

Morningview

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 13 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00979 JAN 30 6

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Morningview

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: P.O. Box 609520 Orlando, FL 32860-9520	LIMIT: Final	REPORT: Monthly
	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Morningview WWTF	MONITORING GROUP NUMBER: R-001 and Influent	
LOCATION: 1322 English Road Leesburg, FL	NO DISCHARGE FROM SITE: []	
COUNTY: Lake		

MONITORING PERIOD--From: **01/01/04** To: **01/31/04**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon Site No EFA-1 Permit Measurement	0.020 (Ag Avg)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon Site No EFA-1 Permit Measurement	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C Sample Measurement			2.5		0	Monthly	Grab
PARM Code 80082 Y Mon Site No EFA-1 Permit Measurement			20.0 (Ar Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C Sample Measurement			2U	2U	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-1 Permit Measurement			Report (Mo Avg)	6000 (Max)		Monthly	Grab
Solids, Total Suspended Sample Measurement			2.4		0	Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-1 Permit Measurement			20.0 (Ar Avg)			Monthly	Grab
Solids, Total Suspended Sample Measurement			2.2	2.2	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1 Permit Measurement			Report (Mo Avg)	500 (Max)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Chief Plant Operator)		352-787-0980	04/02/25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningsview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **01/01/04** To: **01/31/04**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0		mg/L	0	5 Days/week	Grab
PARM Code 50050-1 Mon Site No EFA-1	Permit Measurement			0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement			7.3	7.8	s.u.	0	5 Days/week	Grab
PARM Code 00400-1 Mon Site No EFA-1	Permit Measurement			6.0 (Min)	8.0 (Max)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1U		#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon Site No EFA-1	Permit Measurement			200 (Max)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055-1 Mon Site No EFA-1	Permit Measurement			Report (Monthly)	800 (Max)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					mg/L	0	Annually	Grab
PARM Code 00620-1 Mon Site No EFA-1	Permit Measurement				12.0 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			280		mg/L	0	Annually	Grab
PARM Code 80082-G Mon Site No INF-1	Permit Measurement			Report (Mo Avg)	3.5 (Max)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			490		mg/L	0	Annually	Grab
PARM Code 00530-G Mon Site No INF-1	Permit Measurement			Report (Mo Avg)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: January-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 32%

	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Code	50050	80082	80082	00530	00531	00400	74055	50060	00620			
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.005					7.7		2.2				
2	0.006					7.6		2.2				
3	0.007							2.2				
4												
5	0.014					7.5		2.2				
6	0.007					7.7		2.2				
7	0.005					7.7		2.2				
8	0.005	2U	280	2.2	490	7.7	1U	2.2				
9	0.006					7.7		2.2				
10	0.006							2.2				
11												
12	0.014					7.3		1.0				
13	0.006					7.6		2.0				
14	0.006					7.7		2.2				
15	0.007					7.7		2.2				
16	0.005					7.7		2.2				
17	0.005							2.2				
18												
19	0.011					7.6		2.2				
20	0.008					7.8		2.2				
21	0.005					7.6		2.2				
22	0.005					7.5		2.2				
23	0.005					7.5		2.2				
24	0.005							2.2				
25												
26	0.012					7.5		2.2				
27	0.005					7.7		2.2				
28	0.005					7.5		2.2				
29	0.008					7.6		2.2				
30	0.007					7.6		2.2				
31	0.005							2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 7522 </u>	Name: <u> Brian Heath </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 9421 </u>	Name: <u> Mike Ponticelli </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 7243 </u>	Name: <u> John Worrell </u>
Lead Operator	Class: <u> B </u>	Certification No.: <u> 7113 </u>	Name: <u> Will Fontaine </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME:	Florida Water Services	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	P.O. Box 609520 Orlando, FL 32860-9520	LIMIT:	Final
FACILITY:	Morningview WWTF	CLASS SIZE:	N/A
LOCATION:	1322 English Road Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[]
		REPORT:	Monthly
		GROUP:	Domestic

MONITORING PERIOD--From: **02/01/04** To: **02/29/04**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon Site No EFF-1	0.020 (An Avg)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon Site No EFF-1	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C			2.5		0	Monthly	Grab
PARM Code 80082 Y Mon Site No EFA-1			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C			2U	2U	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-1			Report (Mo Avg)	66.0 (Max)		Monthly	Grab
Solids, Total Suspended			2.4		0	Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-1			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended			1.3	1.3	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1			Report (Mo Avg)	60.0 (Max)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Chief Plant Operator)		352-787-0980	04/03/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: 02/01/04 To: 02/29/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
PARM Code 50060-1 Mon Site No EFA-1	Permit Measurement			0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement			7.5	7.7	s.u.	0	5 Days/week	Grab
PARM Code 00400-1 Mon Site No EFA-1	Permit Measurement			6.0 (Min)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1		#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon Site No EFA-1	Permit Measurement			200 (Mo Avg)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.0	5.0	#/100ml	0	Monthly	Grab
PARM Code 74055-1 Mon Site No EFA-1	Permit Measurement			Report (Monthly)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					mg/L	0	Annually	Grab
PARM Code 00620-1 Mon Site No EFA-1	Permit Measurement					12.0 (Max)		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140		mg/L	0	Annually	Grab
PARM Code 80082-G Mon Site No INF-1	Permit Measurement			Report (Mo Avg)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			180		mg/L	0	Annually	Grab
PARM Code 00530-G Mon Site No INF-1	Permit Measurement			Report (Mo Avg)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: February-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 32%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1												
2	0.014					7.5		2.2				
3	0.007					7.6		2.2				
4	0.004	2U	140	1.3	180	7.5	5	2.2				
5	0.008					7.5		2.2				
6	0.005					7.6		2.2				
7												
8	0.010							2.2				
9	0.006					7.7		2.2				
10	0.006					7.5		2.2				
11	0.004					7.5		2.2				
12	0.007					7.7		2.2				
13	0.004					7.6		2.2				
14	0.007							2.2				
15												
16	0.012					7.5		2.2				
17	0.007					7.5		2.2				
18	0.007					7.6		2.2				
19	0.006					7.5		2.2				
20	0.005					7.5		2.2				
21	0.009							2.2				
22												
23	0.011					7.6		2.2				
24	0.008					7.7		2.2				
25	0.008					7.5		2.2				
26	0.006					7.5		2.2				
27	0.006					7.6		2.2				
28	0.007							2.2				
29												
30												
31												

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>7522</u>	Name: <u>Brian Heath</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>9421</u>	Name: <u>Mike Ponticelli</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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PERMITTEE NAME:	Florida Water Services	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	P.O. Box 609520 Orlando, FL 32860-9520	LIMIT:	Final
FACILITY:	Morningview WWTF	CLASS SIZE:	N/A
LOCATION:	1322 English Road Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[]
		REPORT:	Monthly
		GROUP:	Domestic

MONITORING PERIOD--From: **03/01/04** To: **03/31/04**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon Site No EFF-1	0.006	MGD			0	5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon Site No EFF-1	0.006	MGD			0	5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No EFA-1	2.5			mg/L	0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No EFA-1	2U		2U	mg/L	0	Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon Site No EFA-1	2.6			mg/L	0	Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon Site No EFA-1	4.3		4.3	mg/L	0	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Chief Plant Operator)		352-787-0980	04/04/27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **03/01/04** To: **03/31/04**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
PARM Code 50050-I Mon Site No. EFA-1	Permit Measurement			0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement			7.3	7.7	s.u.	0	5 Days/week	Grab
PARM Code 00400-I Mon Site No. EFA-1	Permit Measurement			6.0 (Min)	8.0 (Max)	u		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1		#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon Site No. EFA-1	Permit Measurement			200 (An Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055-I Mon Site No. EFA-1	Permit Measurement			Report (Monthly)	800 (Max)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.2	mg/L	0	Annually	Grab
PARM Code 00620-J Mon Site No. EFA-1	Permit Measurement				12.0 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			150		mg/L	0	Annually	Grab
PARM Code 80082-G Mon Site No. INF-1	Permit Measurement			Report (Mo Avg.)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			170		mg/L	0	Annually	Grab
PARM Code 00530-G Mon Site No. INF-1	Permit Measurement			Report (Mo Avg.)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: March-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 30%

