

ORIGINAL

1

Summit Chase

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 9 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00975 JAN 30 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Summit Chase

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, 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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter	Sample Measurement	Quantity or Loading		Units	MONITORING PERIOD			Units	No Ex.	Frequency/ Analysis	Sample Type
		Quantity	Loading		Quality or Concentration	From: 1/1/04	To: 1/31/04				
Flow	Sample Measurement	0.023		MGD				0		5 Day / Week	Pumps
PARAM Code 50050 Mon Site No EFF-1	Permit Requirement	0.054 (An Avg.)		MGD						5 Day / Week	Pumps
Flow	Sample Measurement	0.020		MGD				0		5 Day / Week	Pumps
PARAM Code 50050 Mon Site No EFF-1	Permit Requirement	Report (Mo Avg.)		MGD						5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6			mg/L	0	Monthly	Grab
PARAM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1	3.1		mg/L	0	Monthly	Grab
PARAM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg.)	60.0 (Max)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.1			mg/L	0	Monthly	Grab
PARAM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg.)			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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			7.1	7.5		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.4			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-1	I Permit Requirement			Report (Mo Geo Mean)	800 (Max)		#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3			mg/L	0	5 Days / Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			mg/L		5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						mg/L		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			NODI-9			mg/L	-	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (Mo Avg)			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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 1/1/04 To: 1/31/04

Three-Month Average Daily Flow: 0.021
 (TMADF/Permitted Capacity)x100: 39%

	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	.025			7.4		2.2+			
2	.017			7.4		2.2+			
3	.025			7.5		2.2+			
4	.025								
5	.019			7.4		1.6			
6	.021			7.3		1.3			
7	.020			7.3		1.6			
8	.018			7.1		1.3			
9	.023			7.2		1.5			
10	.023								
11	.019			7.3		1.9			
12	.020			7.2		2.2+			
13	.016			7.2		2.2+			
14	.019			7.3		2.2+			
15	.022			7.3		2.2+			
16	.021			7.2		2.2+			
17	.017			7.3		2.2+			
18	.017								
19	.021			7.4		2.2+			
20	.020			7.3		2.2+			
21	.019			7.1		2.2+			
22	.013			7.2		2.2+			
23	.018			7.3		2.2+			
24	.020			7.3		2.2+			
25	.020								
26	.018	3.1	1 U	7.2	1	2.2+			
27	.019			7.3		2.2+			
28	.021			7.2		2.2+			
29	.018			7.3		2.2+			
30	.017			7.2		2.2+			
31	.031			7.3		2.2+			

PLANT STAFFING:

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

Name: Al Gerardo

Name: _____

Name: _____

Name: Al Gerardo

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

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
Flow	Sample Measurement	0.023		MGD				0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Permit Requirement	0.054 (An Avg.)		MGD					5 Day / Week	Pumps
Flow	Sample Measurement	0.022		MGD				0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Permit Requirement	Report (Mo Avg.)		MGD					5 Day / Week	Pumps
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				3.3	3.3	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				3.0		mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg.)		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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			6.9	7.2		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.4			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1	1		#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 Days / Week	Grab
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 (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: February 1, 2004 To: February 29, 2004

Three-Month Average Daily Flow: .020
 (TMADF/Permitted Capacity)x100: 38%

	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	.031								
2	.020			7.2		2.2+			
3	.021			7.1		2.2+			
4	.017			7.1		2.2+			
5	.016			7.2		2.2+			
6	.022			7.1		2.2+			
7	.022								
8	.024			7.2		2.2+			
9	.018			7.2		2.2+			
10	.019			7.1		2.2+			
11	.021			7.1		2.2+			
12	.019			7.1		2.2+			
13	.017			7.1		2.2+			
14	.021			7.0		2.2+			
15	.021								
16	.037			7.1		2.2+			
17	.019			7.0		2.2+			
18	.016			7.0		2.2+			
19	.028			7.1		2.2+			
20	.019			7.0		2.2+			
21	.024			6.9		2.2+			
22	.024								
23	.021			7.0		2.2+			
24	.021			6.9		2.2+			
25	.016			7.0		2.2+			
26	.019	3.3	1U	7.0	1U	2.2+			
27	.021			7.1		2.2+			
28	.036			7.1		2.2+			
29	.036								
30									
31									

PLANT STAFFING:

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

Name: Al Gerardo

Name: _____

Name: _____

Name: Al Gerardo

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	MONITORING PERIOD			Units	No Ex.	Frequency/ Analysis	Sample Type
					From: March 1,2004	To: March 31,2004	Quality or Concentration				
Flow	Sample Measurement	0.024		MGD				0		5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)		MGD						5 Day / Week	Pumps
Flow	Sample Measurement	0.021		MGD				0		5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)		MGD						5 Day / Week	Pumps
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				3.2	3.2		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				2.9			mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg.)			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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6	6		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
pH	Sample Measurement				7.0	7.5		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement				6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement				1.6			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement				200 (An Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				2	2		#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				1.1			mg/L	0	5 Days / Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement				0.5 (Min)			mg/L		5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.56			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				141.1			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement				Report (Mo Avg)			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				134			mg/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement				Report (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: March 1,2004 To: March 31,2004

Three-Month Average Daily Flow: 0.021
 (TMADF/Permitted Capacity)x100: 38%

	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	.023			7.1		2.2+			
2	.024			7.2		1.1			
3	.021			7.3		2.2+			
4	.018			7.3		2.0			
5	.015			7.2		2.2+			
6	.024			7.3		2.2+			
7	.024								
8	.022			7.2		2.2+			
9	.026			7.3		2.2+			
10	.021			7.3		2.2+			
11	.018			7.2		2.2+			
12	.017			7.1		2.2+			
13	.023			7.1		2.2+			
14	.023								
15	.016			7.2		2.2+			
16	.018			7.2		2.2+			
17	.017			7.3		2.2+			
18	.015			7.1		2.2+			
19	.011			7.2		2.2+			
20	.020			7.1		2.2+			
21	.020								
22	.020			7.5	2	1.6			
23	.024	3.2	6	7.3		2.2+			
24	.016			7.2		2.2+			
25	.028			7.1		2.0			
26	.026			7.1		1.8			
27	.026			7.2		1.6			
28	.026								
29	.018			7.2		1.5			
30	.017			7.0		1.2			
31	.024			7.1		1.4			

