LEE COUNTY

Southseas Resort WWTF

Docket No. 080121-WS

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

Florida

Volume 5 Book 2 Set 6 of 16

Containing:

Monthly Discharge Reports
Sample Results
Permits
Correspondence

O 4 3 1 6 MAY 22 8 FPSC-COMMISSION CLERK

DOCUMENT NUMBER-DATE

Aqua Utilities Florida, Inc.

cility: South Seas Re	tilities Flurido, Inc. ofessional Parkway liust, Sarasota, Fl. 34240 csort W.W.T.P. on Rd. Captiva Island, Fl				Limit: Final Class Size: N Facility ID: I Monitoring (Plant Size/ T	Period—From Minor FLA-0 14686 Group Numbe Treatment Typ	er: R001 ne;,264 myst		ng influent	(Report: M Group: Nax	onihly	12 14 3
Parameter		Quai	nity or Unid	អេដ្		Quality or C	oncentration		No. EX.	Freque of Anal	· -	Sam Tyj	• .
		Average		Units				Units		1		1	l l
Flow ARM Code 50050 Y Ion Site No.Pl.W-1	Sample Measus conest Pernal Requirement	0,092 0.3 (Annual) Ave.		(01) MGD	*******	******	******	********	6	5 Daysi	Week	Flowineter Reco	
Flow PARM Code 50030 1	Sample Measurement Person Requirement	0.097 Report	*******		*******	******	*****		0	5 Daya	Week	Flowmeter	
ian. Sile Na FLW-i	*	(Mo. Avg.)	*******	MGD				ļ		<u></u>		Reco	ALCIE1
Percent Capacity.	Sunple Measurement		*******	*******	1	*****	******					ì	
TMADF/Formitted Expely)X 100 form Code (10110 P Jun. Sue No. CAL-1	Feziyüt Requirentent	+#941***	******	******	3,013 Report Month Tota	 		39 PER- CENT	•	Moii	etaly	Calcu	ilated
ADD.	Sample Messurement	******	73439316	******	T							Ţ	1
PARM Code 80087 Y	Permit Requirement	*******	******	******	1.889 20.0 (Ап. Аук.)		2,40,114	mg/L	0	Every We	Two eks	8-bou	r FPC
HOD. Caroninectors 5 Day, 20C PARM Code M082 A	Sample Memorement Permit Requirement	*******	*******	******	1,333 30.0	60.0	*****	(19)	0	Every	Two	8-kou	r FPC
Mon Site No LFA-1	A COUNTY TO AREA OF THE SAME		_	L	(Mo.Avg.)	(Mex)		me/L		We	eks	1	
Solids, Total Suspended	Sample Messurciness	********	********	******	3				0		(30)		
PARM Code UIS16 B Mom.Site No. EFB-1	Permit Requirement	******	*******		5.0	<u> </u>		MG/L			/ Week	1	rab
l certify under pest Based on my i	inquiry of the person or person bly of lew that this document of the	and all allectured a who manage th an aware that the	a system, or the	es persons dire	city responsible	for gathering the	information, P	nc information ru	traited is, to t	se besi of my lar	am ledge and i	helief, we accura	ioraujian suomilipo. Iu,and completa
NAME/TTILE OF PRIN	DITTO SVITUOSIKO LA SIOS	ER OR AUTHO	NZFN AGENT	(type/print)	SIGNATI	JRE OF PRINC	PAL EXFICUT	IVE CHYICER (OR AUTHORIZ	FID AGENT	TELS	HONE NO.	DATE (MM/DI
					$\P_{i} \nearrow _{i}$	\cap	You				941-907-740		2/12/2007

DOCUMENT NUMBER-DATE

04316 MAY 228

FPSC-COMMISSION CLERK

Monitoring Puried-Fram: 1/1/07 to 1/51/07

Fredity: South Sem Resort W.W.T.F.

(DEP Yours 102-0796/FERCH LINGUIST Manager 29, 1994

Facility ID; FLA:014616 Multoring Group Number: R001

Permit Na.FLA-014686

Perameter		(Juan	tity or Loading			Quality or C	Concentition		Na. EX.	Frequency of	Sarquio Type
					T			Units	!	Anstrau	
РН	Specific Measurement	*******	1	111171111	7,068	*******	******		p		
PARM Cedy 80 RO A	Promi Represent		*******		6	E.S. Dady Mass	4119101	\$ U		5 days / water	Grab
Mon Site No. EFA-1 Coliforn, Free! % less	Sangh (Hacumoni)		*******	11071411		********	*******) a		
than detections UNM Cross 1905 A	Parad Required	140000	*******	*******	100 75 (Mint)	40119111	1,11,11,1	PER. CENT		1 Dai s/Mesk	Orab
Coliforn, Footi	Sample After supervised	*******	*******	11111111	0	14954845	444411				
PARM Circle 74055 A	Permi Replement	44394 PPA	14999441	*******	15	40161001	*******	Allount		4 Deys/Week	Grab
Alem Sala No. E.F.S1 I catal Residute Chievana	Fample Mesourmen	******	,,,,,,	*****	IMINI	********	4141477	*****			
(For Distalection)	Person Kayarana	******		*****	1.3 LU (M(s)	12011111	*******	MOA		Centusous	Meter
Nice See No 1884-1	Bangle Missexmer	******	*******	*******		*******	1.*****				
PARKI Code DOITE B	Present the great most	(1600000	******	*********	1.146 Report (Max)	*******	*******	אַדע		Continuous	Mee
Solids, Total Suspended	Sample Measurement		14994741	*******	235.3	*******					
PANH Cole 603331 G	Reserve per-Appression	*******	******		(Monthly)	*****	*******	p _a /L		Crop Two Works	Bahout FPC
May No No. 1987) YOU, Continuous S BY, PAC	Barrate Microsomer	417411	,,,,,,	******	117.6					To any Truck	6-how FPC
PARM Cade 80002	Person Requirement	1			Report (Mo.AUL)	1		ng/L_	·	Every Two Works	S-ROW FFC

Facility ID: FLA-014686 Month Year, January 2007

South Seas

Teres-result Average Daily Flow.

(TMADE/Persuned Capacity) x 100:

	Percont	ÇBOD5	Feeal	Coliform	pH (s.u.)	TRC	TSS	Turbelity	Flow	CDOD5	755
	Capacity	(mg/L)	Cotriorm	Fotal.%		(Por	(MLG)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADE:		Bacteria	lers than		Districci			ļ		
	Permittel		(M/) (00mJ)	Desection		(mg/L)i			Į.	! .	,
CODE	900160	50082	74055	\$1005	00400	50060	02530	00676	500%0	800112	00530
CODE MON, SITE	Cati	EFA-1	EFA-1	EFA-1	EFA - 1	EFA-1	EFB-1	EFB-1	FLW t	INF-1	DNF - I
MOA SITE		EFA	112-1	20,700	7.30	5.00		0.431	0.125		
I		-		100	7.22	5.00	< 8.6	0,354	0.119	274	246.0
2		-2-	0	100	7.33	5.00	< 0.6	0,662	0.111		
				100						_	
	<u> </u>	┡	0	100	7.35	5.00	< 0.6	0,133	0.109		
5			0	160	7.39	1,17	< 0.6	0.084	0.105	-	
6		├	ļ		7.44	5.00		0,208	8.098		
7_	<u> </u>		 		7.41	5.00		0.118	6.108		
			- 0	190	7.38	5.00	< 0.6	0.079	0.085		
9			0	100	7.49	5,08	< 0.6	0.108	0.095	-	
10			0	100	7.80	5.00	< 0.6	0.119	0.098		
- 11			0_	100	7,77	5.00	< 0.6	0.114	0.090		
12					7,73	5.00		0,338	0.050		
13		<u> </u>			7.75	5.00		0,338	0.156		
					7,08	5.00		0.280	0.099		
15		2		100	7.08	5.00	< 0.6	0.464	0.097	259	248.D
16			0	100	7.52	5.00	< 0,6	0.383	0.099		
17		 	0	100	R17	5.00	0.7	0.410	0.087	 	
18			0	106	£21	5.00	0.7	0.460	0.101		
19					7.95	5.00		0,454	0.094	-	
20					7.86	5.00		0.589	0.081		
21		<u>.</u>			8.07	5.00		0.603	0.095		
22			- 6	100	8,08	1.32	< 0.6	0.608	0.079		
23			0	100	8.03	5.00	< 0.6	0_552	0.096		
24			0	100	7,97	5,00	0.8	0,558	0,092		
25			0	100	7.59	4.98	0.6	0.681	0.105		
26					7.62	4,97		0.625	0.098		
27					7.57	4.97		0.349	0.102		
28					7.48	4.99		0.433	0.094		
29		3	Ð	100	7,72	4.97	1.0	1.146	0.079	150	212.0
30			0	100	8,12	4,97	3.0	2.246	0.087		
31			0	100	7,85	4.97	1.3	1,356	0,079		
TOTAL	39.0%								3.013		

Plant Staffing:

Day Shift Operator Day Shift Operator

Class: Class: Certificate No.. Certificate No.:

Name:

Day Shift Operator Evening Shift Operator Class:

Class: Cortificate No.: Certificate No.: Name. Name:

Class: C

Lead Operator

Certificate No.: 8737. Name: Randle D. Fastington

DEP form 62-620.910 (10) November 29, 1993

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A When Complete med this terror is illepartment at Engironmental Protection; South District Engles Operation of Extreminated Protection; FO Reg 1949, E7, 65, erg. FL 1942, 1547.

Permittee Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

Facility: South Scas Resort W.W.T.P.
Location: 5400 Plantation Rd, Captiva Island, FL33924

Collegy: Lee

Permit No.FLA-014686

Monitoring Period--From: 1/1/07 to 2/28/07

Limit: Final

Class Size: Minor Facility ID: FLA-014686

Monitoring Group Number: R001

Plant Size/Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

獨屬-9 不能20

Report: Monthly Group: Domestic

***No Discharge [] ***

Parameter		Qua	nuity or Lose	Jing		Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			•
Flow	Sample Measurement	0.097		(03)	*******	******	*****	*******	0		
PARM Code 50050 Y Man Sie No.PLW/-	Permit Requirement	0.3 (Annual) Avg.		MGD	••••••	*******	*******	•••••		5 Days/ Week	Plowmeter, Totalizer Recorder
Flow	Sample Measurement	0.106	******	******	*******	*****	*****			-	
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	******	MOD	******	******	*******			5 Days/ Week	Flowmeter, Totalizer
Percent Capacity,	Sample Measurement	1000.708.1	******	******		*****	•••••	<u> </u>			Recorder
Capality)X 100 Parts Code 00180 P Mon. Site No. CAL-1	Permu Requirement	•••••	******	******	2.957 Report Month Total			38.1 PER- CENT	0	Monituly	Calculated
BOI), Caronaccous 5 Day 20C	Sample Measurement	******	*******	******	1.889	*****	*****		o	Monay	Carcorates
PARM Code 80082 Y Maa. Site No. EFA-1	Permit Requirement	*******	10107747	******	20.0 (An, Avg.)			mg/L	Ť	Every Two Weeks	8-hour FPC
BOD, CMANACEOUS 5 Day, 20C PARM Code 80082 A	Sample Measurement Permit Requirement	*******	******	******	0 30.0 (Mo.Avg.)	60.0 (Max)	******	(19)	0	Every Two Weeks	8-hour FPC
Mos. Site No. EFA-I Solids, Total Suspended	Sample Measurement	*******	******	******	1.3	(INDX)		mg/L		W CCR3	
PARM Code 00530 B	Permit Requirement	*******	******	******	5.0			_MG/L		4 Days / Week	Grab

Learnify ender penalty of law that this document and all entertainments were prepared under my direction or supervision in accordance with a system designed to exsure that qualified personnel properly gather and evaluate information submitted.

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, use, accurate, and complete.

I am awaze that there are significant persons for submitting false information, including the possibility of fine and improvement for knowledge and belief, use, accurate, and complete.

ı	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/point)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YY)
l	Randle Farrington C-8737	Randertaunt	941-907-7400	3/9/2007
ł	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (A	stach additional sheets if necessary.)		
i	DEP Form 62-620.910(10), effective November 29, 1994	<u> </u>		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period--From: 2/1/07 to 2/28/07

Facility:

South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Meitoring Group Number: R001

Permit No. FLA-014686

Paranicter		Qua	ntity or Loadin	e -		Quality or C	oncentration	Units	No. EX.	Frequency of Analysis	Sample Type
рН	Sample Measurement	******	*******	******		******	******			1	
·	•]		f		7.948				0	j	
PARM Code 00400 A	Permit Requirement	******	*******	*******	6	8.5	******	នប		5 days / week	Grab
Mon. Site No. EFA-I					Misimum	Daily Max.					
Coliform, Fecal, % less	Sample Meuserement	*******	*******	*******	l	*****	******				
than detection					100			l	0	1	
ABU Code 51005 A	Permit Requirement	******	*******	*******	75	*******	*******	PER.		4 Days/Week	Grab
Man. Site No. EFA-1					(Min)			CENT		1 ' ' 1	
Coliform, Fecal	Sample Measurement	******	*******	*******		******	******				
					0				0	1 1	
PARM Code 74053 A	Permit Requirement	*******	*******	*******	25	*******	******			4 Days/Week	Grab
Mon Site No EFA-1			1	<u></u>	(Max)	<u> </u>		#/100MIL		.11	
Total Residule Chlorine	Sample Measurement	*****	*****	*****		******	******	10010000			
(For Disinfection)			i	1	4,982	1			0		
PARM Cude 20060 A	Permit Requirement	*****	*****	*****	1.0	*****	******	*******		Continuous	Meter
Mon. Site No.EFA-I					(Min)			MG/L		<u> </u>	
Turbidity	Sample Messurement	++++++	*******	*******		******	******				
			1	l	2.27	1			0	1	
PARM Code 00070 B	Permit Requirement	*******	*******	*******	Report	*******	******			Continuous	Meter
Mon. Sile No EFR-1				<u> </u>	(Max)	·		עזא			
Solids, Total Suspended	Sample Meurorement	*******	******	*******		********	******				
•			1		135			İ	0	1 1	
PARM Code 00330 B	Permit Requirement	*******	****	********	(Monthly)	******	*****	1		Every Two	8-hour FPC
Mon Sits No INF-1					(Mo. Avy.)			mg/L		Weeks	
OD, Combonaceous J day,20C	Sample Measurement	******	*****	******]	1					
				1	96.5	1				1 1	
PARM Code 80012	Pettait Requirement			1	Report	Į.		1		Every Two	8-hour FPC
Mon Site No.INF-1			Į.	ł	(Mo. Avg.)			ing/L		Weeks	

DEP Form 62-620.910 [10], effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A Whise Complete Staff and regulari to Department of Environmental Protection ; Jouist District, Physics Department of Environmental Protection ; F.O. Sant Lead year Ph. 1300, 1317 Permitte Name: Aqua Utilities Florida, Inc. Permit No.FLA-014686 Maiing Address: 6960 Professional Parkway East, Suite 40 Monitoring Period--From: 3/1/07 to 3/31/07 707 APR 12 12 1:16 Sarasota, FL. 34240 Limit : Final Facility South Seas Resort W.W.T.P. Class Size: Minor Report: Monthly Location: 5400 Plantotion Rd, Captiva Island, FL33924 Facility ID: FLA-014686 Group: Domestic County: Lee Monitoring Group Number: R001 ***No Discharge [] *** Plant Size/ Treatment Type: 264 mgd / 2C Monitoring Group Desc: Slow Rate Public, including Influent Parameter Quantity or Loading Quality or Concentration Frequency Sample EX. of Туре Analysis Average Units Units Flow ******* Sample Measurament (03) ****** 0.102 0 PARIL Code 50050 Y Permit Requirement 0.3 5 Days/ Week Mon Size No.FLW-L (IsuruA) ******* ****** MGD ******* Flowmeter, Totalizer Avg. Recorder ***** Flow Sample Measurement ****** ****** 0.121 ***** 44000 PARM Code 50050 1 Report ******* ****** Permit Requirement ***** ****** 5 Days/ Week Flowmeter, Totalizer Mon Site No.FLW-1 (Mo. Avg.) MGD Recorder Percent Capacity. ++++++ ****** Sample Measurement ***** TMADP/Permitted ****** Cepeiny X 100 3.756 40.9% O Parm Code 00180 P ******* ******** Permit Requirement Report PER-Mon. Sile No. CAL-I Month Total CENT Monthly Calculated ******* ROD. Sample Measurement Caronsceous 5 Day,20C 1,805 ****** PARM Code \$0082 Y Permit Requirement ****** ******* ****** 20.0 Every Two 8-hour FPC Mon. Sice No. EFA-1 An Avg.) Weeks ******* ****** BOD. Sample Measurement ****** ****** (19) Carnzinceous 5 Day,20C 0 PARM Code 80082 A ******* Permit Regulrement ****** ******* 30.0 60.0 Every Two 8-hour FPC ION SHE NO EFA-1 (Mo.Avg.) (Max) mg/L Weeks Solids, Total Suspended ******** +***** Sample Measurement 1.4 0 PARM Code 00510 B ****** ***** ***** Perma Requirement 5.0 4 Days / Week Grab Morn. Site No. EFD-1 MG/L I certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluateths information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (typo/print) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPFIONE NO. DATE (MM/DD/YY) Knodle Farrington C-8737

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

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

941-907-7400

4/10/2007

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

South Seas Resort W.W.T.P.

Facility.

Monitoring Period--From: 3/1/07 to 3/31/07

Facility ID: FLA-014686 Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Quar	ntity or Loading	•		Quality or Co	ncentration		No. EX.	Frequency of Analysis	Şample Type
	-							Units		Allalysis	
p)-1	Sample Measurement	*******	*******	100,000	7.201	*******			0		٠.
PAKM Code 00400 A	Perntst Requirement	*******	••••••	******	6 Minimum	8.5 Daily Max.	******	SU		5 days / week	Grab
Mon. Site No. EFA-1	Sazzole Measurement	******	*******	******		******	******		•	1	
Coliform, Fecal, % less than detection UKL Code 51005 A	Permis Requirement	******	*****	*******	100 75 (Min)	******	******	PER- CENT	0	4 Days/Week	Grah
Coliform, Fecal	Sample Mousurement	*******	*******	********	0	*******	******		0		
PARM Code 74055 A	Perfor Requirement	********		******	25 (Max)		******	#/100ML		4 Days/Week	Grab
Man Site No EFA-1	Sample Measurement	******	******	******		******	*******	******		1	
Test Residule Chlorine (For Distrifection) PARM Code 50060 A	Permit Requirement	*****	*****	*****	5 1.0 (Mín)	•••••	*******	MG/L	U	Continuous	Meter
Mon. Site No EFA-L			******		(Min)	*******	*******	1115			
Turbidity	Sample Messurcrocot	******			1.389		******		0	Continuous	Meter
PARM Code 00070 B	Persus Requirement	********	*******		Report (Max)			NTU			
Man Site No EFD-1	Sample Messurement	*******	******	******		*******	*******		a	1 1	
Solids, Total Suspended PARM Code 00530 G	Permit Requirement			*******	(Monthly)	*******	******	wig/L		Every Two Weeks	8-hour FP
Men Site No. INF-1				******	(Mo. Avg.)	-	 	Wild Co	 		
OB, Cearbonneous 5 day,200	Sample Measurement	******	*****		167.5	1	1			Every Two	8-hour FP
PARM Code 80082	Permis Requirement				Report (Ma. Avg.)	i		mg/L	<u> </u>	Weeks	

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

DEP form 62-620.910 (10) November 29, 1994

	Facility II Month/Yo): FLA-0	124686 ch 2007					Three-month Ave (TMADF/Permit)	rage Daily Flow: od Capacity) x 100	×	0.198 40.9%
	111111111111111111111111111111111111111								#1-m	CBOD5	TSS
	Perm	CBODS	Fecal	Coliforn,	pH (s.u.)	TRC	221	Turbidity	(MGD)	(mg/L)	(mg/L)
	Capacity	(mg/L)	Coliform	Focal.%		(For Disinfect)	(NILAG)	(NT(4)	(MCD)	Ind	\mathrew
	THADE!	<u> </u>	Bacteria	less than					1		
	Permitted		(#/100m#)	Detection		(mg/L)	 -	ļ			00.530
ODE	081000	80082	74055	51005	00400	50060	90530	60070	50050	\$1082	INF-1
N SITE	Cal-1	EFA-1	EFA-1	EFA-I	EFA-1	EFA-1	EFB-1	EFB - 1	FLW - I	11/4F - 1	
1			0	190	7.13	5.0	0.9	0.254	0.119		4-1
2		T			7.09	5.0	<u> </u>	0.290	0.115		╀
3					7.03	5.0		0.254	0,109		
4					7.00	5.0		0.093	0,108		
5		1	0	100	7.02	5.0	< 0.6	0.018	0.096		
- -		 	6	100	7,16	5.0	< 0.6	0.051	0.108		
7		 	0	100	7.06	5.0	0.6	0,289	0.032		
		 	-	100	7,13	5.0	1,4	0.284	0.171		
8	 -	 		100	6.97	5.0	 	0.650	9.113		
9	<u> </u>	┼	 	 	7.03	5.0		0.766	0.126		
10	 	∤ -	 	╀	7.15	5.0		0.296	0.116		
11	!	 	 	100		5.0	< 0.6	0.050	0.113	18)	188.00
12	 	10	0	100	7.14	5.0	< 0.6	0.116	0.125		
13	ļ	 	0	100	7.18	}	}	0,102	0.051		
14	!	 	0	100	7_50	5.0	< 0.6		0.036		11
15	<u></u>	 	0	100	7.40	5.0	0.6	0.018			
16	<u> </u>	 	↓	 	7.51	5.0	-	0.168	0,159		+
17	<u> </u>	<u> </u>			7.37	5.0	₩-	0,213	0.102		
18		<u> </u>	<u> </u>	!	7.28	5.0	₩	0.105	0.190		
19		1	0	100	7.33	5.0	< 0.6	0.217	0.067		-}
20		<u> I </u>	0	100	7.28	5.0	< 0.6	0.014	0.034		├ ── ∦
21			0	100	7.29	5.0	< 0.6	0.064	0.195		
22	 	Ι	8_	100	7,31	5.0	< 0.6	0.018	0.217		
23		<u> </u>	Ι		7.30	5.0	<u> </u>	0.381	0.112		
24	Γ			<u> </u>	7.22	5.0	Ц	0.228	9.148		│
25	Γ		L	1	7,49	5.0	<u> </u>	0.640	0.136		<u> </u>
26		9	0	100	7,48	5.0	< 0.6	0.379	0.113	154	252.00
27	1	Τ_	0	103	7.17	5.0	< 0.6	0.671	0.161		∔
28		1	•	100	6.96	5.0	< 0.6	1.061	6.133		
29			•	100	6.96	5.0	< 0.6	0.087	0.027		
30					7,22	5.0	 	1.097	0.236		-
31	<u> </u>	<u> </u>	<u> </u>	<u> </u>	7.06	5.0	<u> </u>	1.389	0.138		اسسبيث
		Class:		Centif	icate No.:		Name		3.756		
rsanını Op ≀Shüft Op		Class:			icate No.:		Name				
Shift Op		Class		Certif	icate No.:		Name:				
	Орегаю	Class:			cate No.:	_	Name:	_ "	_		
і Орстако	r£.	Class:	С	Certif	icate No.;	8737	Name:	Randle Farring	под		

Randle Farrington C-8737

DEP Form 62-620,910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A White Complete mad the report up Department of Engineered Presertion, South Obserts Englanding Department of Engineered States, To Sept. 2019. Permit No.FI.A-014686 Permittee Name: Aqua Utilities Florids, Inc. Monitoring Period--From: 4/1/07 to 4/30/07 7:11 list 22 19 il: 51 Mailing Address: 6960 Professional Parkway East, Suite 40 Limit: Final Report: Monthly Sarasota, FL. 34240 Class Size: Minor Group: Domestic South Seas Resort W.W.T.P. Facility ID: FLA-014686 Facility: ***No Discharge [] *** Location: 5400 Plantation Rd, Ceptiva Island, FL33924 Munitoring Group Number: R001 Plant Size/ Treatment Type: .264 mgd / 2C County: Lee Monitoring Group Desc: Slow Rate Public, including Influent Sample Frequency Quality or Concentration Quantity or Loading Type ot" FX. Parameter Analysis Units Units Average ***** (03)0 Sample Measurement Flow 5 Days/ Week 0.106 Flowmeter, Totalizer 0.3 ******* ******* PARM Code 50050 Y Permit Requirement ******* ******* Recorder MGD (Annual) Mon. Site No. FLW-1 AVR. ***** ****** ****** 0 Sample Measurement ***** **** Flow Flowmeter, Totalizer 5 Days/ Week 0.138 ****** ****** ******* ****** Recorder Report Permit Requirement PARM Code 50050 1 MGD (Mo. AVR Men. Site No.FLV-I ****** Sample Measurement ***** ****** Percent Capacity, 46.07 0 TAIADP/Permitted 4.142 PER-Capcily)X 100 ******* ******* Report Calculated .,.... Monthly CENT Permit Requirement Parm Code 00180 P Aonth Total Mon. Site No. CAL-******* ******* 0 Sample Messurement ***** 1.805 BOD. 8-hour FPC Every Two 20.0 Caronaceous 5 13sy 20C ******* ******* ****** Weeks ing/L Permit Requirement PARM Code 80092 Y (An. Avg. ****** (19) ****** Man, Site No. EFA-1 ******* ******* ****** 0 Sanyle Measurement 8-hour FPC BOD, 1.5 Every Two Caroneceous 5 Day, 20C 30.0 60.0 ******* ******* ****** Weeks mg/L Permit Requirement PARM Code 60082 A (Max) (Mo.Avg.) ++++++ Mon. Site No. EFA-1 ***** 0 Sample Measurement Solids, Total Suspended 1.1 Grab 4 Days / Week 5.0 ***** ****** ****** I contify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that the supervision is a supervision of the system of the syst MG/L PARM Code 00530 D Dased on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Mom Site No. EFR-t I am swere that there are significant penatics for submitting false information, including the penalbility of fine and impresentment for knowing violations. DATE (MM/DD/YY) TELEPHONE NO. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(http://print)

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

5/16/2007

941-907-7400

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period--From: 4/1/07 to 4/30/07

Facility:

South Seas Resort W.W.T.P.

Facility II): FLA-014686
Misitating Group Number: R001

Pennit No. F1.A-014686

Parameter		Qua	nlity or Loading			Quality or Co	oncentration	Units	No. EX.	Frequency of Analysis	Sample Type
	_							1711145			
přl	Sample Mensurement	*******	*******	*******	6.96	*******	*****		0		Grab
PARM Code 00400 A	Permit Requirement	*******	******	******	6 Minimum	8.5 Daily Max.	******	SU		5 days i week	Olao
Mon. Site No. EFA-1		400000	*******	********		+44+4++	*******			1 1	
Coliform, Fecal, % less	Батріє Мензикстепт	420000			100		1		đ	1 1	
than detection ARM Code \$1005 A	Parmit Requirement	*******	*******	*******	75 (Min)	******	******	PER- CENT		4 Days/Week	Grab
Mon. Site No. EFA-1		1444444	*******	******		*****	******			1 1	
Caliform, Fecal	Posible gannangingut	******			0 25				0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement	•••••		. 1	(Max)	1	1 i	#/10UMIL			
Mon Site No.EFA-I		*****	******	******	111217	*******	*******	*******		1	
Total Residule Chierine	Sample Measurement	******			1.8	1	1		¢.	1	
(For Disinfection)	1						*******	******	,	Continuous	Meter
PARM Code 50060 A	Permit Requirement	*****	******	******	1.0			MG/L		45,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			l	1	(Min)	<u> </u>	******	MOL		 	
Mon Kete No.EFA-I	Sumple Measurement	******	******	******		********	*******	l		1 1	
Turbidity	20mble werren custor	1	1	1	1,228	1	1	l	Q.		
		*******	*******	******	Report	*******	********	l	ł .	Continuous	Meter
PARM Code 00010 B	Permit Requirement	1	1	}	(Max)	1	1	NTU			
Mon Site No EFB-1		******	4141110	*******	(1-142-)	*******	******		I		
Solids, Total Suspended	Sample Mossurement	l	1	1	352	1	1	ł	0	, I	
	1	t	1			1	*******	1		Every Two	B-hour FPC
PARM Code 00330 G	Pantit Requirement	*******		1	(Monthly)	1		mg/L_	í	Weeks	
Mon. Site No INF-1			<u> </u>	<u> </u>	(Mo. Avg.)		 	1 11/12	 	1	
	Sample Measurement	******	*****	******	1	1	i	1	1 .	1 '	l
90D, Combonaceous 5 day,200		l	1	1	139.5	ı	I		1 "	Frank Torre	8-hour FPC
	1	į	ı	ł	Report	1	1	I	I	Every Two	8-HOULTE
PARM Code #U082	Permit flequitement	i	1	1	(Mo. Avg.)	1		ng/L	<u> </u>	Weeks	
Mon Site No.1NI'-1											

DEP Fonn 62-620 910(10), effective November 29, 1994

Facility ID; FLA-014686 Month/Year: April 2007

South Seas

Three-month Average Daily How. (TMADE/Permitted Capacity) x 100: 0.122 46 07%

	Month/Ye	ar: Apn	1 2007			() MAIN Permace Capacity is 100.							
1	Percent	CBOD5	Fees	Coliform	pH (s.u.)	TRC	T\$\$	Turbidity	Flow	CBODS	TSS		
	Capacity	(mg/L)	Colidora	Fecal.%	/ 4- /	(For	(ML/G)	(NTUs)	(MGD)	(eng/L)	(mg/L)		
	TMADE/	(, ng, w)	Bacteria	less than		Disinfeet)			1				
	Permissed		(#/100ml)	Detection		(mg/U)			<u> </u>				
CODE	000180	80052	74055	\$1005	00400	50060	\$0530	99070	50050	80082	00530		
ON. SITE	Cal-I	EFA-1	EFA-1	EFA-1	EFA-1	EFA+1	EFB - I	EFB - 1	FLW · i	INF - t	INF-1		
1					7.09	5.00		0.196	0.138				
2			0	100	7.47	5.00	< 0.6	0.251	0.170				
3	i ——	 	0	100	7.49	5.00	0.7	0.566	0.168		<u> </u>		
4			0	100	7.48	5.00	0.6	0.781	0.159				
5	}	 	- 0	109	7.26	5.00	1,1	1.228	0.222				
6	-	 	 		7.60	5.00		0.52	0.057				
7	}		 		7.50	5.00		0.481	9.143		Ι		
8		_			7.53	5,00	i 1	0.054	0.142		1		
9	 	_	0	100	7.15	5,00	< 0.6	P.014	0.153				
10	1	3	0	100	7.16	5.00	0.8	0.134	0.147	180	324.00		
11			0	100	7.27	5.00	< 0.6	0.182	0.145		<u> </u>		
12		-	0	100	7.21	5.00	< 0.6	0.345	0.156				
13	\	 -	-	· · · ·	7.45	5.00		0.862	0.148				
14	∦ -	 	 		7.48	5.00		0.352	0,149		T		
15		 	 		7.32	5.00		0.358	0.139				
16		-	 		7.36	5.00		0.491	0.123				
17			0	100	7.18	5.00	< 0.6	0.221	0.138		T		
18	 	 	Ö	100	7.21	5.00	< 0.6	0.351	0.139		Ţ		
19			0	190	7.11	4,30	< 0.6	0.251	0.134		Γ		
20	 	-	0	100	7.15	4.97	< 0.6	0.536	0.131				
21	1	-	 	1	6.98	1.83		0.259	9.139				
22			 		7.02	5.00	,	0.125	0.125				
23			9	100	7.17	5,00	< 0.6	0.006	0,109				
24		0	0	100	7.62	5.60	< 0.6	0.001	0.13)	99	380.00		
25	 				7.71	5.00		0.06	0.186		1		
26	<u> </u>		0	100	7.62	5,00	< 0.6	0.001	0.132				
27	 	-	0	100	7.51	5.00	< 0.6	9.027	0.140		1		
28	ļ ——	-			7.55	5.00		0.151	0.126				
29	1)		1		7.29	5.00]	0.055	0.127				
30		<u> </u>	0	190	7.35	5.00	< 0.6	0.115	0.106				
									<u> </u>				
TOTAL	46,07%								4.142				

Plant Staffing:

Certificate No.: Day Shift Operator Class: Name: Day Shift Operator Class: Certificate No.: Name: Day Shift Operator Class: Certificate No.: Name: Certificate No.: Name: Evening Shift Operator Class:

Certificate No.: C 8737 Name: Randle Farrington Lead Operator Class:

DEP form 62-620.910 (10) November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Port A

When Complete mail il it esparitorille containing Controvance of Control of Manager of Control of Security
Permittee Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

Facility: South Seas Resort W.W.T.P.
Location: \$400 Plantation Rd, Captiva Island, FL33924

Cocathin, 3400 F

County: Lee

Permit No.FLA-014686

Monitoring Period-From: 5/1/07 to 5/31/07

Limit : Final

Class Size: Minor Facility ID: FLA-014686

Monitoring Group Number: R001 Plant Size/ Treatment Type: 264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly Group: Domestic

Group: Domestic

***No Discharge [] ***

Parameter		Qua	ntity or Loss	ing		Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type
		Averuge		Units				Units			
Flow	Sample Measurement			(03)	*******	*******	+++++	******			
j		0.108			1			1	0		
ARM Code 50050 Y	Perntit Requirement	0.3		i	l i				i i	5 Days/ Week	ł
lon.Site No.FLW-1		(Annual)	i	MGD	77744+44	******	******	*******			Flowmeter, Tutalizer
		Avg.						<u> </u>			Recorder
Flow	Sample Measurement	T I	*******	******	******			i			į
1		0.123			1	****	*****		0		ļ
PARM Code 50050 1	Permit Requirement	Керол	******		*******	******	*******		4	5 Days/ Week	Flowmeter, Totalizer
fon. Site No.FLW-1		(Mo. Avg.)		MGD				ļ			Recorder
Percent Capacity,	Sample Measurement	******	*****	******				Į l			1
TMADF/Permitted]				*****	******				
Capcily)X 100			ļ	1	3.823			48.3	0		i .
um Code 00180 P	Permit Requirement	*******	******	*******	Report		Ì	PER-	i i		
fon. Site No. CAL-I					Month Total			CENT		Monthly	Calculated
BOD,	Sample Measurement	*****	******	*****)			1			i
aronaceous 5 Day,20C		1	1		1,597	*****	444444		0 [
PARM Code #0082 Y	Fermit Requirement	********	*******	******	20.0					Every Two	8-hour FPC
Ion, Site No. EPA-I				Ļ	(An. Avg.)			ing/L		Weeks	
HOD,	Sample Measurement	*******	******	*****	Į.	*****	******	(19)			
pronaceous 5 Day,20C		l	1	1 .	0	i] •		
PARM Code 800\$2 A	Peranit Requirement	********	******	*******	30.0	60,0	(Ī _	ľ	Every Two	8-hour FPC
Ion. Site No. EFA-I		1	1	L	(Mo.Avg.)	(Max)	<u> </u>	mg/L		Weeks	
Solids, Tatal Suspended	Sample Measurement	******	******	******	I			1			1
		1		1 .	0.9			1	0	4	
PARM Code 00530 H	Permit Requirement	*******	******	******	5.0		1		1	4 Days / Weck	Grab
Vigno Site No. EFB-I	1	1	ı	1		l .	1 .	MG/L		l	1

Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information are that qualified personnel properly gather and evaluate the information are that qualified personnel properly gather and evaluate the information are that qualified personnel properly gather and evaluate the information are that qualified personnel properly gather and evaluate the information are that qualified personnel properly gather and evaluate the information are that qualified personnel properly gather and evaluate the information are the i

I am aware that there are significant penalties for submitting false information, including the possibility of fine and Imprisonment for knowing violations.

