

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

DOCUMENT NUMBER - DATE

04316 MAY 22 88

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

2007 FEB 12 11 3 28

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

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: 3400 Plantation Rd, Captiva Island, FL 33924
 County: Lee

Permit No. FLA-014686
 Monitoring Period--From: 1/1/07 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 Inflow

Report: Monthly
 Group: Domestic
 No Discharge | |

Parameter	Sample Measurement	Quantity or Loading		Quantity or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	0.092 0.3 (Annual) Avg	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow PARM Code 50050 I Mon Site No FLW-1	Permit Requirement	0.097 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMADE/Permitted Capacity) X 100 Perm Code 00180 P Mon Site No. CAL-1	Permit Requirement	*****	*****	3.013 Report Month Total	*****	*****	39 PER- CENT	0	Monthly	Calculated
BOD, Chromocous 5 Day, 20C PARM Code 80087 Y Mon Site No. EFA-1	Permit Requirement	*****	*****	1.889 30.0 (An. Avg.)	*****	*****	mg/L (19)	0	Every Two Weeks	8-hour FPC
BOD, Chromocous 5 Day, 20C PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement	*****	*****	1.333 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 01930 B Mon Site No. EPB-1	Permit Requirement	*****	*****	3 5.0	*****	*****	MG/L	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (in print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-207-7400	2/12/2007

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)
 DEP Form 62-620.91(18), effective November 29, 1994

DOCUMENT NUMBER-DATE

04316 MAY 22 8

FPSC-COMMISSION CLERK

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

Monitoring Period—From: 1/1/07 to 1/31/07

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

Facility ID: FLA-014686
Monitoring Group Number: R001

Permit No. FLA-014486

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX	Frequency of Analysis	Sample Type
		*****	*****	*****	*****	*****	*****	Units			
pH	Sample Measurement	*****	*****	*****	7.008	*****	*****	*****	0	5 days / week	Grab
PARM Code 80100 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6 Minimum	8.3 Dish. Max.	*****	SU			
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	*****	0	4 Days/Week	Grab
PARM Code 31005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT			
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	*****	0	4 Days/Week	Grab
PARM Code 74031 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	15 (Max)	*****	*****	NUMER			
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1.3	*****	*****	*****	0	Continuous	Meter
PARM Code 10064 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L			
Turbidity	Sample Measurement	*****	*****	*****	1.146	*****	*****	*****	0	Continuous	Meter
PARM Code 00471 B Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	235.3	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 00120 C Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L			
TU1, Continuous 1 day, 24'	Sample Measurement	*****	*****	*****	117.6	*****	*****	*****		Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L			

DEP Form #2-0207 (B&P), effective November 21, 1991

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.103
 (TMADF/Permitted Capacity) x 100: 39.0%

CODE	000160	80082	74055	51005	00400	50060	00150	00070	50050	80082	00550
MON. SITE	CAF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	DNF-1	DNF-1
	Percent Capacity TMADF Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (M/100ml)	Coliform Fecal % less than Dissection	pH (s.u.)	TAC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTU)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
1					7.30	5.00		0.431	0.125		
2		2	0	100	7.22	5.00	< 0.6	0.354	0.119	274	246.0
3			0	100	7.33	5.00	< 0.6	0.662	0.111		
4			0	100	7.15	5.00	< 0.6	0.133	0.109		
5			0	100	7.39	1.17	< 0.6	0.084	0.105		
6					7.44	5.00		0.208	0.098		
7					7.41	5.00		0.118	0.100		
8			0	100	7.38	5.00	< 0.6	0.079	0.085		
9			0	100	7.49	5.00	< 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					7.75	5.00		0.338	0.156		
14					7.08	5.00		0.280	0.099		
15		2	0	100	7.08	5.00	< 0.6	0.464	0.097	259	248.0
16			0	100	7.52	5.00	< 0.6	0.383	0.099		
17			0	100	8.17	5.00	0.7	0.410	0.087		
18			0	100	8.21	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					8.07	5.00		0.603	0.095		
22			0	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	0	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	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	Certificate No.: 8737	Name: Randle D. Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

When Complete mail this report to Department of Environmental Protection, South District Office, Department of Environmental Protection, P.O. Box 3500, Ft. Myers, FL 33902-1500

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: 2/1/07 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

2007 MAR -9 AM 11:20
 Report: Monthly
 Group: Domestic
 ***No Discharge [| ***

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow	Sample Measurement	0.097		(03)	*****	*****	*****	*****	0		
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.3 (Annual) AVG.		MGD	*****	*****	*****	*****		5 Days/ Week	Flowmeter, Totalizer Recorder
Flow	Sample Measurement	0.106			*****	*****	*****	*****	0		
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.106 Report (Mo. Avg.)		MGD	*****	*****	*****	*****		5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMADP/Permitted Capacity)X 100	Sample Measurement	*****		*****	*****	*****	*****	*****	0		
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****		*****	2.957 Report Month Total	*****	*****	38.1 PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****		*****	1.889	*****	*****		0		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement	*****		*****	20.0 (An. Avg.)	*****	*****	mg/L (19)		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****		*****	0	*****	*****		0		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement	*****		*****	30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement	*****		*****	1.3				0		
PARM Code 80530 B Mon. Site No. EFB-1	Permit Requirement	*****		*****	5.0			MG/L		4 Days / Week	Grab

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YY)
Randis Farrington C-8737		941-907-7400	3/9/2007

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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type	
							Units				
pH	Sample Measurement	*****	*****	*****	7.948	*****	*****				
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU	0	5 days / week	Grab
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****				
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****				
PARM Code 74053 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML	0	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	4.982	*****	*****				
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L	0	Continuous	Meter
Turbidity	Sample Measurement	*****	*****	*****	2.27	*****	*****				
PARM Code 00070 B Mon. Site No. EFR-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU	0	Continuous	Meter
Solids, Total Suspended	Sample Measurement	*****	*****	*****	135	*****	*****				
PARM Code 00330 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*****	*****	*****	96.5	*****	*****				
PARM Code 80092 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L		Every Two Weeks	8-hour FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

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, FL 33924
 County: Lee

Permit No. FLA-014686
 Monitoring Period--From: 3/1/07 to 3/31/07
 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

707 APR 12 10 1:16
 Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units			Units				
Flow	Sample Measurement	0.102	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 30050 Y Mon Site No. FLW-1	Permit Requirement	0.3 (Annual) Avg.	MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.121	*****	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 30050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD	*****	*****	*****	*****			
Percent Capacity, TMDL/Permitted Capacity X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
PARM Code 00180 P Mon Site No. CAI-1	Permit Requirement	*****	*****	3.756 Report Month Total	*****	40.9% PER- CENT	*****			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 00082 Y Mon Site No. EFA-1	Permit Requirement	*****	*****	1.803 20.0 (An. Avg.)	*****	*****	mg/L (19)			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 00082 A Mon Site No. EFA-1	Permit Requirement	*****	*****	0 30.0 (Mo. Avg.)	*****	60.0 (Max)	mg/L			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	0	4 Days / Week	Grab
PARM Code 00510 B Mon Site No. EFB-1	Permit Requirement	*****	*****	1.4 5.0	*****	*****	MG/L			

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7400	4/10/2007

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)
 DEEP Form 62-620.910(10), effective November 29, 1994

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
							Units			
pH	Sample Measurement	*****	*****	*****	7.201	*****	*****	0	5 days / week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	SU	0		
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	0	4 Days/Week	Grab
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	PER-CENT	0		
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	0	4 Days/Week	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	#/100ML	0		
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	5	*****	*****	0	Continuous	Meter
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	MG/L	0		
Turbidity	Sample Measurement	*****	*****	*****	1.389	*****	*****	0	Continuous	Meter
PARM Code 00070 D Mon. Site No. EFD-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	NTU	0		
Solids, Total Suspended	Sample Measurement	*****	*****	*****	220	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	mg/L	0		
BOB, Carbonaceous 5 day, 20C	Sample Measurement	*****	*****	*****	187.5	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	mg/L	0		

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.106
 (TMADF/Permitted Capacity) x 100: 40.9%

CODE	Perms Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (M/100m ³)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	Cal-1	EFA - 1	EFA - 1	EFA-1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	FLW - 1	INF - 1	INF - 1
1			0	100	7.13	5.0	0.9	0.254	0.119		
2					7.09	5.0		0.290	0.115		
3					7.03	5.0		0.254	0.109		
4					7.00	5.0		0.093	0.108		
5			0	100	7.02	5.0	< 0.6	0.018	0.096		
6			0	100	7.16	5.0	< 0.6	0.051	0.108		
7			0	100	7.06	5.0	0.6	0.289	0.032		
8			0	100	7.13	5.0	1.4	0.284	0.171		
9					6.97	5.0		0.650	0.113		
10					7.03	5.0		0.766	0.126		
11					7.15	5.0		0.296	0.116		
12		0	0	100	7.14	5.0	< 0.6	0.050	0.113	181	188.00
13			0	100	7.18	5.0	< 0.6	0.116	0.125		
14			0	100	7.50	5.0	< 0.6	0.102	0.051		
15			0	100	7.40	5.0	0.6	0.018	0.036		
16					7.51	5.0		0.168	0.159		
17					7.37	5.0		0.213	0.102		
18					7.28	5.0		0.105	0.190		
19			0	100	7.33	5.0	< 0.6	0.217	0.067		
20			0	100	7.28	5.0	< 0.6	0.014	0.084		
21			0	100	7.29	5.0	< 0.6	0.064	0.195		
22			0	100	7.31	5.0	< 0.6	0.018	0.217		
23					7.30	5.0		0.381	0.112		
24					7.22	5.0		0.228	0.148		
25					7.49	5.0		0.640	0.136		
26		0	0	100	7.48	5.0	< 0.6	0.379	0.113	194	252.00
27			0	100	7.17	5.0	< 0.6	0.671	0.161		
28			0	100	6.96	5.0	< 0.6	1.061	0.133		
29			0	100	6.96	5.0	< 0.6	0.087	0.027		
30					7.22	5.0		1.097	0.236		
31					7.06	5.0		1.389	0.138		
TOTAL	40.9%								3.756		

Plant Staffing:
 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 Certificate No.: 8737 Name: Randle Farrington

P.5

12394720848

South Seas

Apr 25 08 08:43a

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
When Completed this report shall be filed at Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 1245, Tallahassee, FL 32302-1245

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, FL 33924
 County: Lee

Permit No. FI.A-014686
 Monitoring Period--From: 4/1/07 to 4/30/07
 Limit: Final
 Class Size: Minor
 Facility ID: FI.A-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 ()

7:01 MAY 22 2007 51

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units	*****	*****	*****	Units			
Flow PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.106 0.3 (Annual) Avg.	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow PARM Code 50051 I Mon. Site No. FLW-1	Permit Requirement	0.138 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (MADP/Permitted Capacity)X 100 PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	*****	4.142 Report Month Total	*****	46.07 PER- CENT	0	Monthly	Calculated
BOD, Chronaceous 5 Day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.805 20.0 (An. Avg.)	*****	*****	0	Every Two Weeks	8-hour FPC
BOD, Chronaceous 5 Day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.5 30.0 (Mo. Avg.)	*****	60.0 (Max) mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 D Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.1 5.0	*****	*****	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7400	5/16/2007

