ation Ponds		
Limited Wet Weather	Discharge A	No:	Not Applicable:	yes, cumulativ	e days of wet weat	her discharge
* Attach additional she	ets if necess	ary to list all c	ertified operators.	_		- <del>-</del> -

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA012768

0.208

MAILING ADDRESS:

1343 N.E. 17th Rd.

MONITORING PERIOD-From: THREE MONTH ROLLING ADF 11/01/2005 To: 11/30/2005

Ocala, Fl. 34470

% OF PERMITTED CAPACITY

FACILITY: LOCATION: Jasmine Lakes WWTP 7612 Pineapple Lane

LIMIT: Final CLASS SIZE: N/A

REPORT: Monthly

Port Richey, FL 34668

FACILITY ID: FLA012768 GROUP: Domestic WAFR SITE NO.:37591

38%

DISCHARGE POINT NUMBER:

R001 (RIBs)

COUNTY:

Pasco

PLANTSIZE/TREATMENT TYPE: IIIC

DMR Version 9/00

		DIVIR VE										
Parameter		Quantity	of Loading	Units	Qua	lity or Concentrat	ion	Units		Frequency	Sample	Тур
			•					No.	of	1		
									Ex.	Analysis	İ	
Flow	Sample Measurement	0.209							.0			
PARM Code 50050. Y Mon Site No.EFA-01-13862	Permit Requirement	0,308 (Annual Âvg):		mgd						Report Monthly	Calcula Roll An	
Flow	Sample Measurement		0.212						0			
PARM Code 50050 1 Mon.Site No.EFA-01-13862	Permit Requirement	i k	0.370 (Me.Avg.)	mgd		1 1 1				Continuous	Flow mete	27.07.
CBOD <sub>5</sub>	Sample Measurement				4.6				0			200.00
PARM Code 80082, Y Mon Site No EFA 01-13862	Permit Requirement		1000	4,	200° (Arravg.)			1 MG/L		Report Monthly	Calcula Roll:An./	
CBOD <sub>5</sub>	Sample Measurement		State of the state		2.0		2.0		0			924.675.2
PARM Code 80082 4 L Mon Site No EFA-01-13862	Permit Requirement				30 (b) (Mo : Avg )		60.0 ► (Max.)	MG/L		Every Nwo weeks	8 hour F	-PC
TSS	Sample Measurement				6.7	200000000000000000000000000000000000000	The same of the sa	a man and an and an and an and a	0			<u> </u>
PARM Code 00530, Y Mon Site Na EFA-01-43862	Permit Requirement				2010 (An Avg.)			MG/L		Report Monthly	.Calcula Roll An.	
tss	Sample Measurement				9.80		13.0	r rees rees umar d'abbette, but	0			Chi. Nimi
PARM Code 00530; 1: Mon Site No EFA 01, 13862	Permit Requirement		31.4		% 30,0 (Mai Ava )		60.0 (Max)	MGÆ.		Every, two-weeks	48-hours	PC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations...

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	06/10/20

<sup>2</sup> Upon notification of completion of Part ii slow-rate restricted-access sprayfield,

Facility Name: Jasmine Lak	es WWTP		PERMIT NU	MBER:	FLA012768	DISCHARGE POI	NT NO.: R001 (F	RIBs)	WAF	R SITE No.: 37	7591	
Parameter		Quantity	of Loading	Units	(	Quality or Concentration	· · · · -	Units		Frequency	Sample	Туре
								ļ	No. Ex.	of Analysis		
Fecal Coliform Bacteria	Sample		<del>-</del>			T	1	<b></b>	EX.	Allalysis		
	Measurement				2.7				0			
Parm Code 31615, ¥ Mon Site No EFA-0 = 33862	Permit Requirement			***	200 (An Avg)			#/100mL		Report Monthly	Calcul Roll An	ated Avg
Fecal Coliform Bacteria	Sample Measurement				2.2	3.0	5.0		0			
Parm Code 31615% 1 . Mon Site No EFA-01-13862	Pennit Requirement		lan Sept.		Report (Mo Geo Mean)	400 7* \$ (Mo.Avg.) 45 \$	49 - 800 3 (max)	# <i>E</i> (100m)		Every two weeks	,∛ Gra	b- i
рН	Sample Measurement		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.75	7.5		7.6		0		A 000 PM - 8 000 PM	empreside
PARM Code 00400 A Mon Site No:EFA-Q1-13862	Permit Requirement			1 1	6.0 (Min)		√3719-8 <b>35</b> . ″a 1. **(Max.)**	S:Ų <sub>s</sub>		Daily, 5/wk	. Meter/0	Grab !
TRC (For Disinfection)	Sample Measurement				1.0				0			
PARM Code 50060 A Mon Site No EFA-01-13862	Permit Requirement.		90		90.5 (Min)			MGĄL		Daily, 5/wk	., Meter/0	3rab
Nitrate (as N)	Sample Measurement						2.20		0			
PARM Code 00620 A Mon Site No.EFA-01 13862	Permit Requirement	(A.28)					12'0 (max) J	MGAL		Every Two Weeks	Gra	b !.
	Sample Measurement								1.5.48.35			<u> </u>
	Pernit Requirement	1.00										
CBOD5	Sample Measurement				215			er. 388 22 3	0	gar , 64 - 66 - 630 - 530 gar 1995 - 630 - 530 gar		gradite (6)
PARM Code 80082 G Mon. Site No. INF-01, 24863	Permit Requirement	1			Report (Mo Avg.) s			MG/L		Every two weeks	8-hour	FPC 3
TSS	Sample Measurement		The state of the s		155		Section 1		0	00-00-00-00-00-00-00-00-00-00-00-00-00-	1,245	A
PARM Code 00530 G Mor:Site No.INF-01-24863	Permit Requirements	123			* Report - * (MovAve )			MG/L	1,	Every two weeks	8 hour	FEC (

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages, For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number: FLA12768

Facilty: County: Jasmine Lakes WWTP

Pasco

MONITORING PERIO 11/01/2005

To: 11/30/2005

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
11	0.209				7.6		2.2			
2	0.211				7.5		2.2			
3	0.196				7.5		2.2			
4	0.193				7.5		2.0			
5	0.225						!			
6	0.212				_					
7	0.212	2.0			7.6	13.0	1.0	130	160	
8	0.247		1U	0.2	7.5		1.1			
9	0.137				7.6		1.6			
10	0.203				7.5		2.0			
11	0.225				7.6		2.0			
12	0.257		i							
13	0.207									
14	0.207				7.5		2.0			
15	0.195				7.6		2.0			
16	0.217	-			7.5		2.0			
17	0.209				7.6		2.2			
18	0.198				7.6		2.2			
19	0.130									
20	0.252			:						
21	0.252	2U			7.5	6.6	2.2	300	150	
22	0.177		5.0	2.2	7.5		2.2			
23	0.191				7.6		2.0			
24	0.227		ļ		7.5		2.2			
25	0.291				7.6		2.0			
26	0.202			i						
27	0.222									
28	0.222		!	-	7.6		1.6		!	
29	0.219				7.5		1.5			
30	0.214				7.6		1.5	ì		

0.211			7.0	1,5		
PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:	· ·	Name:	
Type of Effluent Dispo	sal or Reclai	med Water Re	euse: Evaporation / Percol	lation Ponds		
Limited Wet Weather I	Discharge A	ctivated: Ye	Not Applicable:		ys of wet wea	ther discharge
w . A. 14 1				<del>_</del> :	-	

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98

Facility Name: Jasmine Lakes WWTP			PERMIT NUMBER: 386			38687 DISCHARGE POINT NO.: R001 (RIBs)				WAFR SITE No.: 37591			
Parameter		Quantity of Loading		Units	(	Quality or Concentration			No.	Frequency of	Sample Type		
									Ex.	Analysis			
Fecal Coliform Bacteria	Sample Measurement				2.7				0				
Parm Code 31615 Y Mon Site No.EFA-01518862	Permit Regulrement			ALIVE TO No. 10 PK	200. (An Avg.)			#/100mL		Report Monthly	Calculated: Roll:An Avg.		
Fecal Coliform Bacteria	Sample Measurement			a production of the second	1.0	1.0	1.0		0				
Parm Code 31615 1 Mon Site No.EFA-01_13862	Permit Requirement			***	re Report (Mo Geo Mean)	400 + (Mo Ayg.)	1 800.4 Ma (max) 54	#/100mL	*	Every two weeks	Grab		
рН	Sample Measurement				7.5		7.6		0		THE WASTE STATE ASSESSMENT OF THE SECOND		
PARM Code 00400 A Mon Sile No EFA 01-13862	Permit Requirement				- 60 (Min.)		8-5) **. • (Max)**	. s.ŭ		Daily 5/wk	Meter/Grab		
TRC (For Disinfection)	Sample Measurement		The second secon		1.5				0				
PARM Code 50060 A Mon Site No EFA-01-13862	Permit Requirement				0.5 (Min)			MG/L	*. In	Daily, 5Awk	Meter/Grab		
Nitrate (as N)	Sample Measurement						0.89		0				
PARM Code 00620 A Mon Site No EFA-01-13862	Permit Requirement	773					12.0% (max)	MG/E		Every Two Weeks	Grab		
	Sample Measurement												
	Permit Requirement							10.0					
CBOD5	Sample Measurement				230				0				
PARM Code 80082; G Mon Site No INF-01-24863	Permit Requirement			, , , , , , , , , , , , , , , , , , ,	Report (Mo Avg.)		4.5 (4.5 %)	.,MG/L≉		Every two weeks	8-haur EPC		
TSS	Sample Measurement				300				0	escoperate persons years and an arrange and an arrange and arrange and arrange and arrange and arrange and arr			
PARM Code 00530; G Mon Site No: INF-01-24863	Permit Requirement				N (Report (Mo Ava			MG/L		Every two weeks	. 8-hour EPC		

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages, For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Facility Name: Jasmine Lakes WWTP			PERMIT NUMBER:			38687 DISCHARGE POINT NO.: R001 (RIBs)				WAFR SITE No.: 37591				
Parameter		Quantity of Loading		Units	(	Units	No.	Frequency of	Sample	Туре				
	<u> </u>								Ex.	Analysis				
Fecal Coliform Bacteria	Sample Measurement				2.7				0					
Parm Code 31615; Y Mon Site No EFA-01 <sub>2</sub> 13862	Permit Requirement				200 (An Aygr)			#/100mL	1	Report Monthly.	Calcula Roll An			
Fecal Coliform Bacteria	Sample Measurement			E STATE OF S	1.0	1.0	1.0		0					
Parm Code 31615 :1 Mon Ste No.EFA-01513862	Permit Requirement	19 19 10			**	400 (Mo Ayg )	~ 8002 <b>%</b> (max)♪	#/100mL		Every two weeks	Gra	b.		
рН	Sample Measurement	Consideration	and the second s		7.5	per interest tipe de 20 septembre 2000 Constitution	7.6	0.00 2700 2 4 7 7 7 7	0					
PARM Code 00400 : A Mon Site No EFA 01-13862	Permit Requirement				6.0° (Min.)		. 48-5 (Max.)	SU.	1.88	Daily⊾5/wk	Meter/(	3rab		
TRC (For Disinfection)	Sample Measurement				1.5	And a section of the about the section of the secti			0	W 12				
PARM Code 50060 A Mon Site No EFA-01-13862	Permit Requirement		Special State	W. We	0.5 (Min)		3 . 3	MG/L		: Daily, 5/wk	Meter/0	Grab		
Nitrate (as N)	Sample Measurement						0.89		0					
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement			5 (4 ) 5 (4 ) 7 (4 ) 16 (4 )			412.0 (mjax)(s)	MG/E	. 3	Every Two Weeks	Gra	þ≆		
	Sample Measurement													
	Permit Requirement				1.00				ja k		1.0			
CBOD5	Sample Measurement				230				0					
PARM Code 80082; G Mon Site No: INF-01: 24863	Permit Requirement				* Report *. ** (Mg.Avg.) *			⊁MG/L		Every two weeks	8 hour	FPC		
TSS	Sample Measurement				300			100	0					
PARM Code 00530 G Mon Site No.INF-01-24863	Permit Requirement			100	Report (Mo Avg.)			MG/L		Every Iwo weeks	8-hour	FPO?		

<sup>1</sup> Rolling Twelve Month Average is the average of the current month's average and the prededing eleven (11) month's averages, For Fecal Coliform, use the monthly geomietric mean.

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

<sup>2</sup> Rolling Three Month Average is the average of the current month's average and the preceeding two (2) month's averages.

<sup>3</sup> The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

<sup>4</sup> FPC - flow proportioned composite

Permit Number: FLA012768

Facilty:

Jasmine Lakes WWTP

County:

Pasco

MONITORING PERIO

12/01/2005

To: 12/31/2005

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.199				7.6		1.8			
2	0.212				7.6		2.0			
3	0.192									
4	0.209									
5	0.209	2U			7.6	2.4	1.8	220	300	
6	0.251		1U	0.8	7.5		1.6			
7	0.201				7.6		2.0			
8	0.212				7.6		2.0			
9	0.166				7.5		2.0			
10	0.231									
11	0.224									
12	0.224				7.6		2.0			
13	0.212				7.6		2.0			
14	0.225				7.5		2.2	Ì		
15	0.189				7.6		2.2			
16	0.188				7.5		2.0			
17	0.177									
18	0.244									
19	0.244	2U			7.6	4.4	2.2	240	300	
20	0.198		1U	0.9	7.5		2.2	1		
21	0.208				7.6		2.2			
22	0.180		1		7.6		2.0			
23	0.222				7.5	-	2.0			_
24	0.232					İ				
25	0.228								_	1
26	0.228				7.6		1.8			
27	0.261				7.5		1.5	ļ		
28	0.173				7.6	1	2.2			
29	0.240				7.6	1	2.2			<del> </del>
30	0.230		1		7.6		2.2			† <del></del>
31	0.215				<u> </u>	† · ·		1		

PLANT STAFFING:						
Lead Operator	Class:	A	Certification No.:	6452	Name:	Dennis Muldoon
Day Shift Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispo Limited Wet Weather	sal or Recla Discharge A	aimed Water Reu Activated: Ye	se: Evaporation / Percul		e days of wet wea	ther discharge

<sup>\*</sup> Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), Effective November 29, 1994 Version 5/18/98