

Kings Cove

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 8 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00974 JAN 30 5

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Kings Cove

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: AquaSource, Inc
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010590-001
 LIMIT: Final
 CLASS SIZE:
 GMS ID NO: 3035P02563
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 111C
 NO DISCHARGED FROM SITE: []

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO: 3035x12434

FACILITY: Kings Cove WWTF
 LOCATION: Maple Leaf Drive
 Leesburg, FL

COUNTY: Lake

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 in conduit or thru treatment plant	Sample Measurement	0.030		MGD				0		5 Days/Week	Elapsed Time Meters
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.055 (An Avg)		MGD						5 days/Week	Elapsed Time Meters
Flow in conduit or thru treatment plant	Sample Measurement	0.029		MGD				0		5 Days/Week	Elapsed Time Meters
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	REPORT (Mo. Avg)		MGD						5 days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01	Y Permit Requirement				20.0 (An Avg)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5	3.5		mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.3			mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-01	Y Permit Requirement				20.0 (An Avg)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0	2.0		mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-01	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
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: Kings Coves WWTF
 MONTH/YEAR: 1/04

PERMIT NUMBER: FLA010590-001 DISCHARGE POINT NUMBER: R001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement				7.0	7.6		S.U.	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-01	I Permit Requirement				6.0 (Min)	8.5 (Max)		s.u.		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01	Y Permit Requirement				200 (An Avg)			#100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01	I Permit Requirement				Report (Mo Avg)	800 (Max)		#100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-01	I Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							mg/L	-	Annually	Grab
PARM Code 00620 Mon Site No EFA-01	I Permit Requirement				12.0 (Max)			mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NODI-9			mg/L	-	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement				Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				NODI-9			mg/L	-	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement				Report			mg/L		Annually	Grab

DEP Form 62-620.91(10), Effective November 29, 1994
 Version 2/4/99

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010590-001
 Month/Year: 1/04

Facility: Kings Cove WWTF

Three month Average Daily Flow: 0.0283
 (TMADF/Permitted Capacity)x100: 51%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect (mg/L)					
Code	50050	80082	00530	00400	74055	50060					
Mon Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1					
1	.032			7.5		2.2+					
2	.026			7.4		2.2+					
3	.031			7.3		2.2+					
4	.031										
5	.028			7.2		2.2+					
6	.025			7.1		2.2+					
7	.030			7.2		2.2+					
8	.021			7.2		2.2+					
9	.039			7.3		2.2+					
10	.039										
11	.037			7.3		2.2+					
12	.030			7.2		2.2+					
13	.025			7.1		2.2+					
14	.027			7.2		2.2+					
15	.031			7.2		2.2+					
16	.024			7.3		2.2+					
17	.030			7.2		2.2+					
18	.030										
19	.026			7.3		2.2+					
20	.032			7.5		2.2+					
21	.030			7.6		2.2+					
22	.032			7.5		2.2+					
23	.026			7.4		2.2+					
24	.024			7.5		2.2+					
25	.024										
26	.024	3.5	2	7.6	1 U	2.2+					
27	.022			7.5		2.2+					
28	.032			7.3		2.2+					
29	.027			7.2		2.2+					
30	.032			7.1		2.2+					
31	.036			7.0		2.2+					

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

Type of Effluent Disposal or Reclaimed Water Reuse:
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: AquaSource, Inc
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

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	0.029		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter	
Flow	Sample Measurement	0.030		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	3.3		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.2			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1	1		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
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: Kings Coves WWTF

PERMIT NUMBER: FLA010590 MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: February 1, 2004 To: February 29, 2004

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement				6.6	7.2		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	Permit Requirement				6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement				200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1	1		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	Permit Requirement				0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				52			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	Permit Requirement				12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	Permit Requirement				Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	Permit Requirement				Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring PeriodFLA010590
From: February 1,2004 To: February 29,2004

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.036				
2			7.0		2.2+	.026				
3			7.0		2.2+	.031				
4			7.1		2.2+	.024				
5			7.2		2.2+	.024				
6			7.0		2.2+	.026				
7			7.0		2.2+	.030				
8						.030				
9			6.9		2.2+	.029				
10			6.8		2.2+	.029				
11			6.8		2.2+	.026				
12			6.7		2.2+	.036				
13			6.8		2.2+	.031				
14			6.9		2.2+	.034				
15						.034				
16			7.0		2.2+	.026				
17			7.0		2.2+	.026				
18			6.8		2.2+	.026				
19			6.7		2.2+	.034				
20			6.6		2.2+	.019				
21			6.8		2.2+	.031				
22						.032				
23			7.0		2.2+	.031				
24			7.0		2.2+	.044				
25			7.0		2.2+	.026				
26	3.3	IU	6.8	IU	2.2+	.030				
27			6.9		2.2+	.044				
28			7.0		2.2+	.029				
29						.029				
30										
31										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: AquaSource, Inc
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

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

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.024		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.032		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4	3.4		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.9			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2	2		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
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: Kings Coves WWTF

PERMIT NUMBER: FLA010590 MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: March 1,2004 To: March 31,2004

