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ORIGINAL
RECEIVED FPSC

98 AUG 13 PM 2:29

RECORDS AND REPORTING
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August 13, 1998

Blanca S. Bayo, Director
Division of Records & Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Hand Delivery

Re: Docket No. 971663-WS
Petition of Florida Cities Water Company for limited
proceeding to recover environmental litigation costs for North
and South Ft. Myers Division in Lee County and Barefoot Bay
Divisions in Brevard County.

Dear Ms. Bayo:

This is in response to a letter dated August 10, 1998 from Mr.
Tim Vaccaro, Senior Attorney.

Enclosed are an original and fifteen (15) copies of monthly
discharge monitoring reports (DMR) for the period April 1998 to
July 1998 for the Barefoot Bay advanced wastewater treatment plant.

Please acknowledge receipt of the foregoing by stamping the
enclosed extra copy of this letter and returning same to my
attention.

Thank you.

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

Very truly yours,

B. Kenneth Gatlin

B. Kenneth Gatlin

- T
- P
- F
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- PC
- CH
- SEC
- NAS
- OTH

BKG/l dv
Enclosures

cc:w/encl.: Tim Vaccaro, Esq.
John Starling

528

DOCUMENT NUMBER-DATE

08633 AUG 13 98

FPSC-RECORDS/REPORTING

Willis

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER: FL0042293-01
 MONITORING PERIOD From 04/01/98 TO 04/30/98
 LIMIT FINAL
 CLASS SIZE MINOR

REPORT: Monthly
 GROUP: Domestic

FACILITY: Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: D001
 PLANT SIZE/TREATMENT TYPE IB

WAFR SITE # 2763
 GMS TEST SITE NO 3005X14973

XXXXX No Discharge

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd			0	Continuous	Flow Meter
STORET # 50050 Y Mon-Site # EFF-1	Permit Measurement	0.75 (An. Avg.)	mgd				Continuous	Flow Meter
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd			0	Continuous	Flow Meter
STORET # 50050 I Mon-Site # EFF-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Flow Meter
Flow (Influent)	Sample Measurement							
STORET # 50050 G Mon-Site # INF-1	Permit Measurement	0.75 (An. Avg.)	mgd				Continuous	Flow Meter
Flow (Influent)	Sample Measurement	0.500	mgd			0	Continuous	Flow Meter
STORET # 50050 W Mon-Site # INF-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Flow Meter
CBOD 5	Sample Measurement							
STORET # 80082 Y Mon-Site # EFD-1	Permit Measurement			5.0 (An. Avg.)	mg/L		Weekly	16-hour FPC
CBOD 5	Sample Measurement							
STORET # 80082 I Mon-Site # EFD-1	Permit Measurement			6.2 (Mo. Avg.)	10.0 (Max.) mg/L		Weekly	16-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations	<i>Michael Acosta</i>	941-925-3088	6/5/22

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

Note: This DWR must be submitted every month. If no discharge during the monitoring period, check () the "No Discharge" box above.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

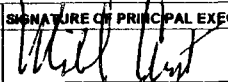
PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CBOD 5 (Influent)	Sample Measurement			196.5	mg/L	0	Weekly	16-hour FPC
STORET # 80082 Mon-Site # INF-2	G Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement							
STORET # 00530 Mon-Site # EFD-1	Y Permit Measurement			5.0 (An. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement							
STORET # 00530 Mon-Site # EFD-1	I Permit Measurement			6.25 (Mo. Avg.)	10.0 (Max.) mg/L		Weekly	16-hour FPC
TSS (Influent)	Sample Measurement			154.0	mg/L	0	Weekly	16-hour FPC
STORET # 00530 Mon-Site # INF-2	G Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
pH	Sample Measurement							
STORET # 00400 Mon-Site # EFD-2	I Permit Measurement			6.0 (Min.)	8.5 (Max.) S.U.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			<1.64	#/100mL	0	Weekly	Grab
STORET # 31616 Mon-Site # EFA-2	Y Permit Measurement			14.0 (An. Avg.)	#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement			<1	<1 #/100mL	0	Weekly	Grab
STORET # 31616 Mon-Site # EFA-2	A Permit Measurement			Report (Mo. Median)	86 (Max.) #/100mL		Weekly	Grab
TRC for disinfection	Sample Measurement			1.0	mg/L	0	Continuous	Analyzer
STORET # 50060 Mon-Site # EFA-2	A Permit Measurement			1.0 (Min.)	mg/L		Continuous	Analyzer
TRC for dechlorination	Sample Measurement							
STORET # 50060 Mon-Site # EFD-2	1 Permit Measurement			0.01 (Max)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	7/5/26

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

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

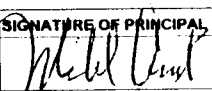
PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Total as N STORET # 00600 Mon-Site #EFD-1	Sample Measurement							
	Permit Measurement			3.0 (An. Avg.)	mg/L		Weekly	16-hour FPC
Nitrogen, Total as N STORET # 00600 Mon-Site #EFD-1	Sample Measurement							
	Permit Measurement			3.75 (Mo. Avg.)	6.0 (Max.)	mg/L	Weekly	16-hour FPC
Phosphorous, Total as P STORET # 00665 Mon-Site # EFD-1	Sample Measurement							
	Permit Measurement			1.0 (An. Avg.)		mg/L	Weekly	16-hour FPC
Phosphorous, Total as P STORET # 00665 Mon-Site # EFD-1	Sample Measurement							
	Permit Measurement			1.25 (Mo. Avg.)	2.0 (Max.)	mg/L	Weekly	16-hour FPC
Dissolved Oxygen (DO) STORET # 00300 Mon-Site # EFD-2	Sample Measurement							
	Permit Measurement				5.0 (Min.)	mg/L	Weekly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	9/5/20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2800 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER : FL0042293-01
 MONITORING PERIOD From 04/01/98 TO 04/30/98
 LIMIT FINAL
 CLASS SIZE MINOR

REPORT: Toxicity
 GROUP: Domestic

FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

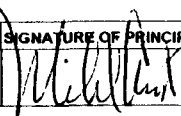
FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: D001
 PLANT SIZE/TREATMENT TYPE IB

WAFR SITE # 2753
 GMS TEST SITE NO 3005X14973

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
96-HR ACUTE STATIC RENEWAL Ceriodaphnia Dubia STORET # TAN3B P Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		Annual	Grab
96-HR ACUTE STATIC RENEWAL Cyprinella Leedsi STORET # TAN6H P Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		Annual	Grab
96-HR ACUTE STATIC RENEWAL Ceriodaphnia Dubia STORET # TAN3B Q Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		As Required	Grab
96-HR ACUTE STATIC RENEWAL Cyprinella Leedsi STORET # TAN6H Q Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		As Required	Grab
	Sample Measurement							
	Permit Measurement							

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	98/5/26

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

P = Routine Test Q=Additional Test Enter NODI=9 if monitoring is not required this month.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER: FL0042293-01
 MONITORING PERIOD From 04/01/98 TO 04/30/98
 LIMIT CLASS SIZE: FINAL MINOR
 REPORT GROUP: Monthly Domestic

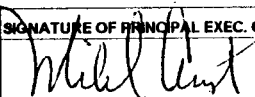
FACILITY: Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE IB
 WAFR SITE #: 2756
 GMS TEST SITE NO 3005X12846