PLANT STAFFING:

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

Name: Al Gerardo
 Name: _____
 Name: _____
 Name: Al Gerardo

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter	Sample Measurement	Quantity or Loading	Units	MONITORING PERIOD			Units	No Ex.	Frequency/ Analysis	Sample Type
				Quality or Concentration	From: 4/1/04	To: 4/30/04				
Flow	Sample Measurement	0.022	MGD				0	5 Day / Week	Pumps	
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)	MGD					5 Day / Week	Pumps	
Flow	Sample Measurement	0.020	MGD				0	5 Day / Week	Pumps	
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)	MGD					5 Day / Week	Pumps	
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			4.6	4.6		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	

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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			7.0	7.4		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.4			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Y Permit Requirement			200 (An Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1	1		#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			1.1			mg/L	0	5 Days / Week	Grab
PARM Code 50060 Mon Site No EFA-1	A Permit Requirement			0.5 (Min)			mg/L		5 Days / Week	Grab
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 (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 4/1/04 To: 4/30/04

Three-Month Average Daily Flow: 0.021
 (TMADF/Permitted Capacity)x100: 38%

	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	.017			7.1		1.6			
2	.023			7.1		1.7			
3	.023								
4	.016			7.2		1.5			
5	.017			7.1		1.4			
6	.017			7.2		1.6			
7	.035			7.2		1.3			
8	.011			7.3		1.1			
9	.019			7.3		1.4			
10	.019								
11	.018			7.4		1.5			
12	.017			7.3		1.3			
13	.024			7.3		1.4			
14	.017			7.1		1.1			
15	.020			7.3		1.2			
16	.019			7.2		1.4			
17	.019			7.2		1.5			
18	.019								
19	.018	4.6	1U	7.1	1U	1.1			
20	.029			7.0		1.6			
21	.023			7.1		2.2+			
22	.020			7.2		2.2+			
23	.022								
24	.019			7.1		2.2+			
25	.021			7.1		2.2+			
26	.018			7.1		2.2+			
27	.017			7.0		2.2+			
28	.032			7.0		2.2+			
29	.016			7.1		2.2+			
30	.026			7.0		2.2+			
31									

PLANT STAFFING:

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

Name: Al Gerardo
 Name: _____
 Name: _____
 Name: Al Gerardo

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter	Sample Measurement	Quantity or Loading		Units	MONITORING PERIOD			Units	No Ex.	Frequency/ Analysis	Sample Type
					Quality or Concentration	From: May 1,2004	To: May 31,2004				
Flow	Sample Measurement	0.024		MGD				0		5 Day / Week	Pumps
PARAM Code 50050 Mon Site No EFF-1	Permit Requirement	0.054 (An Avg.)		MGD						5 Day / Week	Pumps
Flow	Sample Measurement	0.023		MGD				0		5 Day / Week	Pumps
PARAM Code 50050 Mon Site No EFF-1	Permit Requirement	Report (Mo Avg.)		MGD						5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.8			mg/L	0	Monthly	Grab
PARAM Code 80082 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2	3.2		mg/L	0	Monthly	Grab
PARAM Code 80082 Mon Site No EFA-1	Permit Requirement				Report (Mo Avg.)	60.0 (Max)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.7			mg/L	0	Monthly	Grab
PARAM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg.)			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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Solids, Total Suspended				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
pH		Sample Measurement		7.0	7.2		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I	Permit Requirement		6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal		Sample Measurement		1.2			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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 (Mo 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 (Mo Avg)			mg/L		Annually	Grab

Version 3/30/2001

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: May 1, 2004 To: May 31, 2004

Three-Month Average Daily Flow: 0.021
 (TMADF/Permitted Capacity)x100: 40%

	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	.030			7.1		2.2+			
2	.030								
3	.028			7.0		2.2+			
4	.025			7.0		2.2+			
5	.018			7.1		2.2+			
6	.030			7.0		2.2+			
7	.036			7.0		2.2+			
8	.014			7.0		2.2+			
9	.014								
10	.027			7.1		2.2+			
11	.017			7.0		2.2+			
12	.020			7.0		2.2+			
13	.021			7.0		2.2+			
14	.020			7.0		2.2+			
15	.020								
16	.020			7.0		2.2+			
17	.038			7.0		2.2+			
18	.018			7.1		2.2+			
19	.020			7.1		2.2+			
20	.021			7.2		2.2+			
21	.027			7.1		2.2+			
22	.021			7.1		2.2+			
23	.015			7.0		2.2+			
24	.020			7.0		2.2+			
25	.016	3.2	2	7.0	1U	2.2+			
26	.028			7.0		2.2+			
27	.028			7.0		2.2+			
28	.018			7.0		2.2+			
29	.018			7.0		2.2+			
30	.018								
31	.026			7.1		2.2+			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993
 Evening Shift Operator Class: Certificate No:
 Night Shift Operator Class: Certificate No:
 Lead Operator Class: C Certificate No: 11993

Name: Al Gerardo
 Name:
 Name:
 Name: Al Gerardo

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
Flow		0.024	MGD			0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Y	Permit Requirement (An Avg.)	MGD				5 Day / Week	Pumps
Flow		0.028	MGD			0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	I	Report (Mo Avg.)	MGD				5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C				3.5		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				7.4	7.4	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				2.6		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y	Permit Requirement		20.0 (An Avg.)			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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			6.9	7.3		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.2			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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 (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 6/1/04 To: 6/30/04