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			6.8	7.2		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.1			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			3	3		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			54			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			2.64			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			145.0			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			114			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010590 Facility: Kings Cove WWTF
 Monitoring Period From: March 1,2004 To: March 31,2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.0		2.2	.038				
2			6.9		2.2	.029				
3			6.9		2.2	.029				
4			7.2		2.2	.034				
5			6.9		2.2	.020				
6			1.7		2.2	.033				
7						.033				
8			7.0		2.2+	.033				
9			7.1		2.2+	.030				
10			7.1		2.2+	.035				
11			7.2		2.2+	.027				
12			7.0		2.2+	.027				
13			7.1		2.2+	.044				
14						.044				
15			7.2		2.2+	.044				
16			7.2		2.2+	.027				
17			7.2		2.2+	.030				
18			7.1		2.2+	.034				
19			7.0		2.2+	.030				
20			7.1		2.2+	.040				
21						.040				
22		3	7.1		2.2+	.026				
23	3.4		7.0	2	2.2+	.023				
24			7.0		2.2+	.032				
25			7.1		2.2+	.035				
26			7.2		2.2+	.030				
27			7.1		2.2+	.037				
28						.037				
29			7.0		2.2+	.027				
30			6.8		2.2+	.029				
31			7.0		2.2+	.026				

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: AquaSource, Inc
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

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	0.029		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter	
Flow	Sample Measurement	0.029		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.5	4.5		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.1			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
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: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 4/1/04

MONITORING GROUP NUMBER: R-001
 To: 4/30/04

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.0	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fccal	Sample Measurement			1.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo. Geo. Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			55			PERCENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo. Total)			PERCENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An. Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An. Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 4/1/04 To: 4/30/04

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.0		2.2+	.025				
2			7.1		2.2+	.032				
3						.032				
4			7.1		2.2+	.021				
5			7.1		2.2+	.034				
6			7.2		2.2+	.036				
7			7.2		2.2+	.026				
8			7.2		2.2+	.028				
9			7.2		2.2+	.033				
10						.033				
11			7.3		2.2+	.025				
12			7.2		2.2+	.025				
13			7.2		2.2+	.035				
14			7.4		2.2+	.028				
15			7.6		2.2+	.044				
16			7.4		2.2+	.021				
17			7.3		2.2+	.022				
18			7.3		2.2+	.024				
19	4.5	1U	7.1	1U	2.2+	.037				
20			7.0		2.2+	.025				
21			7.1		2.2+	.025				
22			7.1		2.2+	.029				
23						.029				
24			7.0		2.2+	.028				
25			7.0		2.2+	.029				
26			7.0		2.2+	.031				
27			7.0		2.2+	.026				
28			7.1		2.2+	.026				
29			7.1		2.2+	.020				
30			7.0		2.2+	.034				
31										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: AquaSource, Inc
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010590

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

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	0.032	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.029	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6	2.6	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.3		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	1.0	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab

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
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: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: May 1,2004

MONITORING GROUP NUMBER: R-001
To: May 31,2004

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			6.7	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.4			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			55			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: May 1,2004

To: May 31,2004

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.0		2.2+	.036				
2						.036				
3			7.6		2.2+	.057				
4			7.4		2.2+	.025				
5			7.2		2.2+	.009				
6			7.3		2.2+	.042				
7			7.3		2.2+	.030				
8			7.2		2.2+	.018				
9						.018				
10			7.1		2.2+	.044				
11			7.0		2.2+	.023				
12			7.0		2.2+	.031				
13			7.0		2.2+	.032				
14			7.1		2.2+	.027				
15						.027				
16			7.0		2.2+	.027				
17			7.0		2.2+	.033				
18			6.9		2.2+	.029				
19			6.9		2.2+	.024				
20			6.8		2.2+	.030				
21			6.7		2.2+	.034				
22			6.8		2.2+	.011				
23			6.9		2.2+	.023				
24	2.6	1U	6.8	1	2.2+	.037				
25			6.9		2.2+	.024				
26			7.0		2.2+	.024				
27			7.1		2.2+	.038				
28			7.0		2.2+	.027				
29			7.0		2.2+	.024				
30						.024				
31			6.9		2.2+	.031				

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME:	AquaSource, Inc	PERMIT NUMBER:	FLA010590
MAILING ADDRESS:	1343 NE 17 th Road Ocala, FL 34470	LIMIT:	Final
		CLASS SIZE:	N/A
		REPORT:	Monthly
		GROUP:	Domestic
FACILITY:	Kings Cove WWTF	MONITORING GROUP NUMBER:	R001
LOCATION:	Royal Oak Drive Leesburg, FL 34731	MONITORING GROUP DESC:	Two Rapid Rate Percolation Ponds, including Influent
COUNTY:	Lake	NO DISCHARGED FROM SITE:	<input type="checkbox"/>
		MONITORING PERIOD	From: <u>6/1/04</u> To: <u>6/30/04</u>

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.032	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.029	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.6		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.5	8.5	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.4		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.0	4.0	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab

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
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: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 6/1/04