	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Code	50050	80082	80082	00530	00531	00400	74055	50060	00620			
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.014					7.6		2.2				
2	0.007					7.5		2.2				
3	0.006					7.5		2.2				
4	0.005					7.5		2.2				
5	0.005					7.6		2.2				
6	0.007							2.2				
7	0.006											
8	0.006					7.5		2.2				
9	0.007					7.6		2.2				
10	0.005	2U	150	4.3	170	7.4	1	2.2	2			
11	0.007					7.6		2.2				
12	0.005					7.5		2.2				
13	0.006							2.2				
14	0.006											
15	0.006					7.4		2.2				
16	0.008					7.7		2.2				
17	0.006					7.5		2.2				
18	0.004					7.3		2.2				
19	0.007					7.7		2.2				
20	0.005							2.2				
21	0.003											
22	0.003					7.5		2.2				
23	0.004					7.6		2.2				
24	0.005					7.6		2.2				
25	0.006					7.5		2.2				
26	0.006					7.6		2.2				
27	0.003							2.2				
28	0.008											
29	0.008											
30	0.006					7.5		2.2				
31	0.005					7.7		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>7522</u>	Name: <u>Brian Heath</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME:	Florida Water Services	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	P.O. Box 609520 Orlando, FL 32860-9520	LIMIT:	Final
FACILITY:	Morningview WWTF	CLASS SIZE:	N/A
LOCATION:	1322 English Road Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[]
		REPORT GROUP:	Monthly Domestic

MONITORING PERIOD--From: **04/01/04** To: **04/30/04**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.007	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050: Y Mon. Site No. EFA: 1	Permit Measurement	0.020 (An. Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050: I Mon. Site No. EFA: 1	Permit Measurement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		0	Monthly	Grab
PARM Code 80082: Y Mon. Site No. EFA: 1	Permit Measurement			20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	0	Monthly	Grab
PARM Code 80082: I Mon. Site No. EFA: 1	Permit Measurement			Report (Mo. Avg.)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.5		0	Monthly	Grab
PARM Code 00530: Y Mon. Site No. EFA: 1	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.3	3.3	0	Monthly	Grab
PARM Code 00530: I Mon. Site No. EFA: 1	Permit Measurement			Report (Mo. Avg.)	60.0 (Max)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Chief Plant Operator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF Permit Number: FLA010610 Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: 04/01/04 To: 05/01/04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	1.4			mg/L	0	5 Days/week	Grab
PARM Code 50060:1							
Permit Measurement				mg/L			Grab
Mon Site No EFA-1							
pH	7.4			s.u.	0	5 Days/week	Grab
PARM Code 00400:1							
Permit Measurement				s.u.			Grab
Mon Site No EFA-1							
Coliform, Fecal	1			#/100ml	0	Monthly	Grab
PARM Code 74056:Y							
Permit Measurement				#/100ml			Grab
Mon Site No EFA-1							
Coliform, Fecal	1U			#/100ml	0	Monthly	Grab
PARM Code 74055:1							
Permit Measurement				#/100ml			Grab
Mon Site No EFA-1							
Nitrogen, Nitrate, Total (as N)				mg/L	0	Annually	Grab
PARM Code 00620:1							
Permit Measurement				mg/L			Grab
Mon Site No EFA-1							
BOD, Carbonaceous 5 day, 20C	260			mg/L	0	Annually	Grab
PARM Code 80082:G							
Permit Measurement				mg/L			Grab
Mon Site No INF-1							
Solids, Total Suspended	260			mg/L	0	Annually	Grab
PARM Code 00530:G							
Permit Measurement				mg/L			Grab
Mon Site No INF-1							
Sample Measurement							
Sample Measurement							
Sample Measurement							
Sample Measurement							
Sample Measurement							
Sample Measurement							
Sample Measurement							
Sample Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: April-04

Facility: Morningsview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 30%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006					7.6		2.2				
2	0.006					7.6		1.4				
3	0.005							2.2				
4	0.007											
5	0.007					7.5		2.2				
6	0.006					7.5		2.2				
7	0.004	2U	260	3.3	260	7.6	1U	2.2				
8	0.006					7.5		2.2				
9	0.007					7.4		2.2				
10	0.005							2.2				
11	0.001											
12	0.001					7.6		2.2				
13	0.000					7.7		2.2				
14	0.008					7.5		2.2				
15	0.006					7.6		2.2				
16	0.006					7.5		2.2				
17	0.007							2.2				
18	0.007											
19	0.007					7.4		2.2				
20	0.009					7.4		2.2				
21	0.004					7.5		2.2				
22	0.008					7.4		2.2				
23	0.007					7.5		2.2				
24	0.005							2.2				
25	0.007											
26	0.007					7.5		2.2				
27	0.006					7.6		2.2				
28	0.006					7.6		2.2				
29	0.006					7.4		2.2				
30	0.006					7.6		2.2				
31												

PLANT STAFFING:

Day Shift Operator	Class: C	Certification No.: 7522	Name: Brian Heath
Day Shift Operator	Class: C	Certification No.: 13614	Name: Adam Michaelson
Day Shift Operator	Class: B	Certification No.: 7243	Name: John Worrell
Lead Operator	Class: B	Certification No.: 7113	Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

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

Docket No. 060368-WS

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

Florida

**Report Missing:
Morningview**

**Month/Year
May 2004**

Aqua Utilities Florida, Inc.

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, Florida 32803-3767

PERMITTEE NAME:	Florida Water Services	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	P.O. Box 609520 Orlando, FL 32860-9520	LIMIT:	Final
FACILITY:	Morningview WWTF	CLASS SIZE:	N/A
LOCATION:	1322 English Road Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[]
		REPORT:	Monthly
		GROUP:	Domestic

MONITORING PERIOD--From: **06/01/04** To: **06/30/04**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	0.007	MGD			0	5 Days/Week	Flow Meter
Sample Measurement							
PARM Code 50050 Y Mon Site No EFA-1	0.028 (An Avg)	MGD				5 Days/Week	Flow Meter
Permit Measurement							
Flow, in conduit or thru treatment plant	0.007	MGD			0	5 Days/Week	Flow Meter
Sample Measurement							
PARM Code 50050 I Mon Site No EFA-1	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
Permit Measurement							
BOD, Carbonaceous 5 day, 20C			2.2		0	Monthly	Grab
Sample Measurement							
PARM Code 80082 Y Mon Site No EFA-1			20.0 (An Avg)	mg/L		Monthly	Grab
Permit Measurement							
BOD, Carbonaceous 5 day, 20C			2U	2U	0	Monthly	Grab
Sample Measurement							
PARM Code 80082 I Mon Site No EFA-1			Report (Mo Avg)	600 (Max)		Monthly	Grab
Permit Measurement							
Solids, Total Suspended			2.6		0	Monthly	Grab
Sample Measurement							
PARM Code 00530 Y Mon Site No EFA-1			20.0 (An Avg)	mg/L		Monthly	Grab
Permit Measurement							
Solids, Total Suspended			2.7	2.7	0	Monthly	Grab
Sample Measurement							
PARM Code 00530 I Mon Site No EFA-1			Report (Mo Avg)	600 (Max)		Monthly	Grab
Permit Measurement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Chief Plant Operator)		407-352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **06/01/04** To: **06/30/04**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.2	mg/L	0	5 Days/week	Grab
PARM Code 50060 I Mon Site No EFA-1	Permit Measurement		0.5 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement		7.4	s.u.	0	5 Days/week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit Measurement		6.0 (Min)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement		1	#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Measurement		200 (Ar Avg)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.0	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon Site No EFA-1	Permit Measurement		Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			mg/L	0	Annually	Grab
PARM Code 00620 I Mon Site No EFA-1	Permit Measurement			mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		220	mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Measurement		Report (Mo Avg)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement		250	mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Measurement		Report (Mo Avg)	mg/L		Annually	Grab
	Sample Measurement						
	Permit Measurement						
	Sample Measurement						
	Permit Measurement						

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: June-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 32%

	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Code	50050	80082	80082	00530	00531	00400	74055	50060	00620			
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006					7.4		2.2				
2	0.006					7.5		2.2				
3	0.007					7.5		2.2				
4	0.006					7.6		2.2				
5	0.006					7.5		2.2				
6	0.007											
7	0.007					7.5		2.2				
8	0.006					7.6		2.2				
9	0.007					7.7		2.2				
10	0.004	2U	220	2.7	250	7.5	1.0	2.2				
11	0.007					7.6		2.2				
12	0.007											
13	0.007					7.5		2.2				
14	0.007					7.4		2.2				
15	0.007					7.5		2.2				
16	0.007					7.5		2.2				
17	0.006					7.4		2.2				
18	0.006							2.2				
19	0.005											
20	0.008					7.5		2.2				
21	0.008					7.6		2.2				
22	0.004					7.6		2.2				
23	0.010					7.6		2.2				
24	0.008					7.6		2.2				
25	0.010					7.7		2.2				
26	0.005							2.2				
27	0.007											
28	0.007					7.7		2.2				
29	0.007					7.6		2.2				
30	0.007					7.7		2.2				
31												

PLANT STAFFING:

Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 7522 </u>	Name: <u> Brian Heath </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 13614 </u>	Name: <u> Adam Michaelson </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 7243 </u>	Name: <u> John Worrell </u>
Lead Operator	Class: <u> B </u>	Certification No.: <u> 7113 </u>	Name: <u> Will Fontaine </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