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

Randle Ferrington C-8737

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Conlined)

Monitoring Period--From: 5/1/07 to 5/31/07

Facility:

South Sees Resort W.W.T.P.

Facility ID: FLA-014686

Maitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	atity or Loadin	g		Quality or Co	oncentration		No. EX.	Frequency of	Sample Type
								Units		Analysis	
рH	Sample Messwement	******	******	*******		******	******		_	1 1	
	1				6.83				0	1	
PARM Code 00400 A	Paratil Requirement	*******	******	*******	6	8.5	******	s∪		5 days / week	Grab
Mon. Site No. EFA-1					Minimum	Daily Max.					
Coliform, Fecal,% less	Багоріє Меазигипелі	******	14010111	*******		10101111	*******			1 1	
than detection	I	'	Ì		100		l i		0	11	
ARM Code 51005 A	Permit Requirement	******	40000	******	75	******	*******	PER-		4 Days/Week	Grab
Mon. Site No. EFA-L			<u> </u>		(Min)			CENT			
Coliform, Fecal	Sample Messerement	******	*******	******		*******	******			i I	
]	0				a	1	
PARM Code 74055 A	Pennit Requirement	*******	*******	*******	25	*******	*******]		4 Days/Week	Grab
Mon Site No EFA-1					(Max)	<u> </u>		#/100ML			
Total Residute Chlorine	Sample Measurement	*****	*****	*****		*******	*******	*******			
(For Disinfection)				Ì	1.25	ĺ			O	1 !	
PARM Code 50060 A	Permit Requirement	442944	*****	******	1.0	*******	******	*******		Continuous	Meter
Mon. Site No.EFA-1					(Min)		*******	MG/L			
Turbidity	Sample Messurement	******	10111000	******	,	******	*******			1 1	
				1	0,876	l			0	1	
PARM Code 00070 B	Permit Requirement	******	*******	*******	Repart	*******	*******			Continuous	Meter
Mon. Site No EFR-L			<u> </u>	<u> </u>	(Max)	<u> </u>		ทาบ		1	
Solids, Total Suspended	Sample Measurement	******	*******	*******	į	******	111111111			1 1	
•				1	126.5	I .	1		0	i _ i	
PARM Code 00510 G	Permit Requirement	*******	******	******	(Monthly)	•••••	********			Every Two	8-hour FPC
Man. Site No. INF-1			<u> </u>	<u> </u>	(Mo. Avg.)	<u> </u>	<u> </u>	mg/L		Weeks	
OD, Coarbonaceous 5 day, 20C	Sample Measurement	4114619	*****	******	ļ	1	1		1	1 1	
•				ì	150		1	1	1	1 1	
PARM Code \$00\$2	Permit Requirement		1	!	Keport	l	1	l	ŀ	Every Two	8-bour FPC
Man Site No.CVF-1			1	i	(Ma. Avg.)	I _	1	mg/L	L	Weeks	

DEP From 62-620,910(10), effective November 19, 1994

Facility ID: FLA-014686 Month/Year: May 2007

Three-month Average Daily Flow: (TMADE/Permitted Capacity) x 100: 0.126 48,3%

	Percent	CBODS	Peral	Coliform.	pH(s.u.)	TRC	122	Turbidity	Flow	CBOD5	22T
1	Capacity	(mg/L)	Coliform	Fecal.%	-	(For	(NOUG)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADE/	```	Bacteria	leas than		Diginfect)			!		ľ
	Permitted	•	(#/100ml)	Detection		(mg/L)					<u> </u>
CODE	000180	80082	74055	\$1005	00400	50060	00530	00070	5005a	\$0092	00530
MON. SITE	Cal-1	EFA-1	EFA-I	EFA-I	EFA-I	EFA-1	EF8-1	EF8 - 1	FLW - L	INF-1	INF-1
1		1	0	190	7.07	5.00	< 9.6	0.145	0.123		
2			0	100	7,51	3.33	< 8.6	0.032	0.115		
3			0	100	7.42	2.60	< 8.6	0.003	0.112		
4					7.5 i	1.56		0.062	0.118		<u> </u>
5					7.50	5.00		0.092	0.130		
6					7.46	5.00		0.091	0.129		
7		0	0	100	7,24	1.72	9.6	0.164	0.091	196	134.00
8			0	100	7,70	3.33	< 0.6	6.000	0.095		
9		-	0	100	7.67	11.00	< 0.6	0.000	0.117		
10			0	100	7,22	5.00	< 9.6	0.000	0.114		I
11					7.31	4.43		0.542	0.124		
12					7,48	5.00		0.034	0.128		
13		_			7.28	5.00		0.000	0.121		
14		_	0	100	7.35	5.00	0.6	9.000	0.122		
15			Ð	100	7.28	2.69	< 0.6	0.000	0.108		
16			0	100	7.13	4.23	< 0.6	D.000	0.105		
17			0	t00	7.29	1.25	< 0.6	0.000	0.114		
18					7.31	2.20		0.000	0.116		
19					7.28	5.00		0.000	0.117		
20					7.31	5.00		0.100	0.131		┸
21		0	0	100	7.36	5.00	< 0.6	0.000	0.120	104	119.00
22			0	100	7.46	5.00	0.7	0.000	0.125		
23			0	100	7.04	5.00	0.8	9.000	0.074		
24			Ð	900	7.26	5.00	0.8	0.000	0.158		
25					7.27	5.00		0.000	0.134		1
26					7.14	5.00		0.385	0.156		
27					7,22	5.00		0.446	0.179		
28					7.16	5.00		0.532	0.145		1
29			0	100	7,23	5.00	< 0.6	0.876	8.140		
30			0	100	6.83	5.00	0.9	0.386	0.121		
31			0	100	7.17	5.00	< 0.6	0.156	0.141		
Total	48.3%		_	1.7					3.823		-

Plant Staffing:

Day Shift Operator

Class:

Certificate No.:

Name:

Day Shift Operator Class; Day Shift Operator Class: **Evening Shift Operator** Class: Certificate No.: Certificate No.: Certificate No.: Name: Name:

Lead Operator

Class: C

Certificate No.:

Name:

8737 Name: Randle Farrington

DEP form 62-630.910 (10) November 29, 1994

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(hype/print)

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

Rendle Farrington C-8737

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

										•	•
ermitee Name: Aqua U Iailing Address: 6960 Pr		, Suite 40			Permit No.F Monitoring I Limit : Final		n; 6/1/07 to 6	/30/07		<i>I</i> •	imeri Pa
acility: South Seas R	esort W.W.T.P. on Rd., Captiva Island, F	L33924			Class Size: N Facility ID: I Monitoring Plant Size/ T	FLA-014686 Group Numb Treatment Ty	er: R001 pe: 264 mgc	I / 2C Jublic, includi	ng lastuent	Report: N Group: Do ***Na Dis	
Parameter		Qua	ntity or Lond	ing		Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type
Flow	Second III	Average		Units (03)	******	*******	*****	Units			
ARM Code 50050 Y Jan.Sile No.PLW+1	Semple Measurement Perion Requirement	0.112 0.3 (Annual) Avg.	*******	P######	*****	*******	0	5 Days/ Week	Flowmeter, Totalizer Recorder		
Flow	Sample Measurement	- · · · · · · · · · · · · · · · · · · ·	+++++++	******	******						Recorder
PARM Code 50050] ian, Site No FLW-1	Permit Requirement	0.146 Report (Mo. Avg.)	******	MGD	******	******	******		•	S Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity,	Sumple Measurement	*******	*****	*****		*****					
MADF/Permined Sepcity)X 100 sem Code 00180 P for, Side No. CAL-1	Permit Requirement	•••••	******	*******	4.391 Report Month Tota			51.5 PER- CENT	0	Monthly	Calculated
BOD,	Sample Measurement	******	******	******	TOTAL TOTAL	<u> </u>	·	CENT		Montany	Carculated
arenaceous 5 Day, 20C PARM Code 80087 Y ion, Site No. EFA-1	Permit Requirement		*******	******	5,389 20.0 (An. Avg.)	*****	******	mg/L	0	Every Two Weeks	8-hour FPC
BOD,	Sample Measurement	*******	******	******		******	******	(19)			
womceous 5 Day, 20C PARAL Code 80082 A ton, Site No. EFA-1	Famil Requirement				30.0 (Mo.Avg.)	60.0 (Max)		mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	nded Sample Measurement ******* ****** ******					<u> </u>	1				
FARM Code 00520 B forn. Site No. P.F.Bt	B Permit Requirement					******* 2 5.0 4 Days / Week MG/L					Grab

SIGNATURE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

941-907-7400

DATE (MM/DD/YY)

7/16/2007

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCRARGE MONITORING REPORT -Part A (Continued)

Monitoring Period - From: 6/1/07 to 6/30/07

Facility:

South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Moltoring Group Number: R001

Permit No. FLA-014686

Parameter		Qua	ntity or Loadin	g		Quality or Co	oncentration		No. EX.	Frequency of	Sample Type
		*******	0023 5534	******		*******		Units		Analysis	
p∺	Sample Measurement	******	40237044	*******	6,98	*******	******	1	0		
PARM Code 00400 A	Permit Requirement	******	*******	******	6	8.5	*****	รบ		5 days / week	Grab
Mon. Site No. EFA-1	T COMMON CONTRACTOR				Minimum	Daily Mex.				1	
Coliform, Fecal. % less	Sample Measurement		****	*******		******	******				
than detection					100				O	1 1	
ARM Code 51005 A	Petmit Requirement	******	*******	******	75	*******	*******	PER-		4 Days/Week	Grab
Mon. Site No. EPA-I					(Min)			CENT		<u> </u>	
Coliform, Fecal	Sample Messurement	******	*******	******		******	*****			1	
			į.	Į .	0	1			ŧ		
PANNI Code 74055 A	Peusia Requirement	******	********	*****	25	*******	******			4 Days/Week	Grab
Mon Site No El'A-I			*****	*****	(Max)	********	*******	6/100ML		 	
Total Residule Chlorine	Sample Measurement	******	******					'''''	_	1 1	
(For Disinfection)		*****	******		3,3	*****	*******		0	l l	Meter
PARM Code 50060 A	Perind Requirement	*******		}	1.0	********	1	MG/L		Continuous	Merci
Mon. Site No.El'A-1		******	******	********	(Min)	*******	10000000	MG/L		 	
Turbidity	Sample Measurement			*******	2,345				a	1 1	
		*****			Report		*******			Continuous	Meter
PARM Cods 00070 D	Permis Requirement	*********	,	1	(Max)			NTU		Comminances	1. Inches
Man. Site No EFB-1	Santole Measurement	******	41147100	******	1172247	1400000	******	17,0	· · · · · · · · · · · · · · · · · · ·		
Solids, Total Suspended	Starbre Messatement			l .	148	1		{	0	l I	
PARM Code 00530 G	Permit Requirement	*******	******	*******	(Monthly)	******	*******		1	Every Two	8-hour FPC
Mon. Site No. INE-1	8 MWIII SPECIAL CINCIN		§		(Mo. Avg.)	1	l	nig/L		Weeks	
OD, Cearbonaceous 3 day, 20C	Sample Mossurement	******	*****	******	1		1	· · · · · · · · · · · · · · · · · · ·		7	
			ì		124	1]	0	1	
PARM Code \$0082	Permit Requirement		Ī		Report	1	Į.	! !		Every Two	8-hour FPC
Mon Site No INF-1			I .		(Mo. Avg.)		j	mg/L		Weeks	

DEP Form 62-629.910(10), effective November 29, 1994

Facility ID: FLA-014686 Month/Year, June 2007 Three-month Average Daily Flow: (TMADF/Permined Capacity) x 100:

6.136 51,5%

ļ	Percent	CBODS	Fecal	Celiform,	pH (s.u.)	TRC	TSS	Turbidity	Flow	ÇBQD5	TSS
1	Сарвску	(mg/L)	Coliform	Focal,%	·	(For	(MUG)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADE/		Bacteria	less than		Disinfect)	ļ				1
J	Permitted	j	(#/100ml)	Detection		(mg/L)					<u> </u>
CODE	000180	20082	74055	51005	00400	\$0060	00530	00070	50650	80082	00530
MON, SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA - }	EFB-1	EFB - 1	FLW - I	INF - 1	1NF - 1
ī			0	100	7.1	4.7	< 0.6	0.305	9.146		
2					7.1	5.0		0.221	0.154		
3					7.2	5.0		0.226	0.145		
4			0	100	7.3	5.0	< 0.6	0.323	0.133]
5		0		100	7.5	5.0	< 0.6	0.304	9.141	99	160.0
6			C	100	7.1	5.0	< 0.6	0_335	0.139		Ĭ
7			Ó	100	7.3	5.0	< 0.6	0.444	9.146		
8					7,3	5.0		0.453	0.162		
9					7,2	5.0		0.237	9.168		
10					7.2	5.0		0.361	0.133		
11			ō	100	7.3	5.0	< 0.6	0.381	0.132		
12			0	100	7,2	3.5	< 0.6	0,383	0.130		
13			0	100	7.3	4.7	0.7	0.505	0.130		
14			0	100	7.0	3.5	0.9	0.768	0.137		
15					7.0	4.4		0.701	0.148		
16					7,0	5.0		1.028	0.086		
17					7.1	5.0		0.879	0.095		
18			Ō	100	7.8	3.3	1.2	1.042	0.238		
19		0	O ,	100	7.4	5.0	0.6	0.754	0.162	149	136.0
20			0	100	7.5	5.0	< 0.6	0.756	0.169		
21			0	001	7.4	5.0	< 0.6	0.515	0.090		L
22					7.4	5.0		7.301	0.213		
23					7.4	5.0		0.450	0.164		
24					7.4	5.0		0.569	0.127		
25			0	100	7.1	5.0	0.9	0.821	0.148		
26			0	100	7.2	5.0	0.6	0.774	0.146		
27			0	100	7.3	5.0	< 0.6	0.596	0.142		
28			9	100	7.4	5.0	2.0	2.345	0.142		
29		1			7.4	5.0		0.380	0.158		
30					7.0	3.6	1	0.362	0.167		
31					I						
Total	51.5%								4.391		

Plant Staffing:

Name: Day Shift Operator Class: Certificate No.: Day Shift Operator Class: Certificate No.: Name: Day Shift Operator Class: Certificate No.: Name: Evening Shift Operator Class: Certificate No.: Name:

Lead Operator Class: C Certificate No.: 8737 Name: Randle D. Farrington

DEP form 62-620.910 (10) November 29, 1994

Randle Farrington C-8737

DEP Form 62-620.910(10), effective November 19, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -PART A Wine Complete mid discrepant will operate of Environmental Frenching, Seeth Middle, Theirs Menting and Complete mid discrepant will operate of Environmental Frenching, P.O Box 1847, St. Signer, Fl., 13902-1843 Permittee Name: Aqua Utilities Florida, Inc. Permit No.FLA-014686 Mailing Address: 6960 Professional Parkway East, Suite 40 Monitoring Period-From: 7/1/07 to 7/31/07 POR CO COM TOC Sarasota, Fl., 34240 Limit: Final Facility: South Seas Resort W.W.T.P. Class Size: Minor Report: Monthly Location: 5400 Plantation Rd, Captiva Island, FL33924 Facility ID: FLA-014686 Group: Domestic County: Lee Monitoring Group Number: R001 ***No Discharge [] *** Plant Size/ Treatment Type: .264 mgd / 2C Monitoring Group Desc: Slow Rate Public, including Influent Parameter Quantity or Loading Quality or Concentration Frequency No. Sample EX. ۵f Type Analysis Average Units Units Flow ******* ***** ****** Sumple Measurement 0.116 0 PARM Code 50050 Y Pennit Requirement 0.3 5 Days/ Week Mon Site No.FLW-L (Annual) MGD ******* Flowmeter, Totalizer Avg Recorder ******* ******* Flow ****** Sample Measurement 0.154 0 ------PARM Code 50050 1 Report ****** ****** Permit Requirement 5 Days/ Week Fluwmeter, Totalizer tion Site No.FL1V-1 (Mo, Avg.) MGD Recorder Percent Capacity, ******* Sample Measurement (TMADF/Permitted ****** Capcity)X 100 4.778 53.5 0 ***** +++++++ | +++++++ Parm Code 00160 P Report PER-Permit Requirement Mon Site No CAL-Month Total CENT Monthly Calculated ++++++ ******* ***** BOD. Sample Measurement ***** ***** Caronaceous 5 Day, 26C. 1.305 0 ******* | ******* | ******* PARM Code 80082 Y 20.0 Permut Requirement Every Two 8-hour FPC Mon. Site No. EFA-1 An. Avg.) Weeks ******** ******* ****** ***** ***** BOD. Sample Measurement (19) Caranaceous 5 Day, 20C 2 0 ******* ******* ****** PARM Code 80082 A Pernit Requirement 30.0 60.0 Every Two 8-hour FPC Weeks Mon. Sile No. EFA-1 (Mo.Avg.) (Max) mg/L ***** ****** ***** Solids, Total Suspended Sample Measurement 1.4 0 ******* PARM Code 00530 B ***** 5.0 4 Days / Week Permit Requirement Grab MG/L Mom Site No EFE-1 I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system durgened to assure that qualified personnel properly gather and evaluatethe information submitted Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete

I am owner that dueto are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPTIONE NO.

941-917-7400

DATE (MM/DU/YY)

8/27/2007

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(hypotypini) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Facility:

South Seas Resort W.W.T.P.

Monitoring Period-From: 7/1/07 to 7/31/07

Facility ID: FLA-014686

Moitaring Group Number: R001

Permit No. FUA-014686

Parameter		Qua	uitity or Loadin	₩		Quality or Co	oncentration	Unijs	No. EX.	Frequency of Analysis	Sample Type
pH	Sample Measuroment	******	*******	******		*******	444444	Oinis		rulalysis	
p*']	confide wassingners	i			6.59			1	0	1 1	
PARM Code 00400 A	Peranal Requirement	*******	********	******	6	8.5	******	SU	•	5 days / week	Grab
Mon. Site No. EFA-1			1	1	Minimum	Daily Max.					7.44
Coliforn, Fecal, % less	Nample Measurement	1000000	42014000	******		*******	*******				
than detection	,				100				0	1	
ARM Code SIODS A	Permis Requirement	*******	*******	******	75	******	******	PER-		4 Days/Week	Gneb
Mon Site No. IIFA-I	'				(Min)	1		CBNT_		1	
Coliform Fecal	Sample Measurement	*******	******	*******		1797741	******				•
	1		t		0				a	1	
PARM Code 74055 A	Pernis Requirement	*******	******	******	25	*******	*******			4 Days/Week	Grab
Mon,Site No.EFA-1					(Max)			#/100ML		<u> </u>	
Total Residule Chlorine	Sample Messurement	******	*****	*****		*******	*******			[
(For Disinfection)				!	1.7				0	i	
PARM Code 50060 A	Pensul Requirement	*****	*****	*****	1,0	*******	*******	*******		Continuous	Meter
Mon. Site No EFA-I					(Min)	ļ		MG/L			
Turbidity	Sample Measurement	******	******	******	1	0+44444	****				
			İ	1	2,455				0	1 1	
PARAL Code 00070 B	Permit Requirement	******	*****	*******	Report	******	******			Continuous	Meter
Mon. Site No EFO-I				<u> </u>	(Max)			NTU			
Solids, Total Suspended	Sample Measurement	*******	*******	4000000	l	*******	*******		_	1	
	1			1	273.3		l		0	1 1	
PARVI CAGE 00530 G	Permit Requirement	*****	*******	*******	(Monthly)	*******	*******			Every Two	8-hour FPC
Mnn, Sile No, INF-I		*****	*****	*******	(Mo. Avg.)		ļ	nu/L		Weeks	
OD, Cvitbonaceous 5 day,20C	Sample Masturement	******	******	******		1				1 1	
			Ī		160.6	1			0		
PARM Code \$0082	Permit Requirement		1	1	Report	I	Ī			Every Two	8-hour FPC
Mon Site No.INF-I			1	.i	(Mo, Avg.)	.1	1	mg/L		Weeks	

DEP Farm 62-620,918(10), effective Navember 29, 1994

Facility ID: FLA-014686 Month/Year: July 2007

Three-month Average Daily Flow: (TMADF/Permitted Capacity) × 100: 0.141 53.5%

	Percent	CBOD5	Fecal	Coliform,	pH (z.u.)	TRC	TSS	Turbidity	Flow	CBOD5	TSS
	Capacity	(mg/L)	Coliform	Focal,%	-	(For	(MD/G)	(NTUs)	(MGD)	(mg/L)	(տաց/ե)
	TMADF/	1	Bacteria	less than		Disinfect)	l 1				
	Permitted		(#/100ml)	Octortion		(org/L)			Í		
CODE	000180	80082	74055	51005	00400	\$0060	00530	00070	50050	20082	00530
Men.Site	Cal-I	EFA-1	EFA-I	EFA-1	EFA- I	EFA-I	EFB - 1	EFB - 1	FLW - 1	INF-1	INF - I
1					7,41	4.6		0.535	0.160		
2		[0	100	7.00	5.0	0.8	0.749	0.157		
3		0	0	100	7,33	5.0	0.6	0.818	0.166	198	204.0
4					7.15	5.0		0.784	0.032		
5			0	100	7.40	5.0	0.6	2.048	0.089		
6			0	100	7.40	5.0	1.4	0.707	0.248		
7					7.40	5.0		1.382	0.197		
8					7.06	5.0		1.340	0.130		
9		-	0	100	7.10	5.0	J.1	1.867	0.181	i	
10			0	100	6.97	5.0	6.9	0.680	0.146		
11			0	100	6.99	1.7	0.6	0.456	0.148		
12			0	100	6.92	5.0	0.6	0.040	0.149	-	
13					7.00	5.0		1.050	0.154		
14					7.08	5.0		1.484	0.158		
15					6.96	5.0		2.455	0.139		1
16			0	100	6.95	5.0	0 .0	2.455	0.075		
17			0	100	6.59	5.0	0.6	0.171	0.185		
18		6	0	100	7.07	5.0	0.0	0.127	0.052	176	186.0
19			0	100	7.10	5.0	0.0	0.008	0.171		
20					7.21	5.0		0.028	0.121		
21					7.16	5.0		0.205	0.155		
22					7.09	5.0		0.074	0.158		
23			0	100	7.12	5.0	0.6	0.284	0.184		
24			0	100	7.30	5.0	0.0	0.281	0.172		
25			0	100	7.38	5.0	0.6	0.293	0.193		
26			0	100	7.35	5.0	0.0	0.247	0.154		
27					7.32	5.0		0.450	0.154		
28					7.41	5.0		0.597	0.271		
29					7.40	5.0		0.785	0.085		
30		0	0	100	7.43	5.0	0.7	1.124	0.148	108	430.0
31			0	100	7.33	5.0	0.0	0.588	0.246		
Total	53.5%								4.778		

Plant Staffing:

Day Shift Operator Day Shift Operator

Class: Class:

Certificate No.: Certificate No.: Name: Name:

Day Shift Operator Evening Shift Operator

Class:

Certificate No.; Certificate No.: Name:

Lead Operator

Class:

Name:

c Class:

Certificate No.:

8737

Name: Randle Farrington

DEP form 62-620.910 (10) November 29, 1994

والمتعارضة ليشاء المتعارضة

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT --Part A When Compute and the report of Department of Environmental Protection South Dustric Posted Reportment of Environment Protection, P.O.Bej 2509, P. Myer, EL 1990-1915

Permittee Name: Aque Utilities Florida, Inc.

Meiling Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240
Facility: South Seas Resort W.W.T.P.

Location: 5400 Plantation Rd, Captive Island, FL33924

County: f.ee

Permit No.FLA-014686

Munitoring Period--From: 8/1/07 to 8/31/07

Limit : Final

Class Size: Minor Facility ID: FLA-014686

Monitoring Group Number: R001 Plant Size/ Treatment Type: .264 ingd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

WEST SER 20 FP 2: Q4

Report: Monthly Group: Domestic

***No Discharge [] ***

Parometer		Qua	ntity or Luad	ling		Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
lilow	Sample Mensurement			(03)	******	4++++++	*****	******			
		0.120							0		1
ARM Code 50050 Y	Permit Requirement	0.3							1	5 Days/ Week	
for Site No.FLW-1		(Annual)		MGD	*******	******	*******	*******			Flowineter, Totalizer
		AVB.		L				1			Recorder
Flow	Sample Measurement		******	******	******						
		0.141				*****	404040		0		1
PARM Code 50050 1	Pennit Requirement	Report	*******		*******	******	*******]	1	5 Days/ Week	Flowmeter, Totalizer
400 Site No.F1.W-1		(Mo. Avg.)		MGD					l		Recorder
Percent Capacity,	Sample Measurement	*******	******	******							
TMADF/Permitted			'			*****	******				
Cepetty),X 100		1			4.382			55.8%	0		
Parts Cride 00180 P	Pernut Requirement	*******	*******	******	Report			PER-			
don. Site No. CAL-1		1			Month Total		L	CENT		Monthly	Calculated
ROD,	Sample Measurement	******	******	*****							
Infohaceous 5 Day, 20C		§	1	ļ	1.026	*****	*****	l 1	0		1
PARM Code 80042 Y	Permit Requirement	*******	*******	*******	20.0			1 1		Every Two	8-hour FPC
don Sile No. EFA-I	·	<u> </u>			(An. Avg.)			mg/L		Weeks	
BOD,	Sample Measurement	*******	******	******		******	******	(19)			
(aronaceous 5 Day, 200)		1			0		1		0		
PARM Code 80082 A	Pennit Requirement	*******	*******	******	30.0	60.0	ŧ	ļ		Every Two	8-hour FPC
ion. Site No. EFA-1		1			(Mo.Avg.)	(Max)		mg/L		Weeks	
Solids, Total Suspended	Sample Measurement	*******	******	******							
	•				1.2	[]	1	0		i
PARM Code 00530 H	Permit Requirement	******	******	******	5.0	Ī	ì			4 Days / Week	Grab
iom Sie No. EFU-1	•		ŀ	1		1	1	MG/L			1

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(hype/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MAI/DD/YY)
Randle Farriagton C-8737	Paulo Familie	941-907-7400	9/20/2007
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all allaciments here): ((Attach additional sheets if necessary.)		
DEP Fonn 62-620,910(10), effective November 29, 1994	'		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONTIORING REPORT -Part A (Continued)

Monitoring Period-From: 8/1/07 to 8/31/07

Fracing;

South Sens Resort W.W.T.P.