MONITORING GROUP NUMBER: R-001
 To: 6/30/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			6.8	7.3	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)	SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.4		MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)		MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)	#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)		MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			52		PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)		PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR		MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)		MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)		MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			MNR		MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)		MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring Period

FLA010590
From: 6/1/04 To: 6/30/04

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			6.8		2.2+	.026				
2			6.9		2.2+	.032				
3			7.0		2.2+	.038				
4			7.0		2.2+	.026				
5			7.1		2.2+	.026				
6						.026				
7			7.1		2.2+	.025				
8			7.2		2.2+	.032				
9			7.2		2.2+	.026				
10			7.2		2.2+	.030				
11			7.1		2.2+	.023				
12			7.1		2.2+	.031				
13						.031				
14			7.2		2.2+	.020				
15			7.2		2.2+	.037				
16			7.3		2.2+	.024				
17			7.1		2.2+	.032				
18			7.1		2.2+	.023				
19			7.0		2.2+	.028				
20						.028				
21			7.0		2.2+	.022				
22			7.1		2.2+	.033				
23	8.5J	1U	7.2	4	2.2+	.031				
24			7.3		2.2+	.033				
25			7.2		2.2+	.030				
26			7.2		2.2+	.029				
27						.029				
28			7.2		2.2+	.020				
29			7.2		2.2+	.042				
30			7.2		2.2+	.037				
31										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 2315 Griffin Road, Suite 4
 Leesburg, FL 34748

PERMIT NUMBER: FLA010590

LIMIT: Final REPORT: Monthly
 CLASS SIZE: N/A GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 7/1/04 To: 7/31/04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.032		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.037		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.1			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.5	2.5		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 7/1/04

MONITORING GROUP NUMBER: R-001
 To: 7/31/04

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.1	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.4			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo. Geo. Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.9			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			58			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			130			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An. Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			120			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An. Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 7/1/04 To: 7/31/04

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.1		2.2+	.035				
2			7.2		2.2+	.057				
3					2.2	.039				
4						.039				
5			7.5		2.2+	.022				
6			7.6		0.9	.045				
7			7.4		1.6	.035				
8			7.5		2.0	.032				
9			7.4		2.2+	.019				
10					2.2	.019				
11						.043				
12			7.4		2.2	.043				
13			7.5		2.2+	.041				
14			7.5		2.2+	.036				
15	2.0U	1.0U	7.4	2.5	2.2+	.045				
16			7.4		2.2+	.022				
17					2.2+	.022				
18						.042				
19			7.5		2.2+	.063				
20			7.6		2.2+	.035				
21			7.5		2.2+	.034				
22			7.5		2.2+	.035				
23			7.5		2.2+	.033				
24					2.2+	.032				
25						.035				
26			7.4		2.2+	.071				
27			7.5		2.2+	.031				
28			7.4		2.2+	.042				
29			7.3		2.2	.038				
30			7.5		2.2+	.032				
31					2.2	.033				

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010590
MAILING ADDRESS:	2315 Griffin Road, Suite 4 Leesburg, FL 34748	LIMIT:	Final
		CLASS SIZE:	N/A
		REPORT:	Monthly
		GROUP:	Domestic
FACILITY:	Kings Cove WWTF	MONITORING GROUP NUMBER:	R001
LOCATION:	Royal Oak Drive Leesburg, FL 34731	MONITORING GROUP DESC:	Two Rapid Rate Percolation Ponds, including Influent
COUNTY:	Lake	NO DISCHARGED FROM SITE:	<input type="checkbox"/>

MONITORING PERIOD From: 8/1/04 To: 8/31/04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.033		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.033		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.1			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.2	1.2		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 8/1/04

MONITORING GROUP NUMBER: R-001
 To: 8/31/04

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.6			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			3.0	3.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			60			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			160			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			160			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring Period

FLA010590
From: 8/1/04 To: 8/31/04

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1						.038				
2			7.5		2.2+	.038				
3			7.6		2.2+	.026				
4			7.6		2.2+	.032				
5	2.0U	3.0	7.6	1.2	2.2+	.030				
6			7.5		2.2+	.044				
7						.031				
8			7.6		2.2+	.031				
9			7.6		2.2+	.039				
10			7.6		2.2+	.032				
11			7.5		2.2+	.030				
12			7.4		2.2	.044				
13			7.5		2.2	.030				
14					2.2	.037				
15						.038				
16			7.5		2.2	.038				
17			7.5		2.2	.035				
18			7.5		2.2+	.032				
19			7.5		2.2+	.030				
20			7.4		2.2+	.038				
21					2.2+	.039				
22						.030				
23			7.6		2.2	.030				
24			7.5		2.2+	.032				
25			7.3		2.2+	.031				
26			7.5		2.2+	.020				
27			7.6		2.2+	.041				
28					2.2	.025				
29						.040				
30			7.5		2.2+	.040				
31			7.5		2.2+	.022				

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 11993

Name: Al Gerardo

Evening Shift Operator

Class: B

Certificate No: 7243

Name: John Worrell

Night Shift Operator

Class: C

Certificate No: 13614

Name: Adam Michaelson

Lead Operator

Class: B

Certificate No: 7113

Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 2315 Griffin Road, Suite 4
 Leesburg, FL 34748