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
Flow (Total Reuse)	Sample Measurement	0.589	*****	mgd	*****	*****	*****	0	Continuous	Flow Meter	
STORET # 50050 Mon-Site # EFF-2	Y Permit Measurement	0.75 (An. Avg.)	*****	mgd	*****	*****	*****	*****	Continuous	Flow Meter	
Flow (Total Reuse)	Sample Measurement	0.509	*****	mgd	*****	*****	*****	*****	0	Continuous	Flow Meter
STORET # 50050 Mon-Site # EFF-2	I Permit Measurement	Report (Mo. Avg.)	*****	mgd	*****	*****	*****	*****	*****	Continuous	Flow Meter
CBOD 5	Sample Measurement	*****	*****	*****	*****	<4.3	*****	mg/L	0	1/30	Calculated
STORET # 80082 Mon-Site # EFA-1	Y Permit Measurement	*****	*****	*****	*****	20. (An. Avg.)	*****	mg/L	*****	1/Month	Calculated
CBOD 5	Sample Measurement	*****	*****	*****	*****	6.0	7	mg/L	0	Weekly	16-hour FPC
STORET # 80082 Mon-Site # EFA-1	A Permit Measurement	*****	*****	*****	*****	30.0 (Mo. Avg)	60.0 (Max.)	mg/L	*****	Weekly	16-hour FPC
TSS	Sample Measurement	*****	*****	*****	*****	<1	*****	mg/L	0	Daily	Grab
STORET # 00530 Mon-Site # EFB-1	B Permit Measurement	*****	*****	*****	*****	5.0 (Max)	*****	mg/L	*****	Daily	Grab
pH	Sample Measurement	*****	*****	*****	*****	6.32	6.88	S.U.	0	7/7	Grab
STORET # 00400 Mon-Site # EFA-2	A Permit Measurement	*****	*****	*****	*****	6.0 (Min)	8.5 (Max.)	S.U.	*****	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	9/5/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility


PERMIT NUMBER: FL 0042293-01

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 2756

PARAMETER		QUALITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Fecal Coliform Bacteria STORET # 31616 A Mon-Site #EFA-2	Sample Measurement	*****	*****	*****	100%	*****	<1	#/100mL	0	Daily	Grab
	Permit Measurement	*****	*****	*****	Non Det. (75 %)	*****	25 (Max.)	#/100mL		Daily	Grab
TRC for disinfection STORET # 50060 A Mon-Site #EFA-2	Sample Measurement	*****	*****	*****	1.0	*****	*****	mg/L	0	Continuous	Analyzer
	Permit Measurement	*****	*****	*****	1.0 (Min.)	*****	*****	mg/L		Continuous	Analyzer
Turbidity STORET #82078 B Mon-Site # EFB-1	Sample Measurement	*****	*****	*****	*****	*****	1.65	NTU	0	Continuous	Analyzer
	Permit Measurement	*****	*****	*****	*****	*****	Report (Max.)	NTU		Continuous	Analyzer

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	98/5/26

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

DAILY SA. E RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - D001 Discharge to Drainage Canal

Three Month Average Daily Flow: 0.000

Month/Year: APRIL 98

Daily Flow % of Permitted Capacity: 0%

Days of the Months Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Flow (mgd) EFF-1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Flow (mgd) INF 1	0.728	0.548	0.521	0.657	0.556	0.548	0.513	0.478	0.472	0.559	0.445	0.455	0.477	0.548	0.499	0.500	0.844	0.406	0.434	0.443	0.434	0.517	0.524	0.493	0.420	0.405	0.414	0.398	0.353	0.401
CBOD 5 (mg/l) EFD-1																														
CBOD 5 (mg/l) INF-2						184.0							198.0								204.0						200.0			
TSS (mg/l) EFD-1																														
TSS (mg/l) INF-2						150.0							206.0									110.0						150.0		
pH (std units) EFD-2 Min																														
pH (std units) EFD-2 Max																														
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
TRC (For Dechlorination) (mg/l) EFD-2																														
TRC (For Disinfection) (mg/l) EFA-2	1.55	1.48	1.21	1.45	1.30	1.70	1.45	1.40	1.25	1.30	1.71	1.43	1.50	1.68	2.02	1.20	1.25	1.52	1.00	1.52	1.62	1.38	1.65	1.90	1.60	1.84	1.50	1.60	1.00	1.55
Nitrogen (mg/l as N), EFD-1																														
Phosphorous (mg/l as P) EFD-1																														
96 hr Acute Static Renewal Ceriodaphnia dubia (% eff.)																														
EFD-2																														
96 hr Acute Static Renewal Cyprinella leedsii (% effluent)																														
EFD-2																														

Plant Staffing:

Day Shift Operator Class: A Certificate No. 2438 Name: Randy Musgrove

Day Shift Operator Class: B Certificate No. 8936 Name: Rob Marcincuk

Lead Operator Class: A Certificate No. 8022 Name: Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access

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

* Attach additional sheets necessary to list all certified operators necessary for required operations.

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DAILY SAMPLE RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - R001 Reuse Irrigation

Three Month Average Daily Flow: 0.634

Month/Year: APRIL 98

Daily Flow % Permitted Capacity: 68%

Days of the Month Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Flow (mgd) EFF-2, Total Process	0.639	0.570	0.648	0.629	0.523	0.490	0.502	0.499	0.487	0.508	0.474	0.505	0.514	0.543	0.462	0.568	0.825	0.437	0.468	0.448	0.461	0.540	0.538	0.524	0.462	0.422	0.429	0.415	0.355	0.396	
Flow (mgd), To the 40-acre Sprayfield	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.068	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000		
Flow (mgd), To the Barefoot Bay Golf Course	0.178	0.229	0.215	0.000	0.000	0.226	0.154	0.180	0.119	0.275	0.157	0.175	0.000	0.242	0.109	0.180	0.229	0.245	0.209	0.000	0.188	0.185	0.202	0.163	0.000	0.186	0.099	0.192	0.081	0.000	
Flow (mgd), To H&S Groves Site	0.639	0.424	0.138	0.000	0.279	0.490	0.502	0.499	0.487	0.001	0.000	0.000	0.514	0.543	0.462	0.019	0.144	0.000	0.448	0.210	0.028	0.222	0.195	0.070	0.270	0.422	0.429	0.415	0.355	0.159	
Flow (mgd), To Wheeler Farms Grove Site	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Flow (mgd), To Barefoot Bay AWWT Plant Grnds	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.001	0.015	0.025	0.000	0.000	0.000	0.000	0.000	0.000	
CBOD 5 (mg/l) EFA -1						7.0							5.4								6.3						5.4				
TSS (mg/l) EFB-1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
pH (std units) EFA-2 Min	6.76	6.70	6.67	6.66	6.32	6.60	6.67	6.67	6.62	6.58	6.60	6.70	6.56	6.57	6.50	6.70	6.64	6.66	6.81	6.64	6.62	6.65	6.68	6.76	6.42	6.75	6.88	6.65	6.73	6.57	
pH (std units) EFA-2 Max																											6.88				
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
TRC (For Disinfection) (mg/l) EFA-2	1.55	1.48	1.21	1.45	1.30	1.70	1.45	1.40	1.25	1.30	1.71	1.43	1.50	1.68	2.02	1.20	1.25	1.52	1.00	1.52	1.62	1.38	1.65	1.90	1.60	1.84	1.50	1.60	1.00	1.55	
Turbidity (NTU) EFB-1	0.59	0.77	0.55	0.55	0.54	0.50	0.50	0.60	0.60	0.70	0.55	1.25	1.32	1.64	1.65	0.74	1.00	0.58	0.85	1.14	0.76	0.88	1.55	1.20	0.60	0.80	0.55	0.45	0.38	0.35	

Plant Staffing:

Day Shift Operator Class: A Certificate No. 2438 Name: Randy Musgrove

Day Shift Operator Class: B Certificate No. 8936 Name: Rob Marcincuk

Lead Operator Class: A Certificate No. 8022 Name: Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access

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

* Attach additional sheets necessary to list all certified operators necessary for required operations.