*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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: 2315 Griffin Road, Suite 4 Leesburg, FL 34748-3315	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: <input type="checkbox"/>	

MONITORING PERIOD--From: 07/01/04 To: 07/31/04

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
		Quantity	Units	Quality	Concentration	Units				
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon Site No EFF-1	Sample Measurement	0.006	MGD					0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An Avg)	MGD						5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 J Mon Site No EFF-1	Sample Measurement	0.005	MGD					0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo Avg)	MGD						5 Days/Week	Flow 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 Measurement			20.0 (An Avg)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No EFA-1	Sample Measurement			5.4	5.4		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo Avg)	60.0 (Max)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon Site No EFA-1	Sample Measurement			2.3			mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An Avg)			mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon Site No EFA-1	Sample Measurement			1U	1U		mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo Avg)	20.0 (Max)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **07/01/04** To: **07/31/04**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.2	mg/L	0	5 Days/week	Grab
PARM Code 50060 I Mon Site No EFA-1	Permit Measurement		0.5 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement		7.4	s.u.	0	5 Days/week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit Measurement		6.0 (Min)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement		62	#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Measurement		200 (Ar Avg)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement		729.0	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon Site No EFA-1	Permit Measurement		Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			mg/L	0	Annually	Grab
PARM Code 09620 I Mon Site No EFA-1	Permit Measurement			mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		146	mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Measurement		Report (Mo Avg)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement		80	mg/L	0	Annually	Grab
PARM Code 00530 C Mon Site No INF-1	Permit Measurement		Report (Mo Avg)	mg/L		Annually	Grab
	Sample Measurement						
	Permit Measurement						
	Sample Measurement						
	Permit Measurement						

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: July-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006
 (TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.005					7.6		2.2				
2	0.005					7.7		2.2				
3	0.004											
4	0.002							2.2				
5	0.002					7.7		2.2				
6	0.002					7.7		2.2				
7	0.002					7.7		2.2				
8	0.005					7.7		2.2				
9	0.003					7.6		2.2				
10	0.002							2.2				
11	0.009											
12	0.009					7.7		2.2				
13	0.002					7.6		2.2				
14	0.003					7.6		2.2				
15	0.002					7.5		2.2				
16	0.005					7.4		2.2				
17	0.002							2.2				
18	0.015											
19	0.015					7.5		2.2				
20	0.004					7.5		2.2				
21	0.002	5.4	146	1.0	80	7.5	729	2.2	1			
22	0.004					7.5		2.2				
23	0.002					7.5		2.2				
24	0.003							2.2				
25	0.009											
26	0.009					7.5		2.2				
27	0.003					7.5		2.2				
28	0.004					7.6		2.2				
29	0.009					7.5		2.2				
30	0.009					7.7		2.2				
31	0.011											

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 11993 Name: Al Gerardo
 Day Shift Operator Class: Certification No.: Name:
 Day Shift Operator Class: Certification No.: Name:
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

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

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: 2315 Griffin Road, Suite 4 Leesburg, FL 34748-3315	LIMIT: Final	REPORT: Monthly
	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Morningview WWTF	MONITORING GROUP NUMBER: R-001 and Influent	
LOCATION: 1322 English Road Leesburg, FL	NO DISCHARGE FROM SITE: []	
COUNTY: Lake		

MONITORING PERIOD--From: 08/01/04 To: 08/31/04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon Site No EFF-1	0.007	MGD			0	5 Days/Week	Flow Meter
	0.020 (An Avg)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon Site No EFF-1	0.014	MGD			0	5 Days/Week	Flow Meter
	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No EFA-1			2.5	mg/L	0	Monthly	Grab
			20.0 (An Avg)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No EFA-1			2U	mg/L	0	Monthly	Grab
			Report (Mo Avg)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon Site No EFA-1			2.3	mg/L	0	Monthly	Grab
			20.0 (An Avg)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon Site No EFA-1			1.2	mg/L	0	Monthly	Grab
			Report (Mo 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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **08/01/04** To: **08/31/04**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2	mg/L	0	5 Days/week	Grab
PARM Code 50060-1 Mon Site No EFA-1	Permit Measurement			0.5 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement			7.5	s.u.	0	5 Days/week	Grab
PARM Code 00400-1 Mon Site No EFA-1	Permit Measurement			6.0 (Min)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1	#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon Site No EFA-1	Permit Measurement			200 (Ar Avg)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	#/100ml	0	Monthly	Grab
PARM Code 74055-1 Mon Site No EFA-1	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L	0	Annually	Grab
PARM Code 00620-1 Mon Site No EFA-1	Permit Measurement				12.0 (Max)		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			260	mg/L	0	Annually	Grab
PARM Code 80082-G Mon Site No INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			94	mg/L	0	Annually	Grab
PARM Code 00530-G Mon Site No INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: August-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.009

(TMADF/Permitted Capacity)x100: 43%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.018											
2	0.018					7.6		2.2				
3	0.013					7.6		2.2				
4	0.010					7.5		2.2				
5	0.009					7.6		2.2				
6	0.011					7.6		2.2				
7	0.010											
8	0.010					7.6		2.2				
9	0.012					7.5		2.2				
10	0.011					7.5		2.2				
11	0.012					7.5		2.2				
12	0.010	2U	260	1.2	94	7.6	1	2.2				
13	0.011					7.5		2.2				
14	0.013							2.2				
15	0.011											
16	0.011					7.5		2.2				
17	0.015					7.6		2.2				
18	0.009					7.5		2.2				
19	0.011					7.5		2.2				
20	0.012					7.7		2.2				
21	0.043							2.2				
22	0.027											
23	0.027					7.6		2.2				
24	0.010					7.7		2.2				
25	0.010					7.5		2.2				
26	0.010					7.5		2.2				
27	0.010					7.5		2.2				
28	0.010							2.2				
29	0.012											
30	0.012					7.6		2.2				
31	0.011					7.6		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>11993</u>	Name: <u>Al Gerardo</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	2315 Griffin Road, Suite 4 Leesburg, FL 34748-3315	LIMIT:	Final
FACILITY:	Morningview WWTF	CLASS SIZE:	N/A
LOCATION:	1322 English Road Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	[[
		REPORT:	Monthly
		GROUP:	Domestic

MONITORING PERIOD--From: **09/01/04** To: **09/30/04**

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.007	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon Site No EFA-1	Permit Measurement	0.020 (An Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.008	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon Site No EFA-1	Permit Measurement	Report (Mo Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5		0	Monthly	Grab
PARM Code 80082 Y Mon Site No EFA-1	Permit Measurement			20.0 (An Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-1	Permit Measurement			Report (Mo Avg.)	BOD (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4		0	Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-1	Permit Measurement			20.0 (An Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			2U	2U	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit Measurement			Report (Mo Avg.)	20.0 (Max)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **09/01/04** To: **09/30/04**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	5 Days/week	Grab
PARM Code 50050-1 Mon Site No EFA-1	Permit Measurement				0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement				7.0	7.6	s.u.	0	5 Days/week	Grab
PARM Code 00400-1 Mon Site No EFA-1	Permit Measurement				6.0 (Min)	8.0 (Max)			5 Days/week	Grab
Coliform, Fecal	Sample Measurement				2		#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon Site No EFA-1	Permit Measurement				200 (Ar Avg)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				13.0	13.0	#/100ml	0	Monthly	Grab
PARM Code 74055-1 Mon Site No EFA-1	Permit Measurement				Report (Monthly)	200 (Max)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						mg/L	0	Annually	Grab
PARM Code 00620-1 Mon Site No EFA-1	Permit Measurement					2.0 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				110		mg/L	0	Annually	Grab
PARM Code 80082-G Mon Site No INF-1	Permit Measurement				Report (Mo Avg)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				78		mg/L	0	Annually	Grab
PARM Code 00530-G Mon Site No INF-1	Permit Measurement				Report (Mo Avg)		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: September-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.007

(TMADF/Permitted Capacity)x100: 33%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.014					7.5		2.2				
2	0.011	2U	110	2.0	78	7.5	13	2.2				
3	0.015					7.5		2.2				
4	0.009							2.2				
5	0.012											
6	0.013					7.6		2.2				
7	0.017					7.5		2.2				
8	0.008					7.5		2.2				
9	0.008					7.5		2.2				
10	0.007					7.4		2.2				
11	0.006							2.2				
12	0.008											
13	0.006					7.6		2.2				
14	0.007					7.5		2.2				
15	0.009					7.5		2.2				
16	0.004					7.5		2.2				
17	0.008					7.5		2.2				
18	0.005							2.2				
19	0.007											
20	0.007					7.4		2.2				
21	0.007					7.4		2.2				
22	0.007					7.5		2.2				
23	0.005					7.6		2.2				
24	0.006					7.5		2.2				
25	0.005							2.2				
26	0.004											
27	0.005					7.0		2.2				
28	0.009					7.3		2.2				
29	0.007					7.5		2.2				
30	0.007					7.5		2.2				
31												