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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH	Sample Measurement	*****	*****	*****	6.98	8.5	*****	*****	0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU			
Coliform, Fecal, 1/4 less than detection	Sample Measurement	*****	*****	*****	100	75	*****	*****	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	100 (Min)	75	*****	PER-CENT			
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	25	*****	*****	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	0 (Max)	25	*****	#/100ML			
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1.8	1.0	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.8 (Min)	1.0	*****	MG/L			
Turbidity	Sample Measurement	*****	*****	*****	1.228	Report	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.228 Report (Max)	Report	*****	NTU			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	352	(Monthly)	*****	*****	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	352 (Mo. Avg.)	(Monthly)	*****	mg/L			
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*****	*****	*****	139.5	Report	*****	*****	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	139.5 Report (Mo. Avg.)	Report	*****	mg/L			

DAILY SAMPLE RESULTS - PART B

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

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

0.122
 46.07%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW -1	INF-1	INF-1
1					7.09	5.00		0.296	0.138		
2			0	100	7.47	5.00	< 0.6	0.254	0.170		
3			0	100	7.49	5.00	0.7	0.566	0.168		
4			0	100	7.48	5.00	0.6	0.781	0.159		
5			0	100	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	0.143		
8					7.53	5.00		0.054	0.142		
9			0	100	7.15	5.00	< 0.6	0.014	0.153		
10		3	0	100	7.16	5.00	0.8	0.114	0.147	180	324.00
11			0	100	7.27	5.00	< 0.6	0.182	0.145		
12			0	100	7.21	5.00	< 0.6	0.345	0.156		
13					7.45	5.00		0.062	0.148		
14					7.48	5.00		0.352	0.149		
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		
18			0	100	7.21	5.00	< 0.6	0.351	0.139		
19			0	100	7.11	4.30	< 0.6	0.251	0.134		
20			0	100	7.15	4.97	< 0.6	0.536	0.131		
21					6.98	1.83		0.259	0.139		
22					7.02	5.00		0.125	0.125		
23			0	100	7.17	5.00	< 0.6	0.006	0.109		
24		0	0	100	7.62	5.00	< 0.6	0.001	0.131	99	388.00
25					7.71	5.00		0.06	0.106		
26			0	100	7.62	5.00	< 0.6	0.001	0.132		
27			0	100	7.51	5.00	< 0.6	0.027	0.140		
28					7.55	5.00		0.151	0.126		
29					7.29	5.00		0.055	0.127		
30			0	100	7.35	5.00	< 0.6	0.115	0.106		
TOTAL	46.07%								4.142		

Plant Staffing:
 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 Certificate No.: 8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

This Complete report is filed with the Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2849, Ft. Myers, FL 33902-2849

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: 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
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow	Permit Requirement	0.108 0.3 (Annual) AVG.	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow	Permit Requirement	0.123 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMADE/Permitted Capacity)X 100	Permit Requirement	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
BOD, Carbonaceous 5 Day, 20C	Permit Requirement	*****	*****	3.823 Report Month Total	*****	*****	48.3 PER- CENT	0	Monthly	Calculated
HOD, Carbonaceous 5 Day, 20C	Permit Requirement	*****	*****	1.597 20.0 (An. Avg.)	*****	*****	ing/L (19)	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Permit Requirement	*****	*****	0 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	0.9 5.0			MG/L	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	6/26/2007

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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
							Units			
pH	Sample Measurement	*****	*****	*****	6.83	8.5	*****	0	5 days / week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6 Minimum	Daily Max.	SU			
Coliform, Fecal, 1/2 less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	0	4 Days/Week	Grab
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	PER-CENT			
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	0	4 Days/Week	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	#/100ML			
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1.25	*****	*****	0	Continuous	Meter
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	MG/L			
Turbidity	Sample Measurement	*****	*****	*****	0.876	*****	*****	0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EFR-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	NTU			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	126.5	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	mg/L			
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*****	*****	*****	140	*****	*****		Every Two Weeks	8-hour FPC
PARM Code 60082 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	mg/L			

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

DAILY SAMPLE RESULTS - PART B

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

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

0.128
 48.3%

CODE	000180	80082	74055	51005	08400	50060	00530	00070	50050	80082	00530
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1			0	100	7.07	5.00	< 0.6	0.145	0.123		
2			0	100	7.51	3.33	< 0.6	0.032	0.115		
3			0	100	7.42	2.60	< 0.6	0.003	0.112		
4					7.51	1.56		0.062	0.118		
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	0.6	0.164	0.091	196	134.00
8			0	100	7.70	3.33	< 0.6	0.000	0.095		
9			0	100	7.67	11.00	< 0.6	0.000	0.117		
10			0	100	7.22	5.00	< 0.6	0.000	0.114		
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	0.000	0.122		
15			0	100	7.28	2.69	< 0.6	0.000	0.108		
16			0	100	7.13	4.23	< 0.6	0.000	0.105		
17			0	100	7.29	1.25	< 0.6	0.000	0.114		
18					7.31	2.29		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	0.000	0.074		
24			0	100	7.26	5.00	0.8	0.000	0.138		
25					7.27	5.00		0.000	0.134		
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		
29			0	100	7.23	5.00	< 0.6	0.076	0.140		
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%							3.823		

Plant Staffing:

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	Certificate No.: 8737	Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 1640, Ft. Myers, FL 33902-7519

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: 6/1/07 to 6/30/07
 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
 No Discharge []

APR 29 2007

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow PARM Code 50050 Y Mon. Site No. PLW-1	Permit Requirement	0.112 0.3 (Annual Avg)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow PARM Code 50050 I Mon. Site No. PLW-1	Permit Requirement	0.146 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMADF/Permitted Capacity)X 100 PARM Code 00180 P Mon. Site No. CAI-1	Permit Requirement	*****	*****	4.391 Report Month Total	*****	*****	51.5 PER-CENT	0	Monthly	Calculated
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 Y Mon. Site No. BFA-1	Permit Requirement	*****	*****	1.389 20.0 (An. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 A Mon. Site No. BFA-1	Permit Requirement	*****	*****	0 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00520 B Mon. Site No. PFI-1	Permit Requirement	*****	*****	2 5.0			MG/L	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-1400	7/16/2007

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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH PARM Code 00400 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	6.98	*****	*****		0		
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU		5 days / week	Grab
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	100	*****	*****		0		
	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	0	*****	*****		1		
	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	3.3	*****	*****	*****	0		
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L		Continuous	Meter
Turbidity PARM Code 00070 D Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	2.345	*****	*****		0		
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU		Continuous	Meter
Solids, Total Suspended PARM Code 00330 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	148	*****	*****		0		
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	124	*****	*****		0		
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L		Every Two Weeks	8-hour FPC

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.136
 (TMADF/Permitted Capacity) x 100: 51.5%

CODE	000180	80082	74053	51005	00400	50060	00530	00070	50050	80082	00530
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1
	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Focal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
1			0	100	7.1	4.7	< 0.6	0.305	0.146		
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	0	100	7.5	5.0	< 0.6	0.304	0.141	99	160.0
6			0	100	7.1	5.0	< 0.6	0.335	0.139		
7			0	100	7.3	5.0	< 0.6	0.444	0.146		
8					7.3	5.0		0.453	0.162		
9					7.2	5.0		0.237	0.168		
10					7.2	5.0		0.361	0.133		
11			0	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			0	100	7.8	3.3	1.2	1.042	0.238		
19		0	0	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	100	7.4	5.0	< 0.6	0.515	0.090		
22					7.4	5.0		1.101	0.213		
23					7.4	5.0		0.650	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			0	100	7.4	5.0	2.0	2.345	0.142		
29					7.4	5.0		0.380	0.158		
30					7.0	3.6		0.362	0.167		
31											
Total	51.5%								4391		

Plant Staffing:

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	Certificate No.: 8737	Name: Randle D. Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

www.dep.state.fl.us/permits/department_of_environmental_protection_south_district/permit_department_of_environmental_protection_p.o_box_1807_tallahassee_fl_32304-1807

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: 7/1/07 to 7/31/07
 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

APR 29 2008 09:58 AM
 Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow PARM Code 50030 Y Mon Site No. FLW-1	Permit Requirement	0.116 0.3 (Annual) Avg.	(03) MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow PARM Code 50030 I Mon Site No. FLIV-1	Permit Requirement	0.154 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMADE/Permitted Capacity)X 100 PARM Code 00180 P Mon Site No. CAL-1	Permit Requirement	*****	*****	*****	4.778 Report Month Total	*****	53.5 PER- CENT	0	Monthly	Calculated
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement	*****	*****	*****	1.305 20.0 (An. Avg.)	*****	*****	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement	*****	*****	*****	2 30.0 (Mo. Avg.)	60.0 (Max)	*****	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement	*****	*****	*****	1.4 5.0	*****	*****	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Raele Farrington C-8737		941-917-7400	8/27/2007

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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. LX.	Frequency of Analysis	Sample Type
		*****	*****	*****	*****	*****	*****	*****			
pH	Sample Measurement	*****	*****	*****	6.59	*****	*****	*****	0	5 days / week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU	0	5 days / week	Grab
Coliform, Fecal, 5% less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	*****	0	4 Days/Week	Grab
PARM Code 31005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	*****	0	4 Days/Week	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML	0	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1.7	*****	*****	*****	0	Continuous	Meter
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MGL	0	Continuous	Meter
Turbidity	Sample Measurement	*****	*****	*****	2.455	*****	*****	*****	0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EFD-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU	0	Continuous	Meter
Solids, Total Suspended	Sample Measurement	*****	*****	*****	273.3	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*****	*****	*****	160.6	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC

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

DAILY SAMPLE RESULTS - PART B

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

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

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	000180 Cal-1	80082 EFA-1	74055 EFA-1	51005 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFB-1	00070 EFB-1	50050 FLW-1	80082 INF-1	00530 INF-1
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	1.1	1.867	0.181		
10			0	100	6.97	5.0	0.9	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		
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	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	Certificate No.: 8737	Name: Randle Farrington

RECEIVED

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2649, Ft. Myers, FL 33902-2649

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: 8/1/07 to 8/31/07
 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

7037 SEP 20 12:04

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.120 0.3 (Annual) Avg.	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	0.141 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (1)MADP/Permitted Capacity X 100 PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	4.382 Report Month Total	*****	*****	55.8% PER- CENT	0	Monthly	Calculated
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement	*****	*****	1.028 20.0 (An. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	0 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L	0	Every Two Weeks	8-hour FPC
Solids Total Suspended PARM Code 00530 H Mon. Site No. EFB-1	Permit Requirement	*****	*****	1.2 5.0	*****	*****	MG/L	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YYYY)
Randy Farrington C-8737		941-907-7400	9/20/2007

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

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

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

Facility: South Seas Resort W.W.T.P. Monitoring Period—From: 8/1/07 to 8/31/07
 Facility ID: FLA-014686 Permit No. FLA-014686
 Monitoring Group Number: R001

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		*****	*****	*****	*****	*****	*****	*****			
pH	Sample Measurement	*****	*****	*****	6.86	*****	*****	*****	0	5 days / week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SIU	0		
Coliform, Fecal, 1/2 less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	*****	0	4 Days/Week	Grab
PARM Code 31005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT	0		
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	*****	0	4 Days/Week	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML	0		
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1.25	*****	*****	*****	0	Continuous	Meter
PARM Code 30060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L	0		
Turbidity	Sample Measurement	*****	*****	*****	0.895	*****	*****	*****	0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU	0		
Solids, Total Suspended	Sample Measurement	*****	*****	*****	334	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L	0		
BOU, Carbonaceous 5 day, 20°C	Sample Measurement	*****	*****	*****	190.5	*****	*****	*****	*****	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L	*****		

DEP Form 62-670.910(10), effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.147
 (TMADF/Permitted Capacity) x 100: 55.8%