LIMITED WET WEATHER DISCHARGE - PART C

Facility ID: FL0042293

Facility Name : Barefoot Bay AWTF

Month/Year APRIL 98

Rainfall Information: Rainfall gauging station: Liftstation A
 Source of climatological (normal rainfall) data: NOAA - Melbourne, FL
 Cumulative rainfall for the average rainfall year: 16.04 inches

Cumulative rainfall to date for this calendar year: 18.6 inches
 Average rainfall year 48.17 inches

Date	Duration of Discharge (Hours)	Gallons Discharge (MG)	Average Discharge Flow Rate (MGD)	Average Upstream Flow Rate (MGD) N/A	Stream Dilution Factor N/A	CBOD 5 (mg/l as O2)	TKN (mg/l as N) N/A	Total P (mg/l as P)	Reason for Discharge
Monthly Avg									

537

**FLORIDA CITIES
WATER COMPANY**

**POINCIANA
UTILITIES INC.**

May 26, 1998

Bruce Boler
Division of Water Facilities
Self-Monitoring Subsection
Mail Station 3551
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

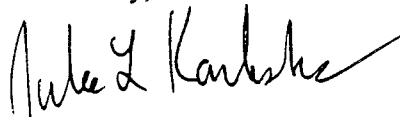
Re: Central Division Monitoring
Barefoot Bay AWTP - Permit No. FL0042293
Poinciana WWTP No. 3 - Permit No. FL0036862
Poinciana WWTP No. 5 - Permit No. FL010979

Dear Mr. Boler

Enclosed are the monthly monitoring reports for the above referenced facilities for the month of April 1998.

Please feel free to contact me if you have any questions.

Sincerely,



Julie L. Karleskint, P.E.
Operations Manager

Enclosures

cc: L. Good
B. Sansbury
FDEP - Central District

**FLORIDA CITIES WATER COMPANY
POINCIANA UTILITIES INC.**
4837 Swift Road, Suite 100
Sarasota, Florida 34231
Telephone 941/925-3088

Units of Avatar Utilities Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER : FL0042293-01
 MONITORING PERIOD From 05/01/98 TO 05/31/98
 LIMIT FINAL REPORT: Monthly
 CLASS SIZE MINOR GROUP: Domestic

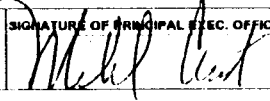
FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 QMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: D001
 PLANT SIZE/TREATMENT TYPE IB
 WAFR SITE # 2753
 QMS TEST SITE NO 3005X14973
 XXXXX No Discharge

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd			0	Continuous	Flow Meter
STORET # 50050 Y Mon-Site # EFF-1	Permit Measurement	0.75 (An. Avg.)	mgd				Continuous	Flow Meter
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd			0	Continuous	Flow Meter
STORET # 50050 I Mon-Site # EFF-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Flow Meter
Flow (Influent)	Sample Measurement	0.591	mgd			0	Continuous	Flow Meter
STORET # 50050 G Mon-Site # INF-1	Permit Measurement	0.75 (An. Avg.)	mgd				Continuous	Flow Meter
Flow (Influent)	Sample Measurement	0.360	mgd			0	Continuous	Flow Meter
STORET # 50050 W Mon-Site # INF-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Flow Meter
CBOD 5	Sample Measurement							
STORET # 80082 Y Mon-Site # EFD-1	Permit Measurement			5.0 (An. Avg.)			Weekly	16-hour FPC
CBOD 5	Sample Measurement							
STORET # 80082 I Mon-Site # EFD-1	Permit Measurement			6.2 (Mo. Avg.)	10.0 (Max.)		Weekly	16-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	9/6/98

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

Note: This DMR must be submitted every month. If no discharge during the monitoring period, check () the "No Discharge" box above.

DISCHARGE MONITORING REPORT - PART A (Continued)


FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CBOD 5 (Influent) STORET # 80082 Mon-Site # INF-2	Sample Measurement			176.8	mg/L	0	Weekly	16-hour FPC
	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
TSS STORET # 00530 Mon-Site # EFD-1	Sample Measurement			5.0	mg/L		Weekly	16-hour FPC
	Permit Measurement			(An. Avg.)				
STORET # 00530 Mon-Site # EFD-1	Sample Measurement			6.25	mg/L		Weekly	16-hour FPC
	Permit Measurement			(Mo. Avg.)	10.0 (Max.)			
TSS (Influent) STORET # 00530 Mon-Site # INF-2	Sample Measurement			220.3	mg/L	0	Weekly	16-hour FPC
	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
pH STORET # 00400 Mon-Site # EFD-2	Sample Measurement			6.0	S.U.		5 days/Week	Grab
	Permit Measurement			(Min.)	8.5 (Max.)			
Fecal Coliform Bacteria STORET # 31616 Mon-Site # EFA-2	Sample Measurement			<1.64	#/100mL	0	Weekly	Grab
	Permit Measurement			14.0	#/100mL		Weekly	Grab
Fecal Coliform Bacteria STORET # 31616 Mon-Site # EFA-2	Sample Measurement			<1	#/100mL	0	Weekly	Grab
	Permit Measurement			Report (Mo. Median)	86 (Max.)	#/100mL	Weekly	Grab
TRC for disinfection STORET # 50060 Mon-Site # EFA-2	Sample Measurement			1.0	mg/L	0	Continuous	Analyzer
	Permit Measurement			1.0	mg/L		Continuous	Analyzer
TRC for dechlorination STORET # 50060 Mon-Site # EFD-2	Sample Measurement			0.01	mg/L		Weekly	Grab
	Permit Measurement			(Max)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	9/2/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

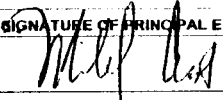
PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

PARAMETER		QUALITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Total as N	Sample Measurement									
STORET # 00600 Y Mon-Site #EFD-1	Permit Measurement				3.0 (An. Avg.)		mg/L		Weekly	16-hour FPC
Nitrogen, Total as N	Sample Measurement									
STORET # 00600 I Mon-Site #EFD-1	Permit Measurement				3.75 (Mo. Avg.)	6.0 (Max.)	mg/L		Weekly	16-hour FPC
Phosphorous, Total as P	Sample Measurement									
STORET # 00665 Y Mon-Site # EFD-1	Permit Measurement				1.0 (An. Avg.)		mg/L		Weekly	16-hour FPC
Phosphorous, Total as P	Sample Measurement									
STORET # 00665 I Mon-Site # EFD-1	Permit Measurement				1.25 (Mo. Avg.)	2.0 (Max.)	mg/L		Weekly	16-hour FPC
Dissolved Oxygen (DO)	Sample Measurement									
STORET # 00300 I Mon-Site # EFD-2	Permit Measurement					5.0 (Min.)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	02/06/23

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER : FL0042293-01
 MONITORING PERIOD From 05/01/98 TO 05/31/98
 LIMIT FINAL
 CLASS SIZE MINOR

REPORT: Toxicity
 GROUP: Domestic

FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: D001
 PLANT SIZE/TREATMENT TYPE IB

WAFR SITE # 2753
 GMS TEST SITE NO 3005X14973

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
96-HR ACUTE STATIC RENEWAL Ceriodaphnia Dubia STORET # TAN3B P Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		Annual	Grab
96-HR ACUTE STATIC RENEWAL Cyprinella Leedsi STORET # TAN6H P Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		Annual	Grab
96-HR ACUTE STATIC RENEWAL Ceriodaphnia Dubia STORET # TAN3B Q Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		As Required	Grab
96-HR ACUTE STATIC RENEWAL Cyprinella Leedsi STORET # TAN6H Q Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		As Required	Grab
	Sample Measurement							
	Permit Measurement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations	<i>Michael Acosta</i>	941-925-3088	9/8/03