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: 2315 Griffin Road, Suite 4 Leesburg, FL 34748-3315	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD--From: 10/01/04 To: 10/31/04

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon Site No EFA-1 Permit Measurement	0.020 (An Avg)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon Site No EFA-1 Permit Measurement	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C Sample Measurement			2.5		0	Monthly	Grab
PARM Code 80082 Y Mon Site No EFA-1 Permit Measurement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C Sample Measurement			2.5	2.5	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-1 Permit Measurement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended Sample Measurement			2.5		0	Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-1 Permit Measurement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended Sample Measurement			3.2	3.2	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1 Permit Measurement			Report (Mo Avg)	60.0 (Max)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **10/01/04** To: **10/31/04**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
PARM Code 50060-I Mon. Site No. EFA-1	Permit Measurement			0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement			7.3	7.5	s.u.	0	5 Days/week	Grab
PARM Code 00400-I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1		#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon. Site No. EFA-1	Permit Measurement			200 (Mo. Avg)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055-I Mon. Site No. EFA-1	Permit Measurement			Report (Monthly)	800 (Max)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					mg/L	0	Annually	Grab
PARM Code 00620-I Mon. Site No. EFA-1	Permit Measurement				12.8 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			160		mg/L	0	Annually	Grab
PARM Code 80082-G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			160		mg/L	0	Annually	Grab
PARM Code 00530-G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: October-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 30%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006					7.4		2.2				
2	0.006							2.2				
3	0.006											
4	0.006					7.5		2.2				
5	0.008					7.4		2.2				
6	0.005					7.4		2.2				
7	0.006					7.4		2.2				
8	0.006					7.4		2.2				
9	0.006					7.5		2.2				
10	0.005							2.2				
11	0.007											
12	0.007					7.4		2.2				
13	0.006	2.5	160	3.2	160	7.4		2.2				
14	0.006					7.5	10	2.2				
15	0.006					7.5		2.2				
16	0.007					7.3		2.2				
17	0.005							2.2				
18	0.006											
19	0.007					7.4		2.2				
20	0.005					7.4		2.2				
21	0.006					7.5		2.2				
22	0.006					7.4		2.2				
23	0.005					7.3		2.2				
24	0.005							2.2				
25	0.007											
26	0.007					7.3		2.2				
27	0.008					7.5		2.2				
28	0.006					7.4		2.2				
29	0.006					7.3		2.2				
30	0.005					7.3		2.2				
31	0.006							2.2				
	0.006											

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010610
MAILING ADDRESS:	2315 Griffin Road, Suite 4 Leesburg, FL 34748-3315	LIMIT:	Final
FACILITY:	Morningview WWTF	CLASS SIZE:	N/A
LOCATION:	1322 English Road Leesburg, FL	MONITORING GROUP NUMBER:	R-001 and Influent
COUNTY:	Lake	NO DISCHARGE FROM SITE:	<input type="checkbox"/>
		REPORT:	Monthly
		GROUP:	Domestic

MONITORING PERIOD--From: **11/01/04** To: **11/30/04**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 - Y Mon Site No. EFA-1	Sample Measurement 0.006	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement 0.020 (An Avg.)	MGD					
Flow, in conduit or thru treatment plant PARM Code 50050 - I Mon Site No. EFA-1	Sample Measurement 0.006	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement Report (Mo Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C PARM Code 80082 - Y Mon Site No. EFA-1	Sample Measurement		2.5		0	Monthly	Grab
	Permit Measurement		20.0 (An Avg.)				
BOD, Carbonaceous 5 day, 20C PARM Code 80082 - I Mon Site No. EFA-1	Sample Measurement		2U	2U	0	Monthly	Grab
	Permit Measurement		Report (Mo Avg.)	60.0 (Max)			
Solids, Total Suspended PARM Code 00530 - Y Mon Site No. EFA-1	Sample Measurement		2.5		0	Monthly	Grab
	Permit Measurement		20.0 (An Avg.)				
Solids, Total Suspended PARM Code 00530 - I Mon Site No. EFA-1	Sample Measurement		3.1	3.1	0	Monthly	Grab
	Permit Measurement		Report (Mo Avg.)	60.0 (Max)			

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **11/01/04** To: **11/30/04**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2	mg/L	0	5 Days/week	Grab
PARM Code 50060 I Mon. Site No. EFA-1	Permit Measurement			0.5 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement			7.4	s.u.	0	5 Days/week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			2	#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Measurement			200 (An Avg)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			12.0	#/100ml	0	Monthly	Grab
PARM Code 74055 J Mon. Site No. EFA-1	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L	0	Annually	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Measurement				12.0 (Max)		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			200	mg/L	0	Annually	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			220	mg/L	0	Annually	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: November-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 30%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)				
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.007					7.4		2.2					
2	0.006					7.5		2.2					
3	0.006	2U	200	3.1	220	7.4	12	2.2					
4	0.007					7.4		2.2					
5	0.006					7.5		2.2					
6	0.004							2.2					
7	0.007												
8	0.007					7.5		2.2					
9	0.005					7.6		2.2					
10	0.004					7.6		2.2					
11	0.006					7.5		2.2					
12	0.005					7.6		2.2					
13	0.005							2.2					
14	0.006												
15	0.006					7.7		2.2					
16	0.004					7.6		2.2					
17	0.007					7.7		2.2					
18	0.006					7.6		2.2					
19	0.005					7.6		2.2					
20	0.005							2.2					
21	0.007												
22	0.007					7.6		2.2					
23	0.004					7.6		2.2					
24	0.006					7.5		2.2					
25	0.007					7.5		2.2					
26	0.007					7.6		2.2					
27	0.007							2.2					
28	0.007												
29	0.007					7.5		2.2					
30	0.005					7.5		2.2					
31													

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: 2315 Griffin Road, Suite 4 Leesburg, FL 34748-3315	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD--From: **12/01/04** To: **12/31/04**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050-Y Mon. Site No. EFA-1	0.006 (An. Avg.)	MGD			0	5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050-I Mon. Site No. EFA-1	0.006 (Mo. Avg.)	MGD			0	5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082-Y Mon. Site No. EFA-1			2.5 (An. Avg.)		0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082-I Mon. Site No. EFA-1			2U (Mo. Avg.)	2U (Max.)	0	Monthly	Grab
Solids, Total Suspended PARM Code 00530-Y Mon. Site No. EFA-1			2.4 (An. Avg.)		0	Monthly	Grab
Solids, Total Suspended PARM Code 00530-I Mon. Site No. EFA-1			1.9 (Mo. Avg.)	1.9	0	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **12/01/04** To: **12/31/04**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2	mg/L	0	5 Days/week	Grab
PARM Code 50060-1 Mon Site No. EFA-1	Permit Measurement			0.5 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement			7.3	s.u.	0	5 Days/week	Grab
PARM Code 00400-1 Mon Site No. EFA-1	Permit Measurement			7.0 (Min)	s.u.		Days/week	Grab
Coliform, Fecal	Sample Measurement			1	#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon Site No. EFA-1	Permit Measurement			200 (Ar Avg)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	#/100ml	0	Monthly	Grab
PARM Code 74055-1 Mon Site No. EFA-1	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L	0	Annually	Grab
PARM Code 00620-1 Mon Site No. EFA-1	Permit Measurement				mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			210	mg/L	0	Annually	Grab
PARM Code 80082-G Mon Site No. INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			200	mg/L	0	Annually	Grab
PARM Code 00530-G Mon Site No. INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: December-04