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 9/1/04 To: 9/30/04

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An. Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.048	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo. Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3	3.3	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.8		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	1.0	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 9/1/04

MONITORING GROUP NUMBER: R-001
 To: 9/30/04

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.1	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.7			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.9			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			71			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			110			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			97			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 9/1/04 To: 9/30/04

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.6		2.2	.031				
2			7.7		2.2	.040				
3			7.5		1.9	.027				
4					2.2	.036				
5						.038				
6			7.7		2.2	.039				
7			7.7		2.2	.033				
8			7.7		2.2	.031				
9			7.7		2.2	.087				
10			7.6		2.2	.040				
11					2.2	.058				
12						.049				
13			7.5		2.2	.049				
14			7.4		2.2	.057				
15	3.3	1.0U	7.5	9.8	2.2	.053				
16			7.4		2.2	.055				
17			7.5		2.2	.056				
18					2.2	.034				
19						.052				
20			4.5		2.2	.052				
21			7.6		2.2	.045				
22			7.4		2.2	.046				
23			7.3		2.2	.042				
24			7.4		2.2	.042				
25					2.2	.042				
26						.075				
27			7.1		2.2	.075				
28			7.4		2.2	.048				
29			7.5		2.2	.064				
30			7.2		2.2	.065				
31										

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 2315 Griffin Road, Suite 4
 Leesburg, FL 34748

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 10-1-04 To: 10-31-04

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.043	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.7		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	1.0	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: 10-1-04

MONITORING GROUP NUMBER: R-001
To: 10-31-04

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.3	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.8			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.0	2.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.6			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			75			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			230			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010590
 Monitoring Period From: 10-1-04 To: 10-31-04

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		2.2	.052				
2			7.5		1.6	.040				
3						.057				
4			7.3		2.2	.057				
5			7.5		2.2	.051				
6	2.0U	2.0	7.6	1.0U	2.2	.046				
7			7.6		2.2	.042				
8			7.5		2.2	.043				
9					2.2	.047				
10						.043				
11			7.6		2.2	.043				
12			7.4		2.2	.047				
13			7.3		2.2	.050				
14			7.5		2.2	.035				
15			7.5		2.2	.037				
16					2.2	.033				
17						.048				
18			7.7		2.0	.048				
19			7.5		2.2	.035				
20			7.4		2.2	.039				
21			7.4		2.2	.043				
22			7.5		2.2	.043				
23					2.2	.041				
24						.046				
25			7.4		2.2	.046				
26			7.3		2.2	.033				
27			7.4		2.2	.041				
28			7.4		2.2	.043				
29			7.5		2.2	.039				
30						.038				
31					2.2	.038				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 2315 Griffin Road, Suite 4
 Leesburg, FL 34748

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE: []

MONITORING PERIOD From: 11/1/04 To: 11/30/04

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.036		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An. Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.042		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.5			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: 11/1/04

MONITORING GROUP NUMBER: R-001
To: 11/30/04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement				7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement				6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement				1.5			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement				200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement				0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				80			PER- CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement				Report (Mo.Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement				12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				215			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement				Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				560			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement				Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010590

Facility: Kings Cove WWTF

Monitoring Period From: 11/1/04 To: 11/30/04

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.4		2.0	.045				
2	2.0U	1.0U	7.5	1.0	2.2	.045				
3			7.4		2.2	.050				
4			7.4		2.2	.031				
5			7.4		2.2	.042				
6					2.2	.034				
7						.045				
8			7.5		2.2	.043				
9			7.6		2.2	.037				
10			7.7		2.2	.041				
11	2.0U		7.6		2.2	.032				
12			7.4		2.2	.046				
13					2.2	.030				
14						.046				
15			7.6		2.2	.046				
16			7.6		2.2	.050				
17			7.5		2.2	.031				
18			7.6		2.2	.040				
19			7.6		2.2	.040				
20					2.2	.036				
21						.045				
22			7.6		2.2	.045				
23			7.6		2.2	.040				
24			7.5		2.2	.041				
25			7.6		2.2	.030				
26			7.5		2.2	.051				
27					2.2	.048				
28						.048				
29			7.6		2.2	.048				
30			7.5		2.2	.047				
31										

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010590	
MAILING ADDRESS: 2315 Griffin Road, Suite 4 Leesburg, FL 34748	LIMIT: Final	REPORT: Monthly
	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Kings Cove WWTF	MONITORING GROUP NUMBER: R001	
LOCATION: Royal Oak Drive Leesburg, FL 34731	MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent	
COUNTY: Lake	NO DISCHARGED FROM SITE: <input type="checkbox"/>	

MONITORING PERIOD From: 12/1/04 To: 12/31/04

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An. Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.044		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo. Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.4	1.4		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 12/1/04 To: 12/31/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.4	7.7	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)	SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.5		MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)		MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo. Geo. Mean)	800 (Max)	#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)		MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			78%		PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo. Total)		PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			10		MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)		MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			120		MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An. Avg)		MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			70		MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An. Avg)		MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010590
 Monitoring Period From: 12/1/04 To: 12/31/04