Facility ID: FLA-014686

Maitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	niliy or Loadin	e		Quality or Co	oncentration		No. EX.	Frequency of	Sample Type
								Units		Analysis	
рIН	Sample Mensurement	*******	******	******		******	******				
					6,86				0	1	
ARM Code 00400 A	Permit Requirement	*****	******	*******	6	8.5	******	SU		5 days / week	Grab
Mon. Site No. EFA-1					Minimum	Daily Max.	<u></u>			1	
Coliforn, Fecal, % less	Sample Measurement	*******	******	******		*******	*******				
than detection					300				0	1 1	
Will Code 31005 A	Persu Requirement	*******	*******	*******	75	*******	*******	PER-		4 Days/Week	Grab
Mon. Site No. EFA-1			<u> </u>		(Min)			CENT			
Coliform, Fecul	Sample Measurement	******	*******	******			******				
	Ŧ				0	1			Q		
PARM Codo 74055 A	Parant Requirement	******	*******	*******	25	*******	*******			4 Days/Week	Grab
Mon Site No ET A-1				*****	(Max)			#/100ML			
Total Residule Chlorine	Sample Measurement	******	*****	*****		*******	******	******		1 1	
(For Disinfection)			1		1,25				0	1 1	
PARM Code 10060 A	Pestuit Requirement	*****	*****	******	1.0	*******	*******	******		Continuous	Meter
Mon Site No.EFA-L				 	(Min)			MG/L			
Turbidity	Sample Massurement	******	*******	*******		*******	*****				
			1		0.895		ł	·	0	} I	
PARM Code 00070 B	Permit Requirement	******	*******	********	Report	*******	*******	1		Centinuous	Meter
Mon Site No EFB-1				l	(Max)			NTU		I	
Solids, Total Suspended	Sample Measurement	*******	6402000	*******	l	*******	******		1		
	1	*******	*******		334	1			0	1 1	
PARM Code 00530 G	Penat Requirement	*******	*******	********	(Monthly)	*******	*******	1		Every Two	8-hour FPC
Mos. Sine No. INF-1					(Mo. Avg.)			mg/L		Weeks	
JD, Combonisceous 5 day, 200	Sample Measurement	******	******	******						1 1	
		i I	1	I	190.5	!	1			i I	
PARM Code 60082	Pennit Requirement		i	1	Report	l				Every Two	8-hour FPC
Mon Site No INF-1	1			<u> </u>	(Mo. Avg.)	1		mg/L		Weeks	

DEP Form 62-620,910(10), effective November 29, 1994

Facility ID: FLA-014686 Month/Year. August 2007 Three-month Average Daily Flow: (ThtADF/Permitted Capacity) x 100; 0.147 55.8%

_											
	Percent	CBOD5	Fegal	Coliform,	bH (rr)	(TRC	TSS	Turbidity	Flow	CBOD5	TSS
į	Сарысну	(mg·L)	Coliforni	Fecal,%		(Бог	(ML/G)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADF/		Bacteria	Jesz chan		Disinfect)			!!		l
	Permitted		(#/100mil)	Detection		(my/L)			11		├ ─
CODE	000180	80082	74055	51005	0040D	50060	00550	00070	50050	80087	00530
MON, SITE	Cel-l	EFA - 1	EFA-1	EFA-1	EFA - 1	EFA-1	EFB - 1	EFB - T	FLW - 1	INF-1	3NF - 1
1					7.21	5.00		0.825	0.073		├
2			0	100	7.26	5.00	0.0	0.642	0.153		└
3		Γ	0	100	7.32	5.00	0.0	0_547	0.162		<u> </u>
4					7.35	5.00		0.771	6.191		└
5		Γ			7.32	5.00		0 .529	0.119		<u> </u>
6			0	100	7.28	5.00	U. 0	0.688	0.186		
7			B	100	7.15	5.00	0.0	0.622	0.156		ļ
В			0	100	7.20	5.00	0.0	0.726	0.119		
9			0	100	7.19	5.00	1.2	0_345	0.193		L
10		<u> </u>			7.22	4.84		0.672	0.161		!
11					7.28	5,00		0.624	0.166		<u> </u>
12					7.52	5.00		0.562	0.158		
13			D	100	7.52	5.00	1.0	0.537	0.153		!
14		0	0	100	6.86	3.51	0.8	0.359	0.155	305	388.00
15			0	100	6.92	3.00	0.0	0.354	0.155		<u> </u>
16			0	100_	7.01	5.00	0.0	0_392	9.148		
17					7.00	5.00		0.679	0.073		
18					6.89	5.00		0.251	0.234		<u> </u>
19					6.98	4.65		0.364	0.119		<u> </u>
20			0	100	7.24	5.00	0.7	0.442	· 0.131		<u> </u>
21			0	100	7.30	5.00	0.0	0.895	0.130		<u> </u>
22			0	10 0	7.07	4.82	0.1	0.636	0.138		└
23			0	100	7.29	5.00	0.0	0.561	0.142		
24		1 /			7.30	3,00		0.389	0.123		
2.5					7.29	5.00		0.397	0.121		——
26					7.25	5.00		0.335	0.128		<u> </u>
27			0	100_	7.28	5.00	0.0	0.553	0.112	····	ļ
28		0	0	100	7.28	5.00	0.0	0.433	0.113	76	280.00
29			0	100	7.30	I.25	0.0	0.251_	0.119		<u> </u>
30			0	100	7.19	5.00	0.0	0.880	0.113		<u> </u>
31	<u>_</u>	<u> </u>			7,34	4.21		0.350	0.138		<u></u>
Total	55.8%								4.382		

Plant Staffing:

Day Shift Operator

Class:

Class:

Certificate No.:

Name:

Day Shift Operator Day Shift Operator

Class:

Certificate No.:

Name:

Certificate No.:

Evening Shift Operator

Class:

Certificate No.:

Name:

Name:

Class:

Lead Operator

Certificate No.:

8737

Name: Randle Farrington

DEP form 62-620.910 (10) November 29, 1994

	Othites Florida, Inc. Professional Parkway I:a Sarasota, Ft. 34240 Resont W.W.T.P. iion Rd. Captiva Island				Monitoring Limit, Fina Class Size: Friedly ID Monitoring Plant Size/	Minor FLA-014686 Group Numb Freatment Ty	ber: R061 pe: .264 mgs		ng Influent	Report: Monthly Group: Domestie ***No Discharge] ***			
Parameter			ontity or Loa	quif		Quality or C	oncentration		No EX.	Frequency of Analysis	Sumple Type		
Flow	Sample Measurement	Average		Units (03)	*******	211404040	*****	Units					
ARM Fade 3005ti V Yon Silo No Flivi	Permit Regunement	0,121 113 (Annual) Avg.		MGD	******	******	******	4944444	0	5 Days/ Week	Flowmeter, Totalizer Recorder		
PARAL Code Sound dun, Site No PLAV-1 Percept Capacity.	Sample Measurement Fermit Requirement Sample Measurement	(I.)(i)(i Report (Mo. Avg.)	6444044 *********	MGD	*******	*****	*****		a	5 Days/ Week	Flowmeter, Totalizer Recorder		
TMADE/Posmitted Capelly)X 100 Parti Code (10180 - P Jun, Sub Na. CAL. 1	Permit Requirement	******	*******	******	J.228 Report Month Total	(2000 000	******	50.89% PER- CENT	0	Monthly	Culculated	•	
HOD, aruneceus S Day, 2001 PARM, Code R0032 Y dan, Site No. EFA-1	Sample Measurement	*****	*****	******	0.819 20.0 (An Avg.)	*****	*****	mg/l.	C	Every Two Weeks	8-hour FPC		
OOD, Taronizeous 5 Day, 2001 PARM Code 81082 A Jun, Site No EFA-1	Sample Measurement Permit Requirement	******	9 (1 12 12 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	******	0 30.0 (Mo Avg.)	60.0 (Max)	******	(19] mg/L	0	Every Two Weeks	8-hour FPC		
Solids, Total Ruspended PARSA Code COSTO B form Side No. EP Dc)	Sample Messangment Penjat Requirement	******	\$40 \$2200 \$2 \$\$\$\$\$\$\$\$	******	0. 9 5.0			MG/L	0	4 Days / Week	Grab		

Randle Ferrington C-8737

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if neressary)

DEP Form 62-6 20,910(10), effective November 29, 1-861

10/24/2007

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MUNITURING REPORT -Part A (Continued)

Facility:

South Seas Resort W.W.T.P.

Monitoring Period--From: 9/1/07 to 9/30/07

Facility ID: FLA-014686

Moitoring Group Number. R001

Permit No.FLA-014686

Parameter		Qua	intity or Loadin	ű.		Quality or C	oncentration		No. EX.	Frequency of	Sample Type
		*******						Units		Analysis	
Hq	Nample Measurement	*******	*******	******	1	*******	*****				
					7,3	5	1	1	Ü		
PARM Cole 00400 A	Perint Requirement	*******	*******	*******	6	8.5	******	รับ		5 days / week	Grab
Mon Site No EFA-1		********			Miaimum	Duily Max.					
Coliform, Feenl, % less	Sample Measurement	*******	*******	10000000		********	******				
than detection	1		l		100				0	1 1	
RM Code 51005 A	Pentus Requirement	*******	*******	******	75	******	*******	PER-		4 Days/Week	Grab
Mon Sile No FFA-1					(Min)			CENT		_	
Coliforn, Fecal	Sample Measurement	******	*******	*******		******	******				
					0				U		
PARM Codu 74055 A	Frant Requirement	******	*******	******	25	******	******			4 Days/Week	Grab
Mon Site No.EFA 1			<u> </u>		(Max)			#/J00ML			
Total Residule Chlurine	Sample Measurement	*****	******	*****		*******	3-20-044	******			
(For Disinfection)	j		Į.		1.6			1	0	1	
PARM Code 50060 A	Permit Requirement	*****	******	*****	1.0	*******	******	*******		Continuous	Meter
Mon. Site No EPA-1			<u> </u>		(Min)			MG/L		}	
Turbidity	Sample Measurement	*******	******	******		*******	******			1	
					1.486				0		
PARM Code 00070 B	Permit Requirement	******	*******	*******	Report	*******	******	1		Continuous	Meter
Mon. Site No EFB-t			L		(Max)	İ		NTU			***************************************
Solids, Total Suspended	Sample Messurement	14424444	*******	*******		*******	******				
					108,5				a	i i	
PARM Code 00330 G	Permit Requirement	*******	*******	*******	(Monthly)	*******	*******	ì	•	Every Two	8-hour FPC
Mon. Sile No. INF-1			Į		(Mo. Avg.)	1		mμ/L		Weeks	0 11041 71 C
III, Cearborisceous 5 day,20C	Sample Measurement	******		******	B.,	1			,	1	
,					63.5	i :		l [1	
PARM Code 80082	Pennis Requirement		Ì		Report			1		Every Two	8-hour FPC
Non-Sile No. INF-1				[(Ma. Avg.)			mg/l.		Weeks	STORIUS PERC

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

Facility ID: FLA-014686 Month/Year: September 2007

Three-month Average Daily Flow: (TMADF/Permitted Capacity) x 100:

0.134 50.9%

									•		
	Percent	CBODS	Fecal	Coliform	pH (s.u.)	TRC	TSS	Turbidity	Flow	CBOD5	TSS
			Coliform			(For	(ML/G)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADF/	(0		less than		Disinfect)				1	1
	Permitted			Detection		(mg/L)			1		
CODE	000180	80082		51005	00400	50060	00530	00070	50050	80082	00530
MON, SITE			EFA-1	EFA-1	EFA - !	EFA - 1	EFB-1	EFB - 1	FLW -1	INF - I	[NF - 1
					7.18	5.0		0.249	0.168		
2	ļ — —				7.56	4.4			0.155		Γ
3					7.30	4.9		0.352	0.155]
4			0	100	7.41	5.0	0.0	0.363	0.111		
5			9	100	7.32	5.0	0.0	0.010	0.100		
6			0	100	7.68	5.0	0.6	0.120	0.103		<u>t </u>
7			Ū.	190	7.76	5.0	0.6	0.138	0.890		L
8					7.72	1.7		0.320	0.138		
9					7.62	5.0		1.496	0.122		<u> </u>
10		0	0	001	7.83	5.0	0.0	0.250	0.108	71	95.00
13	1		0	100	7.88	5.0	0.0	0_294	0.102		
12			0	100	7.72	5.0	0.0	0.308	0.088		
13			Ð	100	7.70	5.0	0.9	0.412	0.085		<u> </u>
14						5.0		1.077	0.109		L
15					7.86	5.0		1,367	0.105	<u></u>	
16					7.42	5.0		0.902	0.093		<u> </u>
17			9	100	7.70	5.0	0.6	0.330	0.100		<u> </u>
18			0	100	7.94	5.0	0.0	0.255	0.092		<u> </u>
19			0	100	8.00	5.0	0.0	0.162	0.094		<u> </u>
20			0	100	7.85	5.0	0.0	0.150	0.085		<u> </u>
21					7.75	5.0		0.028	D.098		ļ
22					7.70	5.0		0.046	0.096		├ —
23					7.46	5.0		0.050	0.092		l
24		0	0	100	7.59	5.0	0.0	0.067	0.105	56	122.00
25	L		0	100	7.51	5.0	0.0	0.089	0.096		ļ
26	<u></u>		0	100	7.40	5.0	0.0	0.155	0.084		
27			0	100	7.38	5.6	0.0	0.490	0.103		ļ
28					7.40	5.6		0.852	0.134		├—
29					7.38	5.6		0.425	0.115		└
30					7.42	1.6		0.875	0.102		└
31					_		1	**	1 1		l

Plant Staffing:

TOTAL

Day Shift Operator Class:

50.89%

C

Certificate No.:

6256

Name: Robert Offer

3.228

Day Shift Operator Day Shift Operator Class:

Certificate No.:

Name:

Class: Evening Shift Operator Class: Certificate No.:

Name:

Lead Operator

Class:

Certificate No.:

 \mathbf{C} Certificate No.: Name:

8737 Name: Randle Farrington

DEP form 62-620.910 (10) November 29, 1994

	DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A	
	When Complete meditive report to this parament of Consessment Fredriction, South Maleici Nichts Department of Anticommunity of Society Co. P. O. Bay Jake, Fredrick Spirits, Fl. 1300.1 Jake	

Permittee Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

Facility: South Seas Resort W.W.T.P.

Sociation: \$400 Plantation Rd, Captiva Island, FL33924

County: Lee

Permit No.FLA-014686

Monitoring Period-From: 10/1/07 to 1/31/07

Limit: Final Class Size: Minor Facility ID; FLA-014686

Monitoring Group Number: R001 Plant Size/ Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Z II NOV 20

Report: Monthly Group: Domestic

***No Discharge |] ***

Parameter		Qua	intity or Load	ding		Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type	
		Average		Units				Units				
Flow	Sample Measurement			(03)	******	******	*****	*******				
		0.126			Į į	1		;	Ø			
PARM Code 50050 Y	Permit Requirement	0.3			i			i 1		5 Days/ Week	1	
Mon.Site No.FI,W-1		(Annual) Avg.		MGD	*******	******	*******	*******			Flowmeter, Totalizer Recorder	
Flow	Sample Measurement		*******	******	******			· · · · · · · · · · · · · · · · · · ·			1000000	
		0.118			Ĭ	****	*****		a			
PARNI Code 50050 1	Permit Requirement	Report	*******		*******	*****	******			5 Days/ Week	Flowingter, Totalizer	
Nen Site No.FLW-i	-	(Mo. Avg.)		MGD							Recorder	
Percent Capacity,	Sample Measurement	*******	******	******	7-,						11111111	
TMADF/Furmined		1				*****	******	i I				
Capciry)X (00		!		ļ	3.649			46.3	U			
Parm Code Go: 10 P	Permit Requirement	******	******	******	Report			PER-				
Mon. Site No. CAL-!				ļ	Month Total			CENT		Monthly	Calculated	
BOD,	Sample Measurement	*******	******	******	<u> </u>							
Caronaceous 5 Day, 20C		l I		1	0.653	*****	******	1	a .		•	
PARM Code 80082 Y	Permit Requirement	*******	******	*******	20.0					Every Two	8-hour EPC	
Mon. Site Nn. EFA-1		<u> </u>			(An. Avg.)			_ing/L		Weeks	1	
BOD.	Sample Measurement	*******	*******	******		******	******	(19)			1	
Caronaceous 5 Day,20C					0				0			
PARM Code 80082 A	Permit Requirement	******	*******	******	30.0	60.0				Every Two	8-hour FPC	
Mon Site No. EFA-1		<u> </u>			(Mo.Avg.)	(Max)		mg/L		Weeks	1	
Solids, Total Suspended	Sample Measurement	******	******	******								
		k			1.5				0			
7ARM Code 00530 B	Permit Requirement	******	******	******	5,0			į l	, ;	4 Days / Week	Grab	
Mam.Site No. EFB-I		1		į.	•		1	MG/L		•	1	

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the mformation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the postibility of time and imprise

		as suite the marketsourcent for mithautif after	APVII A	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(hypo/print)	SIGNATURE OF PRINCIPAL EXECUTIVE	OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YV)
Regardle Foreington C-8737	Randle Fam	, to	941-907-7400	11/20/2007
COMMENT AND EXPLANATION (IF ANY VIOLATIONS (Reference all attachments here): (a	Attach additional sheets if necessary.)			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period-From: 10/1/07 to 10/31/07

Facility.

South Seas Resort W.W.T.P.

Facility ID: FLA-014686
Moitoising Group Number: R001

Permit No. FLA-014686

Parameter		Quo	ntity or Loading	R		Quality or C	oncentration	Units	No. EX	Frequency of Analysis	Sample Type
					····	*******	******	Onits		Anatysis	
pli	Sample Messurement	*******	******	*******		***************************************		Į.			
					6.92				0	a dance I second	Grab
PARMI Cade 00408 A	Penni Requirement	*******	******			8.5	*******	SU		5 days / week	Cian
Mon. Site No. EFA-1					Minimum	Daily Max	4114444				
Coliform, Fecal,% less	Sample Measurement	*******	*****	*****			*******			1 1	
than detection			l i		100	*******	l l		0	1,5 5,1	a .
ARM Code 51005 A	Permit Requirement	14144444	******	*******	75	*******	*******	PER-		4 Days/Week	Gnab
Mon. Site No. EFA-I					(Min)			CENT		 	
Coliform, Fecal	Sample Measurement	*******	*******	*******		*****	400000		_	i I	
	1			l I	0				0		
PARM Code 74055 A	Persui Requirement	*******	*******	******	25	******	{*******			4 Days/Week	Gmb
Mon.Site No EPΛ-1			<u> </u>		(Max)	L	<u> </u>	#/100ML		<u> </u>	
Total Residule Chlorine	Sample Measurement	******	*****	*****	l	*******	******	4000000		1	
(For Disinfection)	·				1.69	ł] \		0	1 1	
PARM Code 10060 A	Persili Requirement	4++++	*****	*****	1.0	******	*******	******		Continuous	Meler
Mon. Site No.EFA-1			<u> </u>	1	(Min)		Li	MG/L			
Turbidity	Sample Measurement	*******	******	*******		*******	*****			1 1	
·,			1	}	19.9	1	1		1	1 1	
PARM Code 00070 D	Pennit Requirement	*******	*******	******	Report	*******	******	'		Continuous	Meter
Mon. Site No EFB-1	, , , , , , , , , , , , , , , , , , , ,		Į.	l	(Max)		1	NTU		<u> </u>	
Solids, Total Suspended	Sample Measurement	*******	******	******	1	******	******				
DOMOS, TOTAL DESPENSES			1	1	156,35		ł	}	0	ļ. I	
PARM Code 00530 G	Pennst Requirement	*******	******	*******	(Monthly)	*******	*******	1	ĺ	Every Two	8-hour FPC
				i .	(Mo. Avg.)	ļ		mg/L		Weeks	
Mon. Site No. INF-1	Sample Measurement	******	111111	******	1	1	† 	 			
IOD, Combonaceurs 5 day, 20C	Semple releasurement		1	1	1(7.5)	1	i		1	
		1	Į.	1	Report	1	1	l	1	Every Two	8-hour FPC
PARM Code #0082	Peinut Requirement		I	1	(Me Avg)	1	Į.	mg/L		Weeks	
MonSile No.INF-1					TAIL UART			I	·	-1	

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

Facility ID: FLA-014686 Month/Year: October 2007 Three-month Average Daily Flow: (TMADE/Permitted Capacity) x 100:

0.122 46,3%

22 0 100 7.09 3.83 < 0.6 0.235 0.089		INTORIUN 1 C	as. Oth	DET 2007								
TMADF	[Percent	CBODS	Fecal	Caliform,	pH (su)	TRC	rss	Turbidity	Flow	CBODS	TSS
Permitted (0/100ml) Debection (mg-1) (mg-1)	ļ	Capacity	(mg/L)	Coliform	Focal,%		(For	(MIL/G)	(NTUs)	(MGD)	(mg/L)	(mg/L)
CODE 000180 80082 74655 \$1005 00400 50080 00530 00070 \$50050 \$80082 00530 MON.SITE Cal-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 FFA-1 <		TMADF/		Hacteria	less than		Disinfect)			1 1		1
MON. SITE Cabl EFA-1 E		Permined		(#/100ml)	Detection		(mg·L)					<u> </u>
	CODE	000180	80082	74855	51005	00400	50060	00530	00070			
1	MON SITE	Cal-I	EFA-1	EFA-1	EFA-1	EFA-1	EFA - 1	EFB-1			!NF+L	INF-
10	,			0	100	7.77	5.62	< 0.6	0.536	0.104		<u> </u>
3	2			0	100	7.79	5.62		0.442	0.111		<u> </u>
5 7.81 10.36 0.604 0.168 6 7.32 3.59 0.471 0.060 7 6.94 3.44 0.48 0.101 8 0 0 100 7.75 6.63 0.6 0.422 0.091 105 38.70 9 0 100 7.15 6.63 < 0.6				0	100	7,45	10.32	1.5	1.118	0.096		ļ
10				0	100	7.88	10_32	< 0.6				
6 7.32 3.59 0.471 0.660 7 6.94 3.44 9.48 0.101 8 0 0 100 7.08 4.76 < 0.6	5					7.81	10.36		0.604	0.168		
7 6.94 3.44 0,48 0.101 8 0 0 100 7.08 4.76 < 0.6			1	·		7.32	3.59		0.471	0.060		
8 0 0 100 7.08 4.76 < 0.6 0.422 0.991 105 38.70 9 0 100 7.15 6.63 < 0.6						6.94	3.44		0,48	0.101		<u> </u>
9 0 100 7.15 6.63 < 0.6 0.251 0.153 10 0 100 8.49 1.69 0.9 0.207 0.881 11 0 100 7.66 10.35 0.8 0.316 0.065 12 0 100 7.62 10.35 0.9 0.426 0.135 13 1 7.14 10.35 0.9 0.426 0.135 14 6.92 5.95 0.814 0.160 0.100 15 0 190 6.98 3.16 < 0.6			0	0	100	7.08	4.76	< 0.6	0.422	0.091	105	38.70
10			 		100	7.15	6.63	< 0.6	0.251	0.153		
11						8,49	1.69	0.9	0.207	0.081		<u> </u>
12				0	100	7,66	10.35	0.8	0.316	0.065		<u> </u>
13				0	100	7.62	10.35	0.9	0.426	8.135		
14 6.92 5.95 0.814 0.160 15 0 100 6.98 3.16 < 0.6			$\overline{}$	 		7.14	10.35		0,412	0.167		
15				1		6.92	5.95		0,814	0.160		
16 0 100 7.16 10.36 0.7 0.667 0.895 17 0 100 7.02 10.35 < 0.6				0	100	6.98	3.16	< 0.6	0.959	0.111		<u> </u>
17 0 100 7.02 10.35 < 0.6				0	100	7.16	10.36	0.7	0.667	0.095		
18 0 100 7.56 10.35 < 0.6 0.419 0.130 19 7.25 10.35 19.9 0.114 20 7.22 10.38 0.69 0.186 21 6.92 9.44 0.245 0.124 22 0 0 100 6.97 10.06 < 0.6				0	100	7.02	10.35	< 0.6	0.436	0.103		
19				0	100	7.56	10.35	< 0.6	0.419	9.130		<u>L</u>
20 7.22 10.38 0.69 0.186 21 6.92 9.44 0.245 6.124 22 0 0 100 6.97 10.06 < 0.6				 		7.25	10.35		19.9	0.114		L
21 6.92 9.44 0.245 6.124 22 0 0 100 6.97 10.06 < 0.6				-	—	7.22	10.38		0.69	0.186		<u> </u>
22 0 0 200 6.97 10.06 < 0.6				 	 	6.92	9.44		0.245	8.124		
23 0 100 7.09 3.83 < 0.6 0.235 0.089 24 0 100 7.62 10.35 0.7 0.284 0.146 25 0 100 7.65 10.35 0.7 0.386 0.130 26 7.36 10.34 1.511 0.245 27 7.40 10.36 1.4 0.129 28 7.44 9.92 0.825 0.104 29 0 100 7.75 10.35 < 0.6			0	0	100	6.97	10.06	< 0.6	0.248	0.110	136	274.00
24 0 100 7.62 10.35 0.7 0.284 0.146 25 0 100 7.65 10.35 0.7 0.386 0.130 26 7.36 10.34 1.511 0.245 27 7.40 30.36 1.4 0.129 28 7.44 9.92 0.825 0.104 29 0 100 7.75 10.35 < 0.6					100	7.09	3.83	< 0.6	0.235	0.089		
25			—				10.35	0.7	0.284	0.146		<u> </u>
26 7.36 10.34 1.511 0.245 27 7.40 10.36 1.4 0.129 28 7.44 9.92 0.825 0.104 29 0 100 7.75 10.35 < 0.6		 						0.7	0.386	0.130		
27 7.40 10.36 1.4 0.129 28 7.44 9.92 0.825 0.104 29 0 100 7.75 10.35 < 0.6			\vdash	T			10.34		1.511	0.245		
28 7.44 9.92 0.825 0.104 29 0 100 7.75 10.35 < 0.6		 	1	 					3.4	0.129		
29 0 100 7.75 10.35 < 0.6				 					0.825	0.104		1
30 0 100 7.62 10.35 < 0.6 0.839 0.087 31 0 100 7.70 10.38 < 0.6 0.103 0.082		ļ		0	100			< 0.6	0.102	0.086		
31 0 100 7.70 10.38 < 0.6 0.103 0.082										0.087		
2 40			 						0.103	0.082		
	TOTAL	46.5%								3.649		

Plant Staffing:

Certificate No.: Name: Day Shift Operator Class: Certificate No.: Name: Day Shift Operator Class: Name: Class: Certificate No.: Day Shift Operator Name: Certificate No.: Evening Shift Operator Class:

Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

DEP form 62-620,910 (10) November 29, 1994

	Di	PARTMEN	T OF ENVI	RONNIEN	TAL PROTE	ECTION DI	SCHARGE	MONITOR	NG REPO	RT -Part A	86,000 IZC 27486 IV	a a a a granistik	iona komens	egession.
	D) Whee Camplete wall that	igust (w.Depart	ment of Envir	ansenmi Prote	(Lijoe , Senia D	byitiFlorida	Department of	Pajireomenial	ensuito de) flor 1549, Fr.	Myrra Fla 10	900-1519		
Facility: South Seas Re	tilities Florida, Inc.	Suite 40		;]	Permit No.F1 Monitoring P Limit : Final Class Size: M Facility ID: F Monitoring C Plant Size/ T	A-014686 criodFrom: linor 1.A-014686 Group Numbercatment Type	: 11/1/07 to er; R001 pe: .264 mgd	11/30/07		Report: Monthly 17 17 3: 52 Group: Domestic ***No Discharge []***				5 <i>2</i>
Parameter		Quai	ntity of Load	ing		Quality or Co	oncentration		No. EX.	Freque of Analy	·	Sump Typ		
		A	·····	Units				Units	- 1		- 1			
Flow	Sample Measurement	0.123 0.3		(03)	4444444	******	*****	******	•	5 Days/	Week			
PARM Code 50030 Y Mon Site No FLW-1	Permit Requirement	(Annual) Avg.		MGD	*****	*******	******	*******		<u> </u>		Flowmeter, Recor		
Flow PARM Code 50050 1	Sample Measurement Permit Requirement	0.109 Report	******	MGD	*******	*****	******		•	5 Days	Week	Flowmeter, Reco		
Mon. Site No FEW-I Percent Capacity, (TMADF/remitted	Sample Measurement	(Mo. Avg.)	******	******	3.261	*****	******	42.2	a					
Capcity)X 100 Parm Code 00180 P Mno. Site No. CAL-I	Pennis Requirement	*******	*******	******	Report Month Tota	 		PER- CENT	-	Моп	thly	Calcu	i Med	
ROD, Caromaceous 5 Day, 20C PARM Cude 80082 Y	Sample Metaviement Parnit Requirement	******	******	******	0.569 20.0 (An. Avg.)	*****	******	mg/L	0	Every We		R-hou	FPC	
Mon Site No. HFA-1 HOD, Caronaceous 5 Day,200	Sumple Measurement	••••••	*******	******	< 2	60.0	******	(19)	0	Every	/ Two	8-hau	FPC	
PARM Code \$0082 A	Permit Requirement				(Ma.Avg.)	1		mg/L	<u> </u>		eks			
Mon. Site No. EFA-t Solids, Total Suspended	Sample Messurement	******	*******	******	0.8				0	4 Pa	/ Week	Gr	a.h.	
PARM Code 00530 B Mum. Site No. EFB-1	Fernit Requirement	******	******		5.0			МСЛ	that any life.	1 '	/ Week	1		
	nally of Law that this document inquiry of the person or person	and all assectance to who manage the maware that the	he system, or the	DEC DETACHED DATE	ectly responsible	for gathering th	e imicimalikan, C	7 1 10 10 Third 100 1 T	DINING 12, 10 IN	E GEST OF 1872 KIND	Attentation no	lief,true, accurate	and complete.	
	12 CIPAL EXECUTIVE OFFICE	m sware that the ER OR AUTHO	re are significant RIZED AGEN	i penalites for a [(type/print]	SIGNATI	JRE OF PRINC	TPAL EXECU	TIVE OFFICER	OR AUTHORIZ	ED AGENT	TELEPI	HONE NO.	DATE (MM/DI	D/YY)
NAME/TITLE OF FRIE	CITAL EXECUTIVE VALLE	/10 /1N/		77.5	7						· — —			

Randle Farrington C-8737

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

DEP From 62-620-910(10), effective November 29, 1994

11/17/2007

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period-From: 11/1/07 to 11/30/07

Facility;

South Seas Resort W.W.T.P.