Three-Month Average Daily Flow: 0.023
 (TMADF/Permitted Capacity)x100: 43

	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	.037			7.0		2.2+			
2	.012			6.9		2.2+			
3	.024			7.0		2.2+			
4	.025			7.0		2.2+			
5	.022			7.0		2.2+			
6	.022								
7	.018			7.2		2.2+			
8	.027			7.3		2.2+			
9	.021			7.3		2.2+			
10	.029			7.3		2.2+			
11	.020			7.3		2.2+			
12	.029			7.2		2.2+			
13	.029								
14	.025			7.2		2.2+			
15	.038			7.2		2.2+			
16	.022			7.3		2.2+			
17	.037			7.2		2.2+			
18	.015			7.1		2.2+			
19	.037			7.0		2.2+			
20	.037								
21	.015			7.0		2.2+			
22	.043			7.1		2.2+			
23	.034	7.4J	1	7.2	1U	2.2+			
24	.028			7.3		2.2+			
25	.029			7.2		2.2+			
26	.039			7.2		2.2+			
27	.039								
28	.022			7.1		2.2+			
29	.050			7.1		2.2+			
30	.029			7.2		2.2+			
31									

PLANT STAFFING:

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

Name: Al Gerardo
 Name: _____
 Name: _____
 Name: Al Gerardo

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: ()

Parameter	Sample Measurement	Quantity or Loading	Units	MONITORING PERIOD			Units	No Ex.	Frequency/ Analysis	Sample Type
				Quality or Concentration	From: 7/1/04	To: 7/31/04				
Flow	Sample Measurement	0.025	MGD				0	5 Day / Week	Pumps	
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)	MGD					5 Day / Week	Pumps	
Flow	Sample Measurement	0.031	MGD				0	5 Day / Week	Pumps	
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)	MGD					5 Day / Week	Pumps	
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			2.5			mg/L 0	Monthly	Grab	
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg.)			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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			1.7	1.7		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
pH	Sample Measurement			7.0	7.6		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.2			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.19			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 (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 7/1/04 To: 7/31/04

Three-Month Average Daily Flow: 0.027
 (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	.028			7.1		2.2+			
2	.046			7.2		2.2+			
3	.026					2.2			
4	.026								
5	.022			7.2		2.2+			
6	.033			7.3		2.2+			
7	.029			7.2		2.2+			
8	.029			7.1		2.2+			
9	.025			7.1		2.2+			
10	.038					2.2+			
11	.038								
12	.021			7.0		2.2+			
13	.022			7.1		2.2+			
14	.035	2.0U	1.7	7.4	1.0U	2.2+			
15	.028			7.4		2.2+			
16	.022			7.3		2.2+			
17	.024					2.2+			
18	.024								
19	.024			7.4		2.2+			
20	.028			7.5		2.2+			
21	.029			7.4		2.2+			
22	.027			7.4		2.2+			
23	.038			7.4		2.2+			
24	.028					2.2			
25	.040								
26	.080			7.4		2.2+			
27	.027			7.5		2.2+			
28	.035			7.5		2.2+			
29	.035			7.3		2.2			
30	.031			7.6		2.2+			
31	.026					2.2			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993
 Evening Shift Operator Class: Certificate No:
 Night Shift Operator Class: Certificate No:
 Lead Operator Class: B Certificate No: 7113

Name: Al Gerardo
 Name:
 Name:
 Name: Will Fontaine

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			7.0	7.8		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.2			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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			120			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 8/1/04 To: 8/31/04

Three-Month Average Daily Flow: 0.030
 (TMADF/Permitted Capacity)x100: 56%

	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	.038								
2	.038			7.6		2.2+			
3	.030			7.6		2.2+			
4	.027			7.6		2.2+			
5	.030	2.0	1.1	7.6	1.0U	2.2+			
6	.047			7.6		2.2+			
7	.037								
8	.037			7.6		2.2+			
9	.026			7.6		2.2+			
10	.031			7.5		2.2+			
11	.021			7.5		2.2+			
12	.028			7.5		2.2+			
13	.033			7.5		2.2+			
14	.033					2.2			
15	.039								
16	.039			7.6		2.2			
17	.032			7.5		2.2			
18	.025			7.6		2.2+			
19	.026			7.6		2.2+			
20	.032			7.4		2.2+			
21	.031					2.2+			
22	.036								
23	.036			7.1		2.2+			
24	.030			7.0		2.2+			
25	.029			7.5		2.2+			
26	.029			7.8		2.2+			
27	.036			7.6		2.2+			
28	.026					2.2+			
29	.035								
30	.035			7.5		2.2+			
31	.031			7.7		2.2+			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993
 Evening Shift Operator Class: B Certificate No: 7243
 Night Shift Operator Class: C Certificate No: 13614
 Lead Operator Class: B Certificate No: 7113

Name: Al Gerardo
 Name: John Worrell
 Name: Adam Michaelson
 Name: Will Fontaine

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Flow	Sample Measurement	0.028		MGD				0	5 Day / Week	Pumps
PARAM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)		MGD					5 Day / Week	Pumps
Flow	Sample Measurement	0.031		MGD				0	5 Day / Week	Pumps
PARAM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)		MGD					5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.8		mg/L	0	Monthly	Grab
PARAM 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
PARAM 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
PARAM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg.)		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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				4.3	4.3		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
pH	Sample Measurement				6.9	7.8		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement				6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement				1.3			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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				92			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement				Report (Mo Avg)			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				150			mg/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement				Report (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 9/1/04 To: 9/30/04

Three-Month Average Daily Flow: 0.031
 (TMADF/Permitted Capacity)x100: 57%

	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	.027			7.6		2.2			
2	.028			7.4		2.2			
3	.037			7.5		2.2			
4	.030					2.2			
5	.028								
6	.028			7.7		2.2			
7	.056			7.8		2.2			
8	.046			7.7		2.2			
9	.022			7.5		2.2			
10	.036			7.6		2.2			
11	.037					2.2			
12	.027								
13	.042			7.4		2.2			
14	.032			7.5		2.2			
15	.034			7.4		2.2			
16	.025	2.0U	4.3	7.4	1.0U	2.2			
17	.021			7.5		2.2			
18	.029					2.2			
19	.032								
20	.032			7.4		2.2			
21	.030			7.4		2.2			
22	.027			7.5		2.2			
23	.030			7.4		2.2			
24	.032			7.4		2.2			
25	.022			7.4		2.2			
26	.023								
27	.023			6.9		2.2			
28	.023			7.2		2.2			
29	.027			7.4		2.2			
30	.040			7.5		2.2			
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243
 Evening Shift Operator Class: C Certificate No: 13614
 Night Shift Operator Class: Certificate No:
 Lead Operator Class: B Certificate No: 7113

Name: John Worrell
 Name: Adam Michaelson
 Name:
 Name: Will Fontaine

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter	Quantity or Loading	Units	MONITORING PERIOD		Units	No Ex.	Frequency/ Analysis	Sample Type
			From: 10-1-04	To: 10-31-04				
Flow	Sample Measurement	0.029	MGD			0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)	MGD				5 Day / Week	Pumps
Flow	Sample Measurement	0.030	MGD			0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)	MGD				5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7		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			2.6		0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg.)			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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			1.7	1.7		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
pH	Sample Measurement			7.4	7.7		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.3			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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			81			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (Mo Avg)			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			110			mg/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 10-1-04 To: 10-31-04

Three-Month Average Daily Flow: 0.031
 (TMADF/Permitted Capacity)x100: 57%

	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	.029					2.2			
3	.030								
4	.030			7.4		2.2			
5	.031			7.6		2.2			
6	.027			7.5		2.2			
7	.026			7.5		2.2+			
8	.036			7.5		2.2			
9	.026								
10	.036								
11	.036			7.5		2.2			
12	.034			7.4		2.2			
13	.028	2.0U	1.7	7.4	1.0U	2.2			
14	.033			7.6		2.2			
15	.030			7.5		2.2			
16	.021								
17	.032								
18	.032			7.6		2.2			
19	.029			7.5		2.2			
20	.027			7.5		2.2			
21	.032			7.4		2.2			
22	.029			7.4		2.2			
23	.019								
24	.031								
25	.032			7.5		2.2			
26	.040			7.5		2.2			
27	.026			7.5		2.2			
28	.026			7.7		2.2			
29	.025			7.7		2.2			
30	.029								
31	.029					2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243
 Evening Shift Operator Class: C Certificate No: 13614
 Night Shift Operator Class: _____ Certificate No: _____
 Lead Operator Class: B Certificate No: 7113

Name: John Worrell
 Name: Adam Michaelson
 Name: _____
 Name: Will Fontaine

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			7.5	7.7		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.2			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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			120			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (Mo Avg)			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			130			mg/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement			Report (Mo Avg)			mg/L		Annually	Grab

Version 3/30/2001

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

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 11/1/04 To: 11/30/04

Three-Month Average Daily Flow: 0.030
 (TMADF/Permitted Capacity)x100: 55%

	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	.030			7.6		2.2			
2	.027			7.5		2.2			
3	.022			7.6		2.2			
4	.036			7.6		2.2			
5	.030			7.6		2.2			
6	.018					2.2			
7	.037								
8	.037			7.5		2.2			
9	.029			7.6		2.2			
10	.026	5.6	1.0	7.6	1.0U	2.2			
11	.037			7.5		2.2			
12	.022			7.6		2.2			
13	.023					2.2			
14	.030								
15	.029			7.6		2.2			
16	.023			7.7		2.2			
17	.030			7.6		2.2			
18	.027			7.6		2.2			
19	.030			7.6		2.2			
20	.018					2.2			
21	.032								
22	.031			7.7		2.2			
23	.020			7.6		2.2			
24	.026			7.6		2.2			
25	.025			7.5		2.2			
26	.036			7.6		2.2			
27	.027					2.2			
28	.030								
29	.030			7.5		2.2			
30	.023			7.6		2.2			
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: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading	Units	MONITORING PERIOD		Units	No Ex.	Frequency/ Analysis	Sample Type
				From: 12/1/04	To: 12/31/04				
Flow	Sample Measurement	0.028	MGD				0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)	MGD					5 Day / Week	Pumps
Flow	Sample Measurement	0.030	MGD				0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)	MGD					5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7		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			2.0		mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Grab

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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			7.4	7.7		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.2			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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			150			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 12/1/04 To: 12/31/04

Three-Month Average Daily Flow: 0.029
 (TMADF/Permitted Capacity)x100: 54%

	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	.031			7.6		2.2			
2	.027			7.6		2.2			
3	.032			7.5		2.2			
4	.020					2.2			
5	.038								
6	.038			7.4		2.2			
7	.033			7.5		2.2			
8	.026			7.5		2.2			
9	.030	2.0U	1.0U	7.5	1.0	2.2			
10	.028			7.6		2.2			
11	.026					2.2			
12	.030								
13	.030			7.6		2.2			
14	.031			7.4		2.2			
15	.029			7.6		2.2			
16	.031			7.5		2.2			
17	.023			7.5		2.2			
18	.023					2.2			
19	.032								
20	.032			7.7		2.2			
21	.028			7.6		2.2			
22	.032			7.6		2.2			
23	.032			7.7		2.2			
24	.018			7.7		2.2			
25	.031					2.2			
26	.031								
27	.034			7.6		2.2			
28	.028			7.6		2.2			
29	.034			7.5		2.2			
30	.027			7.6		2.2			
31	.032			7.7		2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243
 Evening Shift Operator Class: C Certificate No: 13614
 Night Shift Operator Class: Certificate No:
 Lead Operator Class: B Certificate No: 7113

Name: John Worrell
 Name: Adam Michaelson
 Name:
 Name: Will Fontaine

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter	Quantity or Loading	Units	MONITORING PERIOD			Units	No Ex.	Frequency/Analysis	Sample Type
			Quality or Concentration	From: 1/1/05	To: 1/31/05				
Flow	Sample Measurement	0.027		MGD		0	5 Day / Week	Pumps	
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)		MGD			5 Day / Week	Pumps	
Flow	Sample Measurement	0.031		MGD		0	5 Day / Week	Pumps	
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)		MGD			5 Day / Week	Pumps	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3		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			2.1	2.1	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			1.8		mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg.)		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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Solids, Total Suspended				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
pH		Sample Measurement		7.4	7.7		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I	Permit Requirement		6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal		Sample Measurement		1.1			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement		1.1			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 (Mo Avg)			mg/L		Annually	Grab
Solids, Total Suspended		Sample Measurement		110			mg/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G	Permit Requirement		Report (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 1/1/05 To: 1/31/05

Three-Month Average Daily Flow: 0.030
 (TMADF/Permitted Capacity)x100: 54%

	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	.035					2.2			
2	.034								
3	.034			7.6		2.2			
4	.039			7.5		2.2			
5	.026			7.7		2.2			
6	.037	2.1	1.0U	7.7	1.0U	2.2			
7	.034			7.6		2.2			
8	.032					2.2			
9	.031								
10	.031			7.6		2.2			
11	.035			7.4		2.2			
12	.028			7.4		2.2			
13	.028			7.6		2.2			
14	.019			7.5		2.2			
15	.019					2.2			
16	.031								
17	.032			7.6		2.2			
18	.039			7.6		2.2			
19	.031			7.5		2.2			
20	.016			7.6		2.2			
21	.035			7.6		2.2			
22	.027					2.2			
23	.027								
24	.042			7.5		2.2			
25	.032			7.6		2.2			
26	.035			7.5		2.2			
27	.031			7.6		2.2			
28	.028			7.6		2.2			
29	.032					2.2			
30	.032								
31	.032			7.6		2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243
 Evening Shift Operator Class: C Certificate No: 13614
 Night Shift Operator Class: _____ Certificate No: _____
 Lead Operator Class: B Certificate No: 7113

Name: John Worrell
 Name: Adam Michaelson
 Name: _____
 Name: Will Fontaine

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter	Sample Measurement	Quantity or Loading		Units	MONITORING PERIOD			Units	No Ex.	Frequency/ Analysis	Sample Type
		Quantity or Loading	Units		Quality or Concentration	From: 2/1/05	To: 2/28/05				
Flow	Sample Measurement	0.028		MGD				0		5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Permit Requirement	0.054 (An Avg.)		MGD						5 Day / Week	Pumps
Flow	Sample Measurement	0.027		MGD				0		5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Permit Requirement	Report (Mo Avg.)		MGD						5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2			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				2.0	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				1.8			mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg.)			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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement				7.3	7.6		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement				6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement				1.1			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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				90			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement				Report (Mo Avg)			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				93			mg/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	G Permit Requirement				Report (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 2/1/05 To: 2/28/05

Three-Month Average Daily Flow: 0.029
 (TMADF/Permitted Capacity)x100: 54%

	Flow (mgd)	CBOD5 (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/l)	CBOD (MG/L)	TSS (MG/L)	
Code	50050	80082	00530	00400	74055	50060			
Mon Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1	
1	.023			7.5		2.2			
2	.027			7.6		2.2			
3	.028	2.0U	1.0U	7.6	1.0U	2.2	90	93	
4	.029			7.6		2.2			
5	.027					2.2			
6	.026								
7	.032			7.5					
8	.026			7.6		2.2			
9	.022			7.6		2.2			
10	.025			7.5		2.2			
11	.017			7.5		2.2			
12	.022					2.2			
13	.028								
14	.027			7.5		2.2			
15	.027			7.5		2.2			
16	.027			7.5		2.2			
17	.027			7.6		2.2			
18	.031			7.5		2.2			
19	.017					2.2			
20	.035								
21	.036			7.5		2.2			
22	.032			7.6		2.2			
23	.027			7.5		2.2			
24	.026			7.5		2.2			
25	.025			7.3		2.2			
26	.025					2.2			
27	.027								
28	.026			7.4		2.2			
29									
30									
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: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter	Sample Measurement	Quantity or Loading	Units	MONITORING PERIOD			Units	No Ex.	Frequency/ Analysis	Sample Type
				Quality or Concentration	From: 3/1/05	To: 3/31/05				
Flow	Sample Measurement	0.028	MGD				0	5 Day / Week	Pumps	
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)	MGD					5 Day / Week	Pumps	
Flow	Sample Measurement	0.030	MGD				0	5 Day / Week	Pumps	
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)	MGD					5 Day / Week	Pumps	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.1			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			1.4			mg/L 0	Monthly	Grab	
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement			20.0 (An Avg.)			mg/L	Monthly	Grab	

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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			7.4	7.7		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.0			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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			250			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 3/1/05 To: 3/31/05

Three-Month Average Daily Flow: 0.029
 (TMADF/Permitted Capacity)x100: 54%

	Flow (mgd)	CBOD5 (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	
Code	50050	80082	00530	00400	74055	50060			
Mon Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1	
1	.021			7.5		2.2			
2	.024			7.4		2.2			
3	.017	2.0U	1.0	7.4	1.0U	2.2	250	160	
4	.025			7.4		2.2			
5	.017					2.2			
6	.026								
7	.026			7.4		2.2			
8	.025			7.5		2.2			
9	.024			7.4		2.2			
10	.023			7.5		2.2			
11	.026			7.5		2.2			
12	.017					2.2			
13	.032								
14	.032			7.6		2.2			
15	.027			7.5		2.2			
16	.027			7.6		2.2			
17	.027			7.6		2.2			
18	.024			7.7		2.2			
19	.030					2.2			
20	.027								
21	.027			7.6		2.2			
22	.033			7.6		2.2			
23	.030			7.5		2.2			
24	.024			7.6		2.2			
25	.022			7.7		2.2			
26	.024					2.2			
27	.038								
28	.037			7.6		2.2			
29	.030			7.6		2.2			
30	.024			7.6		2.2			
31	.029			7.7		2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243
 Evening Shift Operator Class: C Certificate No: 13614
 Night Shift Operator Class: Certificate No:
 Lead Operator Class: B Certificate No: 7113

Name: John Worrell
 Name: Adam Michaelson
 Name:
 Name: Will Fontaine

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE: ()

Parameter	Sample Measurement	Quantity or Loading		Units	MONITORING PERIOD			Units	No Ex.	Frequency/ Analysis	Sample Type
					Quality or Concentration	From: 4/1/05	To: 4/30/05				
Flow	Sample Measurement	0.029		MGD				0		5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Permit Requirement	0.054 (An Avg.)		MGD						5 Day / Week	Pumps
Flow	Sample Measurement	0.029		MGD				0		5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Permit Requirement	Report (Mo Avg.)		MGD						5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			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				2.6	2.6		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				1.5			mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Requirement				20.0 (An Avg.)			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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			7.5	7.7		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.0			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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			88			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 4/1/05 To: 4/30/05

Three-Month Average Daily Flow: 0.028
 (TMADF/Permitted Capacity)x100: 53%

	Flow (mgd)	CBOD5 (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	
Code	50050	80082	00530	00400	74055	50060			
Mon Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	
1	.027			7.6		2.2			
2	.022					2.2			
3	.030								
4	.031			7.5		2.2			
5	.030			7.5		2.2			
6	.024			7.5		2.2			
7	.032			7.5		2.2			
8	.024			7.6		2.2			
9	.028					2.2			
10	.031								
11	.030			7.6		2.2			
12	.032			7.7		2.2			
13	.023			7.6		2.2			
14	.025	2.6	1.8	7.6	1.0U	2.2	88	120	
15	.030			7.6		2.2			
16	.028					2.2			
17	.034								
18	.033			7.6		2.2			
19	.027			7.5		2.2			
20	.032			7.6		2.2			
21	.038			7.6		2.2			
22	.025			7.6		2.2			
23	.026								
24	.026					2.2			
25	.032			7.6		2.2			
26	.030			7.5		2.2			
27	.028			7.6		2.2			
28	.029			7.6		2.2			
29	.029			7.5		2.2			
30	.031					2.2			
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243
 Evening Shift Operator Class: C Certificate No: 13614
 Night Shift Operator Class: _____ Certificate No: _____
 Lead Operator Class: B Certificate No: 7113

Name: John Worrell
 Name: Adam Michaelson
 Name: _____
 Name: Will Fontaine

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

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: FLA010533
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 3634

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Flow	Sample Measurement	0.030		MGD				0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	Y Permit Requirement	0.054 (An Avg.)		MGD					5 Day / Week	Pumps
Flow	Sample Measurement	0.029		MGD				0	5 Day / Week	Pumps
PARM Code 50050 Mon Site No EFF-1	I Permit Requirement	Report (Mo Avg.)		MGD					5 Day / Week	Pumps
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		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				1.5		mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Y Permit Requirement				20.0 (An Avg.)		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
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: Summit Chase Villas WWTF

PERMIT NUMBER: FLA010533

MONITORING GROUP NUMBER: R001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
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
pH	Sample Measurement			7.3	7.6		S.U.	0	5 Days / Week	Grab
PARM Code 00400 Mon Site No EFA-1	I Permit Requirement			6.0 (Min)	8.5 (Max)		s.u.		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement			1.0			#100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	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-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 Days / Week	Grab
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			84			mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	G Permit Requirement			Report (Mo 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 (Mo Avg)			mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533 Facility: Summit Chase Villas WWTF
 Monitoring Period From: 5/1/05 To: 5/31/05

Three-Month Average Daily Flow: 0.029
 (TMADF/Permitted Capacity)x100: 54%

	Flow (mgd)	CBOD5 (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	Total Nitrate Nitrogen (as N) (mg/l)
Code	50050	80082	00530	00400	74055	50060	80082	00530	00620
Mon Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF - 1	INF - 1	EFA - 1
1	.028								
2	.028			7.5		2.2			
3	.027			7.6		2.2			
4	.023			7.5		2.2			
5	.032			7.5		2.2			
6	.027			7.4		2.2			
7	.022					2.2			
8	.032								
9	.032			7.4		2.2			
10	.027			7.5		2.2			
11	.030			7.3		2.2			
12	.027	2.0U	1.2	7.4	1.0U	2.2	84	180	
13	.032			7.4		2.2			
14	.025					2.2			
15	.035								
16	.035			7.3		2.2			
17	.024			7.5		2.2			
18	.030			7.5		2.2			
19	.027			7.5		2.2			
20	.031			7.5		2.2			
21	.027					2.2			
22	.032								
23	.031			7.5		2.2			
24	.030			7.5		2.2			
25	.029			7.5		2.2			
26	.030			7.6		2.2			
27	.024			7.4		2.2			
28	.029					2.2			
29	.036								
30	.035			7.6		2.2			
31	.037			7.4		2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243
 Evening Shift Operator Class: C Certificate No: 13614
 Night Shift Operator Class: _____ Certificate No: _____
 Lead Operator Class: B Certificate No: 7113

Name: John Worrell
 Name: Adam Michaelson
 Name: _____
 Name: Will Fontaine

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010533

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Summit Chase Villas WWTP
 LOCATION: Woodlea Road
 Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6/1/05

To 6/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.030	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.030	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	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 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
				60.0 (Max.)				
Solids, Total Suspended	Sample Measurement			1.5	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.5	mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
				60.0 (Max.)				

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: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 6/1/05

PERMIT NUMBER: FLA010533
 To 6/30/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.3	7.7		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			mg/	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				130			mg/	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement				190			mg/l	0	Annually	Grab
	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				54			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-1	Sample Measurement				MNR			mg/l	0	Annually	Grab
	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
Monitoring Period: From: 6/1/05

To: 6/30/05

Facility: Summit Chase Villas 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	.039				
2			7.5		2.2	.027				
3			7.4		2.2	.022				
4					2.2	.018				
5						.028				
6			7.4		2.2	.027				
7			7.5		2.2	.024				
8			7.4		2.2	.023				
9	2.0U	1.0U	7.4	1.5	2.2	.021				
10			7.3		2.2	.031				
11					2.2	.026				
12						.031				
13			7.4		2.2	.031				
14			7.3		2.2	.031				
15			7.6		2.2	.039				
16			7.4		2.2	.046				
17			7.6		2.2	.028				
18					2.2	.029				
19						.034				
20			7.4		2.2	.033				
21			7.7		2.2	.025				
22			7.5		2.2	.033				
23			7.6		2.2	.037				
24			7.5		2.2	.029				
25					2.2	.022				
26						.035				
27			7.5		2.2	.035				
28			7.6		2.2	.028				
29			7.5		2.2	.027				
30			7.5		2.2	.034				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

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

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C 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 Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010533

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/05

To 7/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.030				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.029				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	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 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.5	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	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 A 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: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 7/1/05

PERMIT NUMBER: FLA010533
 To 7/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5			mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			58			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			72			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			54%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
 Monitoring Period From: 7/1/05 To: 7/31/05

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1			7.4		1.5	.036				
2						.035				
3					2.2	.035				
4			7.7		2.2	.027				
5			7.6		2.2	.037				
6			7.6		2.2	.029				
7	6.0Y	1.0U	7.7	1.0U	2.2	.024	58	72		
8			7.7		2.2	.028				
9					2.2	.035				
10						.038				
11			7.5		2.2	.037				
12			7.5		2.2	.028				
13			7.5		2.2	.032				
14			7.6		2.2	.028				
15			7.5		2.2	.027				
16					2.2	.020				
17						.033				
18			7.6		2.2	.033				
19			7.5		2.2	.027				
20			7.5		2.2	.026				
21			7.5		2.2	.027				
22			7.4		2.2	.023				
23						.026				
24					2.2	.026				
25			7.5		2.2	.028				
26			7.6		2.2	.025				
27			7.4		2.2	.027				
28			7.4		2.2	.027				
29			7.4		2.2	.025				
30					2.2	.020				
31						.029				
Total										
Mo. Avg.										

PLANT STAFFING:

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

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

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C 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 Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010533

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE 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, Total Through Plant	Sample Measurement	0.029				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.027				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	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 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.5	mg/l	0	Monthly	Grab
PARM Code 00530 A 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: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 8/1/05

PERMIT NUMBER: FLA010533
 To 8/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A 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 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				76			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				99			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				53%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA010533
 Monitoring Period From: 8/1/05

To: 8/31/05

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1			7.6		2.2	.029				
2			7.5		2.2	.021				
3			7.5		2.2	.027				
4	2.0	1.0U	7.6	4.5	2.2	.026	76	99		
5			7.5		2.2	.031				
6					2.2	.023				
7						.031				
8			7.4		2.2	.031				
9			7.5		2.2	.025				
10			7.6		2.2	.024				
11			7.4		2.2	.026				
12			7.6		2.2	.024				
13					2.2	.020				
14						.032				
15			7.6		2.2	.032				
16			7.6		2.2	.027				
17			7.6		2.2	.025				
18			7.5		2.2	.031				
19			7.5		2.2	.027				
20					2.2	.026				
21						.030				
22			7.5		2.2	.030				
23			7.5		2.2	.023				
24			7.5		2.2	.026				
25			7.8		2.2	.022				
26			7.6		2.2	.034				
27					2.2	.018				
28						.032				
29			7.6		2.2	.021				
30			7.5		2.2	.030				
31			7.5		2.2	.028				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</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 Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010533

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE 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, Total Through Plant	Sample Measurement	0.029				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.031				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	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 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.5	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	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 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	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: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 9/1/05

PERMIT NUMBER: FLA010533
To 9/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.9	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	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-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 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			93		mg/l	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement			Report		mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			170		mg/l	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement			Report		mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			53%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement			Report		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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
 Monitoring Period: From: 9/1/05 To: 9/30/05

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF -1	INF -1		
1			7.6		2.2	.031				
2			7.5		2.2	.027				
3					2.2	.030				
4						.033				
5			7.6		2.2	.033				
6			7.4		2.2	.035				
7			7.6		2.2	.028				
8	2.0U	1.0U	7.8	1.1	2.2	.024	93	170		
9			7.6		2.2	.028				
10					2.2	.028				
11						.036				
12			7.6		2.2	.036				
13			7.5		2.2	.026				
14			7.7		2.2	.039				
15			7.7		2.2	.034				
16			7.6		2.2	.034				
17					2.2	.020				
18						.040				
19			7.8		2.2	.040				
20			7.8		2.2	.028				
21			7.8		2.2	.033				
22			7.9		2.2	.033				
23			7.8		2.2	.031				
24					2.2	.031				
25						.029				
26			7.7		2.2	.028				
27			7.8		2.2	.028				
28			7.7		2.2	.030				
29			7.8		2.2	.026				
30			7.6		2.2	.024				
31										
Total										
Mo. Avg.										