CDDE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (a.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTU)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	000180 Cal-1	80082 EFA-1	74055 EFA-1	51005 EFA-1	00400 EFA-1	50060 EFA-1	00550 EFB-1	00070 EFB-1	50050 FLW-1	80082 INF-1	00530 INF-1
1					7.21	5.00		0.825	0.073		
2			0	100	7.26	5.00	0.0	0.642	0.153		
3			0	100	7.32	5.00	0.0	0.547	0.162		
4					7.35	5.00		0.771	0.191		
5					7.32	5.00		0.529	0.119		
6			0	100	7.28	5.00	0.0	0.688	0.186		
7			0	100	7.15	5.00	0.0	0.622	0.156		
8			0	100	7.20	5.00	0.0	0.726	0.119		
9			0	100	7.19	5.00	1.2	0.348	0.193		
10					7.22	4.84		0.672	0.161		
11					7.28	5.00		0.624	0.166		
12					7.52	5.00		0.562	0.158		
13			0	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		
16			0	100	7.01	5.00	0.0	0.392	0.148		
17					7.00	5.00		0.679	0.073		
18					6.89	5.00		0.251	0.234		
19					6.98	4.65		0.364	0.119		
20			0	100	7.24	5.00	0.7	0.442	0.131		
21			0	100	7.30	5.00	0.0	0.895	0.130		
22			0	100	7.07	4.82	1.0	0.636	0.138		
23			0	100	7.29	5.00	0.0	0.561	0.142		
24					7.30	3.00		0.389	0.123		
25					7.29	5.00		0.397	0.121		
26					7.25	5.00		0.335	0.128		
27			0	100	7.28	5.00	0.0	0.553	0.112		
28		0	0	100	7.28	5.00	0.0	0.433	0.113	76	280.00
29			0	100	7.30	1.25	0.0	0.251	0.119		
30			0	100	7.19	5.00	0.0	0.880	0.113		
31					7.34	4.21		0.350	0.138		
Total	55.8%								4.382		

Plant Staffing:

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	Certificate No.: 8757	Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete mail this report to Department of Environmental Protection, South District Florida, Department of Environmental Protection, P.O. Box 1540, Fort Pierce, FL 34942-1540

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 FL 33924
 County: Lee

Permit No FLA-014686
 Monitoring Period--From: 9/1/07 to 9/30/07
 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
 No Discharge []

2007 OCT 24 P 1: 08

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow PARM Code 50650 Y Mon. Site No. FLW-1	Permit Requirement	0.121 11.3 (Annual) Avg.	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow PARM Code 50850 I Mon. Site No. PLW-1	Permit Requirement	0.100 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMADE/Permitted Capacity)x 100 PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
COD, Cumulative 5 Day, 20C PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement	*****	*****	*****	0.819 20.0 (An. Avg.)	*****	*****	0	Every Two Weeks	8-hour FPC
COD, Cumulative 5 Day, 20C PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement	*****	*****	*****	0 30.0 (Mo. Avg.)	60.0 (Max)	*****	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00510 B Mon. Site No. EPA-1	Permit Requirement	*****	*****	*****	0.0 5.0	*****	*****	0	4 Days / Week	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 maintain 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 (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YYYY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7400	10/24/2007

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)
 DEP Form 62-620.910(10), effective November 29, 1993

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING 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

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
PH PARM Code 00400 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	7.3	*****	*****		0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU			
Coliform, Fecal, 7/8 less than detection PARM Code 51005 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	100	*****	*****		0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT			
Coliform, Fecal PARM Code 74015 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	0	*****	*****		0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML			
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	1.6	*****	*****		0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L			
Turbidity PARM Code 00070 B Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	1.486	*****	*****		0	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU			
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	108.5	*****	*****		0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L			
ROD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	63.5	*****	*****			Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L			

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.134
 (TMADF/Permitted Capacity) x 100: 50.9%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	000180 Cal-1	80082 EFA - 1	74053 EFA - 1	51005 EFA-1	00400 EFA - 1	50060 EFA - 1	00530 EFB - 1	00070 EFB - 1	50050 FLW - 1	80082 INF - 1	00530 INF - 1
1					7.48	5.0		0.249	0.168		
2					7.56	4.4			0.155		
3					7.30	4.9		0.352	0.155		
4			0	100	7.41	5.0	0.0	0.363	0.111		
5			0	100	7.32	5.0	0.0	0.010	0.100		
6			0	100	7.68	5.0	0.6	0.120	0.103		
7			0	100	7.76	5.0	0.6	0.138	0.090		
8					7.72	1.7		0.320	0.138		
9					7.62	5.0		1.486	0.122		
10		0	0	100	7.83	5.0	0.0	0.250	0.108	71	95.00
11			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			0	100	7.70	5.0	0.9	0.412	0.085		
14						5.0		1.077	0.109		
15					7.86	5.0		1.367	0.105		
16					7.42	5.0		0.902	0.093		
17			0	100	7.70	5.0	0.6	0.330	0.100		
18			0	100	7.94	5.0	0.0	0.255	0.092		
19			0	100	8.00	5.0	0.0	0.162	0.094		
20			0	100	7.85	5.0	0.0	0.150	0.085		
21					7.75	5.0		0.028	0.098		
22					7.70	5.0		0.046	0.096		
23					7.46	5.0		0.050	0.092		
24		0	0	100	7.59	5.0	0.0	0.067	0.105	56	122.00
25			0	100	7.51	5.0	0.0	0.089	0.096		
26			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		
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											
TOTAL	50.89%								3.228		

Plant Staffing:
 Day Shift Operator Class: C Certificate No.: 6256 Name: Robert Offer
 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 Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete fill in report for Department of Environmental Protection, South Florida, Florida Department of Environmental Protection, P.O. Box 9400, Myers, FL 33904-0940

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: 10/1/07 to 1/31/07
 Limit: Final
 Class Size: Minor
 Facility ID: FLA-014686
 Monitoring Group Number: R001
 Plant Size/ Treatment Type: 254 mgd /2C
 Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly
 Group: Domestic
 No Discharge | |

21 NOV 20 8:25

Parameter	Sample Measurement	Quantity or Loading		Quantity or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow FARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.126 0.3 (Annual) Avg.	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow FARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.118 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMAI)/Permitted Capacity X 100 FARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	3.649 Report Month Total	*****	*****	46.3 PER- CENT	0	Monthly	Calculated
BOD, Carbonaceous 5 Day, 20C FARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement	*****	*****	0.653 20.0 (An. Avg.)	*****	*****	mg/L (19)	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 Day, 20C FARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	0 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended FARM Code 00530 B Mon. Site No. EFD-1	Permit Requirement	*****	*****	1.5 5.0	*****	*****	MG/L	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7401	11/20/2007
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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX	Frequency of Analysis	Sample Type
								Units			
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	6.92	*****	*****		0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max	*****	SU			
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	100	*****	*****		0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT			
Coliform, Fecal PARM Code 70155 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	0	*****	*****		0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML			
Total Residue Chlorine (For Disinfection) PARM Code 30060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	1.69	*****	*****		0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L			
Turbidity PARM Code 00071 D Mon. Site No. FFB-1	Sample Measurement	*****	*****	*****	19.9	*****	*****		1	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU			
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	156.35	*****	*****		0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L			
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	117.5	*****	*****			Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L			

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

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.122
 (TMADF/Permitted Capacity) x 100: 46.3%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTU)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	000180 Cal-1	80082 EFA-1	74035 EFA-1	51005 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFB-1	00070 EFB-1	50050 FLW-1	80082 INF-1	00530 INF-1
1			0	100	7.77	5.62	< 0.6	0.536	0.104		
2			0	100	7.70	5.62	< 0.6	0.442	0.111		
3			0	100	7.45	10.32	1.5	1.118	0.096		
4			0	100	7.88	10.32	< 0.6	0.421	0.086		
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	7.08	4.76	< 0.6	0.422	0.091	105	38.70
9			0	100	7.15	6.63	< 0.6	0.251	0.153		
10			0	100	8.49	1.69	0.9	0.207	0.081		
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					7.14	10.35		0.412	0.167		
14					6.92	5.95		0.814	0.160		
15			0	100	6.98	3.16	< 0.6	0.959	0.111		
16			0	100	7.16	10.36	0.7	0.667	0.095		
17			0	100	7.02	10.35	< 0.6	0.436	0.103		
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	0.248	0.110	130	274.00
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	0.102	0.086		
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		
TOTAL	46.3%								3.649		

Plant Staffing:

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	Certificate No.: 8737	Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 1400, Ft. Myers, Florida 33902-1400

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: 11/1/07 to 11/30/07
 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
 No Discharge ()

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow	Sample Measurement	0.123	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	0.3 (Annual) Avg	MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.109	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 50050 I Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD	*****	*****	*****	*****			
Percent Capacity, (TMADP/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	3.261	*****	42.2	0	Monthly	Calculated
PARM Code 00180 P Mon Site No CAI-1	Permit Requirement	*****	*****	*****	Report Month Total	*****	PER- CENT			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	0.569	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. BFA-1	Permit Requirement	*****	*****	*****	20.0 (An. Avg.)	*****	mg/L (19)			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	< 2	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon Site No. BFA-1	Permit Requirement	*****	*****	*****	30.0 (Mo. Avg.)	60.0 (Max)	mg/L			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	0.8	*****	*****	0	4 Days / Week	Grab
PARM Code 00530 B Mon Site No. BFB-1	Permit Requirement	*****	*****	*****	5.0	*****	MG/L			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randie Farrington C-8737		941-907-7400	11/17/2007
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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH	Sample Measurement	*****	*****	*****	6.72	*****	*****	*****	0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU	0	5 days / week	Grab
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****		0		
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****		0		
PARM Code 74053 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML	0	4 Days/Week	Grab
Total Residue Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	2.5	*****	*****	*****	0		
PARM Code 30060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L	0	Continuous	Meter
Turbidity	Sample Measurement	*****	*****	*****	0.916	*****	*****		0		
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU	0	Continuous	Meter
Solids, Total Suspended	Sample Measurement	*****	*****	*****	229.5	*****	*****		0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*****	*****	*****	160.5	*****	*****		0		
PARM Code 60082 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC

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

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.111
 (TMADF/Permitted Capacity) x 100: 42.2%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.a.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1			0	100	7.85	10.3	<0.6	0.135	0.086		
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	0	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	0.117		
7			0	100	7.04	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		
14			0	100	7.19	10.3	<0.6	0.319	0.101		
15			0	100	7.21	10.3	<0.6	0.305	0.106		
16					7.22	10.3		0.415	0.104		
17					7.22	10.3		0.368	0.102		
18					7.21	10.3		0.262	0.101		
19		0	0	100	6.72	9.4	<0.6	0.401	0.105	170	204.00
20			0	100	6.75	10.3	<0.6	0.269	0.110		
21			0	100	6.79	10.3	<0.6	0.463	0.116		
22					6.86	10.0		0.350	0.151		
23			0	100	7.16	2.5	<0.6	0.399	0.137		
24					7.28	7.7		0.414	0.137		
25					7.32	10.3		0.663	0.133		
26			0	100	7.30	5.6	<0.6	0.916	0.099		
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					7.79	10.3		0.072	0.114		
31											
TOTAL	42.2%								3.261		

Plant Staffing:

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	Certificate No.: 8737	Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

When Complete Mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2140, Ft. Myers, FL 33902-1540

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: 12/1/07 to 12/31/07
 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