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)			
Code	80082	74055	00400	00530	50060	50050	620			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1			
1			7.5		2.2	.031				
2			7.6		2.2	.047				
3			7.6		2.2	.041				
4					2.2	.038				
5						.040				
6			7.5		2.2	.041				
7			7.6		2.2	.041				
8			7.6		2.2	.046				
9			7.5		2.2	.041				
10			7.5		2.2	.038				
11					2.2	.022				
12						.051				
13			7.4		2.2	.052				
14			7.4		2.2	.045				
15			7.5		2.2	.041				
16	2.0U	1.0	7.5	1.4	2.2	.041	10.0			
17			7.6		2.2	.052				
18					2.2	.027				
19						.060				
20			7.7		2.2	.059				
21			7.6		2.2	.038				
22			7.6		2.2	.042				
23			7.5		2.2	.046				
24			7.6		2.2	.041				
25					2.2	.051				
26						.050				
27			7.5		2.2	.080				
28			7.6		2.2	.038				
29			7.6		2.2	.040				
30			7.6		2.2	.041				
31			7.5		2.2	.030				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 2315 Griffin Road, Suite 4
 Leesburg, FL 34748

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 1/1/05 To: 1/31/05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.043		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.2			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	7

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 1/1/05

MONITORING GROUP NUMBER: R-001
 To: 1/31/05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement				7.5	7.7	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	Permit Requirement				6.0 (Min)	8.5 (Max)	SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement				1.4		MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement				200 (An Avg)		MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)	#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6		MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	Permit Requirement				0.5 (Min)		MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				78		PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement				Report (Mo.Total)		PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR		MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	Permit Requirement				12.0 (Max)		MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				220		MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	Permit Requirement				Report (An.Avg)		MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				180		MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	Permit Requirement				Report (An.Avg)		MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 1/1/05 To: 1/31/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)			
Code	80082	74055	00400	00530	50060	50050	620			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1			
1						.043				
2			2.2			.045				
3			2.2		7.6	.054				
4			2.2		7.6	.043				
5			2.2		7.7	.036				
6			0.6		7.6	.048				
7			2.2		7.5	.047				
8			2.2			.033				
9						.050				
10			2.2		7.6	.050				
11			2.2		7.5	.032				
12			2.2		7.5	.045				
13	2.0U	1.0U	2.2	1.0U	7.5	.039				
14			2.2		7.6	.050				
15			2.2			.034				
16						.049				
17			2.2		7.6	.050				
18			2.2		7.5	.037				
19			2.2		7.5	.046				
20			2.2		7.5	.045				
21			2.2		7.6	.046				
22						.035				
23			2.2			.035				
24			2.2		7.5	.061				
25			2.2		7.6	.039				
26			2.2		7.5	.042				
27			2.2		7.6	.039				
28			2.2		7.6	.047				
29			2.2			.029				
30						.047				
31			2.2		7.6	.047				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 2/1/05 To: 2/28/05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.044		MGD				0		5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4	2.4		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.2			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 2/1/05

MONITORING GROUP NUMBER: R-001
 To: 2/28/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.4			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement			79			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			160			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			220			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring PeriodFLA010590
From: 2/1/05 To: 2/28/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG?)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.4		2.2	.048				
2			7.5		2.2	.040				
3			7.6		2.2	.040				
4			7.6		2.2	.042				
5						.035				
6					2.2	.034				
7			7.5		2.2	.065				
8			7.6		2.2	.042				
9			7.5		2.2	.043				
10	2.4	1.0U	7.6	1.0U	2.2	.032		160	220	
11			7.5		2.2	.048				
12					2.2	.031				
13						.049				
14			7.5		2.2	.049				
15			7.5		2.2	.045				
16			7.6		2.2	.042				
17			7.5		2.2	.049				
18			7.5		2.2	.036				
19					2.2	.032				
20						.048				
21			7.5		2.2	.049				
22			7.5		2.2	.046				
23			7.5		2.2	.043				
24			7.6		2.2	.041				
25			7.5		2.2	.051				
26					2.2	.030				
27						.056				
28			7.5		2.2	.056				
29										
30										
31										

PLANT STAFFING:

Day Shift Operator

Class: BCertificate No: 7243Name: John Worrell

Evening Shift Operator

Class: CCertificate No: 13614Name: Adam Michaelson

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: BCertificate No: 7113Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010590
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final
	Leesburg, FL 34749	CLASS SIZE:	N/A
		REPORT:	Monthly
FACILITY:	Kings Cove WWTF	MONITORING GROUP NUMBER:	R001
LOCATION:	Royal Oak Drive	MONITORING GROUP DESC:	Two Rapid Rate Percolation Ponds, including Influent
	Leesburg, FL 34731		
COUNTY:	Lake	NO DISCHARGED FROM SITE:	<input type="checkbox"/>

MONITORING PERIOD From: 3/1/05 To: 3/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.050	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.2		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	1.0	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:

FLA010590

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From: 3/1/05

To: 3/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.4	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			83%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			180			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			140			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010590 Facility: Kings Cove WWTF
 Monitoring Period From: 3/1/05 To: 3/31/05