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

P = Routine Test Q = Additional Test Enter NODI=9 if monitoring is not required this month.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, Fl. 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER : FL0042293-01
 MONITORING PERIOD From 05/01/98 TO 05/31/98
 LIMIT FINAL REPORT: Monthly
 CLASS SIZE MINOR GROUP: Domestic


FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE IB
 WAFR SITE # 2756
 GMS TEST SITE NO 3005X12846

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Total Reuse)	Sample Measurement	0.578	mgd	*****	*****	0	Continuous	Flow Meter
STORET # 50050 Mon-Site # EFF-2	Y Permit Measurement	0.75 (An. Avg.)	mgd	*****	*****		Continuous	Flow Meter
Flow (Total Reuse)	Sample Measurement	0.380	mgd	*****	*****	0	Continuous	Flow Meter
STORET # 50050 Mon-Site # EFF-2	I Permit Measurement	Report (Mo. Avg.)	mgd	*****	*****		Continuous	Flow Meter
CBOD 5	Sample Measurement	*****	*****	*****	<4.5	0	1/30	Calculated
STORET # 80082 Mon-Site # EFA-1	Y Permit Measurement	*****	*****	*****	20 (An. Avg.)		1/Month	Calculated
CBOD 5	Sample Measurement	*****	*****	*****	5.2	0	Weekly	16-hour FPC
STORET # 80082 Mon-Site # EFA-1	A Permit Measurement	*****	*****	*****	30.0 (Mo. Avg.)		Weekly	16-hour FPC
TSS	Sample Measurement	*****	*****	*****	<1	0	Daily	Grab
STORET # 00530 Mon-Site # EFB-1	B Permit Measurement	*****	*****	*****	5.0 (Max)		Daily	Grab
pH	Sample Measurement	*****	*****	*****	6.53	0	7/7	Grab
STORET # 00400 Mon-Site # EFA-2	A Permit Measurement	*****	*****	*****	6.0 (Min)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	9/5/98

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

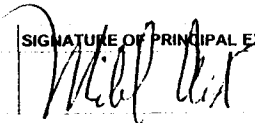
PERMIT NUMBER: FL 0042293-01

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 2756

PARAMETER		QUALITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		*****	*****		*****	*****	*****				
Fecal Coliform Bacteria	Sample Measurement	*****	*****	*****	<1	*****	<1	#/100mL	0	Daily	Grab
STORET # 31616 Mon-Site #EFA-2 TRC for disinfection	Permit Measurement	*****	*****	*****	Non Det. (75 %)	*****	25 (Max.)	#/100mL		Daily	Grab
	Sample Measurement	*****	*****	*****	1.0	*****	*****	mg/L	0	Continuous	Analyzer
STORET # 50060 Mon-Site #EFA-2	Permit Measurement	*****	*****	*****	1.0 (Min.)	*****	*****	mg/L		Continuous	Analyzer
Turbidity	Sample Measurement	*****	*****	*****	*****	*****	3.00	NTU	0	Continuous	Analyzer
STORET #82078 Mon-Site # EFB-1	Permit Measurement	*****	*****	*****	*****	*****	Report (Max.)	NTU		Continuous	Analyzer

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	9/4/23

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

DAILY SAMPLE RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - D001 Discharge to Drainage Canal

Three Month Average Daily Flow: 0.000

Month/Year: May 98

Daily Flow % of Permitted Capacity: 0%

Days of the Months Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (mgd) EFF-1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Flow (mgd) INF 1	0.396	0.409	0.359	0.549	0.496	0.484	0.444	0.343	0.431	0.312	0.485	0.412	0.355	0.321	0.367	0.300	0.301	0.334	0.260	0.294	0.350	0.373	0.369	0.266	0.291	0.287	0.320	0.334	0.303	0.344	0.285
CBOD 5 (mg/l) EFD-1																															
CBOD 5 (mg/l) INF-2				155.0						150.0							150.0							252.0							
TSS (mg/l) EFD-1																															
TSS (mg/l) INF-2				223.0						166.0							316.0							176.0							
pH (std units) EFD-2 Min																															
pH (std units) EFD-2 Max																															
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
TRC (For Dechlorination) (mg/l) EFD-2																															
TRC (For Disinfection) (mg/l) EFA-2	1.54	1.00	1.38	1.46	1.57	1.25	1.70	1.62	1.47	1.57	1.70	1.42	1.87	2.42	1.65	1.55	2.33	1.77	2.10	1.35	1.45	1.79	1.53	1.75	1.28	1.17	2.14	1.00	2.49	1.70	2.24
Nitrogen (mg/l as N), EFD-1																															
Phosphorous (mg/l as P) EFD-1																															
96 hr Acute Static Renewal Ceriodaphnia dubia (% eff.)																															
EFD-2																															
96 hr Acute Static Renewal Cyprinella loedsi (% effluent)																															
EFD-2																															

Plant Staffing:

Day Shift Operator Class: A Certificate No. 2438 Name: Randy Musgrove

Day Shift Operator Class: B Certificate No. 8936 Name: Rob Marcincuk

Lead Operator Class: A Certificate No. 8022 Name: Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access

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

* Attach additional sheets necessary to list all certified operators necessary for required operations.

51
51
51

DAILY SAMPLE RESULTS -PART B

Barefoot Bay AWWT - R001 Reuse Irrigation

Permit Number: FL0042293-01
 Three Month Average Daily Flow: 0.520
 Daily Flow % Permitted Capacity: 51%

Month/Year: May 98

Days of the Month	Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Flow (mgd), Total Process	0.407	0.435	0.387	0.577	0.521	0.543	0.495	0.352	0.395	0.328	0.520	0.437	0.358	0.302	0.396	0.310	0.350	0.393	0.318	0.342	0.351	0.335	0.330	0.329	0.328	0.315	0.344	0.382	0.290	0.315	0.307
	Flow (mgd), To the 40-acre Sprayfield	0.100	0.118	0.111	0.000	0.000	0.096	0.000	0.059	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
	Flow (mgd), To the Barefoot Bay Golf Course	0.000	0.115	0.123	0.000	0.064	0.000	0.037	0.102	0.190	0.155	0.165	0.283	0.208	0.264	0.259	0.274	0.255	0.265	0.258	0.228	0.278	0.266	0.000	0.000	0.045	0.370	0.292	0.469	0.262	0.248	0.210
	Flow (mgd), To H&S Groves Site	0.000	0.000	0.000	0.112	0.423	0.521	0.543	0.352	0.395	0.000	0.000	0.000	0.248	0.112	0.098	0.274	0.067	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.027
	Flow (mgd), To Wheeler Farms Groves Site	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
	Flow (mgd), To Barefoot Bay AWWT Plant Grnds	0.007	0.013	0.014	0.000	0.000	0.012	0.000	0.007	0.000	0.000	0.000	0.000	0.000	0.005	0.000	0.018	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.003	0.000	0.000	0.000	0.000	0.003	
	CBOD 5 (mg/l) EFA-1				3.5							5.7						3.9								7.5						
	TSS (mg/l) EFB-1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
	pH (std units) EFA-2 Min	6.69	6.66	6.63	6.86	6.87	6.89	6.82	6.53	6.81	6.75	6.86	6.72	6.81	6.78	6.80	6.69	6.77	6.71	6.56	6.76	6.73	6.78	6.71	6.61	6.62	6.59	6.68	6.72	6.91	7.00	6.93
	pH (std units) EFA-2 Max																															
	Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
	TRC (For Disinfection) (mg/l) EFA-2	1.54	1.00	1.38	1.46	1.57	1.25	1.70	1.62	1.47	1.57	1.70	1.42	1.87	2.42	1.65	1.55	2.33	1.77	2.10	1.35	1.45	1.79	1.53	1.75	1.28	1.17	2.14	1.00	2.49	1.70	2.24
	Turbidity (NTU) EFB-1	0.38	0.35	0.30	0.45	1.10	0.45	0.40	0.43	0.32	0.30	0.48	0.55	3.00	1.00	0.60	0.45	0.40	0.40	0.97	0.61	0.50	0.43	0.49	0.40	0.85	0.55	0.55	0.50	0.33	0.75	0.26

Plant Staffing:

Class	Certificate No.	Name
Day Shift Operator	A	Randy Musgrove
Day Shift Operator	B	Rob Marcincuk
Lead Operator	A	Glenn Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse:

Public Access

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

* Attach additional sheets necessary to list all certified operators necessary for required operations.