2008 JUN 15 10 1:43

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow P.A.R.M. Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.124 0.3 (Annual) Avg.	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow P.A.R.M. Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.109 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (MADP/Permitted Capacity)X 100 P.A.R.M. Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	3.37 Report Month Total	*****	*****	42.3 PER- CENT	0	Monthly	Calculated
HOD, Carbonaceous 5 Day, 20C P.A.R.M. Code 80082 Y Mon. Site No. EFA-1	Permit Requirement	*****	*****	0.486 20.0 (A.M. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
HOD, Carbonaceous 5 Day, 20C P.A.R.M. Code 80082 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	0 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended P.A.R.M. Code 00510 B Mon. Site No. EPB-1	Permit Requirement	*****	*****	1.9 5.0			MGL	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YYYY)
Randie Farrington C-8737	<i>Randie Farrington</i>	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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH	Sample Measurement	*****	*****	*****	6.5	*****	*****		0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU	0	5 days / week	Grab
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****		0		
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML	0	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	4.5	*****	*****		0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MGL	0	Continuous	Meter
Turbidity	Sample Measurement	*****	*****	*****	1.414	*****	*****		0		
PARM Code 00070 B Mon. Site No. EFR-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU	0	Continuous	Meter
Solids, Total Suspended	Sample Measurement	*****	*****	*****	165	*****	*****		0		
PARM Code 00330 G Mon. Site No. INT-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*****	*****	*****	113.5	*****	*****		0		
PARM Code 600B2 Mon. Site No. INT-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.112
 (TMADF/Permitted Capacity) x 100: 42.3%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	000180 Cat-1	80082 EFA-1	74055 EFA-1	51085 EFA-1	00400 EFA-1	50060 EFA-1	90530 EFB-1	00070 EFB-1	50050 FLW-1	80082 INF-1	00530 INF-1
1					7.7	10.3		0.090	0.104		
2					7.7	10.3		0.020	0.102		
3		0	0	100	7.7	10.3	< 0.6	0.020	0.099	148	222.00
4			0	100	7.8	10.3	< 0.6	0.022	0.090		
5			0	100	7.8	10.3	< 0.6	0.277	0.098		
6			0	100	7.7	10.3	< 0.6	0.056	0.084		
7					7.7	10.3		0.023	0.113		
8					7.8	10.3		0.203	0.095		
9					7.8	10.3		0.040	0.088		
10			0	100	7.8	10.3	< 0.6	0.005	0.093		
11			0	100	7.8	10.3	< 0.6	0.003	0.094		
12			0	100	7.8	10.3	< 0.6	0.044	0.090		
13			0	100	7.9	10.3	< 0.6	0.007	0.080		
14					7.8	10.3		0.339	0.087		
15					7.5	10.3		0.278	0.148		
16					7.5	10.3		0.285	0.041		
17		0	0	100	7.5	10.3	< 0.6	0.188	0.084	79	108.00
18			0	100	7.5	10.3	< 0.6	0.231	0.082		
19			0	100	7.3	10.3	< 0.6	0.215	0.084		
20			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		
23					7.2	10.3		0.269	0.101		
24			0	100	7.3	5.3	1.6	0.936	0.121		
25					6.8	4.5		1.414	0.143		
26			0	100	7.0	4.9	1.2	0.524	0.134		
27			0	100	6.5	10.3	1.0	0.644	0.152		
28			0	100	6.7	10.1	1.9	1.328	0.164		
29					6.8	10.1		0.853	0.173		
30					6.8	10.3		0.490	0.167		
31			0	100	7.2	10.3	1.0	0.771	0.167		
TOTAL	42.3%										1.370

Plant Staffing:

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	Certificate No.: 8737	Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Completed Give copy to Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2149, Ft. Myers, FL 33902-1549

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: 1/1/06 to 1/31/06
 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 []

RECEIVED
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Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.046 0.3 (Annual) Avg.		(03) MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	0.037 Report (Mo. Avg.)	*****	***** MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMADP/Permitted Capacity)X 100 PARM Code 00180 P Mon Site No. CAL-1	Permit Requirement	*****	*****	*****	1.151 Report Month Total	*****	*****	13 PER- CENT	0	Monthly	Calculated
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 Y Mon Site No. EPA-1	Permit Requirement	*****	*****	*****	2.083 20.0 (An. Avg.)	*****	*****	mg/L (19)	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 A Mon Site No. EPA-1	Permit Requirement	*****	*****	*****	2.333 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 B Mon Site No. EPB-1	Permit Requirement	*****	*****	*****	2.667 5.0			MG/L	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7400	2/13/2006

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

DOCUMENT NUMBER-DATE

04316 MAY 22 8

FPSC-COMMISSION CLERK

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH	Sample Measurement	*****	*****	*****	8.5	*****	*****		0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6	8.5	*****	SU		5 days / week	Grab
					Minimum	Daily Max.					
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****		0		
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75	*****	*****	PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****		0		
PARM Code 74035 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25	*****	*****	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	5.0	*****	*****	*****	0		
PARM Code 30060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0	*****	*****	MG/L		Continuous	Meter
Turbidity	Sample Measurement	*****	*****	*****	5.606	*****	*****		0		
PARM Code 00070 B Mon. Site No. EPD-1	Permit Requirement	*****	*****	*****	Report	*****	*****	NTU		Continuous	Meter
					(Max)						
Solids, Total Suspended	Sample Measurement	*****	*****	*****	622.6	*****	*****		0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly)	*****	*****	mg/L		Every Two Weeks	8-hour FPC
					(Mo. Avg.)						
BOD, Carbonaceous 5 day, 20°C	Sample Measurement	*****	*****	*****	177	*****	*****				
PARM Code 80032 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report	*****	*****	mg/L		Every Two Weeks	8-hour FPC
					(Mo. Avg.)						

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.034
 (TMADF/Permitted Capacity) x 100: 13.0%

CODE	000100	80082	74055	51005	06400	50060	00530	00070	50050	80082	00530
MON SITE	CA-1	EFA-1	EFA-1	PTA-1	EFA-1	EFA-1	EPB-1	EPB-1	FLW-1	INF-1	INF-1
	Particulate Capacity (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform Fecal % less than Detection	pH (s.u.)	TRC (For Dissin/pc) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
1					8.3	5.0		3.000	0.038		
2					8.3	5.0		2.200	0.036		
3		0	0	100	8.2	5.0	2.5	2.500	0.039	132	392.0
4			0	100	8.2	5.0	2.0	2.600	0.039		
5			0	100	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	5.0		4.890	0.021		
8					8.2	5.0		2.420	0.017		
9			0	100	8.1	5.0	2.0	3.720	0.034		
10			0	100	8.2	5.0	1.9	4.100	0.038		
11			0	100	8.2	5.0	1.6	4.000	0.038		
12			0	100	8.1	5.0	2.4	4.100	0.045		
13					8.1	5.0		2.700	0.043		
14					8.2	5.0		2.400	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			0	100	8.1	5.0	6.2	5.609	0.098		
18			0	100	8.2	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	0.030		
22					8.1	5.0		2.232	0.031		
23			0	100	8.2	5.0	3.6	2.530	0.040		
24			0	100	8.2	5.0	3.7	3.026	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	0.049		
27					7.9	5.0		2.681	0.036		
28					8.1	5.0		2.641	0.035		
29					8.0	5.0		0.773	0.032		
30		4	0	100	8.0	5.0	0.8	0.764	0.030	300	1350.0
31			0	100	8.1	5.0	1.7	1.152	0.040		
TOTAL	13.0%								1.151		

Plant Staffing:

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	Certificate No.: 8737	Name: Randle D. Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

When Complete send this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2445, Ft. Myers, FL 33902-2445

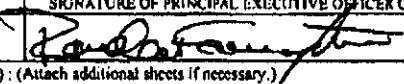
Permittee Name: Aqua Utilities Florida, Inc.
 Mailing Address: 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240
 Facility: South Seas Resort W.W.T.P.
 Location: 5400 Plantation Rd, Captiva Island, FL33924
 County: Lec

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	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.046 0.3 (Annual) Avg.	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow FARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.043 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, (TMADP/Permitted Capacity) X 100 PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	1.195 Report Month Total	*****	*****	14.9 PER- CENT	0	Monthly	Calculated
BOD, Carotaceous 5 Day, 20C PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement	*****	*****	2 20.0 (An. Avg.)	*****	*****	mg/L (19)	0	Every Two Weeks	8-hour FPC
DOD, Carotaceous 5 Day, 20C YARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement	*****	*****	0 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00330 B Mon. Site No. EFB-1	Permit Requirement	*****	*****	2.313 5.0	*****	*****	MG/L	0	4 Days / Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-901-7400	3/15/2006
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			

P. 5

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South Seas

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	7.948	*****	*****	SU	0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****				
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	100	*****	*****	PER-CENT	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****				
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	0	*****	*****	#/100MI.	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****				
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	4.982	*****	*****	MGL	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****				
Turbidity PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	2.27	*****	*****	NTU	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****				
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	135	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****				
BOD, Carbonaceous 5 day, PARM Code #0082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	96.5	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****				

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.039
 (TMADF/Permitted Capacity) x 100: 14.9%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Focal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TTC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW -1	INF-1	INF-1
1			0	100	8.2	5.0	1.6	1.180	0.041		
2			0	100	8.2	5.0	1.9	1.980	0.046		
3					7.8	5.0		2.010	0.051		
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			0	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	100	7.9	5.0	1.7	3.450	0.050		
11					7.8	5.0		4.120	0.074		
12					7.9	5.0		4.020	0.078		
13			0	100	7.8	5.0	2.3	0.500	0.038		
14		0	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	100	8.0	5.0	3.1	4.600	0.035		
17					8.0	5.0		0.430	0.039		
18					7.9	5.0		3.468	0.034		
19					7.9	5.0		2.670	0.037		
20					7.9	5.0		0.877	0.029		
21			0	100	7.9	5.0	1.4	1.275	0.042		
22			0	100	8.0	5.0	1.2	1.212	0.071		
23			0	100	8.0	4.5	3.9	1.650	0.050		
24			0	100	8.0	5.0	2.0	1.530	0.033		
25					7.9	5.0		1.360	0.030		
26					7.8	5.0		1.300	0.040		
27					7.9	5.0		1.520	0.035		
28		0	0	100	7.9	5.0	1.7	1.510	0.043	105	104.0
29											
30											
31											
TOTAL	14.9%										1.195

Plant Staffing:
 Day Shift Operator Class: C Certificate No.: 9465 Name: Johnny Chamberlain
 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 Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

When Complete send this report to Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 3409, Ft. Myers, FL 33902-2541

RECEIVED

Permittee Name: Aqua Utilities Florida, Inc.
 Mailing Address: 6960 Professional Parkway East, Suite 401
 Sarasota, FL 34240
 Facility: South Seas Resort W.W.T.P.
 Location: 5400 Plantation Rd, Captiva Island, FL 33934
 County: Lee

Permit No. FLA-014686
 Monitoring Period--From: 3/1/06 to 3/31/06
 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 []

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow	Sample Measurement	0.046		(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 30050 Y Mon Site No. FLW-1	Permit Requirement	0.3 (Annual) Avg.		MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.061			*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 30050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD	*****	*****	*****	*****			
Percent Capacity, (TMADP/Permitted Capacity) X 100	Sample Measurement	*****	*****	*****	1.887	*****	*****	17.8%	0	Monthly	Calculated
Permit Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	*****	Report Month Total	*****	*****	PER- CENT			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	2	*****	*****		0	Every Two Weeks	8-hour FPC
PARM Code 30082 Y Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	20.0 (An. Avg.)	*****	*****	mg/L			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	1	*****	*****	(19)	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	1.084				0	4 Days / Week	Grab
PARM Code 00530 D Mon. Site No. EFD-1	Permit Requirement	*****	*****	*****	5.0			MG/L			

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randie Farrington C-8737		941-907-7400	4/20/2006