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006
 (TMADF/Permitted Capacity)x100: 30%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006					7.5		2.2				
2	0.004					7.7		2.2				
3	0.007					7.6		2.2				
4	0.006							2.2				
5	0.006											
6	0.006					7.5		2.2				
7	0.005					7.7		2.2				
8	0.005					7.4		2.2				
9	0.007	2U	210	1.9	200	7.5	1U	2.2				
10	0.006					7.5		2.2				
11	0.004							2.2				
12	0.007											
13	0.007					7.5		2.2				
14	0.005					7.5		2.2				
15	0.006					7.4		2.2				
16	0.007					7.5		2.2				
17	0.005					7.6		2.2				
18	0.003							2.2				
19	0.007											
20	0.007					7.5		2.2				
21	0.007					7.6		2.2				
22	0.005					7.5		2.2				
23	0.008					7.5		2.2				
24	0.007					7.6		2.2				
25	0.009											
26	0.009							2.2				
27	0.007					7.7		2.2				
28	0.008					7.3		2.2				
29	0.007					7.5		2.2				
30	0.007					7.4		2.2				
31	0.006					7.5		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: 2315 Griffin Road, Suite 4 Leesburg, FL 34748-3315	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD—From: 01/01/05 To: 01/31/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon Site No EFF-1	0.006 (Ar-Avg.)	MGD			0	5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon Site No EFF-1	0.006 (Mo-Avg.)	MGD			0	5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No EFA-1			2.5 (Ar-Avg.)	mg/L	0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No EFA-1			2U (Mo-Avg.)	mg/L	0	Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon Site No EFA-1			2.5 (Ar-Avg.)	mg/L	0	Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon Site No EFA-1			3.2 (Mo-Avg.)	mg/L	0	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **01/01/05** To: **01/31/05**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
PARM Code 50060-1 Mon Site No EFA-1	Permit Measurement			0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement			7.4	7.7	s.u.	0	5 Days/week	Grab
PARM Code 00400-1 Mon Site No EFA-1	Permit Measurement			6.0 (Min)	8.0 (Max)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			2		#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon Site No EFA-1	Permit Measurement			200 (Ar Avg)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.0	5.0	#/100ml	0	Monthly	Grab
PARM Code 74055-I Mon Site No EFA-1	Permit Measurement			Report (Monthly)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					mg/L	0	Annually	Grab
PARM Code 00620-1 Mon Site No EFA-1	Permit Measurement					mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			200		mg/L	0	Annually	Grab
PARM Code 80082-G Mon Site No INF-1	Permit Measurement			Report (Mo Avg)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			240		mg/L	0	Annually	Grab
PARM Code 00530-C Mon Site No INF-1	Permit Measurement			Report (Mo Avg)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: January-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 30%

	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Code	50050	80082	80082	00530	00531	00400	74055	50060	00620			
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.007											
2	0.007							2.2				
3	0.006					7.4		2.2				
4	0.006					7.5		2.2				
5	0.006					7.6		2.2				
6	0.006	2U	200	3.2	240	7.6	5	2.2				
7	0.006					7.7		2.2				
8	0.005							2.2				
9	0.006											
10	0.006					7.6		2.2				
11	0.006					7.6		2.2				
12	0.005					7.6		2.2				
13	0.005					7.6		2.2				
14	0.006					7.5		2.2				
15	0.005							2.2				
16	0.005											
17	0.005					7.5		2.2				
18	0.007					7.4		2.2				
19	0.005					7.5		2.2				
20	0.004					7.5		2.2				
21	0.006					7.5		2.2				
22	0.005							2.2				
23	0.005											
24	0.006					7.6		2.2				
25	0.006					7.5		2.2				
26	0.004					7.5		2.2				
27	0.006					7.5		2.2				
28	0.004					7.6		2.2				
29	0.005							2.2				
30	0.006											
31	0.006					7.5		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: if yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD--From: **02/01/05** To: **02/28/05**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050-Y Mon Site No EFA-1	0.006 (Ar. Avg.)	MGD			0	5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050-I Mon Site No EFA-1	0.005 (Mo. Avg.)	MGD			0	5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082-Y Mon Site No EFA-1			2.7 (Ar. Avg.)	mg/L	0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082-I Mon Site No EFA-1			4.2 (Mo. Avg.)	mg/L	0	Monthly	Grab
Solids, Total Suspended PARM Code 00530-Y Mon Site No EFA-1			2.7 (Ar. Avg.)	mg/L	0	Monthly	Grab
Solids, Total Suspended PARM Code 00530-I Mon Site No EFA-1			5.4 (Mo. Avg.)	mg/L	0	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **02/01/05** To: **02/28/05**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
PARM Code 60060 J Mon. Site No EFA-1	Permit Measurement			0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement			7.5	7.7	s.u.	0	5 Days/week	Grab
PARM Code 00400 I Mon. Site No EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)			5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1		#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No EFA-1	Permit Measurement			200 (An. Avg)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon. Site No EFA-1	Permit Measurement			Report (Monthly)	300 (Max)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.4	mg/L	0	Annually	Grab
PARM Code 00620 I Mon. Site No EFA-1	Permit Measurement				120 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			120		mg/L	0	Annually	Grab
PARM Code 80082 G Mon. Site No INF-1	Permit Measurement			Report (Mo. Avg)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			97		mg/L	0	Annually	Grab
PARM Code 00530 G Mon. Site No INF-1	Permit Measurement			Report (Mo. Avg)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: February-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.004					7.5		2.2				
2	0.005					7.5		2.2				
3	0.004	4.2	120	5.4	97	7.5	1U	2.2	3			
4	0.005					7.6		2.2				
5	0.005											
6	0.005							2.2				
7	0.006					7.6		2.2				
8	0.006					7.5		2.2				
9	0.004					7.5		2.2				
10	0.007					7.5		2.2				
11	0.005					7.5		2.2				
12	0.003							2.2				
13	0.007											
14	0.007					7.7		2.2				
15	0.005					7.6		2.2				
16	0.005					7.6		2.2				
17	0.005					7.6		2.2				
18	0.006					7.6		2.2				
19	0.005							2.2				
20	0.006											
21	0.006					7.6		2.2				
22	0.006					7.6		2.2				
23	0.005					7.6		2.2				
24	0.006					7.6		2.2				
25	0.003					7.6		2.2				
26	0.005							2.2				
27	0.005											
28	0.005					7.5		2.2				
29												
30												
31												

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD--From: **03/01/05** To: **03/31/05**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon Site No EFA-1	0.006	MGD			0	5 Days/Week	Flow Meter
	0.020 (An Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon Site No EFA-1	0.005	MGD			0	5 Days/Week	Flow Meter
	Report (Mo Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No EFA-1			2.6	mg/L	0	Monthly	Grab
			20.0 (An Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No EFA-1			3.2	mg/L	0	Monthly	Grab
			Report (Mo Avg)	50.0 (Max)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon Site No EFA-1			2.7	mg/L	0	Monthly	Grab
			20.0 (An Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon Site No EFA-1			5.1	mg/L	0	Monthly	Grab
			Report (Mo Avg)	20.0		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **03/01/05** To: **03/31/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
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 Measurement			0.5 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement			7.4		0	5 Days/week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1	#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			200 (Ar Avg)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L	0	Annually	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permit Measurement				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	Permit Measurement			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	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: March-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006
 (TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
50050	80082	80082	00530	00531	00400	74055	50060	00620	
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	
1	0.008					7.6		2.2	
2	0.005					7.6		2.2	
3	0.004	3.2	150	5.1	150	7.6	1U	2.2	
4	0.006					7.6		2.2	
5	0.004							2.2	
6	0.006								
7	0.006					7.6		2.2	
8	0.005					7.6		2.2	
9	0.005					7.6		2.2	
10	0.005					7.6		2.2	
11	0.004					7.5		2.2	
12	0.004							2.2	
13	0.006								
14	0.005					7.4		2.2	
15	0.004					7.5		2.2	
16	0.004					7.7		2.2	
17	0.005					7.6		2.2	
18	0.004					7.6		2.2	
19	0.006					7.6		2.2	
20	0.005								
21	0.004					7.6		2.2	
22	0.006					7.6		2.2	
23	0.006					7.6		2.2	
24	0.006					7.6		2.2	
25	0.005					7.7		2.2	
26	0.004							2.2	
27	0.006								
28	0.007					7.6		2.2	
29	0.005					7.6		2.2	
30	0.004					7.7		2.2	
31	0.005					7.6		2.2	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: _____

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010610	
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final	
	Leesburg, FL 34749	CLASS SIZE:	N/A	REPORT: Monthly
FACILITY:	Morningview WWTF	MONITORING GROUP NUMBER:	R-001 and Influent	GROUP: Domestic
LOCATION:	1322 English Road	NO DISCHARGE FROM SITE:	[]	
COUNTY:	Lake			