Facility ID. FLA-014686

Moitering Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Loading	C .		Quality or Co	mcentration	No. EX.	frequency of Analysis	Sample Type	
						******	1111111	Units		Analysis	
pi1	Sample Mensurément	******	*******	******	_	******		1		!!	
				1	6.72	l 1			0		dt
PARM Code 10400 A	Pennit Requirement	*******	*******	******	6	8.5		รบ		5 days / week	Grab
Mon. Site No. EFA-1					Minimum	Daily Mox.	*******			 	
Coliforn, Fecal, % tess	Sumple Measurement	*******	*******	******	_				_	1	
than detection					100		l		0	1	- .
APM Code 51005 A	Pennit Requirement	******	*******	******	75	******	******	PER-		4 Days/Week	Grab
_Mor. Situ No. EFA-1	1				(Min)			CENT		ļ	
Coliform, Fecal	Sample Monaurement	******	*******	400000		1000000	141444	1		1 1	
			İ	!	0				0	1 . 1	
PARM Code 74033 A	Permit Requirement	*******	*******	*******	25	4491011	******			4 Days/Week	Grab
Mon Site No.EFA-I	,			i	(Max)			#/\$00ML			
Fotal Residule Chlorina	Sample Morsurement	******	*****	*****	i	*******	*******	******		1	
(For Disinfection)	34			i	2.5	1			0	} i	
PAKM Code 50060 A	Permit Requirement	*****	*****	*****	1.0	*******	*******	******		Continuous	Meter
Mon. Site No.EFA-1	r quality and question.				(Min)	1		MG/L	L	<u> </u>	
Turbidity	Sample Measurement	******	******	******		*******	******				
Mount	SQUIPTO PROBLEMENTON		ł	1	0.916	1	!		0	i I	
PARM Code 00070 B	Permit Requirement	*******	******	*******	Report		*******			Continuous	Meter
	THE PROPERTY OF THE PARTY OF TH		l .		(Max)	1		NTU		L	
Mon. Site No EFB-1 Solids, Total Suspended	Sample Measurement	******	******	******		*******	*******				
narios, I diai auspenaca	28tifbre lauterellatitem			1	229.5				0	1 1	
\$14man = 1 martin C	Permit Requirement	******	******	******	(Monthly)	*******	*******	Į l		Every Two	8-hour FPC
PARM Code 00530 G	6.6000 tendentement		l l		(Mo. AVE.)	1	1	mg/L		Weeks	
Mon. Site No. INT-1	D	******	*****	******	1-11-11-11-11-11-11	1	1	<u> </u>		1	
IID, Cearbonnesous 5 day, 200	Sample Alessurement		1	1	160.5	********	******		0	1 1	
			1		Report	1	1			Every Two	8-hour FPC
PARM Code \$0092	Permit Requirement	1	ł		(Mo. Avg.)	1	{	mg/L		Weeks	
Mon. Site No INF-1	ł		<u></u>		T VINO. WAR	1		1 1111			

(NEI Portin 62-620.910(10), effective November 29, 1994

Facility ID: FLA-014686 Month/Year: November 2007 Three-month Average Daily Flow:

0.111

(TMADF/Permitted Capacity) x 100:

42.2%

	.4701100 1 C	<u> </u>	сшрет 200					·			
į	Percent	CBODS	Fecal	Coliforn,	pH (s.u.)	TRC	TSS	Turbidity	Flow	CBOD5	ZZT
	Capacity	(mg/L)	Coliforn	Fecal%		(Far	(MLG)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADE/		Bacteria	less than		Disinfect)					
	Permitted		(#v100ml)	Detection		(mg/L)					
CODE	600180	80082	74055	51005	00400	50060	00530	00070	50050	80082	00530
MON. SITE	Cal-I	EFA-1	EFA-)	EFA-I	EFA - 1	EFA-1	EFB - I	EFB-1	FLW - I	INF - I	INF - I
1			0	100	7.85	10.3	< 0.6	0.135	0.086		I
2					7.79	10.3		0.098	0.098]
3					7.41	10.3		0.090	0.102		
4					7.38	10.3		0.050	0.093		
5		0	Ū	100	7.51	10.3	< 0.6	0.034	0.090	151	255.00
6			0	100	7.53	10.3	< 0.6	0.158	9.117		
7			0	100	7.84	10.3	0.8	0.635	0.123		
8			0	100	6.96	10.3	0.7	0.475	0.110		
9		•			6.95	10.3		0.376	0.119		
10					7.02	10.3		0,373	0.139		
11					6.97	10.3		0.227	0.100		
12			0	100	6.98	10.3	<0.6	0.237	0.102		
13			0	100	7.20	10.3	<0.6	0.244	0.102		
[4			8	100	7.19	10.3	<0.6	0.319	0.101		
15			0	100	7.21	10.3	<0.6	9.305	0.106		
16			T		7.22	10.3		0.415	0.104		——
17					7.22	19.3		0.368	0.102		<u> </u>
18					7.21	10.3		0.262	0.101		404.00
19		0	0_	190	6.72	9.4	<0.6	0.401	0.705	170	204.00
20			0	100	6.75	10.3	<9.6	0.269	0.116		ļ. —
21			0	100	6.79	10.3	<0.6	0.463	0.116		∤
22				<u> </u>	6.86	10.0		0.350	0.151		┼
23	<u></u>	<u> </u>	8	100	7.16	2.5	<0.6	0.399	0.137		
24		L		<u> </u>	7.28	7.7		0.414	0.137		├ ──
25	L		ļ		7.32	10_3		0.663	0.133		
26	J		0	100	7.30	5.6	<0.6	0.916	0.099		ļ
27			0	100	7.14	10,3	<0.6	0.022	0.089		
28			0	100	7.91	10.3	0.6	0.012	0.077		
29			0	100	7.82	10.3	<0.6	0.099	0.098		├ -
30				L	7.79	10.3		0.072	0.114		┞ ——-
31			<u></u>	<u> </u>				 			
TOTAL	42.2%			-					3.261		

Plant Staffing:

Day Shift Operator

Class: Class: Certificate No.:

Name:

Day Shift Operator Day Shift Operator

Certificate No.: Class: Certificate No:

Name: Name:

Evening Shift Operator

Class: Class: Certificate No.: Certificate No.: Name:

Lead Operator

C

8737

Name: Randle Fartington

DEP form 62-620,910 (10) November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -PART A	
Whee Complete may the Copper in Department of Entitioning most Projective, South Wheeler Technical Department of Kay recommended Projective, Fig. place, Fi	C STATE SHE

Permittee Nume: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

Facility: South Seas Resort W.W.T.P.

Location: 5400 Plantation Rd, Captive Island, FL33924

County: Lee

Permit No.FLA-014686

Monitoring Period-Front: 12/1/07 to 12/31/07

Limit : Final

Class Size: Minor Facility ID: FLA-014686

Monitoring Group Number: R001

Plant Size/ Trealment Type: .264 mgd / 2C

Munitoring Group Desc: Slow Rate Public, including Influent

on 128 15 P 1:43

Report: Monthly Group: Domestic

***No Discharge [] ***

Parameter		Quantify or Loading				Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type	
		Average		Units				Units				
Flow	Sample Measurement			(03)	******	*******	*****	******			1	
		0.124						1 1	0 [i	
ARM Code 50050 Y	Pernat Requirement	0.3								5 Days/ Week		
Ann.Site No.FLW-1		(Annual)		MGD	******	*******	*******	******			Plowmeter, Totalizer	
		Avg.									Recorder	
Flow	Sample Measurement	1	******	******	******			1				
		0.109		-		*****	****	!]	• [
PARM Code 50050 1	Permit Requirement	Report	*******		*******	******	*******		ļ !	5 Days/ Week	Flowmeter, Totalizer	
Ion. Site Nu.Fl.W-I		(Mo. Avg.)	******	MGD			·	 			Recorder	
Percent Copacity,	Sample Measurement	********	70070100	,,,,,,,,,		*****		i				
TMADT/Permitted					3.37		*******		{		l	
Capcily)X 100			******	*******			l	42.3 PER-	0		ì	
Farm Code 00180 P	Permit Requirement				Report Month Total			CENT		Monthly	Calandarad	
Mon, Site No. CAL-	C	******	*****	******	Alokini sora			LENL		Mottany	Calculated	
вор,	Sample Measurement	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		''''	0.486	****	*****					
Caronaceous 5 Day,20C PARM Code 60062 Y	Permit Requirement				20.0				"	Every Two	8-hour FPC	
Mon. Site No. EFA-1	Leanite readmissioni				(Au, Avg.)			mg/L		Weeks	6-110M FFC	
BOD.	Sample Measurement	*******	******	******	(70% 1518.7	******	******	(19)	···	11 6444	+	
вою, Своявсеры 5 Лку,20С	unduling total Column	1	ŀ		l a		}	``''	1 0			
PARM Code 80082 A	Permet Requirement		******	******	30.0	60.0				Every Two	8-hour FPC	
Mon. Site No EFA-1		1	ļ	{	(Mo.Avg.)	(Max)	Ì	mg/L		Weeks		
Solids, Total Suspended	Sample Measurement	*******	******	******								
Annual I alm marks aga		1		1	1.9				1 0 1			
PARM Code 00530 B	Permit Requirement	******	******	******	5.0			1		4 Days / Week	Grab	
Nom Site No. FPB 1	***************************************		l				1	MG/L	ı I	• •		

Jeculify under penalty of law that this document and all attachments were prepared under my distortion or supervision in occordance with a system designed to assure that qualified personnel properly gather and evaluate the information are information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Law sower that there are significant sensities for submitting false information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

(the partie with the me highlighter betiters to be	to be seen a see that the seen seed of the seen seed of the seed o	G717475	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Ferrington C-8737	Raula Farmati	941-907-7400	1/15/2008
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):	(Attach additional sheets if necessary.)		
DEP Form 62-620,910(10), effective November 29, 1994	· · · · · · · · · · · · · · · · · · ·		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Costinued)

Monitoring Period--From: 12/1/07 to 12/31/07

Facility:

South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Mointing Group Number: R001

Permit No.FLA-014686

Parameter		Quality or Concentration Units				No. EX.	Frequency of Analysis	Sample Type			
			*******	*******		*******	7717174	, Olinis	· · · · · · · · · · · · · · · · · · ·	73804313	
pH i	Sample Mosturement		,,,,,,,,,,		6.5	ļ			0	1 1	
PARM Code 00400 A	Permit Requirement	*****	******	*******	6	8.5	******	SU		5 days / week	Grab
Mon. Site No. EFA-1	• • • • • • • • • • • • • • • • • • • •	,			Minimum	Daily Max.				<u> </u>	
Coliform, Fecal, % less	Sample Measurement	*******	******	*******		******	******				
than detection					100	1			C		
ARM Code \$1005 A	Permit Requirement	*******	*******	*******	75	*******	*******	PER+		4 Days/Week	Grab
Man Sine No. EFA-1					(Min)			CENT		L	
Coliform, Fecal	Sample Measurement	******	******	*****		******	******				
			ļ	,	0	!			0	1 1	
PARM Code 7/1053 A	Permit Requirement	******	*******	,	25	********	******			4 Days/Week	Grah
Mon.Site No.EFA-1	' <u>'</u>				(Max)			#/100ML		 	
Total Residule Colorine	Sample Measurement	****		*****		*******	********	*******			
(For Disinfection)			l	•	4.5	1		1	0	1 1	
PARM Code 50060 A	Permit Requirement		*****	*****	1.0	*******	*******	*******		Continuous	Meter
Mon. Site No EFA-1	Ť			<u> </u>	(Min)	1		MG/L			
Turbidity	Sample Mossurement	******	*******	******	ľ	********	*******			1 1	
20,0,4,9			ł	l	1.414	1	1	<u> </u>	0	}	
PARM Code 00070 B	Permit Requirement	*******	********	*******	Вероп	*******	*******			Continuous	Meter
Mon. Site No EFR-I				L	(Max)			NTU			
Solids, Total Suspended	Sample Measurement	*******		*******		******	*******	ļ		i l	
				1	165	Ì	}	ļ	0	1	
PARM Code 00530 G	Perpiji Roquiseasest	*******	********	*******	(Monthly)	1	*******			Every Two	8-hour FPC
Man, Sive No. INT-I	·	L	<u> </u>	<u> </u>	(Mo. Avg.)	<u> </u>		mg/L	<u> </u>	Weeks	
OD, Combonaceous 5 day,200	Sample Measurement	******	*****	******		1	1	l	1	l i	
**	'		1		113.5	}	ł	ŀ	0	I I	
PARM Code 80082	Penus Requirement		I	1	Keport	· ·	1	1	1	Every Two	8-hour FPC
Mon Site No INF-L		Į.	ţ	l	(Mo. AVE.)	ĺ	1	mg/L	ļ	Weeks	

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

Facility ID: FLA-014686 Month/Year: December 2007 Three-month Average Daily Flow: (TMADF/Permitted Capacity) x 100: 0.112 42.3%

					<u> </u>						7.00
	Percent	CRODS	Fecal	Coliform,	न्म (५०.)	TRC	221	Turbidity	Flow	CBOD5	1\$\$
	Capacity	(mg/L)	Coliform	Fecal,%		(For	(ML/G)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADE/	` ~ `	Bacteria	less than		Disinfect)			1		<u>'</u>
	Permitted		(#/100ml)	Descrion		(mg/L)			<u> </u>		
CODE	000180	20082	74055	51005	00400	50063	00530	00070	50050	80982	00530
MON, SITE	Cal-I	EFA-1	EFA-1	EFA-1	EFA-1	EFA-	EFB-I	EFB - 1	FLW - I	<u>iNF+1</u>	INF - I
	<u> </u>	-			7.7	10.3		9.080	0.104		
1			 -	_	7.7	10.3		0.020	0.102		
2		0	0	100	7.7	10.3	< 0.6	9.020	0.099	148	222.00
3		- °		100	7.8	10.3	< 0.6	0.022	0.090		
	 -	 	0	100	7.8	10.3	< 0.6	0.277	0.090		<u> </u>
5	 		0	100	7.7	10.3	< 0.6	9.056	0.084		
7		 	- <u></u>	-,,,,	7.7	10.3		0.023	0.113		
		 			7.8	10.3		0.203	0.095		
8 9		├──		 	7.8	10.3		0.040	0.088		
10		 	1	100	7.8	10.3	< 0.6	0.005	0.093		<u> </u>
	 	+	0	100	7.8	10.3	< 0.6	0.003	0.094		
11	 	 	1 0	100	7.8	10.3	< 0.6	0.044	0.090		<u>L</u>
$\frac{12}{13}$	 	┼	 0	100	7.9	10.3	< 0.6	0.007	0.080		<u> </u>
14	 	}		1.00	7.8	10.3		0.339	0.087		<u> </u>
15	}	┼	 	 	7.5	10.3		0.278	0.148		I
16	} -	 	 -	 	7.5	10.3		0.285	0.041		L
17	 -	1 0	10	100	7.5	10.3	< 0.6	0.188	0.084	79	108.00
18	├	╂━╩╌	1 0	100	7.5	10.3	< 0.6	0.231	0.082		<u> </u>
19	 	 	1 0	100	7.3	10.3	< 0.6	0.215	0.084		<u> </u>
20	 	+	1 0	100	7.4	10.3	< 0.6	0.248	0.092		
21	├ ──	+	 		7.5	10.3		0.408	0.109		
22	├─ ─	 		 	7.4	10.3		0.234	0.099		<u> </u>
23	 	1			7.2	10.3		0.269	0.101		
24	 	 	<u> </u>	100	7.3	5.3	1.6	0.936	0.321		<u> </u>
25	-	+	 	1	6.8	4.5		1.414	0.143		<u> </u>
26	 	 	0	109	7.0	4.9	1.2	0.524	0.134		
27	╟	 	0	100	6.5	19.3	1.0	0.644	0.152		
28	 	 	1 0	100	6.7	30.1	1.9	1.328	0.164		<u> </u>
29	 	+	 	1	6.8	10.1	1	0.853	0.173		
30	 -	1	+ -	1	6.8	10.3		0.490	0.167		
31	╂	╀	0	100	7,2	10.3	1.0	0.771	0.167		
TOTAL	42.3%	\	<u> </u>		 				1,170		
TOTAL	42.57	_									

Plant Staffing:

Name: Certificate No.: Class: Day Shift Operator Certificate No.: Name: Day Shift Operator Class: Name: Certificate No.: Day Shift Operator Class: Name: Evening Shift Operator Class: Certificate No.:

Name: Randle Farrington 8737 Class: C Certificate No.: Lead Operator

DEP form 62-620,910 (10) November 29, 1994

	D Whee Campless and the								UNG REPORT			U102-1581		
Permittee Name: Aqua U				<u>[</u> +]}	Permit No.FI									·
Mailing Address: 6960 Pro		, Suite 40	7.1		Monitoring P		c 1/1/06 to L	731706						
	Paranets Ct. 34740	, , , , , ,			Limit - Cinal									
Facility: South Seas Ri	esort W.W.T.P.			ı	Class Size N	1inor				1	Report: Mo	onthly		
Location: 5400 Plantati	on Rd. Captiva Island #	L33924	n ar i	D 2: 32	Cacility ID: 1	TLA-014686					Group: Don	•		
County: Lee	esort W.W.T.P. ion Rd, Captiva Island, F	mos et	0 21 4	ء د ا	Monitoring (Group Numb	er: R001					charge [] ***		
y					Plant Size/ T	restment Tv	pe: .264 mad	1/2C			14	- • •		
						• 1		ublic, includin	ng Influent					
Parameter		Оля	ntity or Load	ing	Ţ ,	Quality or Co	oncentration		No.	Freque		Sampl		
·				1					EX.	of Analy		Туре	*	
		Average		Units				Units						
Flow	Sample Measurement	(T		(03)	******	*******	*****	*******		. ———			7	
l		0.046	1	, <u> </u>	1 1	1 1	!		Q			1		
PARM Code 50050 Y	Permit Requirement	0.3		' [1 1	1 1	,	1	1	5 Days/	/ Week	1	1	
Mon Site No.FLW-1		(Annual)		MGD	*******	********	*******	******	!	-		Flowmeter, 1		
		Avg.			<u> </u>	<u> </u>	L ·	1		-		Record	der	
Flow	Sample Measurement	<u> </u>	*******	*****	******	· · · · ·						1	7	
		0,037	\ \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 1	1	******	*****	I	0			1		
FARM Code 50050 1	Permit Requirement	Report	*******	1 1		******	*******	1 1	i	5 Days/	/ Week	Flowmeter, 1	Totalizer	
Mon. Sile No.PLW-1	arrivetti	(Mo. Avg.)		MGD	<u>L</u> ,	<u></u>			i			Record		
Percent Capacity,	Sample Measurement	4444444	******	*****	T	1		 				T		
(TMADF/Fermined		1	ļ l	()		******	******	1				1	1	
Capelly)X 100		1	ļ i	ţ .	1.15)			13	0			1	ļ	
Parm Code 00180 P	Permit Requirement	1	*******	*******	Report		1	PER-	` I			1	ļ	
Mon. Site No. CAL-I	sedan energ	1	[1 .	Month Total	i	1	CENT		Mon	nthly	Celcuin	nted	
BOD,	Sample Measurement	*******	******	*****	1	 	1	1				1		
BUD; Caronacenus 5 Day,20C	Control of the Part of the Par	1	1		2.083	*****	******	1	0			1		
PARM Code 80082 Y	Permit Requirement	******	*******	*******	20.0	1	!	1 1	1	Every	y Two	8-hour 1	FPC]	
Mon. Site No. EPA-3	. चारका क्रम्यूमा प्रशासीत	j			(An. Avg.)	1		mg/L	1	Wes	•		1	
Mon. Site No. EPA-3 BOD,	Sample Measurement	4*****	******	*****	1	******	******	(19)			- 11	1		
	Service interestingue		İ		2.333	1		1 "" 1				1	1	
Caronaceous 5 Day, 20C	Barrio Barria	******	******	******		60.0		1 1	· • •	Egge	y Two	8-hour l	FPC	
FARM Code 80082 A	Permit Requirement				(Mo.Avg.)			mg/L	' [,	eeks]		
Mun. Site No. EFA-I	Cample 14	*******	******	4000100	7o.v.v.k	(17402)	 	- ····		77 6		1		
Solids, Total Suspended	Sample Measurement			1	2.667		1	j 1	0			1	-	
\$4ma = 1 ***** "	B	******	******	*******	5.0	1	1	1	1 1	4 Dave	s / Week	Grai	, I	
PARM Code 00330 B	Permit Requirement				3.0	Í	1	MG/L	7	- cays		1 64		
Mam, Site No. EPB-1	Jan Blancher 12	book all are a	<u></u>	1 (pod	glion or	den is	A push		Ira that and idea >	10554	Variet and hare	d evaluation in a	mation wheeler-	t.
I certify under pen	uity of law that this document :	and RSI SILACIAMES	ere prepare	ander My dire	Aluerania Supervi		THE PARTY OF THE P	a information in 198	minution in the		-yry gdulver til 	ing train secure titler	nd complete	
(В аме) о п ту	inquiry of the person or person											with the second second section of the second	→~ sumpless.	
									mprisonment for kno			PHONE NO.	DATE (MM/	Dr.
NAME/TITLE OF PHIN	CIPAL EXECUTIVE OFFICE	EK OR AUTHOL	MED AGENT	(type/form)	SIGNATL	KE UP PRINC	TAL EXECUT	I VIE OPPICER C	R AUTHORIZED A	NUENT	1 ELEF	nvnc NO.	DATE (MM	'برزن
	und di				1	0-	_	T-		1	(na)	,	7/14/4400	
Randle Farrington C-l	8737				1	محصو					941-907-7400	~	2/13/2006	
COMMENT AND EXPLA	MATION OF ANY VIOLA	ATIONS (Refer	rence all attach	yrients here) : :	(Attach additic	onal aheets if i	necessary.)							
DEP Form 62-620,910(10)	, effective November 29, 19	994												

) 1 1 1 **)** 1 1

DOCUMENT NUMBER-DATE

04316 HAY 228

Monitoring Period--From: 1/1/06 to 1/31/06

Facility: South Seas Resort W.W.T.P.

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

Facility IID: FLA-014686

Moitoning Group Number: R001

Permit No.FLA-014686

Parameter		Quar	nity or Los	ting]	{	Quality or C	Concentration		No.	Frequency	Sample
									EX.	of	Турс
						l		Units		Analysis_	
pН	Sample Measurement	******	******	*******		*******	******				
·		ŀ			6.5				0		
PARM Code 90400 A	Formit Requirement	*******	*******	*******	6	8.5	4002410	\$ប		5 days / week	Grab
Mon. Site No. EFA-I					Minimum						
Coliform, Fecal,% less	Sample Meisurement	*******	******	******		*******	*******				
than detection		1			100				D		
PARM Cade \$1005 A	Permit Requirement	******	*******	*******	75	*******	******	PER-		4 Days/Week	Grab
Mon Site No. EFA-I					(Min)		L	CENT			
Coliform, Fesal	Sample Measurement	******	*******	*******		******	*******	Ì			
				İ	0			i	0	1	
PARM Code 74033 A	Permit Requirement	*******		*****	25	*******	*******]	1	4 Days/Weck	Grab
Mon Site No EFA-I		L			(Max)			#/100ML			
Total Residute Chlorine	Sample Measurement	******	*****	*****		********	*******	*******		;	
(For Disinfection)	1	l		1	5,0				•	i	
PARM Code 50060 A	Pensid Requirement	******	******	******	1.0	********	********			Continuous	Meter
Mon. Site No.EFA-1	ļ <u> </u>			 	(Min)	******	******	MG/L		 	
Turbidity	Sample Mensurement	*******	*******	********	i	********			_	ł	
1	1				5.606	 			0		
PARM Code 00070 B	Permit Requirement	*******		********	Report		*******		Ì	Continuous	Маст
Man Site No EFD-1				 	(Mex)	*******	*******	ทเบ	!	 	
Solids, Total Suspender	Sample Measurement	1*******	*******					Ì			
1	1		ì		622.6		ļ	l	0		
PARM Code 00530 G	Parent Requirement	*******	*******	********	(Monthly)		*******	ł		Every Two	8-hour FPC
Man. Site No. INF-1	<u> </u>	 	 	 	(Mo. Avg.)	 	 	mg/L		Weeks	ļ
BOD, Cearbonnersus 5 day,	Sumple Measurement	******	*****	*******		Į .		1			1
ì	į		1	1	177		ļ		1	l	
PARKI Code 80082	Permit Requirement	1	1	1	Report	1			1	Every Two	8-hour FPC
Non Sic No INF-L	<u> </u>	<u> </u>		1	(Mo. Avg.)	Ц	<u> </u>	mg/L	<u> </u>	Wecks	J

DAD	Y SAM	M C D	PCHI TS	5 _ P4	LDTR

Facility ID: FLA-014686

Three-mouth Average Dealy Flow:

0.034

Month/Year: January 2006

(TMADF/Permitted Capacity) x 100:

13.0%

9		بس	·			<u> </u>				22224	
	Pertou	CBODS	Facel	Coliforn.	pH (s.u.)	TAC	T55	Turbidity	Flore	CB005	TSS
	Capacity	(mp/L)	Colison	Feed, %		(For	(MILIG)	(MIN)	(MGD)	(mg/L)	(mg/L)
	TMADF/		Bacteria	land synon		Distinfect)		1	ļ	1	
	Permission		(#/100ml)	Detection		(mg/L)					
CODE	000190	80032	74065	Stons	00400	50069	Q0530	fI0076	30050	808A2	00530
MON SITE	Ca-s	EFA - 1	EFA-1	PFA-1	EFA-)	EFA-1	EFB-1	EFB-1	FLW -I	INF - L	(NF-1
ı					8.3_	5.0		3.000	0.038		
2			Ī		8.3	5,0	1	2.200	0.036		
3		0	0	100	0.2	5,0	2.5	2.500	0.039	132	392.8
4			0	100	9.2	5.0	2.0	2.600	0.039		L
5			0	106	8.3_	5.0	1,8	2.600	0.032		
6			0	100	8.3	5.0	2,4	2.700	0.034		
7					8,3	5.6	Γ	4,890	8.021		
8			1	T	8.2	5.3		2.420	0.017		
9			0	100	8.1	5.0	2.0	3.720	0.034		
10			0	100	8.2	5.0	1.5	4,100	0.038		
11			0	100	8.2	5.0	1.6	4.000	0,038		
12			0	100	8.1	5.8	2.4	4.100	0.045		
13					8.1	5.0		2.700	0.043		
]4				L	8.2	5.0		1.400	0.011		-
15				 -	8.3	5.0	-	3.000	0.024		
16		3	0	100	8.5	5.0	4.8	4.224	0.069	99	126.0
17			C	100	8.1	5.0	6.2	5.609	0.098		
18			0	100	5.2	5.0	4.3	4.932	0.029		
19			0	100	8.4	5.0	2.0	4.032	0.029		
20					8,1	5.0		4.478	0.036		
21					8.1	5.0		3.482	0.038		
22					5.1	5.0		2.232	0.031		
23		_	0	100	B.2	5.0	3.6	2.530	0.040		
24			0	100	8.2	5.9	3.7	3,426	0.040		
25			0	100	8.1	5,0	2.3	2.991	0.038		
26			0	100	7.8	5.0	2.0	1.992	0,849		
27				<u></u>	7,9	5.0		2.681	0.036		
28					8.1	5.0		2.641	0.035		
29					9,0	5.0		0,773	0.032		
30		4	0	100	8.0	5.0	0.8	B.764	0.030	300	1350.0
31				100	8.1	5.0	1.7	1,152	0,940		
TOTAL	13.0%								k.151		

Plant Staffing:

Day Shift Operator Day Shift Operator Class Certificate No.: Certificate No.: Name:

Day Shaft Operator Class Evening Shift Operator Class: Certificate No.: Certificate No: Name:

Name:

Lead Operator

Class: C

Certificate No.: 8737 Name: Randle D. Fastington

DEP form 62-620 \$10 (10) November 29, 1994

		MONITORING REPORT	

Wing Complete and this regard as Department of Environmental Environment

Perhitee Name: Aqua Utilities Ptorida, Inc.

Mering Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

Facility: South Seas Resort W.W.T.P.

I.ocilion: 5400 Plantation Rd, Captiva Island, FL33924

County: Lec

Permit No.FLA-014686

Monitoring Period-From: 2/1/06 to 2/28/06

Limit : Final Class Size: Minor

Facility ID: FLA-014686 Monitoring Group Number: R001

Plant Size/ Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly

Group: Domestic

***No Discharge [] ***

Parameter		Qua	nlity or Load	ling		Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type	
		Average		Units				Units				
Flow	Sample Measurement			(03)	******	******	****	******				
		0.046			. [i l	0		į	
ARY Code 50050 Y	Permit Requirement	0.3			1			i I	ı	5 Days/ Week		
fon Sile No. FLW-1		(Annual)		MGD	******	*******	*******	*******	. 1		Flowmeter, Totalize	
		Avg.									Recorder	
Flow	Sample Measuronon		*******	******	******			[]				
		0.043					*****	i I	0			
FARM Code 50050	Permit Requirement	Report	*******		******	*****	********	i I		5 Days/ Week	Flowmeter, Totalize	
fort. Site No.FLW-1		(Mo. Avg.)		MGD				!			Recorder	
Percent Capacity.	Sample Measurement	*******	*******	*****			ļ	!!			1	
TMADP/Permitted						*****	******	}	ľ		[
Capsidy) x 100		1 '			1.195		1	14,9	0 [[
Jenni Cuda 00160 h	Parmit Requirement	********	*******	******	Report		1	PER-	i		i	
Hert Sile No. CAL-!		<u> </u>		i	Month Total			CENT	1	Monthly	Calculated	
BOD.	Sample Measurement	*******	******	*****			,	1				
Cerosacenus 5 Day 200		I		l	2	*****	******	1	0		1	
FARM Code 80082 Y	Permit Requirement	********	******	*******	20.0	}				Every Two	8-hour FPC	
Mon Site No. EPA-1		1		<u> </u>	(An. Avg.)		<u> </u>	mg/L		Weeks		
DOD,	Sample Measurement	******	******	******		******	******	(19)	· · · · •			
Carricaceous 5 Day, 200				ł	Ó			[0			
PARM Code \$0082 A	Permit Requirement	*******	*******	*******	30.0	60.0	1	j. l		Every Two	8-hour FPC	
don Site No. EFA-I		<u> </u>		ļ	(Mo.Avg.)	(Mex)		mg/L	i	Weeks		
Solids, Total Suspended	Sample Measurement	******	*******	******		.						
	Ì	ł	Į.	1	2.313	'	1	i l	0			
PARM Code 00330 B	Pamit Requirement	******	******	******	5.0		1			4 Days / Week	Grab	
Ion Site No. EFB-1		L	ł	Ī		l	I	MG/L			1	

I certify under penalty of law that this document and all attachments were propered under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information automated is not the person or persons who manage the system, or those persons directly responsible for gathering the information, the information automated is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting fulse information, including the positivity of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	AGENT TELEPHONE NO.	DATE (MM/DD/YY)
	12 0		
Rastile Farrington C-8737	constitution of the	941-907-7400	3/15/2006
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference sil attachmen	nts here): (Attach additional sheets if necessary.)		

Facility: South Seas Resort W.W.T.P.

Monitoring Period--From: 2/1/06 to 2/28/06

Facility ID: FLA-014686

Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Loa	ding		Quality or C	Concentration		No. EX.	Frequency of	Sample Type
-17		*******	40040444	*******		******		Units		Analysis'	
рH	Sample Measurement	********	********	*******		•••••				1 1	
PARM Code 00400 A	m (. m)		*******	*******	7.948		*****		, O	1	
Mon. Site No. EFA-I	Pennit Requirement		********		0 14i-1	8.5	*******	SU	"	5 days / week	Grab
Coliform, Fecal, % less		******	*******	*******	Minimum	Daily Max	*******	!		 	
than detection	Sample Measurement		*********		***			†	_	1	
ARM Code 51005 A		******	*******	*******	100		*******		O.	1	
Mon. Sire No. EFA-1	Permit Requirement		*******	*******	75			PER-		4 Days/Week	Grab
		******	*******	*******	(Min)	******	******	CENT		1	
Coliform, Fecal	Sample Mensurement	*********	*********		_		******			1 1	
			******	*******	G.		******		O,	1. 1	
PARM Code 74055 A	Permit Requirement		*********	********	25		*******			4 Days/Week	Grab
MoiLSine No.EFA-1		******	*****	*****	(Max)	******	*******	#/100ML		 -	
Total Residule Chlorine	Sample Measurement		******		4.055	1	*******	******	_	1 }	
(For Disinfection)			*****	*****	4.982				۵	1	
PARM Code 50060 A	Permit Requirement	1 ******	******	******	1.0	******	******	******		Continuous	Meter
Mon. Site No.EFA-1		*******	******	40000100	(Min)	******		MG/L			
Turbidity	Sample Measurement	1	*******	*****		*******	******	1		1 1	
		*******			2.27	l 1			0	1 1	
PARM Code 00070 B	Permit Requirement	!	********	******	Report	*******	*******	}		Continuous	Meter
Mon. Site No EFB-1		******	*****	******	(Max)			NTU			
olids, Total Suspended	Sample Measurement	*******	********	*******		******	*******				
			1		135	i			0	1	
PARM Code 00530 G	Permit Requirement	*******	*******	******	(Monthly)	*******	******			Every Two	8-hour FPC
Mon. Site No. INF-1					(Mo. Avg.)	L		mg/L		Weeks	
IOD, Coarbonaccous 5 day,2	Sample Messurement	******	*****	*****]					
		1			96.5			Ì			
PARM Code #0082	Permit Requirement		Ì		Report				!	Every Two	8-hour FPC
Mou.Site No.JNF-1		I	L	l	(Mo. Avg.)	1 1		mg/L	i	Weeks	

Facility ID: FLA-014686 Month/Year: February 2006 Three-month Average Daily Flow: (TMADF/Permitted Capacity) x 100: 0.039 14.9%

Ī	Percent	CBODS	Focal	Coliforn.	pR(s.u)	TRC	T\$\$	Turbidity	Flow	CBOD5	TSS
1	Capacity	(mg/L)	Coliforn	Feed.%	` ` `	(For	(MIZG)	(NTUs)	(MGD)	(mg/L)	(1rg/L)
•	TMADE	·	Bacteria	less than		Dismfect)				1 [
1	Permitted		(#/100ml)	Detections		(mg/L)					
CODE	000180	80082	74055	51005	00400	50060	90530	00070	50050	80082	00530
ON. STEE	Cal-1	EFA-I	EFA-1	EFA-1	EFA - 1	EFA-1	EFB-1	EFB-1	AW !	INF -	INF - I
1			0	100	6.2	5.0	1.6	1.180	6.041		
2			0	100	8.2	5.0	1.9	1.980	6.046	↓	
3					7.8	5.0		2.010	0.051	1	
4					8.1	5.0		3.035	0.041		
5					8.0	5.0		2.434	0.037	┷	
6					8.0	5.8		3.145	0.015	_	
7			Û	100	8.3	5.0	4.4	6.417	0.002		
8			0	100	8.1	5.0	2.2	1,700	0.060		
9			0	100	7_8	5.0	2.4	1.278	0.050		
10			0	001	7.9	5.0	1.7	3,450	0.050	1 1	
11					7.8	5.0		4.120	0.074		
12					7.9	5.0		4.020	0.078		
13			0	100	7.B	5.0	2.3	0.500	0.038		
14		Ð	0	100	7.7	5.0	2.4	0.900	0.040	88	86.0
15			0	100	7.9	5.0	2.5	4.000	0.038		
16			0	190	8.0	5.0	3.1	4.600	0.035		
17					8.9	5.0		8.430	0.039	1 1	
18					7.9	5.0		3.468	0.034	<u> </u>	
19					7.9	5.0		2.670	0.037	1	
20					7.9	5.0		9.877	0.029	<u> </u>	
21			9	180	7.9	5.0	1.4	1.275	0.042	1	
22			0	190	8.9	5.0	1.2	1,212	0.071		
23			O	100	8.0	4.5	3.9	1.650	0.058	↓	
24			0	100	8.0	5.0	2.0	1.530	0.033	igspace	
25					7.9	5.0		1.360	0.030	↓	
26					7.8	5.0		1.304	0,040	1 1	
27]	I	7.9	5.8		1.520	0.035		
28		0	0	100	7.9	5.0	1.7	1.510	0.043	105	184,
29										┷	
30											
31	-		1	1						<u> </u>	

Plant Staffing

Day Shift Operator Class: Day Shift Operator Class: Day Shift Operator Class:

Class: C Certificate No.: Class: Certificate No.:

C

9465 Name: Johnny Chamberlain

Name: Name.