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

P. 8

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South Seas

Apr 25 08 07:50a

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
							Units			
pH	Sample Measurement	*****	*****	*****	7.713	*****	*****	0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6	8.5	*****			
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	Minimum	Daily Max.	*****	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	99	*****	*****			
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25	*****	*****			
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	4.832	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0	*****	*****			
Turbidity	Sample Measurement	*****	*****	*****	2.476	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	267	*****	*****	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly Mo. Avg.)	*****	*****			
BOD, Carbonaceous 5 day	Sample Measurement	*****	*****	*****	163	*****	*****	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****			

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.047
 (TMADF/Permitted Capacity) x 100: 17.8%

CODE	Percent Capacity TMADF/ Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TAC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	Cat-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPB-1	EPB-1	FLW -1	INF-1	INF-1
1		0	100	7.9	5.0	0.7	0.340	0.037			
2		0	100	7.9	5.0	0.7	0.320	0.036			
3		0	100	7.8	5.0	0.6	0.240	0.039			
4				7.9	5.0		0.530	0.032			
5				7.9	5.0		0.500	0.028			
6		0	100	8.0	5.0	0.9	0.320	0.039			
7		0	100	7.8	5.0	1.1	0.820	0.043			
8				7.7	5.0		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			
13		2	0	100	7.9	5.0	0.6	0.312	0.052	153	264.00
14			0	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			0	100	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	100	7.7	5.0	1.9	1.876	0.064		
21			0	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				7.4	5.0		1.072	0.059			
26				7.3	5.0		1.622	0.060			
27		0	0	100	7.4	5.0	1.2	1.811	0.063	173	270.00
28			0	100	7.4	5.0	1.1	1.071	0.077		
29			0	100	7.4	5.0	1.5	1.999	0.076		
30			0	100	7.7	5.0	1.0	1.654	0.080		
31				7.7	5.0		1.082	0.088			
TOTAL	17.8%								1.987		

Plant Staffing:
 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 Certificate No.: 8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete with this report to Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2849, Ft. Myers, FL 33902-2849

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, FL 33924
 County: Lee

Permit No: FLA-014686
 Monitoring Period: From: 4/1/06 to 4/30/06
 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	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow PARAM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.052 0.3 (Annual) Avg.	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow PARAM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.093 Report (Mo. Avg.)	MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, TMAH/Permitted Capacity X 100 Param Code 001R0 P Mon. Site No. CA1-1	Permit Requirement	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
BOD, Chromocous 5 Day, 20C PARAM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
BOD, Chromocous 5 Day, 20C PARAM Code 80082 A Mon. Site No. EPA-1	Permit Requirement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended PARAM Code 00530 B Mon. Site No. EPA-1	Permit Requirement	*****	*****	*****	*****	*****	*****	0	4 Days / Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	5/9/2006

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

P. 11

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South Seas

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No.FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		*****	*****	*****	*****	*****	*****	*****			
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	7.385	*****	*****	Units	0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6	8.5	*****	SU			
Coliform, Fecal, % less than detection PARM Code 51003 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	100	*****	*****	PER-CENT	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****				
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	0	*****	*****	#/100ML	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****				
Total Residue Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	2.2	*****	*****	MG/L	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****				
Turbidity PARM Code 90070 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	2.357	*****	*****	NTU	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****				
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	154.3	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****				
BOD, Carbonaceous 5 day, PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	115	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****				

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.065
 (TMADF/Permitted Capacity) x 100: 24.8%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.a.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. ST.	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1
1					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		
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	65.60
12			0	100	7.5	2.2	1.7	2.108	0.098		
13			0	100	7.2	2.7	1.6	1.975	0.088		
14					7.0	5.0		2.141	0.141		
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	7.1	5.0	1.6	1.381	0.109		
21					7.1	5.0		1.752	0.121		
22					7.2	5.0		2.357	0.110		
23					7.5	5.0		1.876	0.087		
24		0	0	100	7.3	5.0	1.1	0.991	0.091	103	243.00
25			0	100	7.4	5.0	1.3	1.121	0.091		
26			0	100	7.4	5.0	1.6	1.211	0.079		
27			0	100	7.4	5.0	0.8	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		0.776	0.086		
31											
TOTAL	24.80%								2.786		

Plant Staffing:
 Day Shift Operato Class: Certificate No.: Name:
 Day Shift Operato Class: Certificate No.: Name:
 Day Shift Operato Class: Certificate No.: Name:
 Evening Shift Opt Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2142, Ft. Myers, FL 33902-2142

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, FL 33924
 County: Lee

Permit No.: FLA-014686
 Monitoring Period--From: 5/1/06 to 5/31/06
 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 []

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow	Sample Measurement	0.057		(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARAM Code 50050 Y Mon Site No. PLW-1	Permit Requirement	0.3 (Annual) Avg.		MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.091		MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARAM Code 50050 I Mon Site No. PLW-1	Permit Requirement	Report (Mo. Avg.)		MGD	*****	*****	*****	*****			
Percent Capacity, (TNADP/Permitted Capacity) X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
PARAM Code 00180 P Mon Site No. CAL-1	Permit Requirement	*****	*****	*****	2.806 Report Month Total	*****	*****	30.8 PER- CENT			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour PPC
PARAM Code 80082 Y Mon Site No. BFA-1	Permit Requirement	*****	*****	*****	2.042 20.0 (An. Avg.)	*****	*****	mg/L (19)			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour PPC
PARAM Code 80082 A Mon Site No. BFA-1	Permit Requirement	*****	*****	*****	2.5 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0	4 Days / Week	Grab
PARAM Code 00530 B Mon Site No. BFA-1	Permit Requirement	*****	*****	*****	1.008 5.0	*****	*****	MG/L			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7400	6/13/2006

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

P. 14

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South Seas

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH	Sample Measurement	*****	*****	*****	6.9	*****	*****		0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6	8.5	*****	SU		5 days / week	Grab
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****		0		
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PERCENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1.95	*****	*****	*****	0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L		Continuous	Meter
Turbidity	Sample Measurement	*****	*****	*****	5.38	*****	*****		0		
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU		Continuous	Meter
Solids, Total Suspended	Sample Measurement	*****	*****	*****	212	*****	*****		0		
PARM Code 00530 C Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement	*****	*****	*****	224	*****	*****				
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L		Every Two Weeks	8-hour FPC

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 6.081
 (TMADF/Permitted Capacity) x 100: 30.8%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. S1	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1
1					7.1	5.0		0.495	0.063		
2			0	100	8.0	5.0	< 0.6	0.500	0.076		
3			0	100	7.6	5.0	0.8	0.394	0.076		
4			0	100	7.7	5.0	0.9	1.224	0.072		
5			0	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	0.076		
9		3	0	100	7.7	5.0	0.9	0.512	0.086	128	182.00
10			0	100	7.7	5.0	1.0	0.572	0.084		
11			0	100	7.5	5.0	0.6	0.378	0.081		
12					7.6	5.0		0.538	0.019		
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		
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		
19			0	100	7.9	5.0	1.3	0.921	0.072		
20					7.8	5.0		0.582	0.085		
21					7.4	5.0		1.421	0.083		
22		2	0	100	7.6	5.0	1.6	0.680	0.070	320	242.00
23			0	100	7.4	5.0	0.7	0.450	0.094		
24			0	100	7.2	5.0		4.680	0.153		
25			0	100	7.2	5.0		5.380	0.178		
26					7.5	5.0		1.112	0.109		
27					7.6	5.0		0.565	0.113		
28					7.3	5.0		0.860	0.094		
29					6.9	4.0		0.700	0.122		
30					7.0	4.2		0.120	0.051		
31			0	100	7.2	5.0		0.196	0.093		
Total	30.8%								2.006		

Plant Staffing:
 Day Shift Operato Class: Certificate No.: Name:
 Day Shift Operate Class: Certificate No.: Name:
 Day Shift Operato Class: Certificate No.: Name:
 Evening Shift Ope Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.081
 (TMADF/Permitted Capacity) x 100: 30.8%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (a.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. ST	Cal-1	EFA - I	EPA - I	EFA-I	EFA - I	EFA - I	EFB - I	EFB - I	FLW - I	INF - I	INF - I
1					7.1	5.0		0.495	0.063		
2			0	100	8.0	5.0	< 0.6	0.500	0.076		
3			0	100	7.6	5.0	0.8	0.394	0.076		
4			0	100	7.7	5.0	0.9	1.224	0.072		
5			0	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	0.076		
9		3	0	100	7.7	5.0	0.9	0.512	0.086	128	182.00
10			0	100	7.7	5.0	1.0	0.572	0.084		
11			0	100	7.5	5.0	0.6	0.378	0.081		
12					7.6	5.0		0.538	0.019		
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		
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		
19			0	100	7.9	5.0	1.3	0.921	0.072		
20					7.8	5.0		0.582	0.085		
21					7.4	5.0		1.421	0.083		
22		2	0	100	7.6	5.0	1.6	0.680	0.070	320	242.00
23			0	100	7.4	5.0	0.7	0.450	0.094		
24			0	100	7.2	5.0		4.680	0.153		
25			0	100	7.2	5.0		5.380	0.178		
26					7.5	5.0		1.112	0.109		
27					7.6	5.0		0.565	0.113		
28					7.3	5.0		0.860	0.094		
29					6.9	4.0		0.700	0.122		
30					7.0	4.2		0.120	0.051		
31			0	100	7.2	5.0		0.196	0.093		
Total	30.8%								2.006		

Plant Staffing:

Day Shift Operato Class: Certificate No.: Name:
 Day Shift Operato Class: Certificate No.: Name:
 Day Shift Operato Class: Certificate No.: Name:
 Evening Shift Opz Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete and Return Report to Department of Environmental Protection, South District, Florida Division of Environmental Protection, P.O. Box 1604, Ft. Myers, FL 33902-7504

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, FL 33924
 County: Lee

Permit No. FLA-014686
 Monitoring 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: 364 mgd / 2C
 Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow	Sample Measurement	0.061	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.3 (Annual) Avg.	MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.102	*****	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD	*****	*****	*****	*****			
Percent Capacity, (TMADP/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
PARM Code 00180 P Mon Site No. CAL-1	Permit Requirement	*****	*****	3.062 Report Month Total	*****	*****	36 PER-CENT			
BOD, Carcinogenic 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EPA-1	Permit Requirement	*****	*****	2.042 20.0 (An. Avg.)	*****	*****	mg/L (19)			
BOD, Carcinogenic 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon Site No. EPA-1	Permit Requirement	*****	*****	2.5 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	0	4 Days / Week	Grab
PARM Code 00530 B Mon Site No. EPD-1	Permit Requirement	*****	*****	0.846 5.0	*****	*****	MG/L			

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7400	7/13/2006
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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No.FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type	
							Units				
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	7	*****	*****	SU	0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****				
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	94.7	*****	*****	PER-CENT	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****				
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	8	*****	*****	#/100ML	1	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****				
Total Residual Chlorine (For Disinfection) PARM Code 30060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	1.6	*****	*****	MG/L	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****				
Turbidity PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	2.372	*****	*****	NTU	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****				
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	236.5	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****				
BOD, Carbonaceous 5 day PARM Code 40062 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	467.5	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****				

DAILY SAMPLE RESULTS - PART B

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

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

0.095
 36.4%

CODE	000180	80082	74055	51005	00400	50060	00510	00070	50050	80082	00530
MON. ST	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EPB-1	EPB-1	FLW-1	DNF-1	DNF-1
	Percent Capacity TMADF/Permitted	CODS (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detections	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CODS (mg/L)	TSS (mg/L)
1			0	100	7.4	5.0	0.8	0.326	0.081		
2			0	100	7.5	5.0	< 0.6	0.324	0.081		
3			0	100	7.4	5.0	< 0.6	0.311	0.095		
4					7.2	3.7		0.132	0.079		
5		3	8	100	7.3	1.6	< 0.6	0.802	0.077	322	300.8
6			0	100	7.5	5.0	< 0.6	0.002	0.043		
7			0	100	7.7	3.3	1.7	0.010	0.176		
8			0	100	7.7	5.0	≤ 0.6	0.123	0.120		
9					7.5	5.0		0.080	0.110		
10					7.3	4.1		0.235	0.101		
11					7.3	5.0		0.420	0.110		
12			0	100	7.5	5.0	0.6	0.360	0.106		
13			0	100	7.5	5.0	< 0.6	0.241	0.099		
14			0	100	7.4	5.0	0.6	0.372	0.025		
15			0	100	7.3	5.0	1.4	2.372	0.111		
16					7.3	2.9		0.731	0.162		
17					7.2	5.0		0.281	0.131		
18					7.2	5.0		0.518	0.122		
19		2	0	100	7.3	5.0	0.9	0.908	0.096	613	173.0
20			0	100	7.5	5.0	0.6	0.812	0.091		
21			0	100	7.4	5.0	0.8	0.802	0.090		
22			0	100	7.3	5.0	0.6	0.621	0.098		
23					7.1	5.0		0.308	0.103		
24					7.3	5.0		0.890	0.114		
25					7.0	1.6		0.346	0.116		
26			0	100	7.1	3.9	0.9	0.462	0.112		
27			0	100	7.3	1.6	0.8	0.561	0.110		
28			0	100	7.1	5.0	0.7	0.450	0.103		
29			0	100	7.4	5.0	0.6	0.721	0.094		
30					7.8	5.0		0.850	0.106		
31											
Total	36.0%								3.062		

Plant Staffing:
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Oper. Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle D. Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Complete with this report to: Department of Environmental Protection, State Office Building, Department of Environmental Protection, P.O. Box 25000, Tallahassee, FL 32310-0000

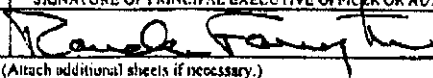
Permittee Name: Aqua Utilities Florida, Inc.
 Mailing Address: 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240
 Facility: South Seas Resort W.W.T.P.
 Location: 5400 Plantation Rd, Captiva Island, FL 33924
 County: Lec

Permit 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 []

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow	Sample Measurement	0.065		(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARAM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.3 (Annual) Avg.		MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.109			*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARAM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)		MGD	*****	*****	*****	*****			
Percent Capacity, (TMADE/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
PARAM Code (K118) P Mon. Site No. CAL-1	Permit Requirement	*****	*****	*****	3.389 Report Month Total	*****	*****	38.1 PER-CENT			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARAM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	2.167 20.0 (An. Avg.)	*****	*****	mg/L (19)			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARAM Code 80082 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	3 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0	4 Days / Week	Grab
PARAM Code 00530 II Mon. Site No. EFB-1	Permit Requirement	*****	*****	*****	1.944 5.0	*****	*****	MG/L			

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 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 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 Farrington C-8737		941-907-7400	8/14/2006
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			

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South Seas

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No.FLA-014686

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	7.3	*****	*****		0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU			
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	82.3	*****	*****		0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PERCENT			
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	15	*****	*****		3	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML			
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	1.2	*****	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L			
Turbidity PARM Code 00070 B Mon. Site No. EFD-1	Sample Measurement	*****	*****	*****	2.475	*****	*****		0	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU			
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	1,944	*****	*****		0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/l.			
BOD, Carbonaceous 5 day PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	146					Every Two Weeks	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L			

DAILY SAMPLE RESULTS - PART B

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

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

0.101
 38.1%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Mon Site	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	RNF-1	RNF-1
1					7.1	5.0		0.595	0.122		
2					7.2	5.0		0.632	0.126		
3			0	100	7.1	5.0	0.7	1.128	0.065		
4					6.9	5.0		1.381	0.171		
5		2	0	100	7.2	3.8	< 0.6	0.473	0.154	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	4.1		0.805	0.110		
9					7.5	5.0		1.061	0.093		
10			2	98	7.3	5.0	< 0.6	0.645	0.120		
11			0	100	7.2	5.0	< 0.6	0.710	0.094		
12			0	100	7.4	5.0	< 0.6	0.361	0.093		
13			0	100	7.5	5.0	< 0.6	0.241	0.107		
14					7.4	5.0		0.251	0.117		
15					7.3	5.0		0.352	0.111		
16					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	0.7	0.451	0.098		
21					7.3	5.0		0.581	0.110		
22					7.0	5.0		0.449	0.103		
23					7.1	4.5		0.872	0.110		
24			0	100	7.1	5.0	3.8	1.263	0.102		
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					7.4	5.0		1.027	0.110		
29					7.5	5.0		1.671	0.123		
30					7.4	5.0		1.978	0.105		
31			15	85	7.1	5.0	3.4	2.176	0.103		
Total	38.1%								3.389		

Plant Staffing:

Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Oper: Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8757 Name: Randie Farrington

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

	TMADF	EFF CBOD	FECAL	FECAL	PH	CL2	TSS (G)	TURB	FLOW	INF CBOD	INF TSS
AVERAGE	38.1%	1.590	1.590	98.333	7.261	4.700	1.144	0.98	1.69	146.000	126.200
LARGEST	0	4	15	100	7.6	5	3.8	2.475	0.171	153	163
SMALLEST	0	2	0	85	6.9	1.2	0.7	0.241	0.065	139	89

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Completed this Report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2149, Ft. Myers, FL 33902-1449

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: 3400 Plantation Rd, Captiva Island, FL33924
 County: Lee

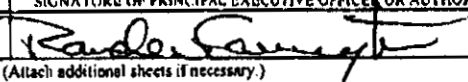
Permit No. FLA-014686
 Monitoring Period-From: 8/1/06 to 8/31/06
 Limit: Final
 Class Size: Minor
 Facility ID: FLA-014686
 Monitoring Group Number: R001
 Plant Size/ Treatment Type: .264 mgd / 2C
 Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow PARM Code 50050 Y Mon. Site No. FLW-1	Sample Measurement	0.069		(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
	Permit Requirement	0.3 (Annual) Avg		MGD	*****	*****	*****	*****			
Flow PARM Code 50050 I Mon. Site No. FLW-1	Sample Measurement	0.098	*****	*****	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
	Permit Requirement	Report (Mo. Avg.)	*****	MGD	*****	*****	*****	*****			
Percent Capacity, (TNADF/Permitted Capacity)X 100 PARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement	*****	*****	*****	3.823	*****	*****	39.8%	0	Monthly	Calculated
	Permit Requirement	*****	*****	*****	Report Month Total	*****	*****	PER- CENT			
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 Y Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	2.22	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	20.0 (An. Avg.)	*****	*****	(19)			
BOD, Carbonaceous 5 Day, 20C PARM Code 80082 A Mon. Site No. EPA-1	Sample Measurement	*****	*****	*****	3.33	*****	*****	mg/L	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L			
Solids, Total Suspended PARM Code 00750 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	1.725			MG/L	0	4 Days / Week	Grab
	Permit Requirement	*****	*****	*****	5.0						

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YYYY)
Randle Farrington C-8737		941-907-7400	9/19/2006
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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
							Units			
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	7.545	*****	*****	0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	***** SU			
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	99.9	*****	*****	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	***** PER-CENT			
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	10	*****	*****	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	***** #/100ML			
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	4.7	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	***** MG/L			
Turbidity PARM Code 00070 B Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	0.433	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	***** NTU			
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	1.725	*****	*****	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	***** mg/L			
BOD, Carbonaceous 5 day PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	116	*****	*****	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	***** mg/L			

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

DAILY SAMPLE RESULTS - PART B

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

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

6.105
 30.0%

CODE	Percent Capacity TMADP/Permitted	CODS (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform. Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CODS (mg/L)	TSS (mg/L)
MON. ST	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EPA-1	EFB-1	EPB-1	FLW-1	INF-1	INF-1
1		3	0	100	7.4	5.0	0.7	0.562	0.090	140	221.00
2			0	100	7.4	5.0	0.6	0.351	0.118		
3			0	100	7.8	5.0	3.8	1.975	0.101		
4					7.4	5.0		0.202	0.121		
5					7.3	1.8		0.362	0.123		
6					7.2	3.9		0.345	0.117		
7			10	90	7.2	2.6	0.9	0.241	0.022		
8			0	100	7.7	5.0	0.6	0.462	0.238		
9			0	100	7.1	3.4	5.4	2.131	0.138		
10			0	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		0.404	0.092		
14			0	100	7.7	5.0	< 0.6	0.149	0.085		
15		4	0	100	7.3	5.0	< 0.6	0.021	0.079	130	183.00
16			0	100	7.6	5.0	< 0.6	0.010	0.095		
17			0	100	7.5	5.0	< 0.6	0.010	0.078		
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	100	7.2	5.0	< 0.6	2.115	0.049		
22			0	100	7.8	5.0	< 0.6	0.116	0.191		
23			0	100	7.8	5.0	0.9	0.710	0.102		
24			0	100	7.6	5.0	0.9	0.407	0.122		
25					7.7	5.0		1.211	0.092		
26					7.7	5.0		0.002	0.098		
27					7.6	5.0		0.104	0.089		
28			0	100	7.9	5.0	< 0.6	0.001	0.064		
29		3	0	100	7.8	5.0	< 0.6	0.002	0.067	78	108.000
30			0	100	7.7	5.0	< 0.6	0.001	0.063		
31			0	100	7.7	5.0	< 0.6	0.219	0.082		
Total	39.0%								3.023		

Plant Staffing:

Day Shift Operator	Class:	Certificate No.:	Name:
Day Shift Operator	Class:	Certificate No.:	Name:
Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Oper:	Class:	Certificate No.:	Name:
Lead Operator	Class: C	Certificate No: 8737	Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete with the report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2149, Tallahassee, FL 32301-2149

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: 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
 Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. FX	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow	Sample Measurement	0.072	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARAM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.3 (Annual Avg.)	MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.095	*****	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARAM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD	*****	*****	*****	*****			
Percent Capacity (TMADE/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
PARAM Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	2.835 Report Month Total	*****	*****	38.05 PER- CENT			
HQ11, Coronaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARAM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement	*****	*****	2.097 20.0 (An. Avg.)	*****	*****	mg/L			
BOD, Coronaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARAM Code R0082 A Mon. Site No. EPA-1	Permit Requirement	*****	*****	2.5 30.0 (Mo. Avg.)	60.0 (Max)	*****	mg/L			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	0	4 Days / Week	Grab
PARAM Code 00530 B Mon. Site No. FFP-1	Permit Requirement	*****	*****	2.28 5.0	*****	*****	MG/L			

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Handle Parrington C-8737	<i>Handle Parrington</i>	941-907-7400	10/11/2006

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)
 DEP Form 62-620.910(30), effective November 29, 1994

OCT 12 2006

90 0011 001 001 001

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
							Units			
pH	Sample Measurement	*****	*****	*****	7.1	*****	*****	0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6	8.5	*****	SU	5 days / week	Grab
					Minimum	Daily Max.				
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	0		
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML	4 Days/Week	Grab
Total Residue Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1.0	*****	*****	0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L	Continuous	Meter
Turbidity	Sample Measurement	*****	*****	*****	1.645	*****	*****	0		
PARM Code 00070 B Mon. Site No. FFA-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU	Continuous	Meter
Solids, Total Suspended	Sample Measurement	*****	*****	*****	2.388	*****	*****	0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 Day	Sample Measurement	*****	*****	*****	2.5	*****	*****			
PARM Code 80041 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L	Every Two Weeks	8-hour FPC

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

DAILY SAMPLE RESULTS - PART B

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

Three-month Average Daily Flow: 0.100
 (TMADF/Permitted Capacity) x 100: 38.0%

MON. S#	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform Fecal % less than Detection	pH (su)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
CODE	000190	80082	74055	51005	00400	50060	00530	00070	50050	80082	00530
	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW -1	INF-1	INF-1
1					7.6	5.0		0.351	0.086		
2					7.4	5.0		0.268	0.102		
3					7.1	5.0		0.847	0.124		
4					7.4	5.0		1.156	0.115		
5			0	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		0.46	0.080		
10					7.6	5.0		0.523	0.112		
11		2	0	100	7.5	5.0	< 0.6	0.243	0.021	64	124.00
12						5.0		1.621	0.000		
13						1.2		0.271	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					8.1	1.5		0.321	0.102		
18			0	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	100		2.3	< 0.6	0.100	0.000	97	68.00
26						1.0		1.123	0.133		
27			0	100	7.5	4.4	< 0.6	1.501	0.198		
28			0	100	7.8	4.1	7.5	0.444	0.129		
29			0	100	7.8	5.0	< 0.6	0.521	0.091		
30					8.3	2.2		0.477	0.078		
31											
TOTAL	38.05%								2.835		

Plant Staffing
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Oper: Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - Part A

When Complete Mail this Report to: Department of Environmental Protection, South District Office, Department of Environmental Protection, P.O. Box 2606, Ft. Myers, FL 33902-2606

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, FL 33924
 County: Lee


Permit No. FLA-014686
 Monitoring Period--From: 10/1/06 to 1/31/06
 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 []

Parameter		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow	Sample Measurement			(03)	*****	*****	*****	*****			
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.079 0.3 (Annual) Avg.		MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Flow	Sample Measurement				*****	*****	*****	*****			
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.084 Report (Mo. Avg.)		MGD	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
Percent Capacity, TMA/D/Permitted Capacity 100	Sample Measurement				*****	*****	*****	*****			
Perm Code 00130 P Mon. Site No. CA1-1	Permit Requirement				*****	*****	*****	*****	0	Monthly	Calculated
NOD, Carbonous 5 Day, 20C	Sample Measurement				*****	*****	*****	*****			
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
BOD, Carbonous 5 Day, 20C	Sample Measurement				*****	*****	*****	*****			
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				*****	*****	*****	*****			
PARM Code 00530 B Mon. Site No. EFD-1	Permit Requirement				*****	*****	*****	*****	0	4 Days / Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-917-7400	11/15/2006
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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type	
							Units				
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	7.823	*****	*****		0	5 days / week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	*****	SU			
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	100	*****	*****		0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	PER-CENT			
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	0	*****	*****		0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	#/100ML			
Total Residue Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	2.8	*****	*****		0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	MG/L			
Turbidity PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	4.341	*****	*****		1	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	NTU			
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	1.793	*****	*****		0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	mg/L			
BOD, Carbonaceous 5 day, PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	123	*****	*****			Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	mg/L			

DAILY SAMPLE RESULTS - PART B

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

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

CODE	000180	80082	74055	51005	00400	50060	00530	00070	50010	80082	00530
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1
1					8.2	5.0		0.477	0.085		
2					8.0	5.0		0.361	0.073		
3			0		8.0	5.0	< 0.6	0.301	0.074		
4			0		8.0	5.0	< 0.6	0.11	0.068		
5			0		8.1	5.0	0.9	0.296	0.080		
6			0		8.0	5.0	< 0.6	0.23	0.086		
7					7.9	5.0		0.436	0.085		
8					7.8	5.0		0.87	0.083		
9		2	0		7.8	5.0	2.0	1.211	0.086	123	152.00
10			0		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	0.95	0.087		
13					7.8	5.0		0.808	0.093		
14					7.7	5.0		1.173	0.110		
15					7.7	5.0		1.516	0.068		
16			0		8.0	5.0	1.2	1.183	0.074		
17			0		8.0	5.0	1.1	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		0.827	0.104		
22					7.7	5.0		1.027	0.088		
23		2	0		7.8	4.9	2.9	1.3	0.073	101	173.00
24			0		7.9	5.0	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	0.074		
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		
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	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	Certificate No.: 8737	Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete submit report to (Department) of Environmental Protection, South District, Florida Department of Environmental Protection, P. O. Box 2500, Ft. Myers, FL 33902-2500

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: 11/1/06 to 11/30/06
 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		Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow	Sample Measurement	0.883	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 50050 Y Mon Site No FLW-1	Permit Requirement	0.3 (Annual) Avg	MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.112	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 50050 I Mon Site No FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD	*****	*****	*****	*****			
Percent Capacity, (TMADP/Permitted Capacity) X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
PARM Code 00140 P Mon Site No CAL-1	Permit Requirement	*****	*****	*****	*****	*****	*****			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement	*****	*****	*****	*****	*****	*****			
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement	*****	*****	*****	*****	*****	*****			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	0	4 Days / Week	Grab
PARM Code 00530 B Mon Site No. EFD-1	Permit Requirement	*****	*****	*****	*****	*****	*****			

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

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7408	12/14/2006

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

DES Form 62-620.910(10), effective November 27, 1994

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

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
							Units			
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	7.1	*****	*****	0	5 days /week	Grab
	Permit Requirement	*****	*****	*****	6 Minimum	8.5 Daily Max.	***** SU			
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	100	*****	*****	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	75 (Min)	*****	***** PER-CENT			
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	0	*****	*****	0	4 Days/Week	Grab
	Permit Requirement	*****	*****	*****	25 (Max)	*****	***** #/100ML			
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	1.4	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	***** MG/L			
Turbidity PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	2.301	*****	*****	0	Continuous	Meter
	Permit Requirement	*****	*****	*****	Report (Max)	*****	***** NTU			
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	138.5	*****	*****	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	***** mg/L			
DOD, Carbonaceous 5 day PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	114	*****	*****	0	Every Two Weeks	8-hour FPC
	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	***** mg/L			

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA-014686

Month/Year: November 2006

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

0.097
36.6%

CODE	Perms Capacity TMADF/ Permitted	CBOD5 (mg/L)	Fecal Coliforms Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW - 1	INF - 1	INF - 1
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					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			0	100	7.5	5.0	3.4	1.948	0.100		
8		2	0	100	7.5	5.0	2.9	0.960	0.099	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		
14			0	100	7.5	5.0	1.3	0.881	0.110		
15			0	100	7.4	5.0	1.3	0.781	0.106		
16			0	100	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	0	100	7.6	5.0	1.2	0.374	0.100	101	165.00
21			0	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	0.070		
29			0	100	7.5	5.0	0.8	0.000	0.074		
30			0	100	7.9	5.0	< 0.6	0.000	0.086		
31											
TOTAL	36.6%								3.345		

Plant Staffing:

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 Certificate No.: 8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

This form complies with the report of the Department of Environmental Protection, South District Office, Department of Environmental Protection, P.O. Box 2540, Ft. Myers, FL 33902-2540

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: 12/1/06 to 12/31/06
 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 []

2007 JAN 16 12 03 30

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow	Sample Measurement	0.087	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.3 (Annual Avg.)	MGD	*****	*****	*****	*****			
Flow	Sample Measurement	0.099	(03)	*****	*****	*****	*****	0	5 Days/ Week	Flowmeter, Totalizer Recorder
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD	*****	*****	*****	*****			
Percent Capacity, (TMADE/Permitted Capacity)X100	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement	*****	*****	3.063 Report Month Total	*****	*****	37.2 PER- CENT			
BOD, Carbonaceous 5 Day,20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement	*****	*****	1.889 20.0 (An. Avg.)	*****	*****	mg/L (19)			
BOD, Carbonaceous 5 Day,20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement	*****	*****	1 30.0 (Mo. Avg.)	*****	60.0 (Max)	mg/L			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	0	4 Days / Week	Grah
PARM Code 00530 D Mon. Site No. EPB-1	Permit Requirement	*****	*****	1.173 5.0	*****	*****	MG/L			

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737	<i>Randle Farrington</i>	941-907-7400	1/17/2007

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 (Continued)

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

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

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter		Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
							Units			
pH	Sample Measurement	*****	*****	*****	7.3	*****	*****	0		
PARM Code 00480 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	6	8.5	*****	0	5 days / week	Grab
					Minimum	Daily Max.				
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	0		
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	75 (Min)	*****	*****	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	25 (Max)	*****	*****	0	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1.2	*****	*****	0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement	*****	*****	*****	1.0 (Min)	*****	*****	0	Continuous	Meter
Turbidity	Sample Measurement	*****	*****	*****	1.312	*****	*****	0		
PARM Code 00070 B Mon. Site No. EFD-1	Permit Requirement	*****	*****	*****	Report (Max)	*****	*****	0	Continuous	Meter
Solids, Total Suspended	Sample Measurement	*****	*****	*****	208.5	*****	*****	0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	(Monthly) (Mo. Avg.)	*****	*****	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day	Sample Measurement	*****	*****	*****	235.5	*****	*****	0		
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement	*****	*****	*****	Report (Mo. Avg.)	*****	*****	0	Every Two Weeks	8-hour FPC

DAILY SAMPLE RESULTS - PART B

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

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

CODE	000180	80082	74055	51003	00400	50060	00330	00070	30050	80082	00330
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1					7.9	5.0		0.042	0.092		
2					7.8	5.0		0.035	0.089		
3					7.9	5.0		0.060	0.103		
4			0	100	7.7	5.0	0.8	0.082	0.092		
5		0	0	100	7.6	5.0	0.6	0.017	0.086	241	119.00
6			0	100	7.6	5.0	0.8	0.002	0.098		
7			0	100	7.8	5.0	< 0.6	0.902	0.088		
8					7.8	5.0		0.001	0.079		
9					7.8	5.0		0.642	0.074		
10					7.8	5.0		0.748	0.090		
11			0	100	7.8	5.0	1.9	0.901	0.068		
12			0	100	7.9	5.0	1.4	0.873	0.078		
13			0	100	7.8	5.0	2.1	1.312	0.080		
14			0	100	7.9	5.0	1.3	0.718	0.082		
15					7.8	5.0		1.014	0.089		
16					7.7	5.0		0.503	0.108		
17					7.4	5.0		0.583	0.086		
18			0	100	7.6	5.0	< 0.6	0.488	0.082		
19		2	0	100	7.5	5.0	< 0.6	0.470	0.084	230	298.00
20			0	100	7.6	5.0	< 0.6	0.624	0.092		
21			0	100	7.6	5.0	0.9	0.766	0.094		
22					7.5	5.0		0.700	0.106		
23					7.8	5.0		0.380	0.102		
24					7.8	5.0		0.328	0.117		
25					7.6	1.2		0.378	0.111		
26			0	100	7.5	5.0	< 0.6	0.324	0.128		
27			0	100	7.4	5.0	1.0	0.324	0.125		
28			0	100	7.4	5.0	0.9	0.397	0.139		
29			0	100	7.3	5.0	1.2	1.073	0.140		
30					7.3	5.0		0.861	0.132		
31					7.4	5.0		0.731	0.137		
TOTAL	37.2%								3.063		

Plant Staffing:

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	Certificate No.: 8737	Name: Randle Farrington



Department of Environmental Protection

Jeb Bush
Governor

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 spray 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 NUMBER
DATE
04316 MAY 22 08

FPSC-COMMISSION CLERK

FACILITY South Seas Resort WWTP
 PERMITTEE Aqua Utilities Florida, Inc.
 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240

PEI NUMBER: FLA014686
 PA FILE NUMBER: 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:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
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, Carbonaceous 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	-	-	-	5.0	4 Days/Week	Grab	EFA-1	See Cond.I.A.7
pH	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 Condition I.A.4.				4 Days/Week	Grab	EFA-1	See Cond.I.A. 4 & 7
Coliform, Fecal	#/100ML	Maximum	See Permit Condition I.A.4.				4 Days/Week	Grab	EFA-1	See Cond.I.A. 4 & 7
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	1.0	Continuous	On-line Monitor and Chart Recorder	EFA-1	See Cond.I.A. 3 & 5
Turbidity	NTU	Maximum	See Permit Condition I.A.6.				Continuous	On-line Monitor and Chart Recorder	EFA-1	See Cond.I.A. 3 & 6
Giardia	CYSTS/100 L	Maximum	-	-	-	Report	five years	Filtered	EFA-1	
Cryptosporidium	OOCYSTS/100 L	Maximum	-	-	-	Report	five years	Filtered	EFA-1	

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 Sarasota, FL 34240

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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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 Sarasota, FL 34240

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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:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Solids, Total Suspended	MG/L	Maximum	-	Monthly	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	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.I.B.3

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 Sarasota, FL 34240

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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.