MONITORING PERIOD--From: **04/01/05** To: **04/30/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 - Y Mon Site No EFA-1	Permit Measurement	0.020 (An Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 - I Mon Site No EFA-1	Permit Measurement	Report (Mo-Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	mg/L	0	Monthly	Grab
PARM Code 80082 - Y Mon Site No EFA-1	Permit Measurement			20.0 (An Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	mg/L	0	Monthly	Grab
PARM Code 80082 - I Mon Site No EFA-1	Permit Measurement			Report (Mo-Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Grab
PARM Code 00530 - Y Mon Site No EFA-1	Permit Measurement			20.0 (An Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.6	mg/L	0	Monthly	Grab
PARM Code 00530 - I Mon Site No EFA-1	Permit Measurement			Report (Mo-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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **04/01/05** To: **04/30/05**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5		mg/L	0	5 Days/week	Grab
PARM Code 50060 - I Mon Site No. EFA-1	Permit Measurement			0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement			7.4	7.6	s.u.	0	5 Days/week	Grab
PARM Code 00400 - I Mon Site No. EFA-1	Permit Measurement			6.0 (Min)				5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1		#/100ml	0	Monthly	Grab
PARM Code 74055 - Y Mon Site No. EFA-1	Permit Measurement			200 (An Avg)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 - I Mon Site No. EFA-1	Permit Measurement			Report (Monthly)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L	0	Annually	Grab
PARM Code 00620 - I Mon Site No. EFA-1	Permit Measurement				120 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140		mg/L	0	Annually	Grab
PARM Code 80082 - G Mon Site No. INF-1	Permit Measurement			Report (No Avg)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			170		mg/L	0	Annually	Grab
PARM Code 00530 - G Mon Site No. INF-1	Permit Measurement			Report (No Avg)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: April-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
50050	80082	80082	00530	00531	00400	74055	50060	00620	
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	
1	0.006					7.6	2.2		
2	0.006						2.2		
3	0.007								
4	0.006					7.6	2.2		
5	0.005					7.5	2.2		
6	0.004					7.5	2.2		
7	0.007					7.5	2.2		
8	0.004					7.6	2.2		
9	0.003						2.2		
10	0.006								
11	0.006					7.6	2.2		
12	0.004					7.6	2.2		
13	0.006					7.5	2.2		
14	0.005	2U	140	1.6	170	7.6	1U	2.2	
15	0.005					7.5	2.2		
16	0.005						2.2		
17	0.006								
18	0.006					7.5	2.2		
19	0.005					7.6	2.2		
20	0.005					7.5	2.2		
21	0.006					7.6	2.2		
22	0.004					7.6	2.2		
23	0.006								
24	0.006						2.2		
25	0.005					7.4	0.5		
26	0.008					7.5	2.2		
27	0.007					7.6	2.2		
28	0.005					7.5	2.2		
29	0.006					7.4	2.2		
30	0.007						2.2		
31									

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse: _____

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

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

PERMIT NUMBER: **FLA010610**

FACILITY: **Morningview WWTF**
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

LIMIT: **Final**
 CLASS SIZE: **N/A**
 MONITORING GROUP NUMBER: **R-001 and Influent**
 NO DISCHARGE FROM SITE: **[]**
 REPORT GROUP: **Monthly Domestic**

MONITORING PERIOD--From: **05/01/05** To: **05/31/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon Site No EFF-1	Permit Measurement	0.020 (An Avg)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon Site No EFF-1	Permit Measurement	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No EFA-1	Permit Measurement			20.0 (An Avg)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-1	Permit Measurement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-1	Permit Measurement			20.0 (An Avg)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit Measurement			Report (Mo Avg)	60.0 (Max)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **05/01/05** To: **05/31/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2	mg/L	0	5 Days/week	Grab
PARM Code 50060-I Mon. Site No. EFA-1	Permit Measurement			0 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement			7.3	s.u.	0	5 Days/week	Grab
PARM Code 00400-I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1	#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon. Site No. EFA-1	Permit Measurement			200 (An Avg)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	#/100ml	0	Monthly	Grab
PARM Code 74055-I Mon. Site No. EFA-1	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	mg/L	0	Annually	Grab
PARM Code 00620-I Mon. Site No. EFA-1	Permit Measurement			12.0 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			150	mg/L	0	Annually	Grab
PARM Code 80082-G Mon. Site No. INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			170	mg/L	0	Annually	Grab
PARM Code 00530-G Mon. Site No. INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: May-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006
 (TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.005											
2	0.005					7.5	2.2					
3	0.006					7.4	2.2					
4	0.005					7.3	2.2					
5	0.007					7.4	2.2					
6	0.004					7.4	2.2					
7	0.005						2.2					
8	0.005											
9	0.006					7.4	2.2					
10	0.005					7.5	2.2					
11	0.005					7.5	2.2					
12	0.007	2U	150	1.8	170	7.5	1U	2.2				
13	0.004					7.4	2.2					
14	0.003						2.2					
15	0.006											
16	0.006					7.6	2.2					
17	0.005					7.7	2.2					
18	0.005					7.7	2.2					
19	0.003					7.7	2.2					
20	0.006					7.7	2.2					
21	0.005						2.2					
22	0.004											
23	0.004					7.8	2.2					
24	0.006					7.8	2.2					
25	0.004					7.8	2.2					
26	0.005					7.7	2.2					
27	0.003					7.8	2.2					
28	0.004						2.2					
29	0.005											
30	0.005					7.7	2.2					
31	0.007					7.5	2.2					

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

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

PERMIT NUMBER: **FLA010610**

FACILITY: **Morningview WWTF**
 LOCATION: 1322 English Road
 Leesburg, FL
 COUNTY: Lake

LIMIT: **Final**
 CLASS SIZE: **N/A** REPORT: **Monthly**
 GROUP: **Domestic**
 MONITORING GROUP NUMBER: **R-001 and Influent**
 NO DISCHARGE FROM SITE: **[]**

MONITORING PERIOD--From: **06/01/05** To: **06/30/05**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon Site No EFA-1 Permit Measurement	0.020 (An Avg)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon Site No EFA-1 Permit Measurement	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C Sample Measurement			2.5	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No EFA-1 Permit Measurement			20.0 (An Avg)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C Sample Measurement			2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-1 Permit Measurement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended Sample Measurement			2.3	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-1 Permit Measurement			20.0 (An Avg)	mg/L		Monthly	Grab
Solids, Total Suspended Sample Measurement			1U	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1 Permit Measurement			Report (Mo Avg)	60.0 (Max)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **06/01/05** To: **06/30/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2	mg/L	0	5 Days/week	Grab
PARM Code 50060 I Mon. Site No. EFA-1	Permit Measurement			0 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement			7.5	s.u.	0	5 Days/week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			2	#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Measurement			200 (Mo. Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.0	#/100ml	0	Monthly	Grab
PARM Code 74055 J Mon. Site No. EFA-1	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	0	Annually	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Measurement				mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190	mg/L	0	Annually	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			150	mg/L	0	Annually	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: June-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1		
1	0.007					7.6		2.2			
2	0.004					7.7		2.2			
3	0.004					7.8		2.2			
4	0.003							2.2			
5	0.006										
6	0.006					7.5		2.2			
7	0.005					7.7		2.2			
8	0.004					7.7		2.2			
9	0.004	2U	190	1U	150	7.6	5	2.2			
10	0.006					7.8		2.2			
11	0.003							2.2			
12	0.007										
13	0.006					7.7		2.2			
14	0.005					7.8		2.2			
15	0.004					7.8		2.2			
16	0.005					7.8		2.2			
17	0.003					7.8		2.2			
18	0.004							2.2			
19	0.005										
20	0.005					7.7		2.2			
21	0.004					7.8		2.2			
22	0.004					7.7		2.2			
23	0.006					7.7		2.2			
24	0.005					7.8		2.2			
25	0.003							2.2			
26	0.005										
27	0.005					7.7		2.2			
28	0.005					7.7		2.2			
29	0.006					7.6		2.2			
30	0.007					7.8		2.2			
31											

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD--From: **07/01/05** To: **07/31/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050-Y Mon. Site No. EFA-1	Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.020 (An. Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050-I Mon. Site No. EFA-1	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082-Y Mon. Site No. EFA-1	Sample Measurement			2.5		0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082-I Mon. Site No. EFA-1	Sample Measurement			2U	2U	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530-Y Mon. Site No. EFA-1	Sample Measurement			2.3		0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
Solids, Total Suspended PARM Code 00530-I Mon. Site No. EFA-1	Sample Measurement			1U	1U	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **07/01/05** To: **07/31/05**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 I Mon. Site No. EFA-1	Sample Measurement		2.2	mg/L	0	5 Days/week	Grab
	Permit Measurement		10.5 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement		7.6	s.u.	0	5 Days/week	Grab
	Permit Measurement		7.0 (Min)			5 Days/week	Grab
			8.5 (Max)			5 Days/week	Grab
Coliform, Fecal	Sample Measurement		1	#/100ml	0	Monthly	Grab
	Permit Measurement		200 (Ar. Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	#/100ml	0	Monthly	Grab
	Permit Measurement		Report (Monthly)	#/100ml		Monthly	Grab
			800 (Max)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		MNR	mg/L	0	Annually	Grab
	Permit Measurement		120 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		210	mg/L	0	Annually	Grab
	Permit Measurement		Report (Mo. Avg.)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement		360	mg/L	0	Annually	Grab
	Permit Measurement		Report (Mo. Avg.)	mg/L		Annually	Grab
	Sample Measurement						
	Permit Measurement						
	Sample Measurement						
	Permit Measurement						