Day Shift Operator Class: Evening Shift Operator Class: Lead Operator Class: Certificate No.: Certificate No.:

Name. Name:

Contificate No.: 8737 Name: Randle Farrington

DEP form 62-620.910 (10) November 29, 1994

Facility: South Seas R	Utilities Florida, Inc. rofessional Parkway Eas Sarasota, FL 34240 lesort W.W.T.P. ion Rd, Capli virisipni) T		Permit No.F Monitoring Limit: Final Class Size: I Facility ID: Monitoring Plant Size/ I Monitoring	PeriodFrom I Minor FLA-014686 Group Numb Freatment Ty	ser: R001 pc; .264 mgc		Report: Monthly Group: Domestic ***No Discharge [] ***				
Parameter		Qua	antity or Loss	ling		Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow	Sample Messurement	i		(03)	*******	*******	*****	******			
PARM Code 50050 Y	Barrels Barrels and	0.046 0.3			•				•	450	
Mon Site No.PLW-1	Pennit Requirement	(Annual)		MGD	l	******	******			5 Days/ Week	
104%2140.1.0444		Avg.		MOD	1,,,,,,,,,,		*********				Flowmeter, Totalizer
Flow	Sample Measurement	7 78	******	-+++++	******						Recorder
,,,,,,		0.061				*****	*****		0		
PARM Code 50050 1	Permit Requirement	Report	*******		******	******	*******		**	5 Days/ Week	Flowmeter, Totalizer
Mon Site No.FLW-1		(Mo. Avg.)		MGD	Ŀ					3 3 5 5 7 CCR	Recorder
Percent Capacity,	Sample Measurement	******	*******	******							110001001
(TMADF/Permitted			1		1	*****	******	}			1
Cepcity)X 100			l		1.887			17,8%	0		
Parm Code 00180 P	Permit Requirement	*******	*******	******	Report	j	l	PER-			
Mon. Scie No. CAL-I		1			Month Total	1		CENT		Monthly	Calculated
BÓD,	Sample Measurement	******	******	******	1			1			
Carmaceous 5 Day, 20C				1	2	*****	******		0		
PARM Code \$0082 Y	Perasit Requirement	******	********	*******	20.0	1				Every Two	8-hour FPC
Mon. Site No. EFA-1			L.,	<u> </u>	(An. Avg.)			mg/L		Weeks	
BOD,	Sample Measurement	******	*******	*****	1	******	*****	(19)			
Cestinaceoux 5 Day, 20C	· · · · · · · · · · · · · · · · · · ·							l l	0		
PARM Code 80082 A	ds 200015 V Leauni stadioi concur					60.0		[_ [Every Two	8-hour FPC
Non. Site No. EFA-1		******	*******	4+++++	(Mo.Avg.)	(Max)		mg/L		Weeks	<u></u>
Solids, Total Suspended	Sample Measurement	1	********	1		1] I			
94 -4			******		1.084	1	[ļ <u>l</u>	0		
PARM Code 00130 B	Permit Requirement	1 77777	2001000	******	5.0	3	ŧ			4 Dava / Week	Grah

MG/L

1 certify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persuantel property gather and evaluate the information submitted.

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and example to.

l am aware that diere are rignificant penalties for submitting false information, including the possibility of face and imprisonment for knowing violations

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

Randle Farrington C-8737

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

DEP Form 62-628 910(10), effective November 29, 1994

Facility: South Seas Resort W.W.T.P.

Monitoring Period--From: 3/1/06 to 3/31/06

Facility ID: FLA-014686 Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or 1.08	ding		Quality or 0	Concentration		No. EX.	Frequency of	Sample Type
pfl	Sample Measurement	*******	******	*******	<u> </u>	*******	******	Units		Analysis	
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	******	••••••		7.713 6 Minimum	8.5 Daily Max.	****	SU	0	5 days / week	Grah
Coliform, Fecal, % less than detection 'ARM Code \$1005 A Mon. Site No. EFA-1	Sample Measurement Permit Requirement	••••••	*******	*******	99 75 (Min)	*******	*******	PER- CENT	0	4 Days/Wçek	Grab
PARM Code 74055 A Mon.Site No.EFA-1	Sample Mensurement Fermit Requirement	*******	******	*****	0 25 (Max)	*******	******	#/100ML	0	4 Days/Week	Grab
Total Residute Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	4.832 1.0 (Min)	*******	*******	MG/L	0	Continuous	Meter
Turbidity PARM Code 00070 D Man. Site No EFB-1	Sample Measurement Pertitid Requirement	*******	******	*******	2.476 Report (Max)	*******	*******	NTU	O	Continuous	Meter
Olids, Total Suspended PARM Code 00570 G Mon. Site No. INF-1	Permit Requirement	*******	******	******	267 (Monthly) (Mo. Avg.)	*******	******	mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon.Site No INF-1	Sample Mensurement Permit Requirement	******	******	••••••	163 Report (Ma. Avg.)			nig/L		Every Two Weeks	8-hour FPC

Facility ID: FLA-014686

Three-mosth Average Daily Flow:

6.047 17,8%

Month/Year: March 2006 (TMADF/Permitted Capacity) x 100:

ſ	Percent	CBCDS	Fecal	Coliform	pH (s.u.)	TRC	TSS	Turbiday	Flow	CBODS	TSS
	Capacity	(mg/L)	Coliform	Focal.%	pir (Au.)	(For	(ML/G)	(NTU ₂)	(MGD)	(mg/L)	(og/L
į	TMADF/	(Million)	Bacteria	less than		Disinfect)	(INCO)	((1400)	(292)	(US)
į	Permitted		(#/100ml)	Detection		(mg/L)				i l	
CODE	000180	80082	74055	\$1005	00400	50060	00530	00070	50050	80082	00530
MON. SITE	Cel-1	EFA-1	EFA-1	EFA-I	EFA-1	EFA - 1	EFB-1	EFB-1	FLW - 1	INF-1	[NF -]
1		Lix	0	100	7.9	5.0	0.7	6.340	0.037		
2			- 6	190	7.9	5.0	0.7	0.320	0.036	 	
			-	100	7.8	5.0	0.6	0.240	0.039	 	
- 4				190	7.9	5.0	V.9	0.530	0.032		
- 5		·				5.0				ļ	
- 6			e -	100	7.9 B.0	5.0	9.5	0.500 0.320	0.028		
7										}	
			0	100	7.8	5.0	1.1	0.820	0.043	1	
8				100	7.7	5.D		0.330	0.038		
9			0	100	7.8	5.0	0.6	1.250	0.075		
10			1	99	7.5	2.5	1.7	0.420	0.051		
11		_			7.9	5.0		0.090	0.039		
12					7.8	5.0		0.100	0.039	<u> </u>	
13		2	0	100	7.9	5.0	0.6	0.312	0.052	153	264.0
14			O .	100	7.8	5.0	0.6	0.532	0.036		
15			0	100	7.8	5.0	0.8	1.532	0.038		
16				106	7.9	5.0	1.7	1,431	0.214		
17					8.0	5.0		2.476	0.060		
18					8.0	5.0		1.888	0.077		
19				_	8.0	5.0		1.877	0.075		
20			0	190	7,7	5.0	1,9	1.876	9.064		
21			Ø	100	7.7	5.0	0.6	1.530	0.065		
22			0	100	7.3	5.0	1.4	1.471	0.070		
23			0	100	7.4	2.3	1.9	1.625	0.066		
24					7.4	5.0		1.082	0.071		
25	$\neg \neg$				7.4	5.0	-	1.072	0.059		
26	$\neg \neg$				73	5.0		1.622	0.060		
27		0	0	100	7.4	5.0	1.2	1.811	0.063	173	270.00
28			ō	100	7.4	5.0	1.1	1.071	0.077		2,2.4
29			0	108	7.4	5.0	15	1.999	0.076		
30			- i	100	7.7	5.0	1.8	1,654	0.080		
31					7.7	5.0		1.082	9.088		
TOTAL	17.8%								1.887		

Plant Staffing:

Day Shift Operator

Class:

Certificate No.:

Name:

Day Shift Operator Class: Day Shift Operator Class:

Certificate No.:

Nume:

Evening Shift Operator Class;

Certificate No.:

Name:

Certificate No.:

Name

Lead Operator

Class: c Certificate No.:

DEP form 62-620 910 (10) November 29, 1994

8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -PArt A When Complete with this proof to Department of Series and Protection, Social District Funds Department of Environmental Protection, P. C. Wood, 2016, E. C. Miser, V. L. 1994, 7248 Pernisce Name: Aqua Utiliffes Florida, Inc. Permit No.FLA-014686 Ma illy Address: 6960 Professional Parkway East, Suite 40 Monitoring Period-From: 4/1/06 to 4/30/86 Surusotu, FL. 34240 Limit : Final Facility South Seas Resort W.W.T.P. Location: 5400 Plantation Rd, Captiva Island, Ft.339Zd 11 11 2 Facility ID: FLA-0 Report: Monthly Facility ID: FLA-014686 Coully I.ce Group: Domestic Monitoring Group Number: R00i ***No Discharge [] *** Plant Size/ Treatment Type: .264 mgd / 2C Monitoring Group Desc: Slow Rate Public, including Influent Parameter Quantity or Loading Quality or Concentration Frequency Sample EX. of Type Analysis Average Units Units Flow Sample Measurantent (03) ******* 6.052 PARM Code 50050 Y Permit Requirement 0.3 Mon Ste No.FLW-1 5 Days/ Week (Annual) MGD ****** ******* ****** Flowmeter, Totalizer AVR Recorder Flow Sample Measurement ****** ******* 0.093 ***** 0 PARM Code 50050-1 ****** Permit Requirement Report ******* ****** ****** Mon. Sie No.FLW-I 5 Days/ Week Flowmeter, Totalizer (Mo. Avg.) Percent Capacity. Recorder ****** Sample Measurement TMADE/Permited ***** ****** Capcity)X 100 2,786 24.8 a Parti Cade CULRO P ******* | ******* ****** Permit Requirement Report PER-Mon. Ste No. CAL. Month Total CENT Monthly Calculated DOD. ******** ***** Sample Measurement Caronacous 3 Day, 20C 2.042 ***** ***** ם PARM Code 80082 Y ******* Permit Requirement ****** 20.0 Every Two Mon Sie No EFA-1 8-hour FPC (An. Avg.) Weeks BOD. Sample Measurement ****** ++++++ ****** ++++++ ***** (19) Caronat com 5 Day, 20C 1.5 PARM Code HOOBS A ******** | ******** Permit Requirement ****** 30.0 60.0 Every Two Mon. Ste No. EFA-1 8-hour FPC (Mo.Avg.) (Max) me/L Weeks Solida, Total Suspended ******* ******* Sample Measurement 1.556 e PARM Code 00536 B ****** Permit Requirement 4 **** 5.0 4 Days / Week Grab Mon Sita No. El/19-1

t certify under pondity of law that this document and all attackments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gadler and evaluate the information submitted.

Based on my inquiry of the person or persons who manusa the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, occurrened complete

1 am aware that flore are significant penalties for submitting false information, including the possibility of fine and amprisonment for knowling violations.

MGA

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(1) pe/print)	SACH AT THE CRASH COLOR TO SACH COLOR TO SACH COLOR TO SACH AT THE CRASH COLOR TO SACH	tions.	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all sitachments here): (DIP Form 62-620.910(10), effective November 29, 1994	Attach additional streets if necessary.)	941-907-7400	5/9/2006

Facility: South Seas Resont W.W.T.P.

Monitoring Period--From: 4/1/06 to 4/30/06

Facility ID: FLA-014686

Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Ŏu	antity or Lo	adina							
		<u> </u>		- Turk		Quality of	Concentration		No.	Frequency	Sample
pΗ	Sumple Measurement	*******	*******	******		******	*******	Units	EX,	of Analysis	Type
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			••••••	1 0	8.5	•••••	su	0		
Coliform, Fecal, % less than detection	Sample Measurement	******	******	******	Minimum	Daily May	*******		<u>L_</u>	5 days / week	Greb
PARM Code 51003 A Mon. Sile No. EFA-1	Pennit Requirement	••••••		••••••	/>	•••••	1	PER-	0	4 December 4	_
Caliform, Fecal	Soutple Measurement	******	*******	*******	(Min)	*******	******	CENT		4 Days/Week	Grab
PARM Code 74033 A Mon Sile No.EFA-1	Permit Requirement	*******	*******	******	0 25		******		0	4.5	
Total Residule Chlerine (For Disinfection)	Sample Measurement	*****	*****	*****	(Max)	*******	*******	#/100ML		4 Days/Wock	Grab
PARM Code 50060 A Mun. Site No.EFA-1	Pennit Requirement	*****	*****	*****	2.2 1.0	******	*******	*******	g		
Turbidity	Sample Measurement	********	*******	*******	(Min)	*******	*******	MG/L		Continuous	Meter
PARM Code 00070 B Mon. Site Nu EFB+1	Permit Requirement	••••••	••••••	*******	2.357 Report	••••••	*******		0	Court	
olids, Total Suspended	Sample Measurement	*******	******	******	(Max)	*******	*******	NTU		Continuous	Meler
PARM Code 00530 G Mon. Site No. 1NF-1	Permit Requirement	******	•••••	******	154.3 (Monthly)	•••••	*******	1	0	T	
DD, Coarbonaccous 5 day,2	Sample Measurement	******	*****	******	(Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 Mon.Site No.INF-1	Permit Requirement			ĺ	115 Report					-	
					(Mo. Avg.)		1	_mg/L	- 1	Every Two Weeks	8-hour FPC

Facility ID: FLA-014686 Month/Year: April 2006

Three-month Average Daily Flow (TMADF/Permitted Capacity) x 100: 0.063 24.8%

	Percent	CBODS	Fecal	Coliforn.	pH (s.u.)	TRC	T\$S	Turbidity	Flow	CBODS	TSS
	Capacity	(mg/t)	Caliform	Fecal.%	,,	(For	(ML/G)	(NTUs)	(MGD)	(mg/L)	(mg/L
ļ	TMADE!	(,	Becteria	less than		Distribut)				1	1
	Permitted		(#/100ml)	Detection		(ուքւե)	1			1	
CODE	000180	80032	74055	51005	00400	50000	90530	00070	50050	80082	0053
ON. SE		EFA - L	EFA-1	EFA-1	EFA - I	EFA - I	EFB-1	EFB - 3	FLW - I	INF - 1	INF-
1			Ī		7.8	5.0		1.731	0.072		
2					8.1	5.0		2.286	0.085		
3					7.9	5.0		1.386	0.075		
4			0	100	7.7	5.0	1.6	1.086	0.039		
5			0	100	7.5	5.0	1.5	1.271	0.060		
6			0	100	7.1	5.0	2.0	1.081	0.074		
7			0	100	7.2	5.0	1.0	1.291	0.084		
8		-			7.7	5.0		1,449	0.093	J	
9			 		7.6	5.0		1.982	0.063		
10			0	100	7.4	5.0	1.9	1.559	0.093		
11		3	0	100	7.6	5.0	1.8	1.49	0.083	127	65.6
12			0	100	7.5	2.2	1.7	2.108	0.098		
13			0	106	7.2	2.7	1.6	1.975	0.088		
14					7,0	5.0		2.141	0.141	T	<u> </u>
15					7.2	5.0		2.14	0.146		
16	— —	-	 		7.4	2.9		2.076	0.103		
17			0	100	7.3	5.0	1.4	1.641	0.124		
18			0	100	7.2	5.0	1.8	1.841	0.119		
19			0	100	7.1	5.0	2.2	1.998	0.113		
20			0	100	7.]	5.0	1.6	1.381	0.109	1	
21					7.3	5.0		1.752	0.121		
22					7,2	5.0		2.357	0.110		Ì
23					7.5	5.0		1.276	0.087		
24		0	0	100	7.3	5.0	1.1	0.991	0.091	103	243.
25			0	100	7.4	5.0	1.3	1.121	0.091		Γ
26			0	100-	7.4	5.0	1.6	1.211	0.079	T'	
27			0	100	7.4	5.0	8.0	0.645	0.077		
28					7.5	5.0		1.226	0.088		
29					7.1	5.0		0.651	0.094		
30					7.1	5.0		9.776	0.086		
31			1								1

Plant Staffing:

Day Shift Operato Class: Day Shift Operato Class: Day Shift Operato Class: Certificate No.: Certificate No.: Certificate No.: Name: Name: Name:

Evening Shift Opt Class: Class: C Lead Operator

Certificate No.: Certificate No.:

Name: 8737 Name: Randle Farrington

DEP form 62-620.910 (10) November 29, 1994

iling Address: 6960 F ility South Seas ation: 5400 Planta inty: Lee	Utilities Florida, Inc. Professional Parkway Ea Sarasola, FL, 34240 Resort W.W.T.P. tion Rd, Captiva Island,				Monitoring Limit: Fina Class Size: Facility ID: Monitoring Plant Size/	Minor FLA-014686 Group Nami Frequient Ty	n: 5/1/06 to ; 5 ber: R001 /pe: .264 mg		ng Influent	Report N Grani De ***No Di	Aposthly 15 FO 1: 2
Parameter		Qu	antity or Loa	ding		Quality or C	Uncentration	1	No. EX	Frequency of Analysis	Sample Type
Flow		Average		Units			L	Units			
M Code 50050 Y Site No.FLW-1	Sample Measurement Permit Requirement	0.057 0.3 (Annual)		(03) MGD	******	*******	*******	*******	0	5 Days/ Week	Flowmeter, Totalizer
Flow	Sample Measurement	Avg.	******	******	*******						Recorder
'ARM Code 50050 Site No.FLW. Percent Capacity,	Permis Requirement	0.091 Report (Mo. Avg.)	*****	MGD	******	*****	*****		0	5 Days/ Week	Flowmeter, Totalizer Recorder
ADF/Permitted Phy)X 100 Code 00180 F Site No. CAL-1	Sample Measurement Perroit Requirement	******	******	******	2.806 Report Month Total	*****	*****	30.8 PER- CENT	•	Monthly	Calculated
BOD, naceous 5 Day, 20C URM Code 80082 V Sile No EFA-1	Sample Measurement Permit Requirement	*******	******	********	2.042 20,0 (An. Avg.)	****	*****	mg/L	0	Every Two Weeks	8-hour FPC
BOD, Inceous 5 Day, 20C IRM Code 80HIZ A Site No. BFA-1	Sample Measurement Permit Requirement	*******	*******	******	2.5 30.0 (Mo.Avg.)	60.0 (Max)	******	(19) mg/L	0	Every Two Weeks	8-hour FPC
Hids, Total Suspended RM Code 00530 B Site No. EP15-1	Sample Measurement Permit Requirement	******	*******	******	1,008 5,0	,,,,,,,		MQ/L	0	4 Days / Week	Grab

I am aware that there are significant penalties for submitting these information, including the possibility of fine and impresonment for knowing violations

NAME/FITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(1996/print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(1996/print) TELEPHONE NO. DATE (MAVDD/YY) Randle Farrington C-8737

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

3DF Form 62-620.910(10), effective November 29, 1994 941-907-7400 6/13/2006

Monitoring Period--From: 5/1/06 to 5/31/06

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Load	ding		Quality or C	Concentration		No. EX.	Frequency of	Sample Type
								Units		Analysis	
рН	Sample Measurement	******	*******	******		******	******				
,	•		1		6.9	1		1	0	i 1	
PARM Code 00400 A	Permit Requirement	*******	*******	*****	6	8.5	******	SU		5 days / week	Grab
Mon, Site No. F.FA-1					Minimum						
Coliform, Fecal, % tess	Sample Measurement	******	*******	******		******	*******				
than detection					100	l :			0	1	
ARM Code 51005 A	Permit Requirement	******	*******	******	75	******	*******	PER-		4 Days/Week	Cirab
Mos. Site No. EFA-L					(Min)	L		CENT			
Coliform, Fecal	Sample Measurement	******	*******	******		*******	******			1	
		1			0			1 3	0	1 1	
PARM Code 74055 A	Permit Reguliement	******	*******	*******	25	*******	******			4 Days/Week	Grab
Mon.Site No.EFA-1			<u> </u>		(Max)			#/100ML			
Total Residule Chlorine	Sample Mensurement	******	*****	*****	· ·	******	******	*******		1 1	
(For Disinfection)				1	1.95			1	0		
PARM Code 50060 A	Permit Requirement	******	******	*****	1,0	******	*******	*******	ŀ	Continuous	Meter
Mon. Site No.EFA-1		<u> </u>	<u> </u>		(Min)	<u> </u>		MG/L		1	
Turbidity	Sample Measurement	*******	*******	*******		******	*******			1 1	
			l		5.38				0	1	
PARM Code 00070 B	Pennit Requirement	********	******	*******	Report	******	******	ļ		Continuous	Meter
Mon. Site No EFB-1		<u> </u>	<u> </u>	<u> </u>	(Max)			NTU			
Solids, Total Suspender	Sample Measurement	*****	*******	******		******	*******			1 1	
		Į.	1		212				0		
PARM Code 00530 G	Permit Requirement	********	********	*******	(Monthly)	*******	*******		l	Every Two	8-hour FPC
Mon, Site No. INF-1		<u> </u>	<u></u>		(Mo. Avg.)			mg/L	 	Weeks	
HOD, Cearbonaceous 5 day,	2 Sample Measurement	******	4.4444	******	l	1	ì			1	
		1	1	1	224				1		
PARM Code 80082	Permit Requirement	1	ì	i	Report		1		1	Every Two	8-hour FPC
Mon.Site No INF-I	j	1	I		(Mo. Avg.)			mg/L		Weeks	

Facility ID: FLA-014686 Month/Year: May 2006

Three-month Average Daily Flow: (TMADE/Postulited Capacity) x 100; 0.051 30 B%

ſ	Percent	CBODS	Focal	Coliform,	pH(s.u.)	TRC	785	Turbidity	Flow	CB005	TSS
ı	Cupacity	(mg/L)	Coliform	Fecal %	` ` `	(For	(MLXG)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADE/	(Bacteria	less than		Disinfect)]				
Ţ	Permittee		(#/100mi)	Descrizion	['	(mg/L)					L
300	000188	BC082	74055	51005	00400	56060	00530	90070	50050	80082	00530
N SI	Cal-1	EFA - 1	EFA-1	EFA-1	EFA-1	EFA-1	EFB - t	EFB-1	FLW - I	INF-1	INF •
					7.1	5.0		0.495	0.063		
2			0	100	8.0	5.0	< 0.6	0,500	0.076		
3			O	100	7.6	5.0	0,8	0.394	0.076		
4			0	100	7,7	5.0	0.9	1,224	0.072	<u> </u>	Ĺ
5			. 6	100	7.7	5.0_	1.1	1.559	0.075		
6			 		7.5	5.0		1.074	0.084		
7			 -	!	7,1	2.0		1.172	0.092		
8	-		0	100	7.0	5.0	1.3	0.916	9.076	L	<u> </u>
9		3	O O	100	7.7	5.0	0.9	0.512	8.986	128	182.0
10	 		0	100	7.7	5.0	1.0	0.572	8.084		
11			0	100	7.5	5.0	0.6	0.378	6.081	L	
12					7.6	5.0		0.538	0.019		i
13					7.4	2.8		1.319	0.069		
14			†		7.0	2.6		4.584	0.153		
15					7.0	5.0_		1.358	0.133	<u> </u>	_
16			0	100	7.1	5.0	1.3	0.982	0.094		
17			0	100	8.0	5.0	0.8	0.802	0.070		
18			0	100	7.8	5.0	0.8	0.812	0.086		<u> </u>
19			0	100	7.9	5.0	1,3	0.921	0.072	<u> </u>	
20					7.8	5.0		0.582	0.085	<u> </u>	<u> </u>
21	1				7.4	5.0		1.421	0.083		
22		2	0	100	7.6	5.0	1.6	0.680	0.070	320	242.0
23			ō	100	7.4	5.0	0.7	0,450	0.094		<u> </u>
24			0	100	7.2	5.0		4.680	0.153		
25			0	100	7.2	5.0	L	5.380	0.178		<u> </u>
26				Ĭ	7.5	5.0		1.112	0.109	1	
27					7.6	5.0		0.565	0.113	<u> </u>	L
28			1		7.3	5.0		0.860	0.094		
29					6.9	4,0		0.706	0.122		
30					7.0	4.2		0.120	0.051	<u> </u>	
31			0	300	7.2	5.0	T	0.196	0.093		l .

Plant Staffing:

Day Shift Operato Class:

Cortificate No.:

Name:

Day Shift Operate Class Day Shift Operato Class: Certificate No.:

Name:

Evening Shift Ope Class:

Certificate No.: Certificate No.: Name:

Lead Operator Class:

¢ Certificate No.: 8737

Name: Randle Farrington

DEP form 62-620,910 (10) November 29, 1994

Facility ID: FLA-014686 Month/Year, May 2006

Three-mouth Average Daily Flow: (TMADF/Permitted Capacity) x 100: 0.031 30.8%

TSS CBODS Turbidity Coliforna, pH (s.u.) TRC 22T Flow CBOOS Percent Feen (mg/L) (ML/G) (NTUs) (MGD) (mg/L) (For Foral % (IP()/L) Coliforn Capacity less than Disinfect) TMADE/ Bacteria (mg/L) 2/100ml) Datarrica Permitted 80082 00538 00070 50050 50060 00530 74055 51005 00400 CODE 000180 80082 EFB-1 FLW_-1 INF - 1 UNF - 3 FFB.1 EFA-I EFA-1 EFA - I Cal-1 EFA · I EPA . I MON. SIT 0,495 0.063 7.1 5.0 0.500 0.076 100 8.0 5.0 < 0.6 ñ 0.394 0.076 0.8 5.0 Ò 100 7.6 3 0.072 100 7.7 5.0 0.9 1.224 A 4 1.559 0.075 7.7 5.0 1.1 ō 100 5 7.5 5.0 1.074 0.084 6 1,172 0.092 7.1 2.0 7 13 0.916 0.076 100 7.0 5.8 8 Ω 128 182.00 0.9 0.512 0.086 100 7.7 5.0 0 9 3 1.0 0.572 0.084 7.7 5.0 100 īŌ Ð 0.378 0.081 0.6 100 7.5 5.0 0 Ħ 0.538 0.019 7.6 5.0 12 1.319 0.969 7.4 2.8 13 7.0 2.6 4.584 0.153 14 1.358 0.133 5.0 7.0 15 5.0 13 0.982 0.094 100 7.1 16 A 0.070 5.0 0.8 0.802 0 100 8.0 17 7.8 5.0 0.8 0.812 0.086 100 18 0.921 0.072 7.9 5.0 1.3 100 19 Ð 0.582 0.085 7.8 5.0 20 1.421 0.083 7.4 5.0 21 0.070 320 242.00 5.0 0.680 22 ō 100 7.6 1.6 5.0 0.7 **B.450** 0.094 0 100 7.4 23 5.0 4.680 0.153 7.2 24 Û 100 7.2 5.0 5.380 0.178 25 0 100 1.112 0.109 7,5 5.0 26 5.0 0.565 0.113 27 7.6 0.860 0.094 73 5.0 28 6.9 4.0 0.700 0.122 29

Plant Staffing:

Total 30.8%

30

31

Day Shift Operato: Class:

Certificate No.:

Name:

Day Shift Operato Class:

Certificate No.:

Name:

Day Shift Operato Class:

Certificate No.:

Name:

Evening Shift Ope Class:

100

C

Ð

Certificate No.:

Name:

4.2

Class:

Certificate No.:

8737

Lead Operator

7.0

Name: Randle Farrington

0.120

0.196

0.051

0.093

2.806

DEP form 62-620.910 (10) November 29, 1994

When Complete at \$1.140 report to Department of Partmanness Frotenius, South District Alorida Artmanasa of Engineering Francisies, F.O. Day 2016, Fr. Wyen, Fr. 33802-1547

Permittee Nume: Aqua Utilities Florida, Inc.

Muling Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

Facility: South Sens Resort W.W.T.P.

Location: 5400 Plantation Rd, Captive Island, Fl.33924

County: Lee

Permit No.FLA-014686

Munitoring Period--From: 6/1/06 to 6/30/06

Limit: Final

Class Size: Minor

Facility ID: FLA-014686

Monitoring Group Number: R001 Plant Size/ Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly Group: Domestic ***No Discharge [] ***

Parameter		Quar	itity or Load	ing	(Quality or Co	uncentration		No. ĽX.	Frequency of Analysis	Sample Type
+		Average		Units			1 *** * * *	Units			
Vlow	Sample Measurement			(03)	******	*******	*****	*******	a l		
ļ		9.061			i			{	١	5 Days/ Week	
ARSI Codo S0050 Y	Permit Requirement	0.3					*******			3 LABYST WOOL	Flowmeter, Totaliza
Jon Site No. FLW-1		(Annual)	1	MOD	••••••		*********		1		Recorder
		Avg.		*****	******			 			ROOTOG
Flaw	Sample Measurement		******	******	•••••	*****	*****		0]
		0.102				*****		1	. ' 1	5 Days/ Week	Flowmeter, Totaliza
PARM Code 50050 1	Parmit Requirement	Report	*******			******	******	1 1		July 3 How	Recorder
Mon. Site No.Ft.W-1		(Mo. Avg.)	*******	MGD			 	 			
Percent Capacity.	Sample Measurement	*******	*******	******	1	*****		į	1		
TMADF/Fermitted		1	ı		3.00	******		36	0		
Capcity)X 100				******	3.062			PER-	ı v		<u> </u>
Parm Cody 00180 P	Fermit Requirement	*******	*******		Report			CENT		Monthly	Calculated
Man. Site No. CAL-I		********	******	******	Month Total			CEIVI			
BOD,	Sample Measurement	*******	*********	1	2.042	*****	*****	1	0		1
Caronaceous 5 Day 200				******	•				ŭ	Every Two	8-hour FPC
FARM Code 80082 Y	Permit Requirement	1	1		(An. Avg.)	,		mg/L		Weeks	İ
Mon. Site No. EFA-1		*******	******	*****	(Allia AVE.)	******	******	(19)			
nou,	Sample Measurement	1	*******	1	2.5		1	""	0		
Caronaccous 5 Day, 20C				******	30.0	60.0		ì	· ·	Every Two	8-hour FPC
PARM Code 80082 A	Permit Requirement				(Mo.Avg.)			mg/L	1	Weeks	
Mon. Site No. EPA-1		******	*****	******	(MO.15*E.)	(1102)		1	·		1
Sotids, Total Suspended	Sample Measurement	1			0.846	ļ		i	0		1
			*******			1		l		4 Days / Week	Gnab
PARM Code 00530 B	Pennik Requirement	******		******	3.0			MG/L		. =,	1
Main Site No. EPD-1	neity of law that this document		.1			<u> </u>	\			· · · · · · · · · · · · · · · · · · ·	1 1 mm - 1-5-mm

Based on my inquity of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(Operation) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT DATE (MM/DD/YY) TELEPHONE NO. 941-907-7400 7/13/2006 Randle Farrington C-8737 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Monitoring Period--From: 6/1/06 to 6/30/06

South Seas Resort W.W.T.P.