LIMITED WET WEATHER DISCHARGE - PART C

Facility ID: FL0042293

Facility Name : Barefoot Bay AWTF

Month/Year May 98

Rainfall Information: Rainfall gauging station: Liftstation A

Cumulative rainfall to date for this calendar year: 19.53 inches

Source of climatological (normal rainfall) data: NOAA - Melbourne, FL

Cumulative rainfall for the average rainfall year: 20.05 inches

Average rainfall year 48.17 inches

Date	Duration of Discharge (Hours)	Gallons Discharge (MG)	Average Discharge Flow Rate (MGD)	Average Upstream Flow Rate (MGD) N/A	Stream Dilution Factor N/A	CBOD 5 (mg/l as O2)	TKN (mg/l as N) N/A	Total P (mg/l as P)	Reason for Discharge
Monthly Avg									

**FLORIDA CITIES
WATER COMPANY**

**POINCIANA
UTILITIES INC.**

June 22, 1998

Bruce Boler
Florida Department of Environmental Protection
Wastewater Facilities Regulation Section
Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

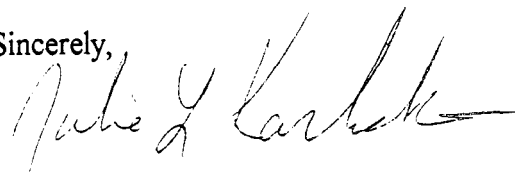
Re: Central Division Monitoring
Barefoot Bay AWTP - Permit No. FL0042293
Poinciana WWTP No. 3 - Permit No. FL0036862
Poinciana WWTP No. 5 - Permit No. FL010979

Dear Mr. Boler

Enclosed are the monthly monitoring reports for the above referenced facilities for the month of May 1998.

Please feel free to contact me if you have any questions.

Sincerely,



Julie L. Karleskint, P.E.
Operations Manager

Enclosures

cc: L. Good
B. Sansbury
FDEP - Central District

FLORIDA CITIES WATER COMPANY
POINCIANA UTILITIES INC.
4837 Swift Road, Suite 100
Sarasota, Florida 34231
Telephone 941/925-3088

Units of Avatar Utilities Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER: FL0042293-01
 MONITORING PERIOD From 06/01/98 TO 06/30/98
 LIMIT: FINAL
 CLASS SIZE: MINOR

REPORT GROUP: Monthly Domestic

FACILITY: Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: D001
 PLANT SIZE/TREATMENT TYPE IB

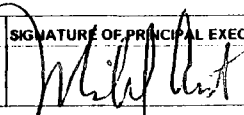
WAFR SITE #: 2753
 GMS TEST SITE NO 3005X14973

XXXXX No Discharge

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd			0	Continuous	Flow Meter
STORET # 50050 Y Mon-Site # EFF-1	Permit Measurement	0.75 (An. Avg.)	mgd				Continuous	Flow Meter
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd			0	Continuous	Flow Meter
STORET # 50050 I Mon-Site # EFF-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Flow Meter
Flow (Influent)	Sample Measurement	0.571	mgd			0	Continuous	Flow Meter
STORET # 50050 G Mon-Site # INF-1	Permit Measurement	0.75 (An. Avg.)	mgd				Continuous	Flow Meter
Flow (Influent)	Sample Measurement	0.296	mgd			0	Continuous	Flow Meter
STORET # 50050 W Mon-Site # INF-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Flow Meter
CBOD 5	Sample Measurement							
STORET # 80082 Y Mon-Site # EFD-1	Permit Measurement			5.0 (An. Avg.)	mg/L		Weekly	16-hour FPC
CBOD 5	Sample Measurement							
STORET # 80082 I Mon-Site # EFD-1	Permit Measurement			6.2 (Mo. Avg.)	10.0 (Max.) mg/L		Weekly	16-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	98/1/1

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

Note: This DMR must be submitted every month. If no discharge during the monitoring period, check () the "No Discharge" box above.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

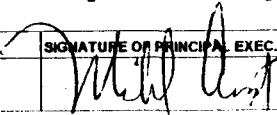
PERMIT NUMBER : FL0042293-01

DISCHARGE POINT NUMBER : D001

WATER SITE NO : 2/753

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CBOD 5 (Influent)	Sample Measurement			151.8	mg/L	0	Weekly	16-hour FPC
STORET # 80082 Mon-Site # INF-2	G Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement							
STORET # 00530 Mon-Site # EFD-1	Y Permit Measurement			5.0 (An. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement							
STORET # 00530 Mon-Site # EFD-1	I Permit Measurement			6.25 (Mo. Avg.)	10.0 (Max.) mg/L		Weekly	16-hour FPC
TSS (Influent)	Sample Measurement			162.4	mg/L	0	Weekly	16-hour FPC
STORET # 00530 Mon-Site # INF-2	G Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
pH	Sample Measurement							
STORET # 00400 Mon-Site # EFD-2	I Permit Measurement			6.0 (Min.)	8.5 (Max.) S.U.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			<1.59	#/100mL	0	Weekly	Grab
STORET # 31616 Mon-Site # EFA-2	Y Permit Measurement			14.0 (An. Avg.)	#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement			<1	<1 #/100mL	0	Weekly	Grab
STORET # 31616 Mon-Site # EFA-2	A Permit Measurement			Report (Mo. Median)	86 (Max.) #/100mL		Weekly	Grab
TRC for disinfection	Sample Measurement			1.0	mg/L	0	Continuous	Analyzer
STORET # 50060 Mon-Site # EFA-2	A Permit Measurement			1.0 (Min.)	mg/L		Continuous	Analyzer
TRC for dechlorination	Sample Measurement							
STORET # 50060 Mon-Site # EFD-2	1 Permit Measurement			0.01 (Max)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	7/2/10

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

57

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility


PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Total as N STORET # 00600 Y Mon-Site #EFD-1	Sample Measurement							
	Permit Measurement			3.0 (An. Avg.)	mg/L		Weekly	16-hr PC
Nitrogen, Total as N STORET # 00600 I Mon-Site #EFD-1	Sample Measurement							
	Permit Measurement			3.75 (Mo. Avg.)	6.0 (Max.)	mg/L	Weekly	16-hr PC
Phosphorous, Total as P STORET # 00665 Y Mon-Site #EFD-1	Sample Measurement							
	Permit Measurement			1.0 (An. Avg.)	mg/L		Weekly	16-hr PC
Phosphorous, Total as P STORET # 00665 I Mon-Site #EFD-1	Sample Measurement							
	Permit Measurement			1.25 (Mo. Avg.)	2.0 (Max.)	mg/L	Weekly	16-hr PC
Dissolved Oxygen (DO) STORET # 00300 I Mon-Site #EFD-2	Sample Measurement							
	Permit Measurement				5.0 (Min.)	mg/L	Weekly	16-hr PC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	9/1/03