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: July-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006					7.7		2.2				
2	0.005											
3	0.005							2.2				
4	0.005					7.7		2.2				
5	0.007					7.8		2.2				
6	0.005					7.7		2.2				
7	0.004	2U	210	1U	360	7.8	1U	2.2				
8	0.005					7.8		2.2				
9	0.005							2.2				
10	0.006											
11	0.006					7.6		2.2				
12	0.005					7.7		2.2				
13	0.004					7.6		2.2				
14	0.004					7.7		2.2				
15	0.004					7.7		2.2				
16	0.003							2.2				
17	0.006											
18	0.006					7.6		2.2				
19	0.005					7.7		2.2				
20	0.004					7.6		2.2				
21	0.005					7.6		2.2				
22	0.005					7.7		2.2				
23	0.004											
24	0.004							2.2				
25	0.005					7.7		2.2				
26	0.005					7.8		2.2				
27	0.004					7.6		2.2				
28	0.004					7.7		2.2				
29	0.005					7.6		2.2				
30	0.006							2.2				
31	0.006											

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: Certification No.: Name:
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD--From: **08/01/05** To: **08/31/05**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Y Mon Site No EFA-1 Permit Measurement	0.020 (Ar Avg)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 I Mon Site No EFA-1 Permit Measurement	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C Sample Measurement			2.8	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No EFA-1 Permit Measurement			20.0 (Ar Avg)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C Sample Measurement			6.2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-1 Permit Measurement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended Sample Measurement			2.3	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No EFA-1 Permit Measurement			20.0 (Ar Avg)	mg/L		Monthly	Grab
Solids, Total Suspended Sample Measurement			1U	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1 Permit Measurement			Report (Mo Avg)	50.0 (Max)		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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **08/01/05** To: **08/31/05**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		mg/L	0	5 Days/week	Grab
PARM Code 50060-1 Mon Site No EFA-1	Permit Measurement				0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement				7.6	7.8	s.u.	0	5 Days/week	Grab
PARM Code 00400-1 Mon Site No EFA-1	Permit Measurement				6.0 (Min)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement				1		#/100ml	0	Monthly	Grab
PARM Code 74055-Y Mon Site No EFA-1	Permit Measurement				200 (An Avg)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0	#/100ml	0	Monthly	Grab
PARM Code 74055-I Mon Site No EFA-1	Permit Measurement				Report (Monthly)		#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L	0	Annually	Grab
PARM Code 00620-1 Mon Site No EFA-1	Permit Measurement					1.0 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				170		mg/L	0	Annually	Grab
PARM Code 80082-G Mon Site No INF-1	Permit Measurement				Report (Mo Avg)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				120		mg/L	0	Annually	Grab
PARM Code 00530-G Mon Site No INF-1	Permit Measurement				Report (Mo Avg)		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: August-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 30%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006					7.6		2.2				
2	0.004					7.7		2.2				
3	0.006					7.8		2.2				
4	0.006	6.2	170	1U	120	7.6	2	2.2				
5	0.007					7.7		2.2				
6	0.004							2.2				
7	0.007											
8	0.006					7.8		2.2				
9	0.008					7.6		2.2				
10	0.005					7.7		2.2				
11	0.005					7.6		2.2				
12	0.006					7.7		2.2				
13	0.004							2.2				
14	0.006											
15	0.005					7.7		2.2				
16	0.005					7.7		2.2				
17	0.006					7.6		2.2				
18	0.004					7.6		2.2				
19	0.005					7.7		2.2				
20	0.004							2.2				
21	0.006											
22	0.006					7.8		2.2				
23	0.005					7.7		2.2				
24	0.004					7.6		2.2				
25	0.004					7.7		2.2				
26	0.005					7.6		2.2				
27	0.006							2.2				
28	0.008											
29	0.008					7.7		2.2				
30	0.005					7.6		2.2				
31	0.005					7.6		2.2				

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD—From: 09/01/05 To: 09/30/05

Parameter		Quantity or Loading		Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.006					MGD	0	5 Days/Week	Flow Meter
PARM Code 50050-Y Mon Site No EFF-1	Permit Measurement	0.020 (An-Avg.)					MGD		5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.005					MGD	0	5 Days/Week	Flow Meter
PARM Code 50050-I Mon Site No EFF-1	Permit Measurement	Report (Mo-Avg.)					MGD		5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5			mg/L	0	Monthly	Grab
PARM Code 80082-Y Mon Site No EFA-1	Permit Measurement			20.0 (An-Avg.)			mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U		mg/L	0	Monthly	Grab
PARM Code 80082-I Mon Site No EFA-1	Permit Measurement			Report (Mo-Avg.)	BOD (Max)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.3			mg/L	0	Monthly	Grab
PARM Code 00530-Y Mon Site No EFA-1	Permit Measurement			20.0 (An-Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1U	1U		mg/L	0	Monthly	Grab
PARM Code 00530-I Mon Site No EFA-1	Permit Measurement			Report (Mo-Avg.)	BOD (Max)		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **09/01/05** To: **09/30/05**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type	
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.2	mg/L	0	5 Days/week	Grab	
PARM Code 50060 J Mon. Site No. EFA-1	Permit Measurement		0.5 (Min)	mg/L		5 Days/week	Grab	
pH	Sample Measurement		7.5	7.8	s.u.	0	5 Days/week	Grab
PARM Code 00400 J Mon. Site No. EFA-1	Permit Measurement		6.0 (Min)	8.5 (Max)	s.u.	5 Days/week	Grab	
Coliform, Fecal	Sample Measurement		1	#/100ml	0	Monthly	Grab	
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Measurement		200 (An Avg.)	#/100ml		Monthly	Grab	
Coliform, Fecal	Sample Measurement		1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 J Mon. Site No. EFA-1	Permit Measurement		Report (Monthly)	300 (Max)	#/100ml	Monthly	Grab	
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	mg/L	0	Annually	Grab
PARM Code 00620 J Mon. Site No. EFA-1	Permit Measurement			12.0 (Max)	mg/L	Annually	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		130	mg/L	0	Annually	Grab	
PARM Code 80082 G Mon. Site No. INF-1	Permit Measurement		Report (Mo Avg)	mg/L		Annually	Grab	
Solids, Total Suspended	Sample Measurement		170	mg/L	0	Annually	Grab	
PARM Code 00530 G Mon. Site No. INF-1	Permit Measurement		Report (Mo Avg)	mg/L		Annually	Grab	
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: September-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)
50050	80082	80082	00530	00531	00400	74055	50080	00620	
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	
1	0.007					7.6	2.2		
2	0.005					7.6	2.2		
3	0.004						2.2		
4	0.005								
5	0.005					7.5	2.2		
6	0.006					7.6	2.2		
7	0.006					7.5	2.2		
8	0.005	2U	130	1U	170	7.6	1U	2.2	
9	0.001					7.6	2.2		
10	0.010						2.2		
11	0.005								
12	0.005					7.6	2.2		
13	0.004					7.7	2.2		
14	0.005					7.7	2.2		
15	0.004					7.6	2.2		
16	0.005					7.6	2.2		
17	0.002						2.2		
18	0.006								
19	0.005					7.7	2.2		
20	0.004					7.8	2.2		
21	0.004					7.6	2.2		
22	0.006					7.7	2.2		
23	0.005					7.6	2.2		
24	0.003						2.2		
25	0.006								
26	0.006					7.6	2.2		
27	0.005					7.7	2.2		
28	0.006					7.5	2.2		
29	0.005					7.6	2.2		
30	0.005					7.6	2.2		
31									

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: Certification No.: Name:
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

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

*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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310	LIMIT: Final	REPORT: Monthly
Leesburg, FL 34749	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Morningview WWTF	MONITORING GROUP NUMBER: R-001 and Influent	
LOCATION: 1322 English Road	NO DISCHARGE FROM SITE: []	
Leesburg, FL		
COUNTY: Lake		

MONITORING PERIOD--From: 10/01/05 To: 10/31/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 - Y Mon Site No EFF-1	0.006	MGD			0	5 Days/Week	Flow Meter
	0.820 (An Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 - J Mon Site No EFF-1	0.005	MGD			0	5 Days/Week	Flow Meter
	Report (Mo Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 - Y Mon Site No EFA-1			2.5	mg/L	0	Monthly	Grab
			20.0 (An Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 - J Mon Site No EFA-1			2.6	mg/L	0	Monthly	Grab
			Report (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 - Y Mon Site No EFA-1			2.3	mg/L	0	Monthly	Grab
			20.0 (An Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 - J Mon Site No EFA-1			1U	mg/L	0	Monthly	Grab
			Report (Mo 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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **10/01/05** To: **10/31/05**