Facility ID: FLA-014686 Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Los	ding		Quality or C	Concentration		No. EX.	Frequency of	Sample Type
								Units		Analysis	••
pH	Sample Messurement	*******	******	*******		*******	******	1			
l			1		7			₹ 	0	i 1	
PARM Code 00400 A	Permit Requirement	******	*******	*******	6	8.5	******	SU		5 days / week	Grab
Mon, Site No. EFA-1			l		Minimum			1		<u> </u>	
Coliform, Fecal, % less	Sample Measurement	*******	******	******		******	****				
than detection			1		94.7			1 1	0	1 1	
ARM Code 51005 A	Permit Requirement	*******	*******	*******	75	*******	*******	PER-		4 Days/Week	Grab
Mon. Site No. EFA-1		l	<u> </u>		(Min)			CENT			
Coliform, Fecal	Sample Measurement	*******	******	*******		******	******				
		1		ŀ	8			1 1	1	1 1	
PARM Cade 74055 A	Perenit Requirement	*******	*******	*******	25	*******	*******	1 1		4 Days/Week	Grab
Mon Site No EFA-L	·			i	(Max)			#/100ML			
Total Residule Chluring	Sample Measurement	******	*****	*****		*******	*******	******			
(For Disinfection)		1	ì		1.6			1	0	{ i	
PARM Code 50060 A	Pennit Requirement	******	*****	*****	1.0	*******	******	******		Continuous	Meter
Mos. Site No.EFA-1	·	į.]		(Min)			MG/L		1	
Turbidity	Sample Measurement	*******	******	******		*******	*******				
•	,	1	Į.	į	2.372	1			0	1 1	
PARM Code 00070 B	Permit Requirement	*******		*******	Report	*******	******	1 '		Continuous	Meter
Mon. Site No EFD-1		Į.	İ	1	(Max)	1	1	עדע			
Solids, Total Suspended	Sample Measurement	******	******	******		******	4*****			1	
,	'	1	l l	1	236.5	ļ		1	0	! !	
PARM Code 00530 G	Permit Requirement	******	*******		(Monthly)	******	*******	l i		Every Two	8-hour FPC
Mon. Site No. INF-1		ļ .	1	1	(Mo. Avg.)		ļ	mg/L		Weeks	
BOD, Coarbonaccous 5 day,	Sample Measurement	******	*****	******	1	1	T	1		1	
		i	I	1	467.5		ļ	1		. i	
PARM Code 80082	Permit Requirement	l .	I	1	Report		Į.	1		Every Two	8-hour FPC
Man.Site No.INF-1]	1	1	1	(Mo. Avg.)	1	1	mg/L		Weeks	3 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Facility 1D: FLA-014686 Month/Year: June 2006

Three-menth Average Daily Flow. (TMADF/Permitted Capacity) x 100 0.095

П		CBODS	Fecal	Coliform.	pH (s.v.)	TRC	T\$\$	Turbidity	Flow	CB005	T55
- 1	Percent		Coliform	Fical%	ps. (22.)	(For	(ML/G)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	Capacity	(mg/L)	Bacteria	less than		Disinfeet		, .			
į	TMADE!		(#/100ml)	Detection		(mg/L)	<u> </u>			1 1	
			74055	\$1005	00400	50060	00530	00070	50050	80082	00530
CODE	000180	80087		EFA-1	EFA-I	EFA I	EPB-1	EFB-1	FLW 1	DNF-1	(NF - 1
ON SI	Cul-t	EFA-1	EFA-1		7.4	5.0	0.8	0.326	0.081	1	
			3 -	100	7.5	5.0	< 0.6	0.324	0.081	 	
2			0		7.4	5.0	< 0.6	0.311	0.095	 	
			6	100	7.2	3.7	9,0	0.132	0.079	1	
-4-1		<u> </u>			7.3	1.6	< 0.6	0.802	0.077	322	300.8
5	<u> </u>	3_	8	180	7.5	5.0	< 0.6	0.002	0.043		
6			-	100	7.7	33	1.7	0.010	0,176	 	
			0_	100	7.7	5.0	< 0.6	0.123	0.120	 	
8			0	100	7.5	5.6	7 (4.0	9.080	0.110	ft	
2							 	0.235	0.101		
10			 		7.3	5.0	 -	0.420	0.110	 	
					7.3		0.6	0.360	0.106	 	
12				100	7.5	5.0			0.099	 	
13	<u> </u>			100	7.5	5.0	< 0.6	0.241	0.075	 	
14		<u> </u>	0	100	7.4	5.0	0.6	0.372	0.111	- 	
15		<u> </u>		180	7.3	5.0	1.4	2,371		 	
16	Ĺ		<u> </u>		7.3	2.9	 	0.731	0.162	 	
_17			<u> </u>	<u> </u>	7.2	5.0		0.281	0.131	 	
18_		<u> </u>	<u> </u>		7.2	5.0	<u> </u>	0.518	0.122		173.0
19	L	2	0	100	7.3	5.0	0.9	0.908	0.096	613	4/3.0
20	<u> </u>	ļ	0	100	7.5	5.0	0.6	0.812	0.091		
21				100	7.4	5.0	0.8	0.802	0.090	 	
22	<u> </u>	L		100	7.3	5.0	0.6	0.621	9.098	 	
23				 	7.1	5.0		0.308	0.103	}	
24	<u> </u>	ļ	<u> </u>		7.3	5.0	 -	0.890	0.114		
25		<u> </u>	<u> </u>	<u> </u>	7.0	1.6		0.346		 	
26			0	100	7.1	3.9	0.9	0.462	0.112		
27	<u> </u>	<u> </u>	0	100	7.3	1.6	0.8	0.561	0.110	 	
_28	<u> </u>		0	100	7.L	5.0	0.7	0.450	0.103		
29			0	100	7.4	5.0	0.6	0.721	0.094	 	
30			<u> </u>		7,8	5.0	 -	0.850	0.106	├ ┤	
_31				<u></u>		<u> </u>	ļ.,				

Plant Staffing:

Day Shift Operator Class: Day Shift Operator Class: Certificate No.: Certificate No.:

Name: Name:

Day Shift Operator Class: Evening Shift Open Class: Certificate No.:

Name:

Certificate No.:

Lead Operator

c

Name:

Certificate No.:

Class:

8737

Name: Randle D. Farrington

DEP form 62-620.910 (10) November 29, 1994

DEF	ART	MLN	T OI	FENVIR	ONNIEN	TAL.	PROTEC	TION	DISCHA	RCF	MONITORII	NG REPORT	-Part A

When Complete well that repart to Department of Editional Projection, Stock Object. Projection, Stock Object. Projection of Editional Projection of Object. 1884.

Permittee Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 14240

Facility: South Seas Resort W.W.T.P.

Location: 5400 Plantation Rd, Captiva Island, FL33924

County: Lee

Pennit No.FLA-014686

Monitoring Period-From: 7/1/06 to 7/31/06

Limit : Final

Class Size: Minor

Facility ID: FLA-014686

Monitoring Group Number: R001

Plant Size/ Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Report. Monthly Group: Domestic

***No Discharge [] ***

Parometer		Qua	ntily or Loac	ling		Quality or C	onicontration		No. EX.	Frequency of Analysis	Sаніріе Турс
		Average		Units				Units			
Flow	Sample Measurement			(03)	******	*******	*****	*******			
		0.065	, ,					1	0		1
PARM Code 50050 Y	Perme Requirement	0.3		ļ i				ł i		5 Days/ Week	
Vion. Site No. FL\V-1		(Annual)		MGD	*******	*******	******	*******			Flowmeter, Totalizer
		Avg.									Recorder
Flow	Sample Measurement		*******	******	******						
i		0.109	:			*****	*****	[0		
PARM Code 50050 i	Permit Requirement	Report	*******		*******	******	*******	1		5 Days/ Week	Flowmeter, Totalizes
Mon. Sile No FLW-1		(Mo. Avg.)		MGD				•		,	Recorder
Percent Capacity,	Sample Measurement	*******	*******	*****							
TMADE/Permitted				l		*****	*****				
Capely)X (00				ĺ	3.389		1	38.1	0	•	
Parth Code (KITSH P	Fernut Requirement	*******	*******	*******	Report	ĺ		PER-			
Mon. Sile No. CAL-I		<u> </u>		l <u>.</u>	Month Total	<u>_</u>	L.,	CENT		Monthly	Calculated
UOD,	Sanyie Measurement	*******	******	******	I		<u>-</u>				
Caronaccous 5 Day, 200'		1	l	ļ	2.167	*****	*****		•		
PARM Code 86012 Y	Permit Requisioners	********	*******	*******	20.0					Every Two	8-hour FPC
Mon. Site No. EFA+1		<u> </u>	l	L	(An. Avg.)		i	mg/L		Weeks	
1100,	Sample Measurement	******	******	******		******	******	(19)			
Cardiniceous 5 Day, 20C		L	1		3				U		
PARM Code 80082 A	Permit Requirement	********	*****	*******	30.0	60.0	ļ	ļ .		Every Two	8-hour FPC
Mon Sice No. EFA-1		.	L		(Mo.Avg)	(Mux)_	L	mg/L		Weeks	
Solids, Total Suspended	Sample Measurement	******	*******	******							1
		1	l	1	1.944				0		1
PARM Code 00530 II	Perind Requirement	******	*******	4088834	5.0		1			4 Days / Week	Grab
Mont Site No. EFB-1			Ī	l		I		MG/L		•	1

I certify under penalty of law that this document and sill attachments were prepared under my direction or supervision in accordance with a system designed to assute that qualified personnel property gather and evaluatethe information submitted.

Based on my inquiry of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accorate, and complete

i am assure that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(19pe/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFI	ER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DO/YY
Randle Farrington C-9737	Rande Form	the	941-907-7400	8/14/2006
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference ull attachments ficto):	(Attach additional sheets if necessary.)	747	*	
DEF Form 62-620,910(10), effective November 29, 1994				

Facility:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period--From: 7/1/06 to 7/31/06
South Scas Resort W.W.T.P.

Facility ID: FLA-014686

Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Loa	ding		Quality or C	oncentration		No. EX.	Frequency of	Sample Type
								Units		Analysis	
ρH	Sample Mensurement	******	*******	******		*******	******				
					7.3	i i			0	1	
PARM Cade 00400 A	Pennit Requirement	*******	******	*******	6	8.5	******	SU		5 days / week	Grab
Mon. Site No. EFA-I					Minimum	Daily Max.				<u> </u>	
Coliform, Fecul.% less	Sample Measurement	*******	******	*******	l .	*******	44194000				
than detection					81.3	l i			0	1 1	
ARM Code 51005 A	Permit Requirement	*******	******	*******	75	******	******	PER-		4 Days/Week	Grab
Mon. Site No. EFA-L					(Min)	L		CENT		li	
Coliform, Fecal	Sample Measurement	*******	******	******		*******	****			1	
		ì			15	i 1			3	1	
PARM Code 74035 A	Permit Requirement	******	*******	*******	25	*******	*******			4 Days/Week	Grab
Mon,Site No.EFA-4			<u></u>		(Max)	L		#/100ML			
Total Residule Chlorine	Somple Measurement	******	*****	*****		******	*******	******			
(For Disinfection)			Ĺ		1,2			ł I	0	1 1	
PARM Code 50060 A	Pernist Requirement	******	*****	*****	1.0		*****	******		Continuous	Meter
Mon. Site No.EFA-I		1			(Min)	iI		MG/L			
Turbidity	Sample Measurement	*******	*******	******		*******	******			11	
·			1	;	2.475	i I			0		
PARM Code 00070 B	Релціт Ведзігенция	******	*******	******	Report	*******	******	1	_	Continuous	Meter
Mon. Site No EFB-t	•	1	ļ	'	(Max)	Ē I		พาเบ			
olids, Total Suspended	Sample Measurement	*******	*******	******		*******	******	1		 	
·		l .			1,944	i l	i		0	1	
PARM Code 00530 G	Permit Requirement	*******	******	*******	(Monthly)		******		,	Every Two	8-hour FPC
Mon. Sile No. INF-1	,	ľ	1		(Mo. Avg.)	l		nig/l.		Weeks	7-110 W 1 1 C
IOD, Cearbointeons 5 day,	Sample Measurement	******	*****	******	<u> </u>	1		1		 	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		•		146]		1 1	
PARM Code 80082	Permit Requirement				Report	1		1		Every Two	8-hour FPC
Mon.Site No.INF-1		I	I	1	(Mo. Avg.)	l j		mg/L		Weeks	n-initi FFC,

Facility ID: FLA-014686 Month/Year: July 2006 Three-month Average Daily Flow (TMADF/Permitted Capacity) x 100:

0.101 38.1%

í	Percent	ÇBOD5	Fecal	Coliforna.	pH (s.u.)	TRC	TSS	Turbidity	Flow	CBODS	755
ľ	Capacity	(mg/L)	Coliforn	Fecal,%		(Fer	(ML/G)	(NTUs)	(MGD)	(mg/L)	(mg/L)
ļ	TMADE!		Bacterio	less than		Disinfect))			1 1	
(Permitted		(#/100ml)	Detection		(mg/L)					
ODE	000180	80081	74055	51005	00400	50060	00530	00070	50050	\$00E2	00530
on Site	Cal-1	EFA - 1	EFA - I	EFA-I	EFA - L	EFA - I	EFB-1	EFB-1	FLW -1	INF-	INF - 1
					7.1	5.0		0.595	0.122	1	
2					7.2	5.0		0.632	0.126	<u> </u>	
3		·	0	100	7.1	5.0	0.7	1.128	0.065		
4			<u> </u>		6.9	5.0		1.381	0.171	<u> </u>	
5		2	0	100	7.2	3.8	< 0.6	0.473	0. <u>154</u>	139	89.0
6			0	100	7.2	5.0	2.1	1.004	0.123		
7			0	100	7.2	2.1	0.9	1.320	0,154		
8					7.2	4.3		0.805	0.170		
9					7.5	5.0		1.061	0.093		
10			2	98	7.3	5.0	< 0.6	0.645	9.120	<u> </u>	
11			0	100	7.2	5.0	< 0.6	0.710	8.094		
12			0	100	7.4	5.0	< 0.6	0.361	6.093		
13			0	100	7.5	5.0	< 9.6	0.241	0.107		
14			1		7.4	5.0		0.251	0.117		
15					7.3	5.0	,	0.352	0.111		
16			1		7.3	5.0		0.476	0.093		
17			0	100	7.3	5.0	< 0.6	0.712	0.089		
18		4	0	100	7.2	5.0	< 0.6	0.421	0_083	153	163.0
19			0	100	7.0	5.0	< 0.6	0.328	0.087		
20				100	7.3	5.0	9.7	0.451	0.098	L	
21					7.3	5.0		0.581	0.110		
22					7.0	5.0		0.449	0.103		
23					7.1	4.5	L	0.872	0.110		
24			0	100	7.1	5.0	3.8	1.263	0.102	<u> </u>	
25			0	100	7.4	5.0	2.8	2.165	0.104		
26			7_	93	7.6	1.2	1.6	2.475	0.107		
27			0	100	7.4	5.0	1.5	1.125	0.102		
28			L		7.4	5.0	<u> </u>	1.027	0.110	<u> </u>	
29					7.5	5.0		1.671	0.123	L	
30					7.4	5.0		1.978	0.105		
31			15	85	7.1	5.0	3.4	2.176	0.103	L	

Plant Staffing:

Day Shift Operator Class:
Day Shift Operator Class:

Certificate No.: Certificate No.: Name: Name:

Day Shift Operator Class:
Evening Shift Open Class:

Certificate No.: Certificate No.: Name: Name:

Lend Operator

Class: C

Certificate No.:

8757 Name: Randle Farrington

DEP form 62-620-910 (10) November 29, 1994

	TMMDF	EFFCBOD	FECAL	FECAL	ru	C1.2	TSSERT	TERB	FLOW	INFUBOD	INF TSN
AVERAGE	*Di/, 0.	3.000	1.500	98 533	2.261	1.200	1.944	1946	.ina	14a 600	126,000
LARGEST	Ô	4	15	100	7.6	5	3.8	2.475	0171	153	163
	0	2	4	85	6.9	1.2	8.7	0,241	0.965	139	89

DEPARTMENT OF ENVIRONMENTAL PROTECTION	ON DISCHARGE MONITORING REPORT -Part A
DEPARTMENT OF ENVIRONMENTAL PROTECTS When Complete and this report to Department of Environment Protestion, South Disable.	therids Department of Excitonarisated Protestion: P.O. Post 2549; Ft. Micros. Ft. 33900:7449

Permittee Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL., 34240

Facility: South Seas Resort W.W.T.P.

Location: 5400 Plantation Rd, Captiva Island, FL33924

County: Lee

Permit No.FLA-014686

Monitoring Period-From: 8/1/06 to 8/31/06

Limit: Final Class Size: Minor

Facility ID: FLA-014686 Monitoring Group Number: R001

Plant Size/ Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly
Group: Domestic
***No Discharge [] ***

Sample Frequency Quantity or Loading Quality or Concentration Parameter Туре EX. οſ Analysis Average Units Units ****** ****** (03) Flow Sample Measurement 0.069 5 Days/ Week 0.3 PARM Code 50050 Y Perma Requirement Flowmeter, Totalizer ******* ******* MGD (Annual) Mon.Suc No.FLW-1 Recorder Avg ***** ****** Flow Sample Mensurement ***** G 0.098****** ******* 5 Days/ Week Flowmeter, Totalizer ******* ****** PARM Code 50050 1 Permit Requirement Repart Recorder (Mo. Avg.) Mon. Site No.FLW-1 ******* Percent Capacity, Sample Measurement ***** **** (TMADF/Permitted 39.0% O 3.023 Capaity)X 100 ******** | ******* | ******** PER-Report Percut Requirement Parm Code 00180 P Calculated Month Total CENT Monthly Man. Site No. CAL-I ******* ****** Sample Measurement BOD. ***** 2.22 0 Caronaceous 5 Day, 20C **B-hour FPC** ******* **Every Two** ****** 20.0 Pemát Requirement PARM Code 80082 Y Weeks An. Avg.) Mon. Site No. EFA-1 ****** **** ******* ******* ****** (19) BOD, Sample Measurement 0 3.33 Caronaceous 5 Day, 20C 8-hour FPC ******* Every Two ****** ******* 30.0 60.0 Permit Requirement PARM Code 80082 A (Max) mg/L Weeks (Mo.Avg.) Mon. Sile No. EFA-L ***** ******* ****** Solids, Total Suspended Sample Measurement Û 1.725 ****** ****** 4 Days / Week Greb 5.0 PARM Codo 00530 B Permit Requirement MG/L Mom Site No. EFB-1

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

Based on my inquiry of the person or persons who remage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete.

Tam aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/ITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type/print) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE (MM//DD/YY)

Rendle Farrington C-8737

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attactments licro): (Altach additional sheets if necessary.)

Monitoring Period--From: 8/1/06 to 8/31/06

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Loa	ding		Quality or C	oncentration		No. EX.	Frequency of	Sample Type
								Units		Analysis	
рH	Sample Measurement	******	*******	*******		******	444444				
		******	*****	*******	7.545	١ ا			0	1	
PARM Code 00400 A	Perunit Requirement	*******	*******	********	6	8.5	******	S∪		5 days / week	Grab
Mon, Site No. EFA-1		*******	*******	*******	Minimum	Daily Max.				11	
colliform, Fecal, % less	Sample Measurement	**********	********	********		*******	*******			1	
than detection					99,9	l l			a	1 1	
ARM Code 51005 A	Permit Requirement	*********	********	*******	75	*****	******	PER-		4 Days/Week	Grab
Mon. Site No. EFA-1			******		(Min)			CENT			
Coliform, Fecal	Sample Measurement	*******	•••••	******	1	*******	******				
			*****		10	l			0	1	
PARM Code 74055 A	Permit Requirement	*******	*******	*******	25	*******	*******			4 Days/Week	Grab
Mon.Site No.EFA-1		******	*****	+++++	(Max)			#/[00ML		1	
Tatal Residule Chlorine	Sample Measurement	1472172	******	*****	l	******	******	******			
(For Disinfection)					4.7	1		1 1	0	1	
PARM Code 50060 A	Permit Registrement	*****	*****	*****	1.0	*******	*******	*******		Continuous	Meter
Mon. Site No.EPA-1				<u> </u>	(Min)			MG/L		L	
Turbidity	Sample Measurement	******	*******	******	l .	*******	******	1			
					0.433	l i		1	0	l i	
PARM Code 00070 B	Perruit Requirement	*******	******	*******	Report	*****	******			Continuous	Meter
Mon, Site No EFR-1					(Max)			NTU			
iolids, Total Suspended	Sample Measurement	******	*******	******	1	*******	*******				
					1.725			! I	0	1	
PARM Code 00530 G	Penult Requirement	******	******	******	(Monthly)	*******	*******			Every Two	8-hour FPC
Mon. Site No. INF-1				<u> </u>	(Mo. Avg.)	1		nig/L		Weeks	
OD, Corboniceisa 5 day.3	Sample Mensarement	******	*****	******							
		1			116			[I] [
PARM Code 80082	Permit Requirement]		Report					Every Two	8-hour FPC
Mon.Site No.INF-1		1	1	1	(Mo. Avg.)	i i		mg/L		Weeks	

Facility ID: FLA-014686 Month/Year: August 2006

Three-month Average Daily Flow:

6.103

(TMADF/Permitted Capacity) x 100-

	-		
		20	THE C

	Percent	CBOOS	Fecal	Coliform.	pH (s.u.)	TRC	755	Twitidity	Flow	CBO05	T55
	Сареспу	(mg/L)	Coliform	Feenl %		(For	(ML/G)	(NTL's)	(MGD)	(mg/l.)	(rag/L
	TMADE/		Bacteria	less than		Disinfect)				j	!
	Permuted		(#/300ml)	Detection		(mg/L)				Ì	i
CODE	000180	80082	74055	51005	00400	50060	00530	00078	50050	80082	00530
ON. SIT	Cal-i	I-A73	EFA-1	EFA-I	EFA-1	EFA - 1	EFB-1	EFB - I	FLWI	INF-I	INF -
		3	•	100	7.4	5.0	0.7	0.562	0.090	140	221.0
2			0	190	7.4	5.0	0.6	0_351	0.118		<u> </u>
3			0	100	7.8	5.0	3.8	1.975	101.0		
4					7.4	5.0		0.202	0.121		
5					7.3	1.8		9.362	0.123		
6					7.2	3.9		1.345	0.117		
7			10	90	7.2	2.6	0.9	0.241	0.022		
8			0	108	7.7	5.0	0.6	0.462	0.238		
9			0	100	7.1	3.4	5.4	2.131	0.138		
10			Ø	100	7.6	5.0	< 0.6	0.341	0.092		
11					7.8	5.0		0.404	0.090		
12					7.7	5.0		0.165	0.101		
13					7.5	5.0		9,404	0.092		
14			0	100	7.7	5.0	< 0.6	0.149	0.085		
15		4	0	188	7.3	5.0	< 8.6	0.021	0.079	130	183.0
16			0	100	7.6	5.0	< 9.6	0.010	0.095		
17			0	100	7,5	5.0	< 0.6	0.010	0.978		
18					7.4	5.0		0.045	0.076		
19					7.5	5.0		0.206	0.074		
20					7.3	5.0		0.162	0.074		
21			0	180	7.2	5.0	< 0.6	2.115	0.849		
22			0	100	7.8	5.0	< 0.6	8.116	0.191		
23			0	100	7.8	5.0	0.9	8.710	0.162		
24			0	100	7.6	5.0	8.9	0.407	0.122		
25					7.7	5.0		1.211	0.092		
26					7.7	5.0		0.002	9.098		
27					7.6	5.0		8.104	0.089		
28			8	100	7,9	5.0	< 0.6	0.001	0.064		
29		3	•	100	7.0	5.0	< 0.6	6.002	0.067	78	108.00
30			0	100	7.7	5.0	< 0.6	8.00]	0.063		
31			•	108	7.7	5.0	< 0.6	0.219	0.082		
لتته	39.0%								3.023		

Plant Staffing

Day Shift Operator Class:

Certificate No.:

Name:

Day Shift Operator Class: Day Shift Operator Class:

Ceruficate No.:

Name:

Evening Shift Open Class:

Certificate No.:

Name:

Certificate No.;

Certificate No.:

Name:

Lead Operator

Class: C

8737

Name: Randle Farrington

DEP form 62-620.910 (10) November 19, 1994

Party and a state of a country	OF THURSDAN FEBRUAL DUOT BOTTON BROOKE BOTT	NAME OF THE OWNER OWNER OF THE OWNER O
DEFARIBIENT	OF ENVIRONMENTAL PROTECTION DISCHARGE	MONITORING REPORT -Part A
	The first of the companies of the control of the co	MISSER SERVICE CONTROL OF THE CONTRO
Wight Collegion will this support to Departition	of practice and the projection is sough District Fibridge Dendriment of	Entiremmental Protection P.O. Res 7440, To Mission We Stand white
White Complete will this report to Departme	Control of the Contro	

Permitte Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

Facility: South Seas Resort W.W.T.P.

Loculina: 5400 Plantation Rd, Captiva Island, FL33924

County: Lee

Permit No.FLA-014686

Monitoring Period-From: 9/1/06 to 9/30/06

Limit : Final Class Size: Minor

Facility ID: FLA-014686
Monitoring Group Number: R001

Plant Size/ Treatment Type: .264 mgd / 2C

Manitoring Group Desc. Slow Rate Public, including Influent

Report: Monthly Group: Domestic

Parameter		Quantity or Loading					oncentration		No. Fix,	Frequency of Analysis	Sninple Type
		Average		Units				Units			
Flow	Sample Measurement	1 -		(03)	****	******	*****	******	***************************************		
		9.072]			i I	0		
PARM Code 50030 Y	Permit Requirement	0.3			l			[5 Days/ Week	
Mon Site No.F[.W-]		(Annual)	,	MGD	*******	*******	*******	******		· I	Flowmeter, Totalizer
		Avg.		<u> </u>				<u> </u>			Recorder
Flow	Sample Measurement	Ţ '	******	*****	*******						
		0.095				*****	*****	Ì	0		1
PARM Code 50050 1	Permet Requirement	Report	*******	i '	*******	*****	*******		J	5 Days/ Week	Flowmeter, Totalize
Hair. Ste No.FI,W-1	· · · · · · · · · · · · · · · · · · ·	(Mo. Avg.)		MGD					1		Recorder
Percent Capacity.	Sample Measurement	1 *******	******	******	1						
TMADE/Permitted		i i			1	*****	******	ļ [i		1
Caperiy)X 100					2.835		'	38.05	0		ł
Parm Code Cotan 19	Permit Requirement	1	*******	*******	Report		i	PER-			ſ
Mon. Site No. CAL-)	<u> </u>	1			Month Total			CENT		Monthly	Calculated
HOD,	Sample Mensurement	******	****	******	!						
Coronicuous 5 Day,20C		1		1	2.097	*****	******	l f	0		1
PARNI Code 80082 Y	Permit Requirement	*******	******	*******	20.0			í 1		Every Two	8-hour FPC
Non. Site No. EFA-1				ļ	(An. Avg.)			mg/l.	i	Weeks	1
BOD.	Sample Measurement	*******	******	******		******	******	(19)			
Caronaccour 5 Day,20C				!	2.5		!	1 !	q		
PARM Code ROOS2 A	Permit Requirement	********	*******	*******	30.0	60.0		1		Every Two	B-hour FPC
Mon. Site No. EPA-1		<u> </u>	<u> </u>		(Mo,Avg.)	(Max)		ing/L		Weeks	
Solids, Total Suspended	Sample Measurement	*******	******	++=++++							
		1		l .	2.28			j [0		1
PARIN Code 00530 B	Permit Requirement	*******	******	******	5.0			ì i	- 1	4 Days / Week	Grab
MontSite No. EPR-1	l .	1.	i	1	I			MG/L		-	1

Learnify under penalty of law that this document and all estachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gother and evaluate the information automated.

Dased on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete

I am aware that there are significant penalties for suit	bmitting false information, including the possibility of f	ar std imprisonment for knowing via	lations	• • • • • • • • • • • • • • • • • • • •
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OF		TELEPHONE NO.	DATE (MM/DD/YY)
Rendle Parriagion C-8737	Ray On Francis			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (.	Attach additional sheets if necessary.)	<i>f</i> ·	941-907-7400	10/11/2006
DEP F crim 62-620,910(10), effective Navember 29, 1994				

OCT 1 2 2006

Monitoring Period-From: 9/1/06 to 9/30/06

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Los	ding		Quality or C	oncentration		No. EX.	Frequency of	Sample Type
		*******						Units		Analysis	
pl-l	Sample Measurement		*******	******	7.1	********	400400		0		
PARM Code 00400 A	Permit Requirement	*******	*******	*******	6	8.5	******	SU		5 days / week	Grab
Mon. Site No. EFA-1		_]		Minimum	Daily Max.				1	0140
oliform, Fecal.% less	Scriple Measurement	******	******	******		*******	******	1		1	
than detection					100				0	1 1	
ARM Coile 51905 A	Permit Requirement	*******	*******	*******	75	•••••	*******	PER-		4 Days/Week	Grab
Mou, Sile No. EFA-1					(Min)	li		CENT		1.5.,	0100
Coliform, Fecal	Sample Measurement	******	******	*******		*******	*******			 	
					Ð	1		1	O	1 1	
PARM Code 74055 A	Permit Requirement	******	******	******	25	*******	******	1 1	_	4 Days/Week	Grab
Mnn.Site No.EFA-I					(Max)	L		#/100ML		,	0.1110
Total Residule Chloring	Sample Measurement	******	*****	*****		*******	*******	*******		† · · · · · · · · · · · · · · · · · · ·	
(For Disinfection)				ļ	1.0	l 1		J	0	l I	
PARM Code 50060 A	Permit Requirement	*****	*****	******	1.0		******	******		Continuous	Meter
Mon. Site No.EFA-)					(Min)			MG/L			7-10-01
Turbidity	Sample Measurement	*******	******	*******		**** 1766	******			1	
			1		1.645	l i			0	l i	
PARM Code 00070 B	l'emit Requirement	*******	*******	*******	Report	*******	******	1		Continuous	Meter
Mon. Site No fil-13-4					(Max)			עדע			1416161
olids, Total Suspended	Sample Measurement	*******	*******	******		******	*******			1	
			i		2.3R8	1 1			ø	1 1	
PARM Code 00330 G	Pennit Requirement	*******	*******	*******	(Monthly)	*******	*******	1		Every Two	8-hour FPC
Mon. Site No. INF-1			1		(Mo. Avg.)	1		mg/L		Weeks	·
DD, Cearbonnecous 5 day.1	Sample Measurement	******	*****	******							
				1	2.5]		l i		į l	
PARM Code 80047	Pennit Requirement	I		}	Report			1		Every Two	8-hour FPC
Mon.Site No.INF-1			ı	ļ	(Mo. Avg.)	1		mg/L		Weeks	

Pacility ID: FLA-014686 Month/Year: September 2006

Three-month Average Daily Flow: (TMADF/Permitted Capacity) x 100:

0.100 38.0%

	Percent	CBOD5	Focal	Coliforn,	pH(su)	TRC	725	Turbidity	Flow	CBOD5	TSS
	Capacity	(mg/L)	Coliforn	Feral,%	'	(For	(ML/G)	(NTUs)	(MGD)	(mg/L)	(mg:1L)
	TMADF		Bacteria	less than		Duinfect)			1	1	, ,
	Permitted	[(#/100ml)	Detection		(ng/L)		l			
CODE	000190	80082	74055	\$1005	00400	50060	00530	00070	50050	80062	00530
IZ .MC	Cal-I	EFA-1	EFA · I	EFA-)	EFA - 1	EFA-1	EFB-1	EFB - I	FLW -	INF-1	INF-1
L	<u> </u>				7.6	5.0		0.351	0.086		
2_					7.4	5.0		0.268	0.102		
<u>;</u>					7.1	5.0		0.847	0.124		
4					7,4	5.0		1.156	0.115		
5			4	100	7.4	5.0	< 0.6	0.646	0.075		
6			0	100	7.4	5.0	0.6	0.644	0,092		
7			0	100	7.7	5.0	< 0.6	0.394	0.107		
8			0	100	7.7	5.0	1.0	0.392	0.076		
9					7.5	5.0		9.46	0.080		
10					7.6	5.0		9.523	0.112		
11		2	•	100	7.5	5.0	< 0.6	0.243	0.021	64	124,00
12						5.0		1,621	0.000		
13						1.2		6.271	0.000	·	
14						1.0		0.251	0.045		
15			0	100	7.7	3.6	< 0.6	1.645	0.209		
16					7.6	5.0		0.686	0.075	· · · · · · · · · · · · · · · · · · ·	
17					9.1	1.5		0.321	0.102	†	
18			Ð	100	8.2	5.0	< 0.6	0.513	0.124		·
19			0	100	8.4	5.5	< 0.6	1.405	0.124		
20			0	100	8.2	5.0	1.5	0.444	0.137		
21			0	100	8.1	5.0	0.8	0.480	0.090		
22					8.2	5.0		0.520	0.081		
23					_8,2	5.0		0.382	0.088		
24					8.3	5.0		0.281	0.141		
25		3	0	190		23	< 0.6	0.100	0.000	97	68.00
26						1.0		1.123	6.133		
27			0	100	7.5	4.4	< 0.6	1,501	0.198		
28			D	100	7.8	4.3	7.5	0.444	0.129		
29			0	100	7.8	5.0	< 0.6	0.521	6.091		
30					8.3	2.2		0.477	0.078		
31						$\overline{}$					
737	38.05%	/						Ť	2.835		

Plant Staffing

Day Shift Operator Class:

Confidence No.:

Name:

Day Shift Operator Class: Day Shift Operator Class: Certificate No.: Certificate No.: Name: Name:

Evening Shift Open Class: Class:

Certificate No.: c Certificate No.:

Name:

Load Operator

8737 Name: Randle Farrington

DEP form 62-620.910 (10) November 29, 1994

L edgi II inchii rahwaya waxaya a	DEPARTMENT OF ENVIRO	NMENTAL PROTECTION DISCHARGE	E MONITORING REPORT -Part A	
Mari	Complete will this report to Department of Enclosis.	end Protespae : Some Direct Preside Department of	E MONITORING REPORT - Part A / Extromposual Projection, P.O. Box 12479, Pl. Nyork, EL	Side (CONTONOCOMORPHICA), to make the community of
Dame ille him a marine			E. State Continue of the State of State	.U\$01,244s

Permilke Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40 Sarasota, FL, 34240

Facility: South Seas Resort W.W.T.P.

Location: 5400 Plantation Rd, Captiva Island, Fl. 33924

County: Lee

Permit No.FLA-014686

Monitoring Period-From: 10/1/06 to 1/31/66

Limit; Final Class Size: Minor Facility ID: FLA-014686

Monitoring Group Number: R001 Plant Size/ Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly Group: Damestic

***No Discharge [] ***

Parameter		·	Quantity or Loading			Quality or C	oncentration	n	No. EX.	Frequency of Analysis	Sumple Type	
Flow	Sample Measurement	Average		Units				Units]	
FARM Code 50050 Y Mon.Silt Nu.FLW-1	Permit Requirement	0.079 0.3 (Annual) Avg.		(03) MGD	*******		******	******	0	5 Days/ Week	Flowmeter, Totalize	
Flow	Sample Measurement	1 ~~	******	******	*******						Recorder	
FARM Code 50050 Mon. Site No. FLW-) Percent Capacity.	Fermit Requirement	0.084 Report (Mo. Avg.)		MGD	******	*****	******		a	5 Days/ Week	Flowineter, Totalizer	
TMADF/Permitted	Sample Measurement	********	*******	******							Recorder	
Caprity)X 100 Parm Code 00130 P Mon, Sile No. CAL!	Permit Requirement		*******	*******	2.934 Report Month Total	*****	******	38.2 PER- CENT	0			
ROD,	Sample Measurement	*******	******	*****				CENI		Monthly	Calculated	
aromicous 5 Day,20C PARM Code 800\$2 Y Ion, Site No. EFA-I	Permit Requirement	******	******	******	1.93 20,0 (An, Avg.)	******	*****	mg/L	v	Every Two	8-hour FPC	
BOD; aronixeurs 5 Day,20C PARM Code BOS2 A	Sample Measurement Permit Requirement	*******	*******	******	2	******	*******	(19)		Weeks	<u> </u>	
Ion. Site No. EFA-1 Solids, Total Suspended					30.0 (Mo Avg.)	60.0 (Max)		mg/L		Every Two	8-hour FPC	
PARM Code 00530 B	Sample Measurement Permit Requirement	******	******	******	1.793 5.0				0	Weeks 4 Days / Week	God	
		<u>. </u>					}	MG/L	j	4 Days / Week	Grah	

der my direction or supervision in accombance with a system designed to assure that qualified personnel properly gather and evakuatethe information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief tree, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(Syndpoint) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Randle Farrington C-8737

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

TELEPHONE NO. DATE (MM/DU/YY) 941-907-7400 11/13/2006

Monitoring Period--From: 10/1/06 to 10/31/06

Facility: South Scas Resort W.W.T.P.

Facility ID: FLA-014686

Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Loa	grub		Quality or C	oncentration		No. EX.	Frequency of	Sample Type
pH	f	*******	21245014	******		*******	******	Units		Analysis	
pri	Sample Measurement				7.823		.,,,,,,,,	1		1 1	
PARM Code ONANO A	Permii Requirement	******	*******	******	7,623	8.5	******	รบ	0	5 days / week	C-4
мол. Site No. EFA-1	r inmi requiensent					Daily Max.		30		3 days / week	Gusp
Coliforn, Fecul. % less	Sample Measurement	******	*******	*******	tviiitii)dii	*******	*******			 	
than detection	omapa measurement				100				0	1 1	
ARM Code 51005 A	Pennit Requirement	******	*******	*******	75	*******	******	PER-	v	4 Days/Week	Grab
Mon. Site No. EFA-1					(Min)			CENT		1 200,5 1100	CIBO
Coliform, Fecal	Sample Measurement	******	******	******	. (*******	******			 	
					0	'			0		
PARM Code 74033 A	Pernut Requirement	******	4644444	******	25		*******		•	4 Days/Week	Grab
Mon.Site No.EFA-I	,				(Max)	1 1		#/100ML			
Total Residule Chlorine	Sample Messurement	******	001747	*****		*******	*******	*******		1	
(For Disinfection)				ŀ	2.8			1 1	0]]	
PARM Code 50060 A	Pennit Requirement	*****	*****	*****	1.0	[• • • • • • • •	******	*******		Continuous	Meter
Mon. Site No.EFA-1		<u> </u>		<u> </u>	(Min)			MG/L		i i	
Turbidity	Sample Measurement	******	*******	*******		*******	******				
			1	i	4.341			ľ	ı		
PARM Code 00070 B	Permit Requirement	******	*******	*******	Report	*******	******	1]		Continuous	Meter
Mon. Site No FFR-1					(Max)			NTU			
olids, Total Suspended	Sample Measurement	*******	*******	******		******	*******			1	
		1	l	ł	1.793				Ű	1	
PARM Code 00530 G	Permit Requirement	******	*******	******	(Monthly)	********	*******	1		Every Two	8-hour FPC
Man. Site No. INF-1		<u> </u>			(Mo. Avg.)	I		mg/L		Węcks	
30D, Crarbonaccous 5 day.3	Sample Aleasurement	******	41444	******	1	1		,			
					123			}		1	
PARM Code 80082	Permit Requirement	l	(Ī	Report	1		1		Every Two	8-hour FPC
Mon Site No INF-1		<u> </u>	<u> </u>	<u> </u>	(Ma. Avg.)			mg/L		Weeks	

Facility ID: F1.A-014686 Month/Year: October 2006

Three-month Average Daily Flow: (TMADF/Permitted Capacity) x 100: 0.091 34.6%

F	P	CBODS	Fecal	Coliform	-11/2003	7700	TOC		1 -	-2001	
	Percent			1 1	pH(su)	TRC	TSS	Turbidity	Flow	CBO05	TSS
[Caperity	(mg/L)	Coliform	Fecal,%		(For	(MIL/G)	(NTUs)	(MGD)	(mg/L)	(mg/L)
[TMADF/	l	Bacteria	less than		Disinfect)			Į.]	
	Permitted	<u> </u>	(\$/100ml)	Detection		(mg/L)			<u> </u>		
CODE	081000	90082	74055	\$1005	00400	50060	00530	00076	59050	80082	00530
MON. SITE	Cal-1	EFA · 1	EFA-1	EFA-I	EFA-1	EFA-1	EFB - I	EFB - 1	FLW - I	n√F · !	INF - 1
					8.2	5.0		0.477	0.085		
2					8.0	5.0		0.361	0.073		
3		<u></u>	. 0		8.0	5.0	< 0.6	0.301	0.074		
4			٥		8.0	5.0	< 0.6	0.11	0.068		
5			0		8.1	5.0	0.9	0.296	0.050		
6			Ď		8.0	5.0	< 0.6	0.23	0.086		
7					7.9	5.0		0.436	0.085		
В					7.8	5.0		9.87	6.033		
9		Z	0		7.8	5.0	2.0	1,211	0.086	123	152.00
10			Ó		7.7	5.0	< 0.6	0.69	0.067		
11			0		8.0	5.0	0.6	1.098	0.079		
12			0		7.9	5.0	0.7	8.9 5	0.087		
i3					7.8	5.0		0.808	6.093		
14					7.7	5.0		1.173	0.110		
15					7.7	5.0		1.516	0.068		
16			0		3.0	5.0	1.2	1.183	0.074		
17			0		8.0	5.0	7.1	1.131	0.081		
18			0		7.9	5.0	1.8	1.766	0.087		
19			0		7.3	5.0	1.4	1.164	0.090		
20					7.9	5.0		1.224	0.094		
21					7.9	5.0	1	8.827	0.104		
22					7.7	5.0		1.627	0.088		
23		2	0		7.8	4.9	2.9	1.3	0.073	101	173.00
24			3		7.9	5.8	1.9	1.375	0.071		
25			0	_	7.8	5.0	2.7	1.582	0.082		
26			0		7.6	5.0	1.9	1.511	D.074		
27					7.5	5.0		2.5	0.083		
28					7.5	5.0		4,341	0.102		
29					7.6	2.8		2.5	0.085	$\neg \neg$	
30			0		7.8	5.0	1.5	0.839	0.079		
31			0		7.7	5.0	4.5	2.49	0.112		
TOTAL	34.8%								2.491		

Plant Staffing:

Day Shift Operator Day Shift Operator

Class: Class: Certificate No.:

Name: Name:

Day Shift Operator Class: Evening Shift Operator Class.

Certificate No.: Certificate No.:

Name:

Lead Operator

Certificate No.:

Certificate No.: Class: C

Name:

DEP form 62-620.910 (10) November 29, 1994

8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A When Complete well this report is (Dephrysips) of Conservation Princetion , Shalls Objected Department of Conservation of Cons

l'amittee Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

Facility: South Seas Resort W.W.T.P.

latation: 5400 Plantation Rd, Captiva Island, FL33924

County: Lee

Permit No.FLA-014686

Monitoring Period--From: 11/1/06 to 11/30/06

Limit: Final

Class Size: Minor

Facility ID: I'LA-014686

Monitoring Group Number: R001

Plunt Size/ Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly Group: Domestic

***No Discharge [] ***

Parameter		Qua	intity or Load	ding.		Quality or C	oncentration		No. EX.	Frequency of Analysis	Sample Type	
		Average		Units				Units	-	l	Ĭ	
flow	Sample Measurement	0.080		(03)	******	*******	*****	*******			<u> </u>	
PARM Code 50050 Y	Permit Requirement	0.3						}	0	6 Daniel Work	ì	
Man Site No FLW-i	t at ind the dancement	(Annual)		MGD	******	******	******	******		5 Days/ Week	Flowmeter, Totalizer Recorder	
Flow	Sumple Measurement		*******	******	******						- Keedi dei	
		0.112				*****	*****	1	0		İ	
PARM Code \$0050 Non Site No.FLW-1	Permit Requirement	Report (Mo. Avg.)	*******	MGD	*******	******	*******			5 Days/ Week	Flowmeter, Totalizer Recorder	
Percent Capacity,	Sample Measurement	******	******	******							***COJOCI	
TMADF/Permitted		1				*****	******	1 !				
Capaity)X 100		i			3,345			34.6	0			
Trade 00180 P	Pernul Requirement	******	*******	******	Report			PER-				
On SireNo CAL-I				L	Month Total		1.	CENT	-	Monthly	Calculated	
BOD,	Sample Measurement	T *******	******	******			1	T				
Catunaceous 5 Day, 20C		1		ļ	2,014	*****	******	l !	Đ			
PARM Code BOOH1 Y	Pernut Requirement	********	******	*******	20.0	i	}	1 1		Every Two	8-hour FPC	
Ion Site No. EFA-1				<u> </u>	(An. Avg.)	L	l	nig/L		Weeks		
BOD,	Sample Megautement	*******	******	******	•	******	*****	(19)				
eroneccous 5 Day 20C		1	1	1	1		ĺ	1 [U			
PARM Code 80082 A	Permit Requirement	*******	******		30.0	60.0	i	1		Every Two	8-hour FPC	
Cun. Site No. EFA-I		<u>} </u>	l	<u> </u>	(Mo.Avg.)	(Max)		mg/L		Weeks		
Solids, Total Suspended	Sample Measurement	*******	******	******	l						 	
		i	1		2,247	[1	0		1	
PARM Codo 00530 B	Permit Requirement		*****	******	5.0]		1 1		4 Days / Week	Grab	
Sim Site No EUD-t		1)	l	Į.	•	1	MG/L			1	

Bused on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fults information, including the possibility of fine and imprisonment for knowing violations

- 1		The state of the s		
ı	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
				7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	D			1
ŀ	Mandle Farrington C-8737	Terrap Toning	941-907-7406	12/14/2096
ŀ	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all ottachments here):	(Attach additional sheets if necessary.)		

DET! Form 62-620.910(10), effective November 29, 1994

are, meses, e

Monitoring Period--From: 11/1/06 to 11/30/06

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Moitoring Group Number: R001

Pennit No.FLA-014686

Parameter		Quar	itity or Loa	Jing		Quality or C	oncentration		No. EX.	Frequency of	Sample Type
								Units		Analysis	
pΗ	Sample Messurement	******	******	******		*******	******	1		1 1	
·					7.1				€		
PARM Code 00400 A	Pennit Requirement	*******	*******	*******	6	8.5	******	SU		5 days / week	Grab
Mon. Site No. EFA-1					Minimum	Daily Max.				ļ	
oliform, Fecal,% less	Sample Measurement	*******	+++++++	******		*******	******	 		1	
than detection					100				9	l	
ARM Code 51005 A	Permit Requirement	******	******	*******	75	*******	*******	PEK-		4 Days/Week	Grab
Mon. Sire No. EFA-1					(Min)			CENI.			
Coliform, Fecal	Sample Measurement	*******	******	*******		******	******			1 1	
				h i	0	1		1 !	0	l	
PARM Civile 74055 A	Permit Requirement	*******	*******	*******	25	*******	******			4 Days/Week	Grab
Mon.Site No.EFA-1					(Max)			#/100ML		<u> </u>	
Total Residule Chlorine	Sample Measurement	******	*****	*****		*******	******	+++*****		1 1	
(For Disinfection)		i	<i>i</i>]	1.4	1		i i	0	1 . I	
PARM Code 50060 A	Pennit Requirement	*****	******	*****	1.0	******	*******	*******		Continuous	Meter
Mon. Site No.EFA-1			<u> </u>		(Mia)			MG/L		<u> </u>	
Turbidity	Sumple Measurement	******	******	*******	l	*******	*******			1 1	
·	1			1	2,301			1 1	0	1 . [
PARM Code 00070 B	Fermit Requirement	*******	*******	*******	Report	******	******			Continuous	Meter
Mon. Site No EFB-1]				(Max)			NTU		<u> </u>	
iolids, Total Suspender	Sample Measurement	******	*******	*******	•	*******	*******	1		1 1	
,	[]		l	1	138.5			Į.	0	i i	
PARM Code 00530 G	Pennit Requirement	*******	*******	******	(Monthly)	*******	*****	Į į	1	Every Two	8-hour FP
Mon. Site No. INF-1	1				(Mo. Avg.)	l		mg/L	<u> </u>	Weeks	
OD Cearbonaccons 5 day.	Sample Measurement	******	*****	******		[
		1	1	Ì	1 114	*********	********		0	1	
PARM Code 80082	Permit Requirement	ŀ			Report	1			ŀ	Every Two	8-hour FP
Man.Site No.INF-1		l .	ŀ	1	(Mo. Avg.)	l .	ì	mg/L	I	Weeks	

Facility ID: FLA-014686 Month/Year: November 2006

Three-month Average Duity Flaw: (TMADF/Penninted Capacity) x 100:

0.097 36.6%

ŧ										T .	
	Percent	CBODS	i	Coliform,	pH (s.u.)	TRC	TSS	Turbidity	Flow	CBOD5	TSS
1	Capacity	(ուք/Լ)	Coliferns	Focal,%		(For	(MLO)	(sUTA)	(MGD)	(mg/L)	(mg/L)
	TMADF/	İ	Bacteria	less than		Disinfect)]	1		i l	
	Permitted		(P/100ml)	Detection		(mg/l.)	<u> </u>		<u> </u>	 	
CODE	000180	80082	74055	51005	00400	50060	00530	00070	50050	80082	00530
MON. SITE	Cal-1	EFA-1	EFA - I	EFA-I	EFA - I	EFA - i	EFB-1	EFB-1	FLW - I	INF - I	INF - I
1			0	100	7.8	5.0	3.7	2.301	0.248		
2			0	100	7.7	5.0	3.2	1.951	0.165		
3		L			7_8	5.0		2.225	0.039		
4					8.3	5.5		0.285	0.180		
5					8.2	4.5		1.556	0.092		
6			0	100	7.5	4.9	3.5	1,478	0.090		
7			_6	100	7.5	5.0	3.4	1.948	9.100		
8		2	0	100	7.5	5.0	2.9	0.960	9.099	127	112.00
9			0	100	7.7	5.0	3.0	1.592	0.096		
10					7.6	5,0		1.225	0.125		
11					7.6	5.0		1.610	0.112		
12					7.5	5.0		1.129	0.166		
13			0	100	7.5	4.9	2.7	1.236	0.150		
34			0	100	7.5	5.0	1.3	0.881	0.110		
15			0	190	7.4	5.0	1.3	0.781	0.106		
16		-	0	106	7.5	5.0	2.2	0.552	0.090		
17					7.7	5.0		0.814	0.079		
18	_				7.5	1.4		0.720	0.089		
19					7.5	5.0		0.465	0.094		
20		•	0	100	7.6	5.9	1.2	0.374	0.100	101	165.00
21			9	100	7.5	5.0	1.0	0.290	0.103		
22			0	100	7.7	5.0	2.5	0.821	0.109		
23					7.6	5.0		0.828	0.117		
24			0	100	7.5	5.0	3.9	0.372	0.119		
25					7.1	5.0		0.733	0.126		
26					7,2	2.8	-	0.386	0.111		
27			0	100	7.8	5.0	1.0	0.140	0.100		
28			0	100	7.5	5.0	0.6	0.000	8.070		
29			0	100	7.5	5.0	0.8	0.000	8.074		
30			0	100	7.9	5.0	< 0.6	0.000	0.086		
31											
TOTAL	36.6%								3.345	1	
.0171										ļ	

Plant Stoffing:

Day Shift Operator Class: Certificate No.: Name:
Day Shift Operator Class: Certificate No.: Name:
Day Shift Operator Class: Certificate No.: Name:
Evening Shift Operator Class: Certificate No.: Name:

Lead Operator Class: C Ccrificate No.: 8737 Name: Randle Farrington

DEP form 62-620.910 (10) November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A When Complete head this report in Department of Enchances at English Department of Enchances at English Department of Enchances at English Department of English Depar

Permitee Name: Aqua Utilities Florida, Inc.

Mailing Address: 6960 Professional Parkway East, Suite 40

Sarasota, FL. 34240

NAME/ITTLE OF PRINCHAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type/print)

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

Randle Farriagton C-8737

OEP Form 62-620.910(10), effective November 29, 1994

Facility: South Seas Resort W.W.T.P.

Location: \$400 Plantation Rd, Captiva Island, FL33924

County: Lee

Permit No.FLA-014686

Monitoring Period-From: 12/1/06 to 12/31/06

Limit: Final Class Size: Minor Fucility ID: FLA-014686

Monitoring Group Number: R001 Plant Size/ Treatment Type: .264 mgd / 2C

Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly Group: Domestic

***No Discharge [] ***

TELEPHONE NO.

941-907-7400

DATE (MM/DD/YY)

1/17/2007

Parameter		Qui	antity or Load	ling		Quality or C	Concontration		No. F.X.	Frequency of Analysis	Ѕапіріс Туре
		Average		Units				Units			
Flow	Sample Measurement	1		(03)	*******	******	*****	*******			
PARAI Code SOUSO Y		0.087	'	1	i '	!	ļ		0		
Mon.Site No.FLW-]	Permit Requirement	0.3	1 '	1 '		l !	ļ '	1 1		5 Days/ Weck	
ATOM JORG NO. F L.W.		(Annual)	1 '	MGD	*******	*******	*******	************	: [·	Flowmeter, Totalizer
Flow	Constant	Avg.	*******	******	*******	 					Recorder
FIOW	Sample Measurement	0.099		,		*****	*****	1			
PARM Code 50050 1	Permit Requirement			1	1	******		1 1	0		
Man. Site No.PLW-1	Remain de de menteur	Report (Mo. Avg.)	1 1	MGD		******	*******			5 Days/ Week	Flowmeter, Totalizer
Percent Capacity,	Sample Measurement	(MO. AVE.)	*******	MUD	{		 -	 			Recorder
TMADE/Permitted	Satishe measurement	1	,		1 '				1		1
Capcity)X 100		! !	('	[3.063		*******	1 ,, , {			1
PATRI Code 00180 P	Permii Requirement				Report	1		37.2	0		
Mori, Site No. CAL-1	. 411142 114420 22111	,	f '	1 '	Month Total	[1	PER- CENT	1		
BOD.	Sample Measuroment	*******	******	******	Promise Possi	·	 	CENT	\longrightarrow	Monthly	Calculated
Caronaceous 5 Day 20C		, '	1 '	l '	1,889	*****	******	i I	۰		1
PARM Code 80082 Y	Pennst Requirement		******	*******				} i	. "	Estamo Torra	N. Pro
Mon. See No. EFA-I		· [· '	1 '	(An Avg.)		!	mg/L	t	Every Two Weeks	8-hour FPC
BOD,	Sample Measurement	*******	*******	******	14.5.	******	*****	(19)		H. CEYR	
Caronaccous 5 Day,20C		·	! '	1 '	1 ı '	1		```'	0		}
PARM Code 80082 A	Permit Requirement	*******	*******	*******	30.0	60.0			ľ	Every Two	8-hour FPC
Mon. Site No. EFA-1			! '	l '	(Mo.Avg.)	(Max)		mg/L		Weeks	o-tiour FFC.
Solids, Total Suspended	Semple Measurement	*******	*******	******			 			77 0003	
i	i	· [! '	1 '	1.173				0		1
PARM Code 00530 B	Permit Requirement	*****	******	******	5.0	j l			·	4 Days / Week	Grah
Mont Site No. EFB-1			1 '	1 '	1 /	1	ļ !	MG/L	1	*	Citan

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Monitoring Period-From: 12/1/06 to 12/31/06

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Moitoring Group Number: R001

Permit No.FLA-014686

Parameter		Qua	ntity or Los	ding		Quality or (oncentration		No. EX.	Frequency of Analysis	Sample Type
								Units			71
ρН	Sample Measurement	*******	*******	*******		******	*****				
					7.3			1	0	1 1	
PARM Code 00480 A	Pernut Requirement	*******	*******	*******	6	8.5	******	SU		5 days / week	Grab
Mon. Site No. EFA-1					Minimum	Daily Max.		1 .		i ' i	
Coliform, Fecal, 4 less	Sample Measurement	******	*******	******		*******	******	1			
than detection					109	1			0	1 I	
ARM Code 31005 A	Pertitit Requirement	*******	*******	*******	75	•••••	******	PER-		4 Days/Week	Grab
Mon. Site No. EFA-1					(Min)			CENT		1 1	
Coliform, Fecal	Sample Measurement	******	******	*******		*******	*****				
			1	ļ	0			}	0	!	
PARM Code 74055 A	Penniji Requirement	******	*******	******	25	********	*******			4 Days/Week	Grab
Mon.Site Nu.EFA-1					(Max)	l		#/100ML		1 ' " 1	
Total Residule Chlorine	Sample Mensurement	******	*****	*****		******	******	******			
(For Disinfection)		1	1		1.2	\		1 1	0	ł I	
PARM Code 50068 A	Permit Requirement	*****	*****	*****	1,0	*******	*******	14444444		Continuous	Meter
Mon. Site No. EFA-1					(Min)			MG/L		1	
Turbidity	Sample Measurement	******	*******	******		*******	******			1	
		1			1,312			1 1	ø	1 1	
PARM Code 00070 B	Permit Requiressent	*****	******	*******	Report	******	*******			Continuous	Meter
Mon. Site No EFD-1					(Max)			NTU			
olids, Total Suspended	Sample Measurement	*******	******	*******		*******	*******				
		ł			20H.5			J I	٥	i i	
PAKM Code 00530 G	Permit Requirement	******	******	*******	(Monthly)	*******	*******			Every Two	8-hour FPC
Mon. Site No. INF-1	•				(Mo. Avg.)			nıg/L		Weeks	0 11007 11 0
OD. Centimineeous 5 day.1	Sample Messurement	******	*****	******	<u>-:</u>					 	
Ţ	•]			235.5				U		
PARM Code 80092	Pensul Requirement				Report			1		Every Two	8-hour FPC
Mon Site No.INF-1					(Mo. Avg.)	! i		mg/L		Weeks	authorit LL#

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA-014686 Month/Year: December 2006

Three-mouth Average Daily Flow: (TMADF/Permined Capacity) x 100: 0.091 37.2%

_											
1	Percent	CBODS	Fecal	Coliforn.	pH (s.u.)	TRC	TSS	Turbidity	Flow	C8005	72S
(Capacity	(reg/L)	Coliforni	Fecal,%		(For	(MAG)	(NTUs)	(MGD)	(mg/L)	(mg/L)
	TMADF/	ì '	Becteria	less than		Disinfect)			i '		
	Permitted	}	(#/100mg)	Desection		(mg/L)			L		
CODE	000180	80082	74055	51003	00400	50060	00530	09670	30050	80082	00720
MON, SITE	Cal-1	EFA-1	EFA - J	EFA-L	EFA-1	EFA-L	EFB - i	EFB-1	FLW - I	IN₹ - 1	DIF-1
1					7.9	5.0		8.042	0.092		
2					7.8	5.0		0.035	0.089		
3					7.9	5.6		0.000	0.103		
4			0	100	7.7	5.0	8,0	0.082	0.092		
5		0	6	100	7.6	5.0	0,6	9.017	0.086	241	119.00
6			0	300	7.6	5.0	0,8	9.002	0.098		
7			0	108	7.8	5.0	< 0.6	9.902	6.088		
8					7.8	5.0		0.001	9.079		
9		1			7.8	5.0		0.642	9.074		
10					7.8	5.0		9.748	\$.090		
11		 	0	189	7.8	5.0	1.9	0.981	830.0		
12		1	0	100	7,9	5.0	1.4	9.873	0.078		
13		 	0	100	7.8	5.0	2,j	1.312	0.050		
14	 	 	0	190	7.9	5.0	13	0.718	0.082		
15		 	 		7.8	5.0		1.014	0.089		
16		<u> </u>	1	 	7.7	5.0		♦.503	6.108		
17			 		7,4	5.0	-	9.583	0.086		
18			0	100	7.6	5.0	< 0.6	0.428	6.082		
19		2	0	100	7.5	5.0	< 9.6	0.478	0.084	230	298.00
20			0	100	7.6	5.0	< 0.6	0.624	6.092		
21		 	0	100	7.6	5.6	0.9	0.766	0.094		
22		 			7.5	5.0		8.708	0.106		
23			1	1	7.8	5.0		0.388	0.102		
24	l				7.8	5.0		0.328	9.117		
25					7.6	1.2		0.378	0.111		
26	 		0	100	75	5.0	< 0.6	0.324	0.128		
27	l		0	106	7,4	5.0	1.0	8.324	0.125		
28	 	 	0	100	7.4	5.8	0.9	9.397	0.139		
29			•	100	7.3	5.0	1.2	1.073	0.140		
30		1	Ī	T	7.3	5.0		0.861	0.132		
31		 		Ĺ	7.4	5.0		9.731	0.137		
TOTAL	37.2%	Ì						*	3,063		

Plans Staffing:

Class: Day Shift Operator Class: Certificate No.:

Name: Name:

Day Shift Operator Day Shift Operator Class: Certificate No.: Certificate No.:

Name: Name:

Evening Shift Operator Class: Lead Operator

Class: C Certificate No.: Certificate No.:

8737

Name: Randle Farrington

DEP form 62-620.910 (10) November 29, 1994



Department of Environmental Protection

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

Colleen M. Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA014686

PA FILE NUMBER:

FLA014686-007-DW2P

ISSUANCE DATE:

June 22, 2005

EXPIRATION DATE:

June 21, 2010

RESPONSIBLE AUTHORITY:

Mr. Glenn LaBrecque Vice President and Chief Operating Officer 6960 Professional Parkway East, Suite 40 Sarasota, FL 34240

(941) 907-7420

FACILITY:

South Seas Resort WWTP 5400 Plantation Rd. Captiva, FL 33924 Lee County

Latitude: 26° 32' 30" N

Longitude: 82° 11' 31" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

activated

Operate a 0.264 MGD annual average daily flow (AADF) contact sludge process domestic wastewater treatment plant with a 101,000 gallon equalization basin, a 42,810 contact basin, a 72,000 gallon reaeration basin, a 35,282 gallon clarifier, a 46,480 gallon digester, a 23,730 gallon digester, a filter with a surface area of 192 square feet, and three reject storage tanks with a total volume of 240,000 gallons and a 450,000 gallon reclaimed water storage tank.

REUSE:

Land Application: An existing 0.264 MGD annual average daily flow (AADF) permitted capacity slow-rate public access stray irrigation system (R-001). R-001 consisting of a 32 acres golf course, 450,000 gallon reclaimed water storage tank, a 240,000 gallon reject reclaimed water storage tank, and automatic diversion valves. The slow-rate public access spray irrigation system is located approximately at longitude 26° 32' 30" N and latitude 82° 11' 31" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 22 of this permit.

DOCUMENT THUMBER OF A STREET

FPSC-COMMISSION CLERK

"More Protection, Less Process"

FACILITY PERMITTL .

South Seas Resort WWTP Aqua Utilities Florida, Inc.

6960 Professional Parkway East, Suite 40

Sarasota, FL 34240

PEI I NUMBER:

PA FILE NUMBER:

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FLA014686-007-DW2P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

				Reclaimed Water Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes	
Flow	MGD	Maximum	0.264	•		•	5 Days/Week	Recording flow meters and totalizers	FLW-1	See Cond.I.A.3	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	*		Monthly	Calculated	CAL-1		
BOD, Cartionaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1		
Solids, Total Suspended	MG/L	Maximum	4	•	•	5.0	4 Days/Week	Grab	EFB-1	See Cond.LA.7	
рН	SU	Range	-	,	•	6.0 to 8.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.7	
Coliform, Fecal, % less than detection	PERCENT	Minimum		See Permit C	ondition I.A.4		4 Days/Week	Grab	EFA-1	See Cond.I.A.	
Coliform, Fecal	#/100ML	Maximum		See Permit C	ondition I.A.4		4 Days/Week	Grab	EFA-1	See Cond.I.A.	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	•	•		1.0	Continuous	On-line Monitor and Chart Recorder	EFA-1	See Cond.1.A.	
Turbidity	NTU	Maximum		See Permit Condition I.A.6.		Continuous	On-line Monitor and Chart Recorder	EFB-1	Sec Cond.I.A.		
Giardia	CYSTS/100 L	Maximum	•	•	•	Report	five years	Filtered	EFA-1		
Cryptosporidium	00CYSTS/ 100 L	Maximum	•	•	-	Report	five years	Filtered	EFA-1	 	

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2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location					
CAL-1	Calculations are made via the data collected from FLW-1.					
EFA-1	Samples are taken after the chlorine contact chambers and prior to the effluent pump station, which is upstream of the automatic diversion valves.					
EFB-1	Samples are collected after tertiary filtration and prior to chlorination.					
FLW-1	Samples are collected via a flow meter and totalizer, which is located at the chlorine contact chambers.					

- 3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
- 5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]
- 6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2)]
- 7. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [62-600.740(1)(a)2]

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South Seas Resort WWTP Aqua Utilities Florida, Inc.

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

	· -			Limits				Monitoring Requirement	\$	1
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Solids, Total Suspended	MG/L	Maximum	•	Monthly	-		Every Two Weeks	8-hour flow proportioned composite	INF-I	See Cond.I.B.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	•	Report	,	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.LB.3

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2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Samples are taken from the influent force main via a sample tap,

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 4. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to a reject storage tank until the required effluent quality can be regained. The operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320(6) and 62-610.463(2)]
- 5. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2) & .865(8)(d)]
- 6. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. Sampling results shall be reported on DEP Form 62-610.300(4)(a)4 which is attached to this permit. This form shall be submitted to the Department and to DEP's Reuse Coordinator in Tallahassee. [62-610.463(4)]
- 7. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 8. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 9. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	First day of month – last day of month	28th day of following month
Quarterly	January I - March 31 April 1 - June 30 July 1 - September 30 October I - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 - December 31	January 28

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DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's South District Office at the address specified in Permit Condition I.B. 13 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

- 10. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by January 28 of each year. [62-601.300(4)][62-601.500(3)]
- 11. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
- 12. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]
- 13. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Office at the address specified below:

South District Office
Florida Department of Environmental Protection
P O Box 2549
Ft. Myers, Florida 33902-2549

Phone Number - 239-332-6975 FAX Number - 239-332-6969

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

IL RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is land application or disposal in a Class I or II solid waste landfill.
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- 3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for

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proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5)]

- 4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. 162-640.100(6)(k)3 & 41
- 5. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640]
- 6. The domestic wastewater residuals for this facility are classified as Class B.
- 7. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Use of PSRP) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b)]
- 8. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(4) (Meet a specific oxygen uptake rate for aerobically treated biosolids) or 503.33(b)(6) (Add alkaline materials to raise the pH under specified conditions) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]
- Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]
- 10. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months.

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits		
Total Nitrogen	(Report only) % dry weight	Not applicable		
Total Phosphorus	(Report only) % dry weight	Not applicable		
Total Potassium	(Report only) % dry weight	Not applicable		
Arsenic	75 mg/kg dry weight	36.6 pounds/acre		
Cadmium	85 mg/kg dry weight	34.8 pounds /acre		
Copper	4300 mg/kg dry weight	1340 pounds/acre		
Lead	840 mg/kg dry weight	268 pounds/acre		
Mercury	57 mg/kg dry weight	15.2 pounds/acre		
Molybdenum	75 mg/kg dry weight	Not applicable		
Nickel	420 mg/kg dry weight	375 pounds/acre		
Selenium	100 mg/kg dry weight	89.3 pounds/acre		

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Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits		
Zinc	7500 mg/kg dry weight	2500 pounds/acre		
рН	(Report only) standard units	Not applicable		
Total Solids	(Report only) %	Not applicable		

[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]

- 11. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. [62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]
- 12. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e)]
- 13. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Residuals shall not be distributed and marketed if the monthly average of sample results for any parameter exceeds the Class AA parameter concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f)]
- 14. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e)]
- 15. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b)]
- 16. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1.]
- 17. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2.1
- 18. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.]
- 19. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3.]
- 20. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4.]
- 21. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5.]
- 22. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7.]

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- 23. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8.]
- 24. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b)]
- 25. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]
- 26. Current Agricultural Use Plan(s) identify residuals landspreading on the following sites:

	Site	App.		Sit	e Locat	ion		******	
Site Name	Туре	Area	County	Ī	Latitud	е	L	ongitu	ie
	(AG or LR)	(acres)		DD	MM	SS	DD	ММ	SS
4 Mile Grade Ranch	AG	1151	De Soto	27	13	36	81	42	07
V.C. Hollingsworth East	AG_	3529	De Soto	27	03	37	81	35	18
Prairie River Grove	AG	874	De Soto	27	06	03	81	48	34
Duda-Labelle	AG	5779	Hendry	26	38	30	81	27	30

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless all of the following conditions are met:

- a) The permittee notifies the Department within 24 hours that the site is being used;
- b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C, and the criteria for land application of residuals in Rule 62-640.700, F.A.C.;
- c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site;
- d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
- e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

[62-640.300(2)&(3)]

- 27. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2)]
- 28. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c)]
- 29. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d)]
- 30. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to

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accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e)]

- 31. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f)]
- 32. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d)]
- 33. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a through e below in perpetuity, and maintain record items f through k, for five years:
 - a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - d. Amount of residuals applied or delivered to each application zone;
 - e. Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
 - g. Method of incorporation (if any);
 - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - i. Unsaturated depth of soil above the water table level at the time of application;
 - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2)]

- 34. The permittee shall submit an annual summary of residuals application activity to the South District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b)]
- 35. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. [62-640.700(3)(f)]
- 36. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a)]
- 37. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a)]
- 38. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860]
- 39. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
- 40. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

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III. GROUND WATER REQUIREMENTS

Operational Requirements

1. For the Part III Public Access system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 MGD or more), the zone of discharge shall extend horizontally 100 feet from the application site or to user's site property line, whichever is less, and vertically to the base of the shallow water table aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]

- 2. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
- 3. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.463,]
- 4. The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.5. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-36376	SSP-3 Background well located upgradient from R-001.	15.0	Surficial	Existing
MWI-21846	SSP-5 Intermediate well located within the golf course irrigation area.	15.0	Surficial	Existing
MWC-21842	SSP-1 Compliance well located at the edge of the golf course irrigation area (R-001).	15.0	Surficial	Existing

MWB = Background; MWI = intermediate; MWC = Compliance

[62-522.600][62-610.463]

5. The following parameters shall be analyzed for each of the monitoring wells identified in Permit Conditions III. 4:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Chloride (as CI)	250	MG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pН	6.5 to 8.5	SU	In-situ	Quarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Turbidity	Report	NTU	Grab	Quarterly
Sodium, Total Recoverable	160	MG/L	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

6. If the concentration for any constituent listed in Permit Condition III. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]

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- 7. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.01 foot. [62-610.463(3)(a),]
- 8. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
- Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's South District Office as being more representative of ground water conditions. [62-520.300(9)]
- 10. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610[18]]
- 11. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.9. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

SAMPLE PERIOD	REPORT DUE DATE		
January - March	April 28		
April - June	July 28		
July - September	October 28		
October - December	January 28		

- 12. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's South District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's South District Office. [62-522.600][62-4.070(3)]
- 13. The Permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's South District Office in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]

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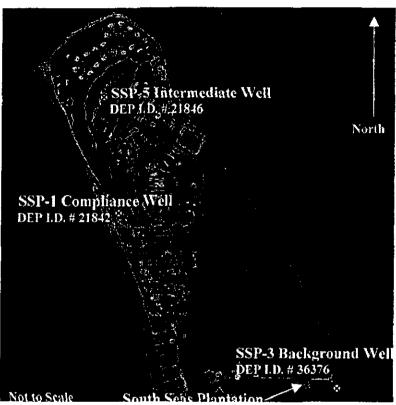
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14. The locations of the ground water monitoring wells identified in Permit Condition III.4. are depicted on the site map below:



IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

1. This reuse system includes the following major user (i.e., using 0.1 MGD or more of reclaimed water):

User Name	User Type	Capacity (MGD)	Acreage
South Seas Resort Golf Club	Golf Course Irrigation	0.264	32

[62-610.800(5)][62-620.630(10)(b)]

- 2. Cross-connections to the potable water system are prohibited. [62-610.469(7)]
- 3. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. [62-610.469(7)]

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- 4. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - If the potable water system is contaminated, clear the potable water lines.
 - Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - Within 24 hours, notify the South District Office's domestic wastewater and drinking water programs, and the Lee County Health Department's drinking water program.
 - Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. [62-555.350(3) and 62-555.360][62-620.610(20)]
- 5. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. [62-610-469(7)]
- 6. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. [62-610.471(3)]
- 7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. [62-610.471(1), (2), (5), and (7)]
- 8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4)]
- 9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. [62-610.471(6)]
- 10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. [62-610.471(8)]
- 11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2)]
- 12. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement

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shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468 & 62-610.469]

- 13. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]
- Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 & 62-610.464]
- 15. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]
- 16. This facility shall be equipped with automatic diversion valves and continuous monitoring devices for turbidity and chlorine residuals, as indicated in the permit application, to insure that the appropriate quality of reclaimed water is discharged into the reclaimed water storage tank during periods when the operator is not present. Should the automatic diversion valves or electronic monitoring devices fail, the reclaimed water shall be discharged to the reject storage tank until the deficiencies can be rectified.

V. OPERATION AND MAINTENANCE REQUIREMENTS

During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision
of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this
facility is a Category II, Class C facility and, at a minimum, operators with appropriate certification must be on the site as
follows:

A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a C, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

- 2. The lead operator shall be employed at the plant full time. "Full time" shall mean at least 4 days per week, working a minimum of 35 hours per week, including leave time. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(10), (5) and (1)]
- 3. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
- 4. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- 5. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
- 6. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing

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the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

- b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
- Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
- d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

- 1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. 162-600.410(8) and 62-640.400(6)]

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- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX.
 [62-604.550] [62-620.610(20)]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment;
 or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-600.400(2)(b)]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX.GENERAL CONDITIONS

The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable
pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida
Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision.
[62-620.610(1)]

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be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]

- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).

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- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless
 otherwise specified in this permit.
- d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
- e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 - Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:
 - For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that
 are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment
 will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT
 TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the
 permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following
 information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;

South Seas Resort WWTP Aqua Utilities Florida, Inc.

6960 Professional Parkway East, Suite 40

Sarasota, FL 34240

PERMIT NUMBER: FLA014686

PA FILE NUMBER: FLA014686-007-DW2P

- b) Name, address, and telephone number of permittee or responsible person for the discharge;
- Date and time of the discharge and status of discharge (ongoing or ceased);
- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e) Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- j) Other persons or agencies contacted.
- Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
 - b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
 - c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

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PERMIT NUMBER: PA FILE NUMBER:

UMBER: FLA014686

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d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jon M. Iglehart

Acting Director of District Managemen

District Management

DATE: JUNE 21, 2005

JMI/CVR/jli



Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

PATHOGEN MONITORING

Part I - Instructions

- Completion of this report is required for all domestic wastewater facilities that provide reclaimed water to one or more reuse activities that require high-level disinfection. The schedule for sampling and reporting are contained in the permit for the facility.
- 2. Submit one copy to each of the following addresses:
 - a. The appropriate DEP district office (attention Domestic Wastewater Program).
 - b. DEP Reuse Coordinator
 Mail Station 3540
 2600 Blair Stone Road
 Tallahassee, Florida 32399-2400
- 3. Please type or print legibly.
- 4. In Part II, Items 6 through 10 need to be completed only if this is the first submittal of this report, or if the information in Items 6 through 10 has changed since the last submittal.
- 5. Part III The Pathogen Monitoring Report is to be submitted when sampling for pathogens at the treatment plant. Part III is also to be used when sampling for pathogens in a supplemental water supply (see Rule 62-610.472, F.A.C
- 6. For each sample, record the sample volume obtained in liters.
- 7. For Giardia, record the concentrations in cysts per 100 liters. For Cryptosporidium, record the concentrations in occysts per 100 liters. If an observation is less than the detection limit, make an entry in the form "<2" (where 2 per 100 liters is the detection limit in this example). The actual detection limit will be dictated by the volumes of sample obtained, filtered, and processed.
- 8. When sampling at the treatment facility, obtain a grab sample for total suspended solids (TSS) that is representative of the water leaving the filters at the treatment facility during the period when pathogen samples are being obtained. In addition, record the highest turbidity and the lowest total chlorine residual observed during the period when pathogen samples are being obtained.
- 9. When sampling a supplemental water supply, obtain a grab sample for total suspended solids (TSS) that is representative of the surface water or treated stormwater as it is added to the reclaimed water system. This TSS sample shall be taken during the period when pathogen samples are being obtained. In addition, record the lowest total chlorine residual observed during the period when pathogen samples are being obtained.

- ³10. You must report data for total cysts of Giardia and for total oocysts of Cryptosporidium. Sufficient sample volumes shall be collected and processed such that the detection limit is no greater than 10 cysts or oocysts per 100 liters. Detection levels on the order of 1 cyst or oocyst per 100 liters are desirable.
- 11. In addition, you may choose to examine any detected cysts and/or oocysts for internal structure and report concentrations of viable cysts and oocysts. Reporting of viable cysts and oocysts is voluntary, but if done, shall be in addition to the reporting of total cysts and total oocysts. If you choose to report viable cysts and viable oocysts, attach a summary of the method used to differentiate between viable and nonviable cysts and oocysts.

Part II - General Information

1.	DEP wastewater facility identification F L A 0 1 4 6 8 6
2.	Person Completing This Form
	Name
	Telephone
3.	Sampling and Analysis:
	Organization collecting the samples:
	Date samples delivered to laboratory:
	Laboratory doing the analysis:
	Date analytical work was done:
4.	Is this the first time that this form has been submitted for the facility?
	Yes [Please complete Questions 6 through 10.]
	No [Proceed to Question 5.]
5.	Has the information requested in Questions 6 through 10 (below) changed since the last submittal of this form?
	Yes [Please complete Questions 6 through 10.]
	No [Proceed to Part III of this form. You do not need to complete Questions 6 through 10.]
6.	Type of secondary treatment system:
	Conventional activated sludge
	Contact stabilization Biological nutrient removal (such as Bardenpho)
	Other:

7.	Does this treatment facility nitrify (convert ar	nmonia nitrogen to nitrate)?	Yes No
8.	Filter type:		
	Deep bed, single media	Deep bed, multiple	media
	Shallow bed, automatic backwash	Upflow (including I	Dynasand)
	Slow rate sand filter	Diatomaceous earth	filter
	Fabric filter	☐ Cartridge filter	
	Other:		
9.	Filter Media (complete for each type of m	edia provided):	
	Top layer of media:		
-	Media type:		
	Effective size:	mm	
	Uniformity coefficient:		
-	Bed depth:	inches	
	Middle layer of media:		
.	Media type:		
-	Effective size:	mm	
	Uniformity coefficient:		
~	Bed depth:	inches	
	Bottom layer of media:		
-	Media type:		
- -	Effective size:	mm	
	Uniformity coefficient:	· · · · · · · · · · · · · · · · · · ·	
•	Bed depth:	inches	
	Disinfection system:		
_	Chlorination, gas	Chlorination, other	
<u>-</u>	Ultraviolet	Ozone	
	Other:		•

DEP Form 62-610.300(4)(a)4 August 8, 1999

PART III - PATHOGEN MONITORING REPORT

PERMITTEE NAME:

Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA014686

MAILING ADDRESS:

Sarasota, FL 34240

6960 Professional Parkway East, Suite DATE OF SAMPLING:

FACILITY:

South Seas Resort WWTP

FACILITY ID: FLA014686

LOCATION: Captiva, FL 33924

REUSE SYSTEM: R-001

	Quantity or Loa	ding	Quality or	Concentration
1	Sample		Sample	T
Parameter	Measurement	Units	Measurement	Units
Treatment Plant: After Filter				
Monitoring Site No.				
Turbidity				
PARM Code 00070 EFB-1		لي لا عدد د		NTU
TSS				-
PARM Code 00530 EFB-1				mg/L
Treatment Plant: After Disinfection				
Monitoring Site No.			[فانفت فيتلف والمراز المرابية
Total Chlorine Residual				
PARM Code 50060 EFA-1	الحديدة المستام متري <u>ين الما المستوارة لم</u> حادثاً			mg/L
Volume Collected	1	Liters		
PARM Code 71994 EFA-1		LHC12		<u> المحمد بالمحمد بالمحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد ا</u>
Giardia (total count) *				total cysts/100 L
PARM Code GIARD EFA-1	<u> </u>			total cysts/100 L
Giardia (viable cysts) **	No. 1			viable cysts/100 L
PARM Code VGIAR EFA-I				Viable Cysts/100 L
Cryptosporidium (total count) *				total oocysts/100 L
PARM Code CRYPT EFA-I	<u> Paritiran di Sactiva di Albanda di</u>			tout oocysts for L
Cryptosporidium (viable oocysts) **	£ 2			viable oocysts/100 L
PARM Code VCRYP EFA-1 Supplemental Water Supply	propries to the state of		to make the families of the formation of	
After Treatment & Disinfection	1			
Monitoring Site No.				
TSS			<u> </u>	فأشت نيب مدامين ومعا والمعا
PARM Code 00530	-1	1		m g/L
Total Chlorine Residual	والمرادية والمستوالية والمتار والمتار والمتار والمتار والمتار والمتار والمتار والمتار والمتار والمتار والمتار			
PARM Code 50060	,			me/L
Volume Collected			and the second second second	Marie Control Marie Annie - Perina de La referencia de la companie
PARM Code 71994	1	Liters		
Giardia (total count) *				And the second of the second of the Sanda
PARM Code GIARD		1		total cysts/100 L
Giardia (viable cysts) **				
PARM Code VGIAR		, ,		viable cysts/100 L
Cryptosporidium (total count) *	le me and an annual of the same and the same			
PARM Code CRYPT	<u> </u>			total oocysts/100 L
Cryptosporidium (viable oocysts) **				
PARM Code VCRYP	المارين في المحالية المحالية المحالية المحالية المحالية المحالية المحالية المحالية المحالية المحالية المحالية	الدام سات	<u></u>	viable oocysts/100 L

Notes: * Data entries must be made for total cysts and total oocysts.

** The permittee also may analyze and report for viable cysts and viable oocysts (in addition to total cysts and oocysts). If viable cysts and oocysts are reported, you must attach a summary of the method used to differentiate between viable and nonviable cysts and oocysts.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based upon 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 Principle Executive Officer or Authorized Agent (Type or Print)	Signature of Principle Executive Officer or Authorized Agent	Telephone No.	Date (YY/MM/DD)

DEPARTMENT OF ENVIRONMENTAL PROTECTI DISCHARGE MONITORING REPORT - PART A

When Completed total t	his report t	o: Department	of Environmenta	l Protec	tion, South Dis	trict, Florida	Department	of Environ	mental Protecti	on, PO Box 2549, F	t. Myers, FL	33902	-2549	
PERMITTEE NAME: MAILING ADDRESS:		iies Florida, Inc ssional Parkwa		PERMIT N	UMBER		FLA014686	;						
	Sarasota, F		y musi, barre 40			LIMIT: CLASS SE	ZE:		Final Minor		REPORT GROUP:	:	Monthly Domest	
FACILITY: LOCATION:	South Seas 5400 Plant Captiva, Fl						MONITORING GROUP NUMBER:			-				
COUNTY:	Lcc						IARGE FRO	•		То	 _			
Parameter			Quantity or Loading		Units	Units Quality or			or Concentration			Prequency of Analysis	Sample Type	
Flow		Sample Measurement												
PARM Code 50050 Mon Site No. FLW-1		Permit Requirement	(2 20300 ° ⊅ , 2 3 (An:Avg.)			L MGD:		KIN A			7.87		5 Days/Week	Flow meters and lotalizers
Flow		Sample Measurement												
PARM Code 50050 Mon Site No. FLW-1		Permit Requirement	Report.			MGD()					対の意味		5 Days/Week	Flow meters and totalizers
Percent Capacity.		Sample					1			T				T

PER- 'y

MG/L

<u>зуме</u>ль

"Monthly:

Every Two

Weeks

Every Two

Weeks

4 Days/Week,

Calculated

8-hour FPC

8-hour FPC

Grab

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

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

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

Measurement

Sample Measurement

Sample Measurement Permit: Requirement

Sample Measurement

Requirement

(TMADF/Permitted Capacity) x

PARM Code 80082

BOD, Carbonaceous 5 day, 20C

PARM Code 80082 A

Mon Site No. EFA-1

PARM Code 00530

Mon.Site No. EFB-1

Solids, Total Suspended

Mon Site No. EFA-K

PARM Code 00180 P

DISCHARGE MONITORING ORT - PART A (Continued)

FACILITY:

South Seas Resort WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From:

PERMIT NUMBER: FLA014686

Parameter		Quantity	Units	Qu	ality or Concent	ration	Units	No. Ex.		Sample Type	
pH	Sample Measurement			1					EX.	***********	
PARM Code 00400 A A MARINE	Permit Requirement				. 60 (Min)	2	BERKER MARCH	#∰KSU÷it;	6	:5 Days/Weck.	· Grab
Coliform, Fecal, % less than letection	Sample Measurement	Mary made of the State			S- (Mins)	(Mar.)		* PISU	₩.,		, <u>, , , , , , , , , , , , , , , , , , </u>
ARM Code 51065 A	Permit Requirement				(Mility)			PER &	D ¹	i,: 4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	- Carlos San Carlos San Carlos San Carlos San Carlos San Carlos San Carlos San Carlos San Carlos San Carlos Sa	The second secon	13-14-151	(Mini)			CENT	144	All All Control	
Ion.Site No. EFA-1 - [水流を上記]。	Permit:				25 % H			#4100MIF2		4 Days/Week	Grab
otal Residual Chlorine (For Disinfection)	Sample Measurement				30,05 (\$ (1710.15) (\$5.5.5)			A TWO AS	Cal Mar	Sel . The way	the strong of
ARM Code 50060 A A A A A A A A A A A A A A A A A A					Mind)		C.F.	MG/L	1. 1. 1. 1.	Continuous	Meter.
To the term was terminal and the	Sample Measurement Permit	The state of the state of								100-2201 (3-10-11)	
	Requirement	为代别的		经数量的	Report - (Max)	Secretary and	37 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	, NIU	(Sec. 7	Continuous	Meter
	Sample Measurement						3.3	Maria emili (Ali - 1984)	Ye in salting	<u> </u>	<u></u>
Ion.Site No. INF-1	Permij Requirements	14.7 18.3 18.5		y 77 18	Monthlyt. (Mo AVE)	77 77 199	2 6 9 8 6 7	MG/C A	Fill	Bery Two Weeks	*8-hour-FPC
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	Measurement			Carrier - Provide to	PETER CONTRACT TO A STREET						
	Requirement. Sample								43		
	Measurement		Z. a. S. Service		FACTOR COLOR	Company Alimento See 19					
	Sample			10 h	en jes		是是就没多	945 F. W. 19 12. 20			
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A Control of the Cont	Requirement	A STATE OF THE PARTY OF THE PAR	等 6度,7安						1	新生 人	

DAILY SAMPLE RESULTS - PART B

	Number: ring Period	FLA014686 From:		То:			Facility: So	outh Seas Reso	or WWTP		
	Percent Capacity, (TMADF/Per mitted Capacity) x 100	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Coliform, Fecal, % less than detection (PERCENT)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBODS (MG/L)	TSS (MG/I
Code	00180	80082	74055	51005	00400	50060	00530	00070	50050	80082	00530
Mon. Site	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	BFB-1	FLW-1	INF-1	INF-1
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GROUND WATER MONITOF : WELL REPORT - PART D

County: Facility Name: Permit Number:	Lee South Seas Res FLA014686	sort WWTP				Monito Well T Descri _l	MWB-36376 Background SSP-3 Background well.					
Monitoring Period	From:		То:			Date S	ample Obtained:					
Was the well purged before sampling?	Yes	No				Time S	ample Obtained:					
Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Prequency	Detection Limits	Analysis	Method	Sampling E Use	:	Samples Filtered (UF/N)
Water Level Relative to NGVD	82545		Report	reer	Single Sample	Quarterly						
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly						
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly						
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly						
Coliform, Fecal	74055	<u></u>	Report	#/100MIL	Single Sample	Quarterly		<u> </u>			<u></u>	
рН	00400		Report	su	Single Sample	Quarterly						
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly						
Turbidity	00070		Report	UTN	Single Sample	Quarterly						
Sodium, Total Recoverable	00923		Report	MG/L	Single Sample	Quarterly						
								<u> </u>				
	<u> </u>										 	
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	_	<u> </u>						<u></u>				
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I certify under penalty of law that this doc information submitted. Based on my inquand belief, true, accurate, and complete. I	riry of the person am aware that t	n or persons who here are significa	manage the syste nt penalties for st	m, or those p	ersons directly resp	consible for gathering th	e information, the in-	formation su	bmitted is, t	o the best of	and evalua my knowle	ite the edge
NAME/TITLE OF PRINCIPAL EXECUTIVE	OFFICER OR AU	THORIZED AGE	T	SIGNATURE	OF PRINCIPAL EXI	SCUTTVE OFFICER OR A	UTHORIZED AGENT		TELEPHON		DATE (yy/ma	m/dd)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITOR' WELL REPORT - PART D

County: Facility Name: Permit Number:	Lee South Seas Resort WWTP FLA014686		Monitoring Well ID: Well Type: Description:	MWI-21846 Intermediate SSP-5 Intermediate well.
Monitoring Period	Prom:	To:	Date Sample Obtained:	
Was the well purged before sampling?	Yes No		Time Sample Obtained:	

Parameter	PARM Code	i .	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly			<u></u>	
Chloride (as Cl)	00940	l <u></u> .	Report	MG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100MIL	Single Sample	Quarterly				
рН	00400		Report_	su	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	עדע	Single Sample	Quarterly	_			
Sodium, Total Recoverable	00923		Report	мол	Single Sample	Quarterly				
										<u> </u>
					l					

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITOR WELL REPORT - PART D

County: Pacility Name: Permit Number:	Lec South Seas Resort WWTP FLA014686		Monitoring Well ID: Well Type: Description:	MWC-21842 Compliance SSP-1 Compliance well.
Monitoring Period	From:	То:	Date Sample Obtained:	
Was the well purged before sampling?	Yes No		Time Sample Obtained:	

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Sample: Filtered (L/F/N
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	мал	Single Sample	Quarterly			ļ	┼
Solids, Total Dissolved (TDS)	70295		500	MO/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
н	00400		6.5 to 8.5	SU	Single Sample	Quarterly			 	
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly	,			
Purbidity	00070		Report	NTU	Single Sample	Quarterly				
Sodium, Total Recoverable	00923		160	MG/L	Single Sample	Quarterly				+
			1	<u> </u>						
		 -	 	 						

COMMENTS AND EXPLANATION (Reference all attachments here):

INSTRUCTIONS FOR COMPLETING THE WAS" ATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts.-A, B, and D-all of which may or may not be applicable to every facilities may have one or more Part A's for reporting effluent or rectained water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS	_
ANC	Analysis not conducted.	_
DRY	Dry Well	
FLD	Flood disaster.	
IPS	Insufficient flow for sampling.	
LS	Lost sample.	
MNR	Monitoring not required this period.	

CODE	DESCRIPTION/INSTRUCTIONS
NOD OPS	No discharge from/to site. Operations were shutdown so no sample could be taken.
отн	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.
L	

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

- 1. Results greater than or equal to the PQL shall be reported as the measured quantity.
- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
- 3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONTTORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the mouth, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620,305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table ! in Chapter 62160, E.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
j	Estimated value, value not accurate.
-8-	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620,305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Pactor was greater than the Stream Dilution Ratio.

CBOD: Enter the average CBOD, of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total mouthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

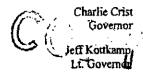
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

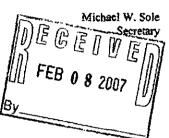
Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



Florida Department of Environmental Protection



South District P.O. Box 2549 Fort Myers, FL 33902-2549



February 2, 2007

Mr. Glenn LaBrecque President Aqua Utilities Florida, Inc. 6960 Professional Parkway East, Suite 40 Sarasota, FL 34240

RE:

Lee County-DW

South Seas Resort WWTP

FLA014686

Dear Mr. LaBrecque:

A file review and a field inspection of the above referenced WWTP on November 14, 2006 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

- During the inspection Department personnel observed the following violate Florida Administrative Code (F.A.C.)Rule 62-600.410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
 - Gasification is occurring in the clarifier causing solids to rise to the surface.
 - b. There was floating scum and debris on surface of chlorine contact chamber.
 - c. The filters were not filtering properly. The facility is in the process of replacing the filtering system with disc filtering system.
- 2. No advisory signs were posted around the disposal site indicating the nature of the project area. F.A.C. Rule 62-610.468(2), which states, the public shall be notified of the use of reclaimed water. This shall be accomplished by the posting of advisory signs designating the nature of the reuse project area where reuse is practiced, notes on scorecards, or by other methods. Examples of some of the notification methods which may be used by permittees include posting of advisory signs at entrances to

Continued . . .

"More Protection, Less Process"

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FPSC-COMMISSION CLERK

Mr. Labreque February 2, 2007 Page 2 of 2

residential neighborhoods where reclaimed water is used for landscape irrigation and posting of advisory signs at the entrance to a golf course and at the first and tenth tees.

 This facility currently has a pending consent order with the Department due to previous violations of discharging wastewater to two golf course ponds that were unauthorized in their permit. The Department's office of general counsel is currently reviewing the consent order, which has not been signed and entered.

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.

If you have any questions, please do not hesitate to contact Maura Makuta at (239) 332-6975, ext. 176. Your cooperation is appreciated.

Sincerely,

Keith Kleinmann Environmental Manager

DWF/jii

cc:

Randel Farrington, Operator Allen Stater, FRWA (alien.slater@frwa.net) Kirk White, OGC (kirk.white@dep.state.fl.us)



Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 www.aquautilitiesflorida.com

February 16, 2007

Keith Kleinmann
Environmental Manager
Department of Environmental Protection
South District
PO Box 2549
Fort Myers, FL 33902-2549

RE: Reply to Compliance Evaluation Inspection South Seas Resort WWTP Facility ID No. FLA014686 Lee County

Dear Mr. Kleinmann:

The purpose of the correspondence is to provide a written response as requested in your February 2, 2007, letter regarding the wastewater treatment facility compliance evaluation inspection conducted at the referenced facility.

1.a. Gasification is occurring in the clarifier causing solids to rise to the surface.

Response:

The gasification has been eliminated.

1.b. There was floating scum and debris on surface of chlorine contact chamber.

Response:

The floating scurn and debris on the surface of the chlorine contact chamber has been skimmed and the bottom has been vacuumed.

1.c. The filters were not filtering properly. The facility is in the process of replacing the filtering system with disc filtering system.

Response:

The new Aqua Aerobics filters were placed online on January 3, 2007. Since this time the effluent produced has consistently had a TSS of <0.6 mg/L.

2. No advisory signs were posted around the disposal site indicating the nature of the project area.

Response:

New signs are being made and will be posed there after.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick A. Farris

Environmental Compliance Specialist Aqua Utilities Florida, Inc.

cc: Randle Farrington, via e-mail Bill Dean, via e-mail Michael O'Reilly, via e-mail