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2800 Blair Stone Road, Tallahassee, FL 32389-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER : FL0042293-01
 MONITORING PERIOD From 06/01/98 TO 06/30/98
 LIMIT FINAL REPORT: Toxicity
 CLASS SIZE MINOR GROUP: Domestic

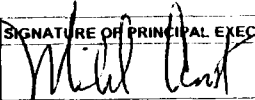
FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: D001
 PLANT SIZE/TREATMENT TYPE IB
 WAFR SITE # 2753
 GMS TEST SITE NO 3005X14973

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
96-HR ACUTE STATIC RENEWAL Ceriodaphnia Dubia STORET # TAN3B P Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		Annual	Grab
96-HR ACUTE STATIC RENEWAL Cyprinella Leedsi STORET # TAN6H P Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		Annual	Grab
96-HR ACUTE STATIC RENEWAL Ceriodaphnia Dubia STORET # TAN3B Q Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		As Required	Grab
96-HR ACUTE STATIC RENEWAL Cyprinella Leedsi STORET # TAN6H Q Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		As Required	Grab
	Sample Measurement							
	Permit Measurement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	6/17/98

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

P = Routine Test Q=Additional Test Enter NODI=9 if monitoring is not required this month.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER: FL0042293-01
 MONITORING PERIOD From 06/01/98 TO 06/30/98
 LIMIT: FINAL REPORT: Monthly
 CLASS SIZE: MINOR GROUP: Domestic

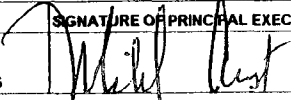
FACILITY: Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE IB
 WAFR SITE #: 2756
 GMS TEST SITE NO 3005X12846

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Total Reuse)	Sample Measurement	0.560	mgd	*****	*****	0	Continuous	Flow Meter
STORET # 50050 Mon-Site # EFF-2	Y Permit Measurement	0.75 (An. Avg.)	mgd	*****	*****		Continuous	Flow Meter
Flow (Total Reuse)	Sample Measurement	0.320	mgd	*****	*****	0	Continuous	Flow Meter
STORET # 50050 Mon-Site # EFF-2	I Permit Measurement	Report (Mo. Avg.)	mgd	*****	*****		Continuous	Flow Meter
CBOD 5	Sample Measurement	*****	*****	*****	<4.7	0	1/30	Calculated
STORET # 80082 Mon-Site # EFA-1	Y Permit Measurement	*****	*****	*****	20. (An. Avg.)		1/Month	Calculated
CBOD 5	Sample Measurement	*****	*****	*****	5.7 6.9	0	Weekly	16-hour FPC
STORET # 80082 Mon-Site # EFA-1	A Permit Measurement	*****	*****	*****	30.0 (Mo. Avg.) 60.0 (Max.)		Weekly	16-hour FPC
TSS	Sample Measurement	*****	*****	*****	2.3	0	Daily	Grab
STORET # 00530 Mon-Site # EFB-1	B Permit Measurement	*****	*****	*****	5.0 (Max.)		Daily	Grab
pH	Sample Measurement	*****	*****	*****	6.65 7.07	0	7/7	Grab
STORET # 00400 Mon-Site # EFA-2	A Permit Measurement	*****	*****	*****	6.0 (Min.) 8.5 (Max.)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	9/17/98

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

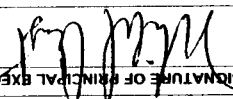
523

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL 004293-01 DISCHARGE POINT NUMBER: R001 WAFR SITE NO.: 2756

PARAMETER	QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Fecal Coliform Bacteria	Sample	*****	<1	#/100mL	0	Daily	Grab
STORST # 31616	Permit	*****	25	#/100mL		Daily	Grab
Mon-Site #EFA-2	Measurement	*****	Non Det.	(75 %)			
TRC for disinfection	Sample	*****	1.0	mg/L	0	Continuous	Analyzer
STORST # 50060	Measurement	*****	*****	mg/L		Continuous	Analyzer
Mon-Site #EFA-2	Permit	*****	1.0	(Min)			
Turbidity	Sample	*****	3.0	NTU	0	Continuous	Analyzer
STORST #82078	Permit	*****	Report	(Max)		Continuous	Analyzer
Mon-Site # EFB-1	Measurement	*****	*****	NTU			

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/M/DD)
Michael Acosta		941-925-3088	11/1/23
Vice President Engineering/Operations			

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

DAILY SA : RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - D001 Discharge to Drainage Canal

Three Month Average Daily Flow: 0.000

Month/Year: June 1998

Daily Flow % of Permitted Capacity: 0%

Days of the Month Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Flow (mgd) EFF-1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Flow (mgd) INF 1	0.506	0.351	0.355	0.258	0.273	0.310	0.288	0.325	0.311	0.291	0.271	0.269	0.283	0.282	0.271	0.313	0.295	0.271	0.226	0.258	0.268	0.276	0.318	0.343	0.265	0.317	0.167	0.180	0.334	0.408
CBOD 5 (mg/l) EFD-1																														
CBOD 5 (mg/l) INF-2	113.0							154.0							192.0							133.0							167.0	
TSS (mg/l) EFD-1																														
TSS (mg/l) INF-2	126.0							170.0							170.0							120.0							226.0	
pH (std units) EFD-2 Min																														
pH (std units) EFD-2 Max																														
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
TRC (For Dechlorination) (mg/l) EFD-2																														
TRC (For Disinfection) (mg/l) EFA-2	1.19	1.00	2.18	1.38	2.48	2.11	2.00	1.20	1.80	1.74	1.73	1.60	1.56	1.86	1.14	1.53	1.66	1.50	1.74	1.72	2.20	1.55	1.00	1.00	1.11	2.00	1.21	1.65	1.55	1.84
Nitrogen (mg/l as N) EFD-1																														
Phosphorous (mg/l as P) EFD-1																														
96 hr Acute Static Renewal Ceriodaphnia dubia (% eff.)																														
EFD-2																														
96 hr Acute Static Renewal Cyprinella leedsii (% effluent)																														
EFD-2																														

Plant Staffing:

Day Shift Operator Class: A Certificate No. 2438 Name: Randy Musgrove

Day Shift Operator Class: B Certificate No. 8936 Name: Rob Marcincuk

Lead Operator Class: A Certificate No. 8022 Name: Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access

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

* Attach additional sheets necessary to list all certified operators necessary for required operations.

CT
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CT

DAILY SAI RESULTS - PART B

Barefoot Bay AWWTF - R001 Reuse Irrigation

Permit Number: FL0042293-01

Three Month Average Daily Flow: 0.403

Month/Year: June 1998

Daily Flow % Permitted Capacity: 43%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Parameter/Unit/Monitoring Location Site Number																														
Flow (mgd) EFF-2, Total Process	0.532	0.339	0.280	0.310	0.292	0.339	0.317	0.327	0.314	0.280	0.300	0.285	0.310	0.293	0.284	0.314	0.289	0.292	0.293	0.282	0.305	0.179	0.450	0.370	0.230	0.337	0.285	0.314	0.399	0.472
Flow (mgd), To the 40-acre Sprayfield	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.100	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Flow (mgd), To the Barefoot Bay Golf Course	0.194	0.106	0.140	0.151	0.200	0.183	0.000	0.220	0.168	0.171	0.191	0.257	0.154	0.165	0.278	0.202	0.212	0.248	0.186	0.306	0.305	0.086	0.060	0.102	0.071	0.080	0.071	0.080	0.080	0.090
Flow (mgd), To H&S Groves Site	0.000	0.000	0.059	0.000	0.000	0.339	0.317	0.081	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.189	0.306	0.000	0.075	0.000	0.164	0.337	0.112	0.076	0.201	0.189	0.126
Flow (mgd), To Wheeler Farms Grove Site	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Flow (mgd), To Barefoot Bay AWWTF Plant Grnds	0.000	0.000	0.004	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.022	0.000	0.000	0.000	0.000	0.000	0.000	0.001	0.000	0.000	0.000	0.000	0.007	0.000	0.000	0.000	0.000	0.000
CBOO 5 (mg/l) EFA-1	4.1							6.3							6.9							4.9							6.5	
TSS (mg/l) EFB-1	<1	<1	2.3	<1	1.0	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
pH (std units) EFA-2 Min	6.92	6.98	6.80	7.02	6.93	6.90	6.79	6.88	6.91	6.93	6.82	6.93	6.73	6.65	6.68	6.71	6.96	6.86	7.07	6.96	6.80	6.78	6.78	6.69	6.76	6.66	6.91	6.92	6.86	6.81
pH (std units) EFA-2 Max																			7.07											
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
TRC (For Disinfection) (mg/l) EFA-2	1.19	1.00	2.18	1.38	2.48	2.11	2.00	1.20	1.80	1.74	1.73	1.60	1.56	1.86	1.14	1.53	1.66	1.50	1.74	1.72	2.20	1.55	1.00	1.00	1.10	2.00	1.21	1.65	1.55	1.64
Turbidity (NTU) EFB-1	0.45	1.35	1.40	1.15	0.60	1.00	0.39	0.70	0.45	0.50	3.00	0.68	0.88	0.41	0.45	0.48	0.33	0.35	0.54	0.38	0.35	1.05	0.33	1.55	1.00	1.10	0.69	0.70	0.65	0.60

Plant Staffing:

Day Shift Operator Class: A Certificate No. 2438 Name: Randy Musgrove

Day Shift Operator Class: B Certificate No. 8936 Name: Rob Marcincuk

Lead Operator Class: A Certificate No. 8022 Name: Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access

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

* Attach additional sheets necessary to list all certified operators necessary for required operations.

LIMITED WET WEATHER DISCHARGE - PART C

Facility ID: FL0042293

Facility Name : Barefoot Bay AWTF

Month/Year June 1998

Rainfall Information: Rainfall gauging station: Liftstation A

Cumulative rainfall to date for this calendar year: 20.28 inches

Source of climatological (normal rainfall) data: NOAA - Melbourne, FL

Cumulative rainfall for the average rainfall year: 20.05 inches

Average rainfall year 48.17 inches

Date	Duration of Discharge (Hours)	Gallons Discharge (MG)	Average Discharge Flow Rate (MGD)	Average Upstream Flow Rate (MGD) N/A	Stream Dilution Factor N/A	CBOD 5 (mg/l as O2)	TKN (mg/l as N) N/A	Total P (mg/l as P)	Reason for Discharge
Monthly Avg									

**FLORIDA CITIES
WATER COMPANY**

**POINCIANA
UTILITIES INC.**

July 22, 1998

Bruce Boler
Florida Department of Environmental Protection
Wastewater Facilities Regulation Section
Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

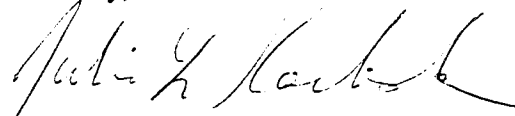
Re: Central Division Monitoring
Barefoot Bay AWTP - Permit No. FL0042293
Poinciana WWTP No. 3 - Permit No. FL0036862
Poinciana WWTP No. 5 - Permit No. FL010979

Dear Mr. Boler

Enclosed are the monthly monitoring reports for the above referenced facilities for the month of June 1998. We have also enclosed the 1998 second quarter groundwater monitoring reports for the Barefoot Bay AWTP.

Please feel free to contact me if you have any questions.

Sincerely,



Julie L. Karleskint, P.E.
Operations Manager

Enclosures

cc: L. Good
B. Sansbury
FDEP - Central District

FLORIDA CITIES WATER COMPANY
POINCIANA UTILITIES INC.
4837 Swift Road, Suite 100
Sarasota, Florida 34231
Telephone 941/925-3088

Units of Avatar Utilities Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER : FL0042293-01
 MONITORING PERIOD From 07/01/98 TO 07/31/98
 LIMIT FINAL
 CLASS SIZE MINOR

REPORT: Monthly
 GROUP: Domestic

FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: D001
 PLANT SIZE/TREATMENT TYPE IB

WAFR SITE # 2753
 GMS TEST SITE NO 3005X14973

XXXXX No Discharge

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd			0	Continuous	Flow Meter
STORET # 50050 Y Mon-Site # EFF-1	Permit Measurement	0.75 (An. Avg.)	mgd				Continuous	Flow Meter
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd			0	Continuous	Flow Meter
STORET # 50050 I Mon-Site # EFF-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Flow Meter
Flow (Influent)	Sample Measurement	0.551	mgd			0	Continuous	Flow Meter
STORET # 50050 G Mon-Site # INF-1	Permit Measurement	0.75 (An. Avg.)	mgd				Continuous	Flow Meter
Flow (Influent)	Sample Measurement	0.374	mgd			0	Continuous	Flow Meter
STORET # 50050 W Mon-Site # INF-1	Permit Measurement	Report (Mo. Avg.)	mgd				Continuous	Flow Meter
CBOD 5	Sample Measurement							
STORET # 80082 Y Mon-Site # EFD-1	Permit Measurement			5.0 (An. Avg.)	mg/L		Weekly	16-hour FPC
CBOD 5	Sample Measurement							
STORET # 80082 I Mon-Site # EFD-1	Permit Measurement			6.2 (Mo. Avg.)	10.0 (Max.) mg/L		Weekly	16-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

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

Note: This DMR must be submitted every month. If no discharge during the monitoring period, check () the "No Discharge" box above.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CBOD 5 (Influent)	Sample Measurement			149.0	mg/L	0	Weekly	16-hour FPC
STORET # 80082 Mon-Site # INF-2	G Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement							
STORET # 00530 Mon-Site # EFD-1	Y Permit Measurement			5.0 (An. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement							
STORET # 00530 Mon-Site # EFD-1	I Permit Measurement			6.25 (Mo. Avg.)	10.0 (Max.) mg/L		Weekly	16-hour FPC
TSS (Influent)	Sample Measurement			187.0	mg/L	0	Weekly	16-hour FPC
STORET # 00530 Mon-Site # INF-2	G Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FPC
pH	Sample Measurement							
STORET # 00400 Mon-Site # EFD-2	I Permit Measurement			6.0 (Min.)	8.5 (Max.) S.U.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			<1.57	#/100mL	0	Weekly	Grab
STORET # 31616 Mon-Site # EFA-2	Y Permit Measurement			14.0 (An. Avg.)	#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement			<1	<1 #/100mL	0	Weekly	Grab
STORET # 31616 Mon-Site # EFA-2	A Permit Measurement			Report (Mo. Median)	86 (Max.) #/100mL		Weekly	Grab
TRC for disinfection	Sample Measurement			1.33	mg/L	0	Continuous	Analyzer
STORET # 50060 Mon-Site # EFA-2	A Permit Measurement			1.0 (Min.)	mg/L		Continuous	Analyzer
TRC for dechlorination	Sample Measurement							
STORET # 50060 Mon-Site # EFD-2	1 Permit Measurement			0.01 (Max)	mg/L		Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

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

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Total as N	Sample Measurement							
STORET # 00600 Y Mon-Site #EFD-1	Permit Measurement			3.0 (An. Avg.)	mg/L		Weekly	16-hour FPC
Nitrogen, Total as N	Sample Measurement							
STORET # 00600 I Mon-Site #EFD-1	Permit Measurement			3.75 (Mo. Avg.)	6.0 (Max.)	mg/L	Weekly	16-hour FPC
Phosphorous, Total as P	Sample Measurement							
STORET # 00665 Y Mon-Site # EFD-1	Permit Measurement			1.0 (An. Avg.)		mg/L	Weekly	16-hour FPC
Phosphorous, Total as P	Sample Measurement							
STORET # 00665 I Mon-Site # EFD-1	Permit Measurement			1.25 (Mo. Avg.)	2.0 (Max.)	mg/L	Weekly	16-hour FPC
Dissolved Oxygen (DO)	Sample Measurement							
STORET # 00300 I Mon-Site # EFD-2	Permit Measurement				5.0 (Min.)	mg/L	Weekly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER : FL0042293-01
 MONITORING PERIOD From 07/01/98 TO 07/31/98
 LIMIT FINAL REPORT: Toxicity
 CLASS SIZE MINOR GROUP: Domestic

FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: D001
 PLANT SIZE/TREATMENT TYPE IB
 WAFR SITE # 2753
 GMS TEST SITE NO 3005X14973

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
96-HR ACUTE STATIC RENEWAL Ceriodaphnia Dubia STORET # TAN3B P Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		Annual	Grab
96-HR ACUTE STATIC RENEWAL Cyprinella Leedsi STORET # TAN6H P Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		Annual	Grab
96-HR ACUTE STATIC RENEWAL Ceriodaphnia Dubia STORET # TAN3B Q Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		As Required	Grab
96-HR ACUTE STATIC RENEWAL Cyprinella Leedsi STORET # TAN6H Q Mon-Site # EFD-1	Sample Measurement			NODI=9				
	Permit Measurement			100% (Min.)	%		As Required	Grab
	Sample Measurement							
	Permit Measurement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

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

P = Routine Test Q=Additional Test Enter NODI=9 if monitoring is not required this month.

562

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company
 MAILING ADDRESS: 4837 Swift Road, Suite 100
 Sarasota, FL 34231

PERMIT NUMBER : FL0042293-01
 MONITORING PERIOD From 07/01/98 TO 07/31/98
 LIMIT FINAL REPORT: Monthly
 CLASS SIZE MINOR GROUP: Domestic

FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility
 LOCATION: 7773 Dottie Lane
 Barefoot Bay, FL 32976

FACILITY ID: FL0042293
 GMS ID NO. 3005P03394
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE IB
 WAFR SITE # 2756
 GMS TEST SITE NO 3005X12846

COUNTY: Brevard

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
Flow (Total Reuse)	Sample Measurement	0.560	*****	mgd	*****	*****	*****	0	Continuous	Flow Meter	
STORET # 50050 Mon-Site # EFF-2	Y Permit Measurement	0.75 (An. Avg.)	*****	mgd	*****	*****	*****	*****	Continuous	Flow Meter	
Flow (Total Reuse)	Sample Measurement	0.389	*****	mgd	*****	*****	*****	*****	0	Continuous	Flow Meter
STORET # 50050 Mon-Site # EFF-2	I Permit Measurement	Report (Mo. Avg.)	*****	mgd	*****	*****	*****	*****	*****	Continuous	Flow Meter
CBOD 5	Sample Measurement	*****	*****	*****	*****	<4.8	*****	mg/L	0	1/30	Calculated
STORET # 80082 Mon-Site # EFA-1	Y Permit Measurement	*****	*****	*****	*****	20 (An. Avg.)	*****	mg/L	*****	1/Month	Calculated
CBOD 5	Sample Measurement	*****	*****	*****	*****	5.1	5.9	mg/L	0	Weekly	16-hour FPC
STORET # 80082 Mon-Site # EFA-1	A Permit Measurement	*****	*****	*****	*****	30.0 (Mo. Avg)	60.0 (Max.)	mg/L	*****	Weekly	16-hour FPC
TSS	Sample Measurement	*****	*****	*****	*****	1.8	*****	mg/L	0	Daily	Grab
STORET # 00530 Mon-Site # EFB-1	B Permit Measurement	*****	*****	*****	*****	5.0 (Max)	*****	mg/L	*****	Daily	Grab
pH	Sample Measurement	*****	*****	*****	*****	6.52	7.00	S.U.	0	7/7	Grab
STORET # 00400 Mon-Site # EFA-2	A Permit Measurement	*****	*****	*****	*****	6.0 (Min)	8.5 (Max.)	S.U.	*****	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

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

563

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

PERMIT NUMBER: FL 0042293-01

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 2756

PARAMETER		QUALITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		*****	*****	*****		*****					
Fecal Coliform Bacteria	Sample Measurement	*****	*****	*****	<1	*****	<1	#/100mL	0	Daily	Grab
STORET # 31616 A Mon-Site #EFA-2	Permit Measurement	*****	*****	*****	Non Det. (75 %)	*****	25 (Max.)	#/100mL		Daily	Grab
TRC for disinfection	Sample Measurement	*****	*****	*****	1.33	*****	*****	mg/L	0	Continuous	Analyzer
STORET # 50060 A Mon-Site #EFA-2	Permit Measurement	*****	*****	*****	1.0 (Min.)	*****	*****	mg/L		Continuous	Analyzer
Turbidity	Sample Measurement	*****	*****	*****	*****	*****	3.0	NTU	0	Continuous	Analyzer
STORET #82078 B Mon-Site # EFB-1	Permit Measurement	*****	*****	*****	*****	*****	Report (Max.)	NTU		Continuous	Analyzer

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

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

DAILY SAMPLE RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - D001 Discharge to Drainage Canal

Three Month Average Daily Flow: 0.000

Month/Year: July 1998

Daily Flow % of Permitted Capacity: 0%

Days of the Months Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (mgd) EFF-1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Flow (mgd), INF 1	0.334	0.343	0.267	0.308	0.317	0.312	0.272	0.306	0.281	0.302	0.350	0.382	0.462	0.375	0.388	0.379	0.396	0.401	0.338	0.401	0.420	0.371	0.464	0.369	0.332	0.371	0.498	0.470	0.470	0.492	0.428
CBOD 5 (mg/l) EFD-1																															
CBOD 5 (mg/l) INF-2						113.0							128.0								167.0						188.0				
TSS (mg/l) EFD-1																															
TSS (mg/l) INF-2						186.0							153.0									143.0						266.0			
pH (std units) EFD-2 Min																															
pH (std units) EFD-2 Max																															
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
TRC (For Dechlorination) (mg/l) EFD-2																															
TRC (For Disinfection) (mg/l) EFA-2	2.58	1.50	2.10	2.10	2.06	1.75	1.94	1.80	1.33	1.82	1.75	1.75	2.17	1.85	2.44	1.62	1.50	1.68	1.85	1.75	1.45	1.70	1.45	2.10	1.75	2.00	1.53	1.82	2.46	2.02	1.70
Nitrogen (mg/l as N), EFD-1																															
Phosphorous (mg/l as P) EFD-1																															
96 hr Acute Static Renewal Ceriodaphnia dubia (% eff.)																															
EFD-2																															
96 hr Acute Static Renewal Cyprinella leedsi (% effluent)																															
EFD-2																															

Plant Staffing:

Day Shift Operator Class: A Certificate No. 2438 Name: Randy Musgrove

Day Shift Operator Class: B Certificate No. 8936 Name: Rob Marcincuk

Lead Operator Class: A Certificate No. 8022 Name: Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access

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

* Attach additional sheets necessary to list all certified operators necessary for required operations.

DAILY SAMPLE RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - R001 Reuse Irrigation

Three Month Average Daily Flow: 0.363

Month/Year: July 1998

Daily Flow % Permitted Capacity: