

ORIGINAL

1

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-DATE

00973 JAN 30 8

FPSC-COMMISSION CLEAR

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Jasmine Lakes

	Tab Number	Page Number
Year: 2004		
January	1	3
February	2	6
March	3	9
April	4	12
May	5	15
June	6	18
July	7	21
August	8	24
September	9	27
October	10	30
November	11	33
December	12	36
Year: 2005		
January	1	39
February	2	42
March	3	45
April	4	48
May	5	51
June	6	54
July	7	57
August	8	60
September	9	63
October	10	66
November	11	69
December	12	72

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: AquaSource, Inc.
 MAILING ADDRESS: 1343 N.E. 17th Road
 Ocala, FL 34470

PERMIT NUMBER FLA012768

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD From: 1/1/04 To 1/31/04

Parameter		Quantity or Loading		Units	Quality or Concentration			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) ¹		Mgd						Calculation	Rolling 12 Month Avg. ¹
Flow	Sample Measurement	0.244	0.195	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	0.370 (3MADF) ²	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. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 I 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. ¹
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l		Calculation	Rolling 12 Month Avg. ¹
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				30.0 (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 L. Burch, Area Coordinator/Operations Superintendent		352-369-4881	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

PASCO COUNTY

MONITORING PERIOD From: 1/1/04 To

1/31/04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 1 Mon.Site No. EFA-01	Sample Measurement				7.5	7.8		s.u.	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				37			#/100ml	0	Calculation	Rolling 12 Month Avg ¹
	Permit Requirement				200 (An. Avg.)			#/100ml		Calculation	Rolling 12 Month Avg ¹
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-01	Sample Measurement				1	1		#/100ml	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				2.2			mg/l	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon.Site No. EFA-01	Sample Measurement				6.8			mg/l	0	Every Two Weeks	8-hour FPC
	Permit Requirement				12.0 (Max.)			mg/l		Every Two Weeks	8-hour FPC
Percent Capacity, ((MADF/Permitted Capacity) x 100) PARM Code 00180 Mon.Site No.	Sample Measurement				66			%		Monthly	Calculated
	Permit Requirement				Report (Mo. Total)			%		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-001	Sample Measurement				245			mg/l		Every Two Weeks	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-001	Sample Measurement				190			mg/l		Every Two Weeks	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC

- 1 Rolling twelve month average is the average of the current month's average and the preceding eleven (11) month's averages.
- 2 Rolling three month average is the average of the current month's average and the preceding two (2) month's averages.
- 3 FPC – flow Proportioned Composite

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
PASCO COUNTY

Monitoring Period From: 1/1/04 To: 1/31/04

	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	.188				7.8		>2.2					
2	.200				7.8		>2.2					
3	.207				7.7		>2.2					
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	2.9	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				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											
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: B Certificate No: 5904 Name: Carl Virtuoso

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: B Certificate No: 5904 Name: Carl Virtuoso

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: AquaSource, Inc.
 MAILING ADDRESS: 1343 N.E. 17th Road
 Ocala, FL 34470

PERMIT NUMBER FLA012768

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: **R-001 and Influent**

NO DISCHARGE FROM SITE:

COUNTY: **Pasco**

MONITORING PERIOD From: February 1, 2004 To: February 29, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			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) ¹		Mgd						Calculation	Rolling 12 Month Avg. ¹
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) ²	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. ¹
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			mg/l		Calculation	Rolling 12 Month Avg. ¹
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				4.4			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		Calculation	Rolling 12 Month Avg. ¹
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 Requirement				30.0 (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):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Jasmine Lakes WWTP
 PASCO COUNTY

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD From: February 1, 2004 To February 29, 2004

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	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 ¹
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)			#/100ml		Calculation	Rolling 12 Month Avg ¹
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/l	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)			mg/l		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			57			%		Monthly	Calculated
PARM Code 00180 Mon. Site No.	Permit Requirement			Report (Mo. Total)			%		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			Report (Mo. Avg.)			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			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC

- 1 Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.
- 2 Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.
- 3 FPC – flow Proportioned Composite

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
PASCO COUNTY

Monitoring Period From: February 1, 2004 To: February 29, 2004

	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					
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					
22	.230											
23	.220				7.4		>2.2					
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					
29	.255											
30												
31												
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: B Certificate No: 5904 Name: Carl Virtuoso

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: AquaSource, Inc.
 MAILING ADDRESS: 1343 N.E. 17th Road
 Ocala, FL 34470

PERMIT NUMBER FLA012768

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: **R-001 and Influent**

NO DISCHARGE FROM SITE:

COUNTY: **Pasco**

MONITORING PERIOD From: March 1, 2004 To March 31, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			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) ¹		Mgd					Calculation	Rolling 12 Month Avg. ¹	
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) ²	Report (Mo. Avg.)	mgd					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 (Ar. Avg.)			mg/l		Calculation	Rolling 12 Month Avg. ¹
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				3.4			mg/l	0	Calculation	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (Ar. Avg.)			mg/l		Calculation	Rolling 12 Month Avg. ¹
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				30.0 (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):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

PASCO COUNTY

MONITORING PERIOD

From:

March 1, 2004 To

March 31, 2004

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.5		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 ¹
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100ml		Calculation	Rolling 12 Month Avg ¹
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.)			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			12.0 (Max.)			mg/l		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			59			%		Monthly	Calculated
PARM Code 00180 Mon. Site No.	Permit Requirement			Report (Mo. Total)			%		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		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			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC

- 1 Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.
- 2 Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.
- 3 FPC - flow Proportioned Composite

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
PASCO COUNTY

Monitoring Period From: 3/1/04 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					
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: B Certificate No: 5904 Name: Carl Virtuoso

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: B Certificate No: 5904 Name: Carl Virtuoso

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: AquaSource, Inc.
 MAILING ADDRESS: 1343 N.E. 17th Road
 Ocala, FL 34470

PERMIT NUMBER FLA012768

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD From: 4/1/04 To: 4/30/04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.277		MGD				0	0	Calculation	Rolling 12 Month Avg. ¹
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.308 (12MADF) ¹		Mgd						Calculation	Rolling 12 Month Avg. ¹
Flow	Sample Measurement	0.232	0.235	MGD				0	5 Days/Week	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	0.370 (3MADF) ²	Report (Mo.Avg.)	mgd					5 Days/Week	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			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. ¹
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		Calculation	Rolling 12 Month Avg. ¹
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				30.0 (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):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Jasmine Lakes WWTP
 PASCO COUNTY

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD From:

4/1/04

To 4/30/04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.6		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 ¹
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100ml		Calculation	Rolling 12 Month Avg ¹
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				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.)			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		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				129			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

- 1 Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.
- 2 Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.
- 3 FPC – flow Proportioned Composite

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
PASCO COUNTY

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

	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	.220				7.5		>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					
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		>2.2					
30	.219				7.4		>2.2					
31												
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: B Certificate No: 5904 Name: Carl Virtuoso

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: AquaSource, Inc.
 MAILING ADDRESS: 1343 N.E. 17th Road
 Ocala, FL 34470

PERMIT NUMBER FLA012768

LIMIT:
 CLASS SIZE:

Final
 N/A

REPORT:
 GROUP: Monthly
 Domestic

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

MONITORING GROUP NUMBER: **R-001 and Influent**

NO DISCHARGE FROM SITE:

COUNTY: **Pasco**

MONITORING PERIOD From: May 1,2004 To May 31,2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.298		MGD				0	Calculation	Rolling 12 Month Avg. ¹	
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.308 (12MADF) ¹		Mgd					Calculation	Rolling 12 Month Avg. ¹	
Flow	Sample Measurement	0.221	0.200	MGD				0	5 Days/Week	Flow meters and totalizers	
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	0.370 (3MADF) ²	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. ¹
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/l		Calculation	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 I 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		Calculation	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 I Mon.Site No. EFA-01	Permit Requirement				30.0 (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):

DISCHARGE MONITORING REPORT - PART A (Continued)

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 or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	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			40			#/100ml	0	Calculation	Rolling 12 Month Avg ¹
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)			#/100ml		Calculation	Rolling 12-Month Avg ¹
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			2.3			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-01	Permit Requirement			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. INF-001	Permit Requirement			Report (Mo.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	Permit Requirement			Report (Mo.Avg.)			mg/l		Every Two Weeks	8-hour FPC

- 1 Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.
- 2 Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.
- 3 FPC – flow Proportioned Composite

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
PASCO COUNTY

Monitoring Period From: May 1,2004 To: May 31,2004

	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						
11	.200				7.7		>2.2						
12	.190				7.6		>2.2						
13	.200				7.6		>2.2						
14	.200				7.6		>2.2						
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						
22	.220				7.6		>2.2						
23	.210				7.6		>2.2						
24	.195				7.6		>2.2						
25	.195				7.6		>2.2						
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: B Certificate No: 5904 Name: Carl Virtuoso

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: AquaSource, Inc.
 MAILING ADDRESS: 1343 N.E. 17th Road
 Ocala, FL 34470

PERMIT NUMBER FLA012768

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: **R-001 and Influent**

NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD From: 6/1/04 To: 6/30/04

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Jasmine Lakes WWTP
 PASCO COUNTY

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

MONITORING PERIOD

From: 6/1/04 To

6/30/04

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	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 ¹
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100ml		Calculation	Rolling 12 Month Avg ¹
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			3.55			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)			mg/l		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			57			%		Monthly	Calculated
PARM Code 00180 Mon. Site No.	Permit Requirement			Report (Mo. Total)			%		Monthly	Calculated
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			Report (Mo. Avg.)			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 (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC

- 1 Rolling twelve month average is the average of the current month's average and the proceeding eleven (11) month's averages.
- 2 Rolling three month average is the average of the current month's average and the proceeding two (2) month's averages.
- 3 FPC – flow Proportioned Composite

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
PASCO COUNTY

Monitoring Period From: 6/1/04 To: 6/30/04

	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	.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			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					
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					
19	.223				7.6		>2.2					
20	.220				7.6		>2.2					
21	.210				7.5		>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											
28	.199				7.5		>2.2					
29	.200				7.5		>2.2					
30	.197				7.5		>2.2					
31												
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: B Certificate No: 5904 Name: Carl Virtuoso

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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	REPORT:	Monthly
MAILING ADDRESS:	1343 N.E. 17th Rd. Ocala, FL 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Jasmine Lakes WWTP	CLASS SIZE:	N/A		
LOCATION:	7612 Pineapple Lane Port Richey, FL 34668	MONITORING GROUP NUMBER:	R-001 and influent		
		MONITORING GROUP DESC:	P/E Ponds		
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
COUNTY:	Pasco	MONITORING PERIOD--From:	07/01/2004	To:	07/31/2004

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.249	0.221	mgd				1	Continuous	Flow meters and totalizers
PARM Code 50050-Y Mon. Site No. FLW-01	Permit Requirement	0.130 (12MADF)	Report (Mo Avg.)	mgd					Continuous	Flow meters and totalizers
	Sample Measurement			mgd				0	Continuous	Flow meters and totalizers
	Permit Requirement			mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				55%		%	0	Monthly	Calculated ³
PARM Code 00180-G Mon. Site No. FCW-01	Permit Requirement				Report (3MADF)		%		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082-Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082-Y 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				2.3		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530-Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg.
Solids, Total Suspended	Sample Measurement				1.5	1.6	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530-Y Mon. Site No. EFA-01	Permit Requirement				30.0 (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 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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and influent Pasco

MONITORING PERIOD--From: 07/01/2004 To: 07/31/2004

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.3	75.0	S.U.	1	5 Days/Week	Meter/Grab
PARM Code 00400 - I Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		37.1		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Perm Code 74055 - Y Mon. Site No. EFA-01	Permit Requirement		200 (Ar. Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg.
Coliform, Fecal	Sample Measurement		1U	1U	#/100mL	0	Every Two Weeks	Grab
Perm 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		2.0		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 - A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			8.4	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00629 - I Mon. Site No. EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		205		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 - G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		165		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 - G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly	8-hour FPC

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

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

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

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
County: Pasco

MONITORING PERIOD 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				7.6		2.2		
9	0.195				7.5		2.2		
10	0.188				7.5		2.2		
11	0.198								
12	0.198	2U			7.6	1.6	2.2	190	180
13	0.196		1U	8.4	7.6		2.2		
14	0.197				7.6		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				7.5		2.2		
25	0.271				7.5		2.0		
26	0.290				7.5		2.1		
27	0.237				7.6		2.2		
28	0.221				7.5		2.2		
29	0.277				75.0		2.1		
30	0.307				7.5		2.0		
31	0.342				7.5		2.0		

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 5904 </u>	Name: <u> Carl Virtuoso </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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
Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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	REPORT:	Monthly
MAILING ADDRESS:	1343 N.E. 17th Rd. Ocala, Fl. 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Jasmine Lakes WWTP	CLASS SIZE:	N/A		
LOCATION:	7612 Pineapple Lane Port Richey, FL 34668	MONITORING GROUP NUMBER:	R-001 and influent		
		MONITORING GROUP DESC.	P/E Ponds		
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
COUNTY:	Pasco	MONITORING PERIOD--From:	08/01/2004	To:	08/31/2004

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		0.250	0.292							
Flow, total plant to ponds	Sample Measurement	0.250	0.292	mgd				1	Continuous	Flow meters and totalizers
PARM Code 50050 - Y Mon Site No. FLW-01	Permit Requirement	0.130 (12MADF)	Report (Mo Avg)	mgd					Continuous	Flow meters and totalizers
	Sample Measurement			mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 - L Mon Site No. FLW-02	Permit Requirement			mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				63%		%	0	Monthly	Calculated ³
PARM Code 00180 - C Mon Site No. FLW-01	Permit Requirement				Report (3MADF)		%		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 - Y Mon Site No. EFA-01	Permit Requirement				26.0 (Ar Avg)		MG/L		Every two weeks	Rolling 12 Month Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4	2.7	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 - L 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				2.3		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 - Y Mon Site No. EFA-01	Permit Requirement				20.0 (Ar Avg)		MG/L		Every two weeks	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 - L Mon Site No. EFA-01	Permit Requirement				20.0 (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 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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and influent

Pasco

MONITORING PERIOD--From: 08/01/2004 To: 08/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.6	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400-1 Mon. Site No. EFA-01	Permit Requirement			6.0 (Min)	8.5 (Max)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement			37.2		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055-Y Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)		#/100ml		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement			2.0	4.0	#/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			1.5		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060-A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min)		MG/L		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 00620-1 Mon. Site No. EFA-01	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
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			Report (Mo. Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement			109		MG/L	0	Monthly	8-hour FPC
PARM Code 00530-G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)		MG/L		Monthly	8-hour FPC

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

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

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

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
County: Pasco

MONITORING PERIOD 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								
23	0.271				7.5		2.2		
24	0.295				7.5		2.2		
25	0.259				7.5		2.2		
26	0.248				7.4		2.2		
27	0.255				7.4		2.2		
28	0.288								
29	0.273								
30	0.215				7.3		2.0		
31	0.242				7.4		2.0		

PLANT STAFFING:

Lead Operator Class: A Certification No.: 6452 Name: Dennis Muldoon
 Day Shift Operator Class: B 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 Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds
 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
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

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

MONITORING GROUP NUMBER: R-001 and Influent

NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD-From: 09/01/2004 To: 09/30/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
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 (12MADF)	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Flow	Sample Measurement			mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-01	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				80%			%	0	Monthly	Calculated ³
PARM Code 00180 G Mon Site No. FLW-01	Permit Requirement				0.370 (3MADF)			%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.3	10.0		MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I 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				2.6			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg.
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				30.0 (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 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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent Pasco

MONITORING PERIOD--From: 09/01/2004 To: 09/30/2004

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	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		6.9 (Min)	7.5 (Max)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		38.0		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
PARM Code:74055-Y Mon. Site No:EFA-01	Permit Requirement		200 (Ar. Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg.
Coliform, Fecal	Sample Measurement		11.2	16000.0	#/100mL	0	Every Two Weeks	Grab
PARM Code:74055-Y 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		1.0		MG/L	0	5 Days/Week	Meter/Grab
PARM Code:50060-A Mon. Site No:EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			7.7	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code:00620-1 Mon. Site No:EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		197		MG/L	0	Monthly	8-hour FPC
PARM Code:80082-G Mon. Site No:INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		99		MG/L	0	Monthly	8-hour FPC
PARM Code:00530-G Mon. Site No:INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly	8-hour FPC

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

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

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

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number:

Facility: Jasmine Lakes WWTP

County: 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								
6	0.353								
7	0.353				7.3		2.2		
8	0.616				7.4		1.5		
9	0.595				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								
20	0.350				7.4		1.8		
21	0.397				7.3		2.0		
22	0.357				7.4		2.0		
23	0.299				7.4		2.0		
24	0.332				7.4		2.0		
25	0.302								
26	0.202								
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				7.4		2.0		
30	0.429		1U		7.4		2.0		
31	0.313								

PLANT STAFFING:

Lead Operator	Class: <u>A</u>	Certification No.: <u>6452</u>	Name: <u>Dennis Muldoon</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>5904</u>	Name: <u>Carl Virtuoso</u>
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 / Percolation Ponds

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
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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	REPORT: Monthly
MAILING ADDRESS: 1343 N.E. 17th Rd. Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Jasmine Lakes WWTP	CLASS SIZE: N/A	
LOCATION: 7612 Pineapple Lane Port Richey, FL 34668	MONITORING GROUP NUMBER: R-001 and influent	
	MONITORING GROUP DESC: P/E Ponds	
	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
COUNTY: Pasco	MONITORING PERIOD-From: 10/01/2004	To: 10/31/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.252	0.267	mgd				1	Continuous	Flow meters and totalizers	
PARM Code 50050-Y Mon. Site No. FLW-01	Permit Requirement	0.130 (12MADF)	Report (Mo. Avg.)	mgd					Continuous	Flow meters and totalizers	
Flow, from ponds to sprayfield	Sample Measurement			mgd				0	Continuous	Flow meters and totalizers	
PARM Code 50050-J Mon. Site No. FLW-02	Permit Requirement	Report (An. Avg.)	Report (Mo. Avg.)	mgd					Continuous	Flow meters and totalizers	
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				85%			%	0	Monthly	Calculated ³
PARM Code 00180-G Mon. Site No. FLW-01	Permit Requirement				Report (3MADF)			%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082-Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2.0		MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082-I 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				2.8			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530-Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg.
Solids, Total Suspended	Sample Measurement				3.9	4.1		MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530-I Mon. Site No. EFA-01	Permit Requirement				30.0 (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 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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and influent Pasco

MONITORING PERIOD--From: 10/01/2004 To: 10/31/2004

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.3	7.7	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400: I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		38.0		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
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		1U	1U	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055: J Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	300 (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		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement			9.0	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620: I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		225		MG/L	0	Monthly	8-hour FPC
PARM Code 80082: C Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		140		MG/L	0	Monthly	8-hour FPC
PARM Code 00530: G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

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

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

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

⁴ FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

County: Pasco

MONITORING PERIOD 10/01/2004To: 10/31/2004

Code	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)
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	0.313				7.3		2.0		
2	0.373								
3	0.311								
4	0.311				7.7		1.8		
5	0.330				7.4		2.2		
6	0.304				7.4		2.2		
7	0.264				7.4		2.0		
8	0.304				7.5		2.0		
9	0.301								
10	0.265								
11	0.265	2U	1U	9.0	7.4	3.7	2.0	150	120
12	0.283				7.4		2.0		
13	0.275				7.5		2.2		
14	0.255				7.4		2.2		
15	0.264				7.5		2.2		
16	0.239								
17	0.266								
18	0.266				7.4		2.0		
19	0.249				7.3		2.2		
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	0.236				7.4		2.2		
26	0.237	2U	1U	6.8	7.4	4.1	2.2	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: A 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 Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
 LIMIT: Final
 CLASS SIZE: N/A
 MONITORING GROUP NUMBER: R-001 and Influent

REPORT: Monthly
 GROUP: Domestic

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

NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD--From: 11/01/2004 To: 11/30/2004

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.229	0.229	mgd				1	Continuous	Flow meters and totalizers
PARM Code 50050 - Y Mon. Site No. FLW-01	Permit Requirement	0.308 (12MADF)	Report (Mo. Avg.)	mgd					Continuous	Flow meters and totalizers
Flow	Sample Measurement			mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (An. Avg.)	Report (Mo. Avg.)	mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				20%		%	0	Monthly	Calculated ³
PARM Code 00180 - G Mon. Site No. FLW-01	Permit Requirement				0.370 (3MADF)		%		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U		MG/L	1	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 - Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		MG/L		Every two weeks	Rolling 12 Month 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-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.5		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 - Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg.
Solids, Total Suspended	Sample Measurement				3.5	4.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 - Y Mon. Site No. EFA-01	Permit Requirement				30.0 (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 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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

MONITORING GROUP NUMBER: R-001 and Influent

Pasco

MONITORING PERIOD--From: 11/01/2004 To: 11/30/2004

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.4	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 004001 Mon.Site No.EFA-01	Permit Requirement			6.5 (Min)	8.5 (Max)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement			1U		#/100mL	1	Every Two Weeks	Rolling 12 Month Avg. ¹
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An Avg.)		#/100ml		Every Two Weeks	Rolling 12 Month Avg.
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 L 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 Requirement			0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement				8.7	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement				12.5 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			230		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement			140		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

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

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

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

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number:

Facility: Jasmine Lakes WWTP

County: Pasco

MONITORING PERIOD 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		
13	0.293								
14	0.194								
15	0.194				7.4		2.0		
16	0.222				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								
21	0.214								
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								
28	0.200								
29	0.200				7.3		2.2		
30	0.232				7.3		2.2		
31	0.200								

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 5904 </u>	Name: <u> Carl Virtuoso </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 12/01/2004 To: 12/31/2004
 THREE MONTH ROLLING ADF: 0.227 % OF PERMITTED CAPACITY 60%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZ/TREATMENT TYPE: IIIC

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

COUNTY: Pasco

DMR Version 9/00

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
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	Calculated Roll An Avg.
Flow	Sample Measurement	0.184						0			
PARM Code 50050 - 1 Mon. Site No. EFA-01-13862	Permit Requirement	0.370 (Mo. Avg.)		mgd						Continuous	Flow meter and totalizer
CBOD ₅	Sample Measurement				2.5			0			
PARM Code 80082 - Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An. Avg.)			MG/L		Report Monthly	Calculated Roll An Avg.
CBOD ₅	Sample Measurement				3.1	4.1		0			
PARM 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 FPC
TSS	Sample Measurement				2.8			0			
PARM Code 00530 - Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An. Avg.)			MG/L		Report Monthly	Calculated Roll An Avg.
TSS	Sample Measurement				2.7	2.9		0			
PARM Code 00530 - 1 Mon. Site No. EFA-01-13862	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)		MG/L		Every two weeks	8-hour FPC

- 1 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
- 2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			1.9				0		
PARM Code 31615 - Y Mon. Site No. EFA-01-13862	Permit Requirement			200 (Ar. Avg.)			#/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. EEA-01-13862	Permit Requirement			Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100ml		Every two weeks	Grab
pH	Sample Measurement			7.2		7.4		0		
PARM Code 00400 - A Mon. Site No. EFA-01-13862	Permit Requirement			6.0 (Min.)		8.5 (Max.)	S.U.		Daily 5/wk	Meter/Grab
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/Grab
Nitrate (as N)	Sample Measurement					2.7		0		
PARM Code 00620 - A Mon. Site No. EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			215				0		
PARM Code 60062 - G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	24 hour FPC
TSS	Sample Measurement			103				0		
PARM Code 00530 - G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	24 hour FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
County: Pasco

MONITORING PERIOD 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				7.4		2.2		
3	0.218				7.3		2.2		
4	0.206								
5	0.207								
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				7.3		2.2		
9	0.168				7.3		2.0		
10	0.181				7.3		2.0		
11	0.207								
12	0.165								
13	0.165				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
21	0.221		1U	0.6	7.2		2.0		
22	0.179				7.3		1.8		
23	0.182				7.3		2.0		
24	0.189				7.4		1.8		
25	0.205								
26	0.156								
27	0.156				7.3		2.0		
28	0.150				7.4		2.0		
29	0.206				7.4		2.2		
30	0.200				7.4		2.0		
31	0.150				7.4		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> A </u>	Certification No.: <u> 9139 </u>	Name: <u> David Rodriguez </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge 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
Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD-From: 01/01/2005 To: 01/31/2005
 THREE MONTH ROLLING ADF: 0.199 % OF PERMITTED CAPACITY: 52%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: IIIC

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.240						0		
PARM Code 50050 -Y Mon. Site No. EFA-01-13862	Permit Requirement	0.308 (Annual Avg)		mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.184						0		
PARM Code 50050 -1 Mon. Site No. EFA-01-13862	Permit Requirement	0.370 (Mo. Avg)		mgd					Continuous	Flow meter and totalizer
CBODs	Sample Measurement				2.5			0		
PARM Code 80082 -Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll An Avg
CBODs	Sample Measurement				2.3	2.6		0		
PARM 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 FPC
TSS	Sample Measurement				2.8			0		
PARM Code 00530 -Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll An Avg
tss	Sample Measurement				2.8	4.0		0		
PARM Code 00530 -1 Mon. Site No. EFA-01-13862	Permit Requirement				30.0 (Mo. Avg)	60.0 (Max)	MG/L		Every two weeks	8-hour FPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		1.9				0		
PARM Code 31615 - Y Mon. Site No. EFA-01-13862	Permit Requirement		200 (An. Avg.)			#/100mL		Report Monthly Calculated Roll An. Avg.	
Fecal Coliform Bacteria	Sample Measurement		1.0	1.0	1U		0		
PARM Code 31615 - I Mon. Site No. EFA-01-13862	Permit Requirement		Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100mL		Every two weeks Grab	
pH	Sample Measurement		7.2		7.4		0		
PARM Code 00400 - A Mon. Site No. EFA-01-13862	Permit Requirement		6.0 (Min.)		8.5 (Max.)	S.U.		Daily 5/wk Meter/Grab	
TRC (For Disinfection)	Sample Measurement		1.4				0		
PARM Code 50060 - A Mon. Site No. EFA-01-13862	Permit Requirement		0.5 (Min.)			MG/L		Daily 5/wk Meter/Grab	
Nitrate (as N)	Sample Measurement				7.5		0		
PARM Code 00620 - A Mon. Site No. EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks Grab	
	Sample Measurement								
	Permit Requirement								
CBOD5	Sample Measurement		230				0		
PARM Code 80082 - G Mon. Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC	
TSS	Sample Measurement		295				0		
PARM Code 00530 - G Mon. Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC	

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
County: Pasco

MONITORING PERIOD: 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								
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								
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				7.2		2.0		
20	0.186				7.2		2.0		
21	0.167				7.3		2.2		
22	0.206								
23	0.185								
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				7.3		1.8		
29	0.163								
30	0.198								
31	0.198				7.4		2.0		

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> A </u>	Certification No.: <u> 9139 </u>	Name: <u> David Rodriguez </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds
 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
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 02/01/2005 To: 02/28/2005
 THREE MONTH ROLLING ADF: 0.182 % OF PERMITTED CAPACITY: 48%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: IILC

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.235						0		
PARM Code 50050 - Y Mon. Site No. EPA-01-13862	Permit Requirement	0.308 (Annual Avg)		mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.178						0		
PARM Code 50050 - 1 Mon. Site No. EPA-01-13862	Permit Requirement	0.370 (Mo. Avg)		mgd					Continuous	Flow meter and totalizer
CBOD ₅	Sample Measurement				2.6			0		
PARM Code 80082 - Y Mon. Site No. EPA-01-13862	Permit Requirement				20.0 (An. Avg)		MG/L		Report Monthly	Calculated Roll An Avg
CBOD ₅	Sample Measurement				3.3	3.6		0		
PARM Code 80082 - 1 Mon. Site No. EPA-01-13862	Permit Requirement				30.0 (Mo. Avg)	60.0 (Max)	MG/L		Every two weeks	8 hour EPC
TSS	Sample Measurement				3.2			0		
PARM Code 00530 - Y Mon. Site No. EPA-01-13862	Permit Requirement				20.0 (An. Avg)		MG/L		Report Monthly	Calculated Roll An Avg
TSS	Sample Measurement				7.9	9.7		0		
PARM Code 00530 - 1 Mon. Site No. EPA-01-13862	Permit Requirement				30.0 (Mo. Avg)	60.0 (Max)	MG/L		Every two weeks	8 hour EPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			1.9				0		
PARM Code 31615 - J Mon. Site No. EFA-01-13862	Permit Requirement			200 (An. Avg.)			#/100ml		Report Monthly	Calculated Roll An. Avg.
Fecal Coliform Bacteria	Sample Measurement			1.0	1.0	1U		0		
PARM Code 31615 - J Mon. Site No. EFA-01-13862	Permit Requirement			Report (Mo. Geo Mean)	400 (Mo. Avg.)	800 (max)	#/100ml		Every two weeks	Grab
pH	Sample Measurement			7.2				0		
PARM Code 00400 - A Mon. Site No. EFA-01-13862	Permit Requirement			6.0 (Min)		8.5 (Max)	S.U.		Daily 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement			0.5				0		
PARM Code 50060 - A Mon. Site No. EFA-01-13862	Permit Requirement			0.5 (Min)			MG/L		Daily 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement					0.17		0		
PARM Code 00620 - A Mon. Site No. EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every two weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			385				0		
PARM Code 80082 - G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour PC
TSS	Sample Measurement			185				0		
PARM Code 90530 - G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour PC

DAILY SAMPLE RESULTS - PART B

Permit Number:

Facility: Jasmine Lakes WWTP
 County: Pasco

MONITORING PERIOD 02/01/2005 To: 02/28/2005

	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	0.187	3.6			7.3	6.1	2.0	470	210
2	0.175		1U	0.1	7.3		1.8		
3	0.183				7.3		1.6		
4	0.179				7.4		1.6		
5	0.225								
6	0.197								
7	0.197				7.3		2.0		
8	0.173				7.3		1.6		
9	0.203				7.3		1.5		
10	0.136				7.4		1.6		
11	0.160				7.5		1.8		
12	0.193								
13	0.186								
14	0.186	3.0			7.2	9.7	0.5	300	160
15	0.160		1U	0.2	7.4		1.0		
16	0.180				7.3		0.6		
17	0.110				7.3		0.9		
18	0.170				7.4		0.6		
19	0.183								
20	0.182								
21	0.182				7.4		0.9		
22	0.200				7.4		1.0		
23	0.154				7.3		2.0		
24	0.186				7.4		0.9		
25	0.183				7.3		1.4		
26	0.146								
27	0.190								
28	0.190				7.3		2.0		
29	0.247								
30									
31									

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> A </u>	Certification No.: <u> 9139 </u>	Name: <u> David Rodriguez </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds
 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
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 03/01/2005 To: 03/31/2005
 THREE MONTH ROLLING ADF: 0.196 % OF PERMITTED CAPACITY: 51%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: IIIC

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

COUNTY: Pasco DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.235			0		
PARM Code 50050- Y Mon. Site No. EFA-01-13862	Permit Requirement	0.308 (Annual Avg.)	mgd			Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement	0.228			0		
PARM Code 50050- 1 Mon. Site No. EFA-01-13862	Permit Requirement	0.370 (Mo. Avg.)	mgd			Continuous	Flow meter and totalizer
CBODs	Sample Measurement			2.9	0		
PARM Code 80082- Y Mon. Site No. EFA-01-13862	Permit Requirement			20.0 (An. Avg.)		Report Monthly	Calculated Roll An Avg.
CBODs	Sample Measurement			5.4	0		
PARM Code 80082- 1 Mon. Site No. EFA-01-13862	Permit Requirement			60.0 (Mo. Avg.)		Every two weeks	8-hour EPC
TSS	Sample Measurement			3.4	0		
PARM Code 00530- Y Mon. Site No. EFA-01-13862	Permit Requirement			20.0 (An. Avg.)		Report Monthly	Calculated Roll An Avg.
TSS	Sample Measurement			3.6	0		
PARM Code 00530- 1 Mon. Site No. EFA-01-13862	Permit Requirement			30.0 (Mo. Avg.)		Every two weeks	8-hour EPC

1 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
 2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			1.9				0		
PARM Code 31615 - Y Mon. Site No. EFA-01-13862	Permit Requirement			200 (Ar. Avg.)			#/100ml		Report Monthly	Calculated Roll-Ar. Avg.
Fecal Coliform Bacteria	Sample Measurement			1.0	1.0	1U		0		
PARM Code 31615 - Y Mon. Site No. EFA-01-13862	Permit Requirement			Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100ml		Every two weeks	Grab
pH	Sample Measurement			7.3		7.4		0		
PARM Code 00400 - A Mon. Site No. EFA-01-13862	Permit Requirement			6.0 (Min.)		8.5 (Max.)	S.U.		Daily 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement			0.8				0		
PARM Code 50060 - A Mon. Site No. EFA-01-13862	Permit Requirement			0.5 (Min)			MG/L		Daily 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement					4.80		0		
PARM Code 00620 - A Mon. Site No. EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			340				0		
PARM Code 80082 - G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement			273				0		
PARM Code 00530 - G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
County: Pasco

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

	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	0.247	3.9	1U		7.3	2.3	2.0	350	320
2	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								
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								
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: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> A </u>	Certification No.: <u> 9139 </u>	Name: <u> David Rodriguez </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

Limited Wet Weather Discharge At 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
Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 04/01/2005 To: 04/30/2005
 THREE MONTH ROLLING ADF: 0.207 % OF PERMITTED CAPACITY: 55%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: IIC

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	0.234					0		
PARM Code 50050: Y Mon. Site No. EFA-01-13862	0.308 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	0.219					0		
PARM Code 50050: 1 Mon. Site No. EFA-01-13862	0.370 (Mo Avg)	mgd					Continuous	Flow meter and totalizer
CBODs			3.1			0		
PARM Code 80082: Y Mon. Site No. EFA-01-13862			20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll An Avg
CBODs			4.2	5.2		0		
PARM Code 80082: 1 Mon. Site No. EFA-01-13862			30.0 (Mo Avg)	50.0 (Max)	MG/L		Every two weeks	4-hour FRC
TSS			4.0			0		
PARM Code 00530: Y Mon. Site No. EFA-01-13862			20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll An Avg
TSS			9.8	12.0		0		
PARM Code 00530: 1 Mon. Site No. EFA-01-13862			30.0 (Mo Avg)	50.0 (Max)	MG/L		Every two weeks	4-hour FRC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			1.93				0		
Parm Code 31615 Y Mon. Site No. EFA-01-13862	Permit Requirement			200 (Ar. Avg.)			#/100mL		Report Monthly	Calculated Roll-Ar. Avg.
Fecal Coliform Bacteria	Sample Measurement			1.0	1.0	1U		0		
Parm Code 31615-1 Mon. Site No. EFA-01-13862	Permit Requirement			Report (Mo. Geo. 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			6.0 (Min)		8.5 (Max)	S-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)			MG/L		Daily, 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement					0.28		0		
PARM Code 00620 A Mon. Site No. EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			205				0		
PARM Code 80082 G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8 hour EPC
TSS	Sample Measurement			205				0		
PARM Code 00530 G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8 hour EPC

DAILY SAMPLE RESULTS - PART B

Permit Number:

Facility: Jasmine Lakes WWTP
 County: Pasco

MONITORING PERIOD 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				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								
11	0.194				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				7.5		1.4		
19	0.192				7.5		1.1		
20	0.202				7.4		1.4		
21	0.178				7.5		1.1		
22	0.174				7.3		2.0		
23	0.242								
24	0.180								
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				7.4		2.0		
30	0.224								
31	0.240								

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 05/01/2005 To: 05/31/2005
 THREE MONTH ROLLING ADF 0.219 % OF PERMITTED CAPACITY 38%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: III/C

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	0.235				0		
PARM Code 50050 Y Mon Site No.EFA-01-13862	Permit Requirement 0.308 (Annual Avg)	mgd				Report Monthly	Calculated Roll An Avg
Flow	0.210				0		
PARM Code 50050 1 Mon Site No.EFA-01-13862	Permit Requirement 0.370 (Mo Avg)	mgd				Continuous	Flow meter and totalizer
CBODs			3.5		0		
PARM Code 80082 Y Mon Site No.EFA-01-13862	Permit Requirement		20.0 (An Avg)	MG/L		Report Monthly	Calculated Roll An Avg
CBODs			7.5	13.0	0		
PARM 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 FPC
TSS			5.4		0		
PARM Code 00530 Y Mon Site No.EFA-01-13862	Permit Requirement		30.0 (An Avg)	MG/L		Report Monthly	Calculated Roll An Avg
tss			19.1	36.0	0		
PARM Code 00530 1 Mon Site No.EFA-01-13862	Permit Requirement		30.0 (Mo Avg)	60.0 (Max)	MG/L	Every two weeks	8-hour FPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP PERMIT NUMBER: DISCHARGE POINT NO.: R001 (RIBs) WAFR SITE No.: 37591

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			2.09				0		
Perm Code 31615 - Y Mon Site No. EFA-01-13862	Permit Requirement			200 (Ar. Avg.)			#/100ml		Report Monthly	Calculated Roll-Ar Avg.
Fecal Coliform Bacteria	Sample Measurement			2.8	4.5	8.0		0		
Perm Code 31615 - H Mon Site No. EFA-01-13862	Permit Requirement			Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100ml		Every two weeks	Grab It
pH	Sample Measurement			7.3		7.5		0		
PARM Code 00400 - A Mon Site No. EFA-01-13862	Permit Requirement			6.0 (Min.)		8.5 (Max.)	S.U.		Daily 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement			1.0				0		
PARM Code 50060 - A Mon Site No. EFA-01-13862	Permit Requirement			0.5 (Min)			MG/L		Daily 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement					0.37		0		
PARM Code 00620 - A Mon Site No. EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			220				0		
PARM Code 30082 - G Mon Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8 hour FPO
TSS	Sample Measurement			245				0		
PARM Code 00530 - G Mon Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8 hour FPO

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

County: Pasco

MONITORING PERIOD 05/01/2005To: 05/31/2005

	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	0.240								
2	0.240				7.4		2.0		
3	0.235				7.4		1.8		
4	0.181				7.5		1.4		
5	0.196				7.4		1.0		
6	0.217				7.3		2.0		
7	0.249						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				7.3		2.0		
20	0.149				7.4		2.0		
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								
30	0.198				7.5		1.0		
31	0.214				7.5		1.0		

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> A </u>	Certification No.: <u> 9139 </u>	Name: <u> David Rodriguez </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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 _____

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD-From: 06/01/2005 To: 06/30/2005
 THREE MONTH ROLLING ADF: 0.211 % OF PERMITTED CAPACITY 38%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: IICG

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.235						0		
PARM Code 50050 Y Mon. Site No. EPA-01-13862	Permit Requirement	0.308 (Annual Avg.)		mgd					Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.205						0		
PARM Code 50050 Y Mon. Site No. EPA-01-13862	Permit Requirement	0.370 (Mo. Avg.)		mgd					Continuous	Flow meter and totalizer
CBODs	Sample Measurement				3.5			0		
PARM Code 80082 Y Mon. Site No. EPA-01-13862	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An. Avg.
CBODs	Sample Measurement				2.1	2.1		0		
PARM Code 80082 Y Mon. Site No. EPA-01-13862	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement				5.5			0		
PARM Code 00530 Y Mon. Site No. EPA-01-13862	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An. Avg.
tss	Sample Measurement				2.4	2.4		0		
PARM Code 00530 Y Mon. Site No. EPA-01-13862	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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

2 Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		2.08				0		
Perm Code 31615 - Y Mon Site No. EFA-01-13862	Permit Requirement		200 (Ar. Avg.)			#/100mL		Report Monthly Calculated Roll-Ar. Avg.	
Fecal Coliform Bacteria	Sample Measurement		1.0	1.0	1.0		0		
Perm Code 31615 - J Mon Site No. EFA-01-13862	Permit Requirement		Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100mL		Every two weeks Grab	
pH	Sample Measurement		7.3		7.6		0		
PARM Code 00400 - A Mon Site No. EFA-01-13862	Permit Requirement		6.0 (Min)		8.5 (Max)	S.U.		Daily 5/wk Meter/Grab	
TRC (For Disinfection)	Sample Measurement		1.1				0		
PARM Code 50060 - A Mon Site No. EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L		Daily 5/wk Meter/Grab	
Nitrate (as N)	Sample Measurement				0.27		0		
PARM Code 00620 - A Mon Site No. EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every two weeks Grab	
	Sample Measurement								
	Permit Requirement								
CBOD5	Sample Measurement		305				0		
PARM Code 80082 - G Mon Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC	
TSS	Sample Measurement		140				0		
PARM Code 00530 - G Mon Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC	

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

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

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

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773

Facility: Jasmine Lakes WWTP
County: Pasco

MONITORING PERIOD 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				7.3		1.4		
10	0.215				7.4		2.0		
11	0.192								
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								
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		1.6		
31	0.262								

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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
Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 07/01/2005 To: 07/31/2005
 THREE MONTH ROLLING ADF: 0.221 % OF PERMITTED CAPACITY 38%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: IIIC

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.237					0		
PARM Code 50050 Y Mon. Site No. EFA-01-13862	Permit Requirement	0.308 (Annual Avg)	mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.248					0		
PARM Code 50050 1 Mon. Site No. EFA-01-13862	Permit Requirement	0.370 (Mo. Avg.)	mgd					Continuous	Flow meter and totalizer
CBODs	Sample Measurement			4.8			0		
PARM Code 80082 Y Mon. Site No. EFA-01-13862	Permit Requirement			20.0 (An. Avg)		MG/L		Report Monthly	Calculated Roll An Avg
CBODs	Sample Measurement			16.5	31.0		0		
PARM 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 EPC
TSS	Sample Measurement			6.4			0		
PARM Code 00530 Y Mon. Site No. EFA-01-13862	Permit Requirement			20.0 (An. Avg)		MG/L		Report Monthly	Calculated Roll An Avg
TSS	Sample Measurement			13.05	25.0		0		
PARM Code 00530 1 Mon. Site No. EFA-01-13862	Permit Requirement			30.0 (Mo. Avg)	60.0 (Max)	MG/L		Every two weeks	8-hour EPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			2.8				0		
Parm Code 31615 - Y Mon Site No.EFA-01-13862	Permit Requirement			200 (An Avg.)			#/100ml		Report Monthly	Calculated Roll An Avg
Fecal Coliform Bacteria	Sample Measurement			9.8	48.5	9.8		0		
Parm Code 31615 - I Mon Site No.EFA-01-13862	Permit Requirement			Report (Mo Geo 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			6.0 (Min)		8.5 (Max)	S.U		Daily 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement			1.4				0		
PARM Code 50060 - A Mon Site No.EFA-01-13862	Permit Requirement			0.5 (Min)			MG/L		Daily 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement					0.55		0		
PARM Code 00620 - A Mon Site No.EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			220				0		
PARM Code 89082 - G Mon Site No.INF-01-24863	Permit Requirement			Report (Mo Avg.)			MG/L		Every two weeks	3-four FPC
TSS	Sample Measurement			145				0		
PARM Code 00530 - C Mon Site No.INF-01-24863	Permit Requirement			Report (Mo Avg.)			MG/L		Every two weeks	3-four FPC

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

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

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

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

County: Pasco

MONITORING PERIOD 07/01/2005To: 07/31/2005

	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	0.262				7.4		1.4		
2	0.359								
3	0.288								
4	0.288				7.3		2.0		
5	0.202	31.0			7.4	25.0	1.8	170	160
6	0.166		96.0	0.6	7.4		1.8		
7	0.249				7.4		1.6		
8	0.156				7.4		1.6		
9	0.266								
10	0.258								
11	0.258				7.3		1.4		
12	0.302				7.4		1.6		
13	0.254				7.4		1.8		
14	0.245				7.5		2.0		
15	0.250				7.5		2.0		
16	0.258								
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		
29	0.263				7.4		1.4		
30	0.256								
31	0.222								

PLANT STAFFING:

Lead Operator	Class: <u>A</u>	Certification No.: <u>6452</u>	Name: <u>Dennis Muldoon</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 08/01/2005 To: 08/31/2005
 THREE MONTH ROLLING ADF: 0.229 % OF PERMITTED CAPACITY: 38%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: IIC

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	0.292						0		
PARM Code 50050 Y Mon. Site No. EFA-01-13862	0.308 (Annual Avg.)	mgd						Report Monthly	Calculated Roll An Avg
Flow	0.234						0		
PARM Code 50050 1 Mon. Site No. EFA-01-13862	0.370 (Mo. Avg.)	mgd						Continuous	Flow meter and totalizer
CBODs			2.4				0		
PARM Code 80082 Y Mon. Site No. EFA-01-13862			20.0 (An. Avg.)			MG/L		Report Monthly	Calculated Roll An Avg
CBODs			2.1	2.2			0		
PARM Code 80082 1 Mon. Site No. EFA-01-13862			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour EPC
TSS			2.1				0		
PARM Code 00530 Y Mon. Site No. EFA-01-13862			20.0 (An. Avg.)			MG/L		Report Monthly	Calculated Roll An Avg
TSS			4.47	5.2			0		
PARM Code 00530 1 Mon. Site No. EFA-01-13862			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour EPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP PERMIT NUMBER: FLA012768 DISCHARGE POINT NO.: R001 (RIBs) WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		2.0				0		
Perm Code 31615 - Y Mon. Site No. EFA-01-13862	Permit Requirement		200 (AR Avg)			#/100ml		Report Monthly Calculated Roll-Avg	
Fecal Coliform Bacteria	Sample Measurement		2.3	4.7	12.0		0		
Perm Code 31615 - 1 Mon. Site No. EFA-01-13862	Permit Requirement		Report (Mo. Geom. Mean)	400 (MG 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		6.0 (Min)		8.5 (Max)	S.U.		Daily 5/wk Meter/Grab	
TRC (For Disinfection)	Sample Measurement		1.2				0		
PARM Code 50060 - A Mon. Site No. EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L		Daily 5/wk Meter/Grab	
Nitrate (as N)	Sample Measurement				0.40		0		
PARM Code 00620 - A Mon. Site No. EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks Grab	
	Sample Measurement								
	Permit Requirement								
CBOD5	Sample Measurement		297				0		
PARM Code 80082 - G Mon. Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg)			MG/L		Every two weeks 8-hour FPC	
TSS	Sample Measurement		179				0		
PARM Code 00530 - G Mon. Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg)			MG/L		Every two weeks 8-hour FPC	

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

 Facility: Jasmine Lakes WWTP
 County: Pasco
MONITORING PERIOD 08/01/2005To: 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				7.4		1.4		
18	0.248				7.3		1.4		
19	0.201				7.5		1.6		
20	0.234								
21	0.239								
22	0.239				7.4		1.2		
23	0.263				7.5		1.4		
24	0.252				7.4		1.5		
25	0.203				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		1U	0.4	7.5		1.4		
31	0.196				7.4		1.6		

PLANT STAFFING:

Lead Operator	Class: <u>A</u>	Certification No.: <u>6452</u>	Name: <u>Dennis Muldoon</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
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

 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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 09/01/2005 To: 09/30/2005
 THREE MONTH ROLLING ADF: 0.228 % OF PERMITTED CAPACITY 38%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: III/C

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.216						0		
PARM Code 50050 -Y Mon. Site No. EFA-01-13862	Permit Requirement	0.308 (Annual Avg)		mgd					Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.203						0		
PARM Code 50050 -1 Mon. Site No. EFA-01-13862	Permit Requirement	0.370 (Mo. Avg.)		mgd					Continuous	Flow meter and totalizer
CBODs	Sample Measurement				4.6			0		
PARM Code 80082 -Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg
CBODs	Sample Measurement				4.6	4.6		0		
PARM 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 FPC
TSS	Sample Measurement				6.4			0		
PARM Code 00530 -Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg
TSS	Sample Measurement				3.70	3.7		0		
PARM Code 00530 -1 Mon. Site No. EFA-01-13862	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
MONITORING PERIOD--From: 09/01/2005 **To:** 09/30/2005
THREE MONTH ROLLING ADF LIMIT: 0.228 **% OF PERMITTED CAPACITY:** 38%
LIMIT: Final **REPORT:** Monthly
CLASS SIZE: N/A **GROUP:** Domestic
FACILITY ID: FLA012768 **WAFR SITE NO.:** 37591
DISCHARGE POINT NUMBER: **R001 (RIBs)**
PLANTSIZE/TREATMENT TYPE: IIC

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.216						0		
PARM Code 50050 - Y Mon. Site No. EFA-01-13862	Permit Requirement	0.308 (Annual Avg.)		mgd					Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.203						0		
PARM Code 50050 - I Mon. Site No. EFA-01-13862	Permit Requirement	0.370 (Mo. Avg.)		mgd					Continuous	Flow meter and totalizer
CBODs	Sample Measurement				4.6			0		
PARM Code 80082 - Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An. Avg.
CBODs	Sample Measurement				4.6	4.6		0		
PARM Code 80082 - I Mon. Site No. EFA-01-13862	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour EPC
TSS	Sample Measurement				6.4			0		
PARM Code 00530 - Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An. Avg.
tss	Sample Measurement				3.70	3.7		0		
PARM Code 00530 - I Mon. Site No. EFA-01-13862	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour EPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DAILY SAMPLE RESULTS - PART B

Permit Number:

Facility: Jasmine Lakes WWTP

County: Pasco

MONITORING PERIOD 09/01/2005

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	0.202				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				7.5		2.0		
8	0.191				7.5		1.8		
9	0.171				7.4		2.0		
10	0.175								
11	0.213								
12	0.213	4.6			7.5	3.7	1.6	230	240
13	0.205		8.0	4.8	7.5		1.8		
14	0.200				7.4		2.2		
15	0.201				7.4		2.2		
16	0.209				7.5		1.4		
17	0.238								
18	0.033								
19	0.033				7.5		1.6		
20	0.246				7.4		1.8		
21	0.191				7.5		2.0		
22	0.206				7.5		2.2		
23	0.204				7.4		2.2		
24	0.252								
25	0.211								
26	0.211				7.5		2.2		
27	0.156				7.4		2.2		
28	0.230				7.4		2.2		
29	0.204				7.6		2.0		
30	0.270				7.5		2.2		
31	0.234								

PLANT STAFFING:

Lead Operator Class: A Certification No.: 6452 Name: Dennis Muldoon
Day Shift Operator Class: B 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 / Percolation Ponds

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012768
 MONITORING PERIOD--From: 10/01/2005 To: 10/30/2005
 THREE MONTH ROLLING ADF: 0.216 % OF PERMITTED CAPACITY: 38%
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic
 FACILITY ID: FLA012768 WAFR SITE NO.:37591
 DISCHARGE POINT NUMBER: R001 (RIBs)
 PLANTSIZE/TREATMENT TYPE: III/C

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

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
Flow	0.211					0		
Sample Measurement								
PARM Code 50050 Mon. Site No. EFA-01-13862	0.308 (Annual Avg)	mgd					Report Monthly	Calculated Roll-An-Avg
Flow	0.210					0		
Sample Measurement								
PARM Code 50050 Mon. Site No. EFA-01-13862	0.370 (Mo Avg)	mgd					Continuous	Flow meter and totalizer
CBOD ₅			4.6			0		
Sample Measurement								
PARM Code 80082 Mon. Site No. EFA-01-13862			20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll-An-Avg
CBOD ₅			2.2	2.0		0		
Sample Measurement								
PARM Code 80082 Mon. Site No. EFA-01-13862			30.0 (Mo Avg)	60.0 (Max)	MG/L		Every two weeks	24-hour BPC
TSS			6.2			0		
Sample Measurement								
PARM Code 00530 Mon. Site No. EFA-01-13862			20.0 (An Avg)		MG/L		Report Monthly	Calculated Roll-An-Avg
TSS			1.25	1.1		0		
Sample Measurement								
PARM Code 00530 Mon. Site No. EFA-01-13862			30.0 (Mo Avg)	60.0 (Max)	MG/L		Every two weeks	24-hour BPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

38626 DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			2.6				0		
Parm Code 31615- Y Mon. Site No. EFA-01-13862	Permit Requirement			200 (An. Avg.)			#/100mL		Report Monthly	Calculated Roll An. Avg.
Fecal Coliform Bacteria	Sample Measurement			1.0	1.0	1.0		0		
Parm Code 31615- J Mon. Site No. EFA-01-13862	Permit Requirement			Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100mL		Every two weeks	Grab
pH	Sample Measurement			7.3		7.6		0		
PARM Code 00400- A Mon. Site No. EFA-01-13862	Permit Requirement			6.0 (Min.)		8.5 (Max.)	S.U.		Daily 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement			2.2				0		
PARM Code 50060- A Mon. Site No. EFA-01-13862	Permit Requirement			0.5 (Min.)			MG/L		Daily 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement					8.20		0		
PARM Code 00620- A Mon. Site No. EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			265				0		
PARM Code 80082- G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement			180				0		
PARM Code 00530- G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
County: Pasco

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

	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	0.234								
2	0.202								
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		
7	0.221				7.5		2.2		
8	0.234								
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				7.5		2.4		
13	0.232				7.5		2.4		
14	0.170				7.4		2.4		
15	0.222								
16	0.236								
17	0.236				7.5		2.2		
18	0.213				7.4		2.2		
19	0.197				7.3		2.2		
20	0.170				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								
30	0.220								
31	0.220				7.5		2.4		

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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	MONITORING PERIOD--From:	11/01/2005 To: 11/30/2005
		THREE MONTH ROLLING ADF	0.208 % OF PERMITTED CAPACITY 38%
		LIMIT:	Final REPORT: Monthly
FACILITY:	Jasmine Lakes WWTP	CLASS SIZE:	N/A GROUP: Domestic
LOCATION:	7612 Pineapple Lane Port Richey, FL 34668	FACILITY ID:	FLA012768 WAFR SITE NO.:37591
		DISCHARGE POINT NUMBER:	R001 (RIBs)
		PLANTSIZE/TREATMENT TYPE:	IIIC

COUNTY: Pasco

DMR Version 9/00

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.209						0		
PARM Code 50050 - Y Mon. Site No. EFA-01-13862	Permit Requirement	0.308 (Annual Avg.)		mgd					Report Monthly	Calculated Roll An Avg.
Flow	Sample Measurement		0.212					0		
PARM Code 50050 - 1 Mon. Site No. EFA-01-13862	Permit Requirement		0.370 (Mo. Avg.)	mgd					Continuous	Flow meter and totalizer
CBODs	Sample Measurement				4.6			0		
PARM Code 80082 - Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg.
CBODs	Sample Measurement				2.0	2.0		0		
PARM 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 FPC
TSS	Sample Measurement				6.7			0		
PARM Code 00530 - Y Mon. Site No. EFA-01-13862	Permit Requirement				20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An Avg.
tss	Sample Measurement				9.80	13.0		0		
PARM Code 00530 - 1 Mon. Site No. EFA-01-13862	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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

2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		2.7				0		
Perm. Code 31615 - Y Mon. Site No. EFA-01-13862	Permit Requirement		200 (Ar. Avg.)			#/100ml		Report Monthly Calculated Roll An Avg.	
Fecal Coliform Bacteria	Sample Measurement		2.2	3.0	5.0		0		
Perm. Code 31615 - I Mon. Site No. EFA-01-13862	Permit Requirement		Report (Mo. Geom. Mean)	400 (Mo. Avg.)	800 (max)	#/100ml		Every two weeks Grab	
pH	Sample Measurement		7.5		7.6		0		
PARM Code 00400 - A Mon. Site No. EFA-01-13862	Permit Requirement		8.0 (Min)		8.5 (Max)	S.U.		Daily 5/wk Meter/Grab	
TRC (For Disinfection)	Sample Measurement		1.0				0		
PARM Code 50060 - A Mon. Site No. EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L		Daily 5/wk Meter/Grab	
Nitrate (as N)	Sample Measurement				2.20		0		
PARM Code 00620 - A Mon. Site No. EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks Grab	
	Sample Measurement								
	Permit Requirement								
CBOD5	Sample Measurement		215				0		
PARM Code 80082 - G Mon. Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC	
TSS	Sample Measurement		155				0		
PARM Code 00530 - G Mon. Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC	

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA12768

Facility: Jasmine Lakes WWTP

County: Pasco

MONITORING PERIOD 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
1	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								
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				7.5		2.2		
25	0.291				7.6		2.0		
26	0.202								
27	0.222								
28	0.222				7.6		1.6		
29	0.219				7.5		1.5		
30	0.214				7.6		1.5		

PLANT STAFFING:

Lead Operator Class: A Certification No.: 6452 Name: Dennis Muldoon
Day Shift Operator Class: B 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 / Percolation Ponds

Limited Wet Weather Discharge Activated: Yes 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

Version 5/18/98

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

38687 DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			2.7				0		
Perm. Code 31615 - Y Mon. Site No. EFA-01-13862	Permit Requirement			200 (Ar. Avg.)			#/100ml		Report Monthly	Calculated Roll/Ar. Avg.
Fecal Coliform Bacteria	Sample Measurement			1.0	1.0	1.0		0		
Perm. Code 31615 - Y Mon. Site No. EFA-01-13862	Permit Requirement			Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100ml		Every two weeks	Grab
pH	Sample Measurement			7.5		7.6		0		
PARM. Code 00490 - A Mon. Site No. EFA-01-13862	Permit Requirement			6.0 (Min.)		8.5 (Max.)	S.U.		Daily 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement			1.5				0		
PARM. Code 50060 - A Mon. Site No. EFA-01-13862	Permit Requirement			0.5 (Min)			MG/L		Daily 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement					0.89		0		
PARM. Code 00620 - A Mon. Site No. EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			230				0		
PARM. Code 80082 - G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement			300				0		
PARM. Code 00530 - G Mon. Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour FPC

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

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

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

4 FPC - flow proportioned composite

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

38687 DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			2.7				0		
Perm Code 31615 - Y Mon Site No. EFA-01-13862	Permit Requirement			200 (Ar. Avg.)			#/100mL		Report Monthly	Calculated Roll An Avg.
Fecal Coliform Bacteria	Sample Measurement			1.0	1.0	1.0		0		
Perm Code 31615 - 1 Mon Site No. EFA-01-13862	Permit Requirement			Report (Mo. Geo. Mean)	400 (Mo Avg.)	800 (max)	#/100mL		Every two weeks	Grab
pH	Sample Measurement			7.5		7.6		0		
PARM Code 00400 - A Mon Site No. EFA-01-13862	Permit Requirement			6.0 (Min)		8.5 (Max)	S.U.		Daily 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement			1.5				0		
PARM Code 50060 - A Mon Site No. EFA-01-13862	Permit Requirement			0.5 (Min)			MG/L		Daily 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement					0.89		0		
PARM Code 00620 - A Mon Site No. EFA-01-13862	Permit Requirement					12.0 (max)	MG/L		Every two weeks	Grab
	Sample Measurement									
	Permit Requirement									
CBOD5	Sample Measurement			230				0		
PARM Code 80082 - G Mon Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement			300				0		
PARM Code 00530 - G Mon Site No. INF-01-24863	Permit Requirement			Report (Mo. Avg.)			MG/L		Every two weeks	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages, For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP
County: Pasco

MONITORING PERIOD 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		
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		
21	0.208				7.6		2.2		
22	0.180				7.6		2.0		
23	0.222				7.5		2.0		
24	0.232								
25	0.228								
26	0.228				7.6		1.8		
27	0.261				7.5		1.5		
28	0.173				7.6		2.2		
29	0.240				7.6		2.2		
30	0.230				7.6		2.2		
31	0.215								

PLANT STAFFING:

Lead Operator Class: A Certification No.: 6452 Name: Dennis Muldoon
 Day Shift Operator Class: B 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

Limited Wet Weather Discharge Activated: Yes 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
Version 5/18/98