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
PARM Code 50060 - I Mon. Site No. EFA-1	Permit Measurement			0.5 (Min)		mg/L		5 Days/week	Grab
pH	Sample Measurement			7.6	7.8	s.u.	0	5 Days/week	Grab
PARM Code 00400 - I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	8.0 (Max)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			2		#/100ml	0	Monthly	Grab
PARM Code 74055 - Y Mon. Site No. EFA-1	Permit Measurement			200 (Ar. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			6.0	6.0	#/100ml	0	Monthly	Grab
PARM Code 74055 - I Mon. Site No. EFA-1	Permit Measurement			Report (Monthly)	800 (Max)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L	0	Annually	Grab
PARM Code 00620 - I Mon. Site No. EFA-1	Permit Measurement				12.0 (Max)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			180		mg/L	0	Annually	Grab
PARM Code 80082 - G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			220		mg/L	0	Annually	Grab
PARM Code 00530 - G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: October-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)				
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.007							2.2					
2	0.005												
3	0.005					7.6		2.2					
4	0.005					7.8		2.2					
5	0.004					7.8		2.2					
6	0.003	2.6	180	1U	220	7.7	6	2.2					
7	0.003					7.7		2.2					
8	0.004							2.2					
9	0.005												
10	0.004					7.7		2.2					
11	0.004					7.7		2.2					
12	0.006					7.6		2.2					
13	0.003					7.6		2.2					
14	0.004					7.7		2.2					
15	0.002							2.2					
16	0.005												
17	0.005					7.8		2.2					
18	0.006					7.8		2.2					
19	0.004					7.7		2.2					
20	0.004					7.7		2.2					
21	0.005					7.6		2.2					
22	0.004							2.2					
23	0.004												
24	0.006					7.7		2.2					
25	0.006					7.8		2.2					
26	0.004					7.7		2.2					
27	0.005					7.8		2.2					
28	0.003					7.8		2.2					
29	0.004							2.2					
30	0.005												
31	0.004					7.8		2.2					

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
FACILITY: Morningview WWTF	CLASS SIZE: N/A	GROUP: Domestic
LOCATION: 1322 English Road Leesburg, FL	MONITORING GROUP NUMBER: R-001 and Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: []	

MONITORING PERIOD--From: **11/01/05** To: **11/30/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.006	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050-Y Mon Site No EFF-1	Permit Measurement	0.020 (An Avg.)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.005	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050-J Mon Site No EFF-1	Permit Measurement	Report (Mo Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	mg/L	0	Monthly	Grab
PARM Code 80082-Y Mon Site No EFA-1	Permit Measurement			20.0 (An Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	mg/L	0	Monthly	Grab
PARM Code 80082-J Mon Site No EFA-1	Permit Measurement			Report (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Grab
PARM Code 00530-Y Mon Site No EFA-1	Permit Measurement			20.0 (An Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.7	mg/L	0	Monthly	Grab
PARM Code 00530-J Mon Site No EFA-1	Permit Measurement			Report (Mo 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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD—From: **11/01/05** To: **11/30/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		0	5 Days/week	Grab
PARM Code 60060-I Mon Site No. EFA-1	Permit Measurement			0.5 (Min)			5 Days/week	Grab
pH	Sample Measurement			7.6	7.8	0	5 Days/week	Grab
PARM Code 00400-I Mon Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1		0	Monthly	Grab
PARM Code 74055-Y Mon Site No. EFA-1	Permit Measurement			200 (An Avg)			Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	0	Monthly	Grab
PARM Code 74055-I Mon Site No. EFA-1	Permit Measurement			Report (Monthly)	500 (Max)		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	0	Annually	Grab
PARM Code 00620-I Mon Site No. EFA-1	Permit Measurement				120 (Max)		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			210		0	Annually	Grab
PARM Code 80082-G Mon Site No. INF-1	Permit Measurement			Report (Mo Avg)			Annually	Grab
Solids, Total Suspended	Sample Measurement			120		0	Annually	Grab
PARM Code 00530-G Mon Site No. INF-1	Permit Measurement			Report (Mo Avg)			Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: November-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.006

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
50050	80082	80082	00530	00531	00400	74055	50060	00620				
Mon.Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.006					7.7		2.2				
2	0.004					7.7		2.2				
3	0.005	2U	210	1.7	120	7.7	1U	2.2				
4	0.005					7.6		2.2				
5	0.003							2.2				
6	0.005											
7	0.005					7.6		2.2				
8	0.004					7.7		2.2				
9	0.005					7.8		2.2				
10	0.004					7.7		2.2				
11	0.004					7.8		2.2				
12	0.004							2.2				
13	0.005											
14	0.005					7.7		2.2				
15	0.005					7.8		2.2				
16	0.004					7.7		2.2				
17	0.004					7.7		2.2				
18	0.004					7.8		2.2				
19	0.003							2.2				
20	0.005											
21	0.005					7.7		2.2				
22	0.006					7.7		2.2				
23	0.004					7.6		2.2				
24	0.005					7.7		2.2				
25	0.007					7.8		2.2				
26	0.004							2.2				
27	0.006											
28	0.006					7.6		2.2				
29	0.005					7.7		2.2				
30	0.005					7.7		2.2				
31	0.005					7.7		2.2				

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: Certification No.: Name:
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

* 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, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010610	
MAILING ADDRESS: PO Box 490310	LIMIT: Final	REPORT: Monthly
Leesburg, FL 34749	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Morningview WWTF	MONITORING GROUP NUMBER: R-001 and Influent	
LOCATION: 1322 English Road	NO DISCHARGE FROM SITE: []	
Leesburg, FL		
COUNTY: Lake		

MONITORING PERIOD--From: 12/01/05 To: 12/31/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon Site No EFA 1	0.005	MGD			0	5 Days/Week	Flow Meter
	0.020 (An Avg)	MGD				5 Days/Week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon Site No EFA 1	0.005	MGD			0	5 Days/Week	Flow Meter
	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No EFA 1			2.8	mg/L	0	Monthly	Grab
			20.0 (An Avg)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No EFA 1			3.8	mg/L	0	Monthly	Grab
			Report (Mo Avg)	mg/L		Monthly	Grab
			50.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon Site No EFA 1			2.4	mg/L	0	Monthly	Grab
			20.0 (An Avg)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon Site No EFA 1			2.8	mg/L	0	Monthly	Grab
			Report (Mo Avg)	mg/L		Monthly	Grab
			50.0 (Max)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Discharge Monitoring Report - Part A (Continued)

Facility Name: Morningview WWTF

Permit Number: FLA010610

Monitoring Group No.: R-001 and Influent

MONITORING PERIOD--From: **12/01/05** To: **12/31/05**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2	mg/L	0	5 Days/week	Grab
PARM Code 50060 I Mon. Site No EFA-1	Permit Measurement			0.5 (Min)	mg/L		5 Days/week	Grab
pH	Sample Measurement			7.5	s.u.	0	5 Days/week	Grab
PARM Code 00400 I Mon. Site No EFA-1	Permit Measurement			6.0 (Min)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			2	#/100ml	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No EFA-1	Permit Measurement			200 (Ar Avg)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon. Site No EFA-1	Permit Measurement			Report (Monthly)	#/100ml		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				mg/L	0	Annually	Grab
PARM Code 00620 I Mon. Site No EFA-1	Permit Measurement				mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			180	mg/L	0	Annually	Grab
PARM Code 80082 G Mon. Site No INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			180	mg/L	0	Annually	Grab
PARM Code 00530 G Mon. Site No INF-1	Permit Measurement			Report (Mo Avg)	mg/L		Annually	Grab
	Sample Measurement							
	Permit Measurement							
	Sample Measurement							
	Permit Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010610
 Month/Year: December-05

Facility: Morningview WWTF

WWTF Three-month Average Daily Flow 0.005

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)			
Mon. Site	EFF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1			
1	0.003	3.8	180	2.8	180	7.8	1U	2.2				
2	0.004					7.7		2.2				
3	0.003							2.2				
4	0.005											
5	0.005					7.5		2.2				
6	0.004					7.5		2.2				
7	0.004					7.7		2.2				
8	0.005					7.8		2.2				
9	0.007					7.7		2.2				
10	0.004							2.2				
11	0.006											
12	0.005					7.7		2.2				
13	0.005					7.7		2.2				
14	0.005					7.7		2.2				
15	0.006					7.7		2.2				
16	0.003					7.6		2.2				
17	0.005							2.2				
18	0.006											
19	0.006					7.6		2.2				
20	0.004					7.6		2.2				
21	0.006					7.5		2.2				
22	0.005					7.6		2.2				
23	0.004					7.7		2.2				
24	0.005							2.2				
25	0.007											
26	0.007					7.7		2.2				
27	0.004					7.6		2.2				
28	0.005					7.6		2.2				
29	0.006					7.5		2.2				
30	0.006					7.5		2.2				
31	0.006							2.2				

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge _____

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