6-21-05 Issuance

Aug

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

FACILITY: South Seas Resort WWTP
PERMITTEE: Aqua Utilities Florida, Inc.
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Sarasota, FL 34240

PERMIT NUMBER: FLA014686
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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]*

II. 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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 Sarasota, FL 34240

PERMIT NUMBER: FLA014686
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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. [62-640.100(6)(k)3 & 4]
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)]
9. 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
pH	(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.]*
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 Name	Site Type (AG or LR)	App. Area (acres)	Site Location						
			County	Latitude			Longitude		
				DD	MM	SS	DD	MM	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 Cl)	250	MG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	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(1)(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)]
9. 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)]

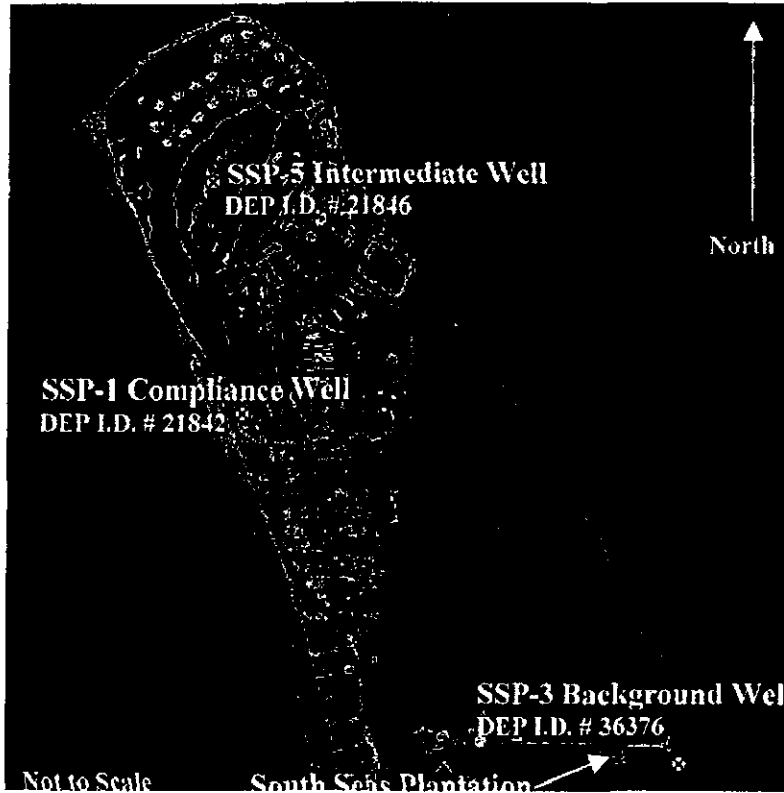
SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

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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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:
 - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - b. If the potable water system is contaminated, clear the potable water lines.
 - c. Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - e. 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.
 - f. 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)]
14. 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

1. 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;
- c. 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. [62-600.410(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)]
 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX.20. [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
 - c. 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

1. 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)]

FACILITY: South Seas Resort WWTP
PERMITTEE: Aqua Utilities Florida, Inc.
6960 Professional Parkway East, Suite 40
Sarasota, FL 34240

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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.
- c. 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:
 1. 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:
 1. 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;

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- b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) 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.
2. 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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- 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)]

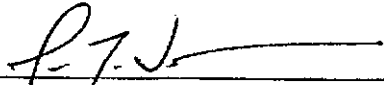
23. Upset Provisions

- 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 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

1. 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 oocysts per 100 liters. If an observation is less than the detection limit, make an entry in the form " $<$ " (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.

10. 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 FLA 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

Extended aeration

Contact stabilization

Biological nutrient removal (such as Bardenpho)

Other: _____

7. Does this treatment facility nitrify (convert ammonia nitrogen to nitrate)? Yes No

8. Filter type:

- | | |
|--|--|
| <input type="checkbox"/> Deep bed, single media | <input type="checkbox"/> Deep bed, multiple media |
| <input type="checkbox"/> Shallow bed, automatic backwash | <input type="checkbox"/> Upflow (including Dynasand) |
| <input type="checkbox"/> Slow rate sand filter | <input type="checkbox"/> Diatomaceous earth filter |
| <input type="checkbox"/> Fabric filter | <input type="checkbox"/> Cartridge filter |
| <input type="checkbox"/> Other: _____ | |

9. Filter Media (complete for each type of media 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

10. Disinfection system:

- | | |
|--|--|
| <input type="checkbox"/> Chlorination, gas | <input type="checkbox"/> Chlorination, other _____ |
| <input type="checkbox"/> Ultraviolet | <input type="checkbox"/> Ozone |
| <input type="checkbox"/> Other: _____ | |

PART III - PATHOGEN MONITORING REPORT

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway East, Suite
 Sarasota, FL 34240

PERMIT NUMBER: FLA014686
 DATE OF SAMPLING:

FACILITY: South Seas Resort WWTP
 LOCATION: Captiva, FL 33924

FACILITY ID: FLA014686
 REUSE SYSTEM: R-001

Parameter	Quantity or Loading		Quality or Concentration	
	Sample Measurement	Units	Sample Measurement	Units
Treatment Plant: After Filter Monitoring Site No.				
Turbidity PARM Code 00070 EFB-1				NTU
TSS PARM Code 00530 EFB-1				mg/L
Treatment Plant: After Disinfection Monitoring Site No.				
Total Chlorine Residual PARM Code 50060 EFA-1				mg/L
Volume Collected PARM Code 71994 EFA-1		Liters		
Giardia (total count) * PARM Code GIARD EFA-1				total cysts/100 L
Giardia (viable cysts) ** PARM Code VGIAR EFA-1				viable cysts/100 L
Cryptosporidium (total count) * PARM Code CRYPT EFA-1				total oocysts/100 L
Cryptosporidium (viable oocysts) ** PARM Code VCRYP EFA-1				viable oocysts/100 L
Supplemental Water Supply After Treatment & Disinfection Monitoring Site No.				
TSS PARM Code 00530				mg/L
Total Chlorine Residual PARM Code 50060				mg/L
Volume Collected PARM Code 71994		Liters		
Giardia (total count) * PARM Code GIARD				total cysts/100 L
Giardia (viable cysts) ** PARM Code VGIAR				viable cysts/100 L
Cryptosporidium (total count) * PARM Code CRYPT				total oocysts/100 L
Cryptosporidium (viable oocysts) ** PARM Code VCRYP				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 PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Submit this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240

PERMIT NUMBER: FLA014686

LIMIT: Final
 CLASS SIZE: Minor

REPORT: Monthly
 GROUP: Domestic

FACILITY: South Seas Resort WWTP
 LOCATION: 5400 Plantation Rd.
 Captiva, FL 33924

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Slow Rate Publi. including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	0.300 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement							
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							
PARM Code 00180 Mon. Site No. CAL-1	Permit Requirement			Report (Mo. Total)	PERCENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement			45.0 (Max.)	MG/L		4 Days/Week	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: South Seas Resort WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014686

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min)	8.5 (Max)		PSU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement									
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement			75 (Min)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			25 (Max)			#100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			1.0 (Min)			MG/L		Continuous	Meter
Turbidity	Sample Measurement									
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement			Report (Max)			NTU		Continuous	Meter
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Monthly (Mo. Avg)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014686
 Monitoring Period From: _____ To: _____

Facility: South Seas Resort WWTP

Code	Percent Capacity, (TMADF/Permitted 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)	CBOD5 (MG/L)	TSS (MG/L)
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	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
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21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg											

PLANT STAFFING:

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

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

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

Lead Operator Class: _____ Certificate No: _____ Name: _____

GROUND WATER MONITORING WELL REPORT - PART D

County: Lee
 Facility Name: South Seas Resort WWTP
 Permit Number: FLA014686

Monitoring Well ID: MWB-36376
 Well Type: Background
 Description: SSP-3 Background well.

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? Yes No

Time Sample Obtained: _____

Parameter	PARAM Code	Sample Measurement	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				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				
Sodium, Total Recoverable	00923		Report	MG/L	Single Sample	Quarterly				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITOR WELL REPORT - PART D

County: Lee
 Facility Name: South Seas Resort WWTP
 Permit Number: FLA014686

Monitoring Well ID: MWI-21846
 Well Type: Intermediate
 Description: SSP-5 Intermediate well.

Monitoring Period From: _____ To: _____

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	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				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				
Sodium, Total Recoverable	00923		Report	MG/L	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITOR WELL REPORT - PART D

County: Lee
 Facility Name: South Seas Resort WWTP
 Permit Number: FLA014686

Monitoring Well ID: MWC-21842
 Well Type: Compliance
 Description: SSP-1 Compliance well.

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? Yes No

Time Sample Obtained: _____

Parameter	PARAM Code	Sample Measurement	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		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				
Sodium, Total Recoverable	00923		160	MG/L	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

INSTRUCTIONS FOR COMPLETING THE WASTEWATER 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 facility. Facilities may have one or more Part A's for reporting effluent or reclaimed 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.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

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

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 MONITORING 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 month, 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 1 in Chapter 62-160, F.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.
Q	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 Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

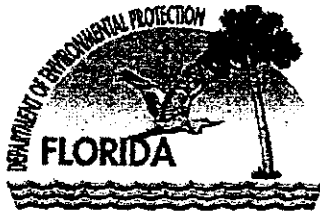
TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

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 monthly 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. 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.

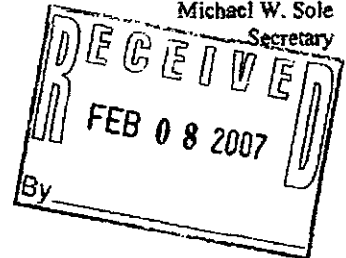


Florida Department of
Environmental Protection

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

file
Charlie Crist
Governor
Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary



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:

1. 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.
 - a. 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"

DOCUMENT NUMBER-DATE

04316 MAY 22 88

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.

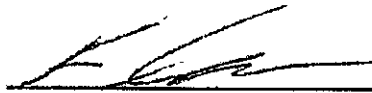
2. **This facility currently has a pending consent order with the Department due to previous violations of discharging wastewater to two golf course ponds that were unauthorized in their permit.** The Department's office of general counsel is currently reviewing the consent order, which has not been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

cc:

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

file



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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 scum 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 Farris

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