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.4		2.2	.049				
2			7.4		2.2	.037				
3			7.5		2.2	.053				
4			7.6		2.2	.051				
5					2.2	.037				
6						.050				
7			7.5		2.2	.050				
8			7.5		2.2	.052				
9			7.6		2.2	.037				
10	2.0U	1.0U	7.6	1.0U	2.2	.042		180	140	
11			7.6		2.2	.049				
12					2.2	.039				
13						.053				
14			7.6		2.2	.052				
15			7.6		2.2	.039				
16			7.6		2.2	.039				
17			7.6		2.2	.046				
18			7.6		2.2	.050				
19					2.2	.036				
20						.047				
21			7.6		2.2	.046				
22			7.6		2.2	.054				
23			7.7		2.2	.030				
24			7.6		2.2	.038				
25			7.6		2.2	.035				
26					2.2	.050				
27						.058				
28			7.5		2.2	.058				
29			7.6		2.2	.052				
30			7.7		2.2	.052				
31			7.6		2.2	.051				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 4/1/05 To: 4/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.041	MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD						5 days/Week	Meter
Flow	Sample Measurement	0.048	MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.2			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8	1.8		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: 4/1/05

MONITORING GROUP NUMBER: R-001
To: 4/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			86%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			170			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 4/1/05 To: 4/30/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.6		2.2	.047				
2					2.2	.034				
3						.063				
4			7.4		2.2	.063				
5			7.5		2.2	.050				
6			7.6		2.2	.057				
7			7.6		2.2	.051				
8			7.6		2.2	.050				
9					2.2	.037				
10						.061				
11			7.6		2.2	.060				
12			7.6		2.2	.049				
13			7.5		2.2	.043				
14			7.5		2.2	.045				
15			7.5		2.2	.046				
16					2.2	.028				
17						.055				
18			7.5		2.2	.054				
19			7.6		2.2	.042				
20			7.6		2.2	.050				
21	2.0U	1.0U	7.5	1.8	2.2	.041		140	170	
22			7.6		2.2	.052				
23						.049				
24					2.2	.050				
25			7.6		2.2	.051				
26			7.6		2.2	.045				
27			7.6		2.2	.047				
28			7.6		2.2	.046				
29			7.6		2.2	.042				
30					2.2	.038				
31										

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 5/1/05 To: 5/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.043	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.051	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.7	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 5/1/05

MONITORING GROUP NUMBER: R-001
 To: 5/31/05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement				7.3	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	Permit Requirement				6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement				1.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement				200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	Permit Requirement				0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				90%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	Permit Requirement				12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				410			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	Permit Requirement				Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				540			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	Permit Requirement				Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 5/1/05 To: 5/31/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1						.053				
2			7.6		2.2	.053				
3			7.7		2.2	.046				
4			7.8		2.2	.035				
5	2.0U	1.0	7.6	2.7	2.2	.060		410	540	
6			7.4		2.2	.082				
7					2.2	.051				
8						.055				
9			7.5		2.2	.056				
10			7.4		2.2	.052				
11			7.4		2.2	.057				
12			7.4		2.2	.057				
13			7.3		2.2	.069				
14					2.2	.042				
15						.069				
16			7.5		2.2	.070				
17			7.7		2.2	.047				
18			7.5		2.2	.037				
19			7.6		2.2	.053				
20			7.5		2.2	.040				
21					2.2	.029				
22						.069				
23			7.6		2.2	.069				
24			7.5		2.2	.066				
25			7.5		2.2	.036				
26			7.5		2.2	.030				
27			7.5		2.2	.036				
28					2.2	.037				
29						.036				
30			7.4		2.2	.036				
31			7.6		2.2	.052				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell

Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 6/1/05 To: 6/30/05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.043		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An.Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo.Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.1			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An.Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.1	1.1		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo.Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 6/1/05

MONITORING GROUP NUMBER: R-001
 To: 6/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.3	7.6	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)	SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.3		MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)		MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)	#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)		MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			86		PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)		PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR		MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)		MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190		MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)		MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			280		MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)		MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring Period

FLA010590
From: 6/1/05 To: 6/30/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.6		2.2	.042				
2	2.0U	1.0U	7.5	1.1	2.2	.050		190	280	
3			7.6		2.2	.045				
4					2.2	.046				
5						.050				
6			7.5		2.2	.050				
7			7.4		2.2	.045				
8			7.3		2.2	.039				
9			7.3		2.2	.048				
10			7.4		2.2	.039				
11					2.2	.030				
12						.049				
13			7.4		2.2	.049				
14			7.5		2.2	.039				
15			7.5		2.2	.037				
16			7.5		2.2	.041				
17			7.6		2.2	.041				
18					2.2	.030				
19						.050				
20			7.5		2.2	.050				
21			7.5		2.2	.041				
22			7.6		2.2	.034				
23			7.5		2.2	.028				
24			7.4		2.2	.046				
25					2.2	.034				
26						.052				
27			7.6		2.2	.052				
28			7.4		2.2	.048				
29			7.6		2.2	.046				
30			7.5		2.2	.046				
31										

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590

LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 7/1/05 To: 7/31/05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.041		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4	2.4		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 7/1/05

MONITORING GROUP NUMBER: R-001
 To: 7/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.0	2.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo. Geo. Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			81%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			230			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An. Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			230			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An. Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 7/1/05 To: 7/31/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen, Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.5		2.2	.053				
2						.032				
3					2.2	.033				
4			7.5		2.2	.052				
5			7.4		2.2	.041				
6			7.5		2.2	.046				
7			7.5		2.2	.057				
8			7.6		2.2	.052				
9					2.2	.046				
10						.048				
11			7.6		2.2	.047				
12			7.6		2.2	.035				
13			7.6		2.2	.038				
14	2.4	2.0	7.5	1.0U	2.2	.037		230	230	
15			7.4		2.2	.049				
16					2.2	.022				
17						.045				
18			7.6		2.2	.045				
19			7.5		2.2	.037				
20			7.6		2.2	.038				
21			7.5		2.2	.039				
22			7.5		2.2	.031				
23						.040				
24					2.2	.040				
25			7.6		2.2	.033				
26			7.5		2.2	.037				
27			7.6		2.2	.039				
28			7.6		2.2	.029				
29			7.5		2.2	.037				
30					2.2	.040				
31						.046				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 8/1/05 To: 8/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.045		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter	
Flow	Sample Measurement	0.038		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.3	1.3		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 8/1/05

MONITORING GROUP NUMBER: R-001
 To: 8/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.1	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.0	2.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			73			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			140			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010590
From: 8/1/05 To: 8/31/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen, Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.3		2.2	.045				
2			7.4		2.2	.038				
3			7.4		2.2	.039				
4			7.4		2.2	.038				
5			7.5		2.2	.033				
6					2.2	.041				
7						.043				
8			7.4		2.2	.042				
9			7.4		2.2	.037				
10			7.4		2.2	.037				
11	2.0U	2.0	7.5	2.0U	2.2	.037		140	140	
12			7.1		2.2	.039				
13					2.2	.033				
14						.044				
15			7.4		2.2	.043				
16			7.5		2.2	.044				
17			7.4		2.2	.027				
18			7.5		2.2	.039				
19			7.4		2.2	.037				
20					2.2	.035				
21						.043				
22			7.4		2.2	.043				
23			7.4		2.2	.032				
24			7.6		2.2	.037				
25			7.6		2.2	.040				
26			7.5		2.2	.031				
27					2.2	.031				
28						.049				
29			7.6		2.2	.049				
30			7.8		2.2	.024				
31			7.8		2.2	.036				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 9/1/05 To: 9/30/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.044		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.036		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.3			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.5	1.5		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: 9/1/05

MONITORING GROUP NUMBER: R-001
To: 9/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/Analysis	Sample Type
pH	Sample Measurement			7.4	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.3			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			69%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			170			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			160			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring Period

FLA010590
From: 9/1/05 To: 9/30/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.5		2.2	.030				
2			7.5		2.2	.037				
3					2.2	.029				
4						.037				
5			7.5		2.2	.037				
6			7.6		2.2	.044				
7			7.6		2.2	.037				
8			7.6		2.2	.050				
9			7.5		2.2	.036				
10					2.2	.027				
11						.040				
12			7.5		2.2	.040				
13			7.7		2.2	.038				
14			7.5		2.2	.030				
15	2.0U	1.0U	7.6	1.5	2.2	.035		170	160	
16			7.6		2.2	.033				
17					2.2	.024				
18						.041				
19			7.5		2.2	.040				
20			7.6		2.2	.039				
21			7.6		2.2	.036				
22			7.5		2.2	.031				
23			7.6		2.2	.033				
24					2.2	.032				
25						.042				
26			7.5		2.2	.042				
27			7.5		2.2	.033				
28			7.4		2.2	.033				
29			7.4		2.2	.031				
30			7.5		2.2	.036				
31										

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell

Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE: []

MONITORING PERIOD From: 10/1/05 To: 10/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.043		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	0.055 (An.Avg)		MGD						5 days/Week	Meter
Flow	Sample Measurement	0.035		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Permit Requirement	Report (Mo.Avg)		MGD						5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.3			MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg)	60.0 (Max)		MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: 10/1/05

MONITORING GROUP NUMBER: R-001
To: 10/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.2			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			66%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			180			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			180			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring Period

FLA010590
From: 10/1/05 To: 10/31/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen, Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1					2.2	.027				
2						.038				
3			7.1		2.2	.038				
4			7.5		2.2	.028				
5			7.5		2.2	.036				
6			7.6		2.2	.034				
7			7.5		2.2	.033				
8					2.2	.026				
9						.038				
10			7.4		2.2	.037				
11			7.4		2.2	.033				
12			7.4		2.2	.059				
13	2.0U	1.0U	7.4	1.0U	2.2	.036		180	180	
14			7.4		2.2	.039				
15					2.2	.027				
16						.044				
17			7.4		2.2	.044				
18			7.4		2.2	.033				
19			7.5		2.2	.031				
20			7.3		2.2	.033				
21			7.4		2.2	.036				
22					2.2	.029				
23						.029				
24			7.4		2.2	.050				
25			7.5		2.2	.037				
26			7.3		2.2	.036				
27			7.4		2.2	.026				
28			7.3		2.2	.034				
29					2.2	.025				
30						.042				
31			7.3		2.2	.042				

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 11/1/05 To: 11/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.042	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)	MGD				5 days/Week	Meter
Flow	Sample Measurement	0.036	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)	MGD				5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.3	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement			Report (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER:
MONITORING PERIOD

FLA010590
From: 11/1/05

MONITORING GROUP NUMBER: R-001
To: 11/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.2	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.2			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			64%			PER-CENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			170			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			140			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B
 Permit Number:
 Monitoring Period

 FLA010590
 From: 11/1/05 To: 11/30/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.2		2.2	.029				
2			7.7		2.2	.040				
3			7.4		2.2	.035				
4			7.4		2.2	.031				
5					2.2	.025				
6						.044				
7			7.5		2.2	.044				
8			7.7		2.2	.028				
9			7.8		2.2	.034				
10	6.0Y	1.0U	7.7	1.0U	2.2	.034		170	140	
11			7.6		2.2	.029				
12					2.2	.036				
13						.041				
14			7.9		2.2	.040				
15			7.9		2.2	.025				
16			7.8		2.2	.036				
17			7.7		2.2	.035				
18			7.8		2.2	.039				
19					2.2	.049				
20						.039				
21			7.7		2.2	.038				
22			7.8		2.2	.033				
23			7.5		2.2	.033				
24			7.5		2.2	.030				
25			7.6		2.2	.041				
26					2.2	.035				
27						.043				
28			7.7		2.2	.043				
29			7.6		2.2	.029				
30			7.6		2.2	.038				
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, FL 32803-3767

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010590
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Kings Cove WWTF
 LOCATION: Royal Oak Drive
 Leesburg, FL 34731

MONITORING GROUP NUMBER: R001
 MONITORING GROUP DESC: Two Rapid Rate Percolation Ponds, including Influent

COUNTY: Lake

NO DISCHARGED FROM SITE:

MONITORING PERIOD From: 12/1/05 To: 12/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.042		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	Y Permit Requirement	0.055 (An.Avg)		MGD					5 days/Week	Meter
Flow	Sample Measurement	0.035		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon Site No FLW-1	I Permit Requirement	Report (Mo.Avg)		MGD					5 days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5		MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7	3.7	MG/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.3		MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.1	1.1	MG/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	I Permit Requirement				Report (Mo Avg)	60.0 (Max)	MG/L		Monthly	Grab

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
Will Fontaine, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Kings Coves WWTF

PERMIT NUMBER: FLA010590
 MONITORING PERIOD From: 12/1/05

MONITORING GROUP NUMBER: R-001
 To: 12/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
pH	Sample Measurement			7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		SU		5 Day/Week	Grab
Coliform, Fecal	Sample Measurement			1.2			MG/L	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg)			MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#100ML	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	I Permit Requirement			Report (Mo.Geo.Mean)	800 (Max)		#100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			MG/L		5 Day/Week	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			64%			PERCENT	0	Monthly	Calculated
PARM Code 00810 Mon Site No.	Permit Requirement			Report (Mo.Total)			PERCENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.6			MG/L	0	Annually	Grab
PARM Code 00620 Mon Site No EFA-1	I Permit Requirement			12.0 (Max)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			170			MG/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			220			MG/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (An.Avg)			MG/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number:
Monitoring Period

FLA010590
From: 12/1/05 To: 12/31/05

Facility: Kings Cove WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect. (MG/L)	Flow (MGD)	Nitrogen Nitrate, Total (as N)(mg/L)	CBOD (MG/L)	TSS (MG/L)	
Code	80082	74055	00400	00530	50060	50050	620	80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	EFA-1	INF - 1	INF - 1	
1			7.6		2.2	.036				
2			7.3		2.2	.035				
3					2.2	.023				
4						.040				
5			7.5		2.2	.039				
6			7.5		2.2	.038				
7			7.4		2.2	.033				
8			7.5		2.2	.031				
9			7.4		2.2	.035				
10					2.2	.034				
11						.043				
12			7.6		2.2	.043				
13			7.5		2.2	.033				
14			7.4		2.2	.039				
15	3.7	1.0U	7.4	1.1U	2.2	.026	3.6	170	220	
16			7.5		2.2	.046				
17					2.2	.024				
18						.038				
19			7.5		2.2	.037				
20			7.4		2.2	.023				
21			7.6		2.2	.035				
22			7.5		2.2	.035				
23			7.4		2.2	.042				
24					2.2	.029				
25						.039				
26			7.3		2.2	.039				
27			7.4		2.2	.043				
28			7.4		2.2	.027				
29			7.3		2.2	.032				
30			7.3		2.2	.034				
31					2.2	.020				

PLANT STAFFING:

Day Shift Operator

Class: BCertificate No: 7243Name: John Worrell

Evening Shift Operator

Class: CCertificate No: 13614Name: Adam Michaelson

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: BCertificate No: 7113Name: Will Fontaine