PLANT STAFFING:
 Day Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Evening Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C 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 Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010533

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE 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, Total Through Plant PARM Code 50050 Y Mon.Site No. FLW-1	Sample Measurement	0.029						0		5 Days/Week	Elapsed Time Meter
	Permit Requirement	0.054 (An.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant PARM Code 50050 I Mon.Site No. FLW-1	Sample Measurement	0.032						0		5 Days/Week	Elapsed Time Meter
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2.8			mg/l	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				2.7	2.7		mg/l	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				1.4			mg/l	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				1.1	1.1		mg/l	0	Monthly	Grab
	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: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 10/1/05

PERMIT NUMBER: FLA010533
 To 10/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.9	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A 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 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				60		mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report		mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				82		mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report		mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				55%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report		PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR		mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)		mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
 Monitoring Period From: 10/1/05 To: 10/31/05

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1					2.2	.038				
2						.030				
3			7.6		2.2	.029				
4			7.6		2.2	.029				
5			7.8		2.2	.028				
6	2.7	1.0U	7.7	1.1	2.2	.023	60	82		
7			7.7		2.2	.028				
8					2.2	.028				
9						.031				
10			7.7		2.2	.030				
11			7.7		2.2	.027				
12			7.6		2.2	.032				
13			7.7		2.2	.032				
14			7.8		2.2	.029				
15					2.2	.027				
16						.040				
17			7.7		2.2	.040				
18			7.7		2.2	.032				
19			7.9		2.2	.026				
20			7.6		2.2	.031				
21			7.7		2.2	.038				
22					2.2	.038				
23						.039				
24			7.6		2.2	.040				
25			7.7		2.2	.041				
26			7.8		2.2	.033				
27			7.6		2.2	.034				
28			7.6		2.2	.024				
29					2.2	.035				
30						.034				
31			7.8		2.2	.034				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelsen

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

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C 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 Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010533

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE 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, Total Through Plant	Sample Measurement	0.030				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.030				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.5	mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
				60.0 (Max.)				
Solids, Total Suspended	Sample Measurement			1.5	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.9	mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
				60.0 (Max.)				

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: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 11/1/05

PERMIT NUMBER: FLA010533
 To 11/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A 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 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/l		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			81			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			84			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			57%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			mg/l	0	Annually	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA010533
 Monitoring Period: From: 11/1/05 To: 11/30/05

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)		CBOD5 (mg/l)	TSS (mg/l)	
Code	80082	74055	00400	00530	50060	50050		80082	00530	
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		INF-1	INF-1	
1			7.7		2.2	.030				
2			7.6		2.2	.025				
3	4.5Y	1.0U	7.7	1.9	2.2	.029	81	84		
4			7.5		2.2	.035				
5					2.2	.020				
6						.032				
7			7.4		2.2	.031				
8			7.8		2.2	.036				
9			7.9		2.2	.030				
10			7.6		2.2	.029				
11			7.5		2.2	.031				
12					2.2	.026				
13						.030				
14			7.6		2.2	.030				
15			7.5		2.2	.031				
16			7.4		2.2	.027				
17			7.4		2.2	.026				
18			7.6		2.2	.021				
19					2.2	.025				
20						.038				
21			7.4		2.2	.037				
22			7.6		2.2	.032				
23			7.4		2.2	.028				
24			7.5		2.2	.023				
25			7.4		2.2	.036				
26					2.2	.027				
27						.035				
28			7.4		2.2	.034				
29			7.4		2.2	.042				
30			7.6		2.2	.030				
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

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

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

Lead Operator Class: C 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 Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA010533

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Summit Chase Villas WWTF
 LOCATION: Woodlea Road
 Tavares, FL 32778

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Pond, including Influent

COUNTY: Lake

NO DISCHARGE 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, Total Through Plant	Sample Measurement	0.030				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.054 (An.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
Flow, Total Through Plant	Sample Measurement	0.031				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	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 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8	mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.7	mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	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: Summit Chase Villas WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 12/1/05

PERMIT NUMBER: FLA010533
 To 12/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	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-1	A 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 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			97			mg/l	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	G Permit Requirement			Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement			98			mg/l	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	G Permit Requirement			Report			mg/l		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			57%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	P Permit Requirement			Report			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	A Permit Requirement			12.0 (Max.)			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010533
 Monitoring Period From: 12/1/05 To: 12/31/05

Facility: Summit Chase Villas WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	CBOD5 (mg/l)	TSS (mg/l)		
Code	80082	74055	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF - 1	INF - 1		
1	2.0U	1.0	7.6	4.7	2.2	.030	97	98		
2			7.7		2.2	.034				
3					2.2	.023				
4						.033				
5			7.4		2.2	.033				
6			7.6		2.2	.028				
7			7.6		2.2	.033				
8			7.6		2.2	.028				
9			7.4		2.2	.029				
10					2.2	.022				
11						.033				
12			7.5		2.2	.033				
13			7.4		2.2	.029				
14			7.5		2.2	.026				
15			7.4		2.2	.033				
16			7.5		2.2	.026				
17					2.2	.040				
18						.042				
19			7.5		2.2	.042				
20			7.6		2.2	.027				
21			7.5		2.2	.031				
22			7.4		2.2	.032				
23			7.6		2.2	.024				
24					2.2	.033				
25						.031				
26			7.6		2.2	.031				
27			7.4		2.2	.033				
28			7.4		2.2	.031				
29			7.4		2.2	.030				
30			7.5		2.2	.028				
31					2.2	.024				
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelsen

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

Night Shift Operator Class: Certificate No: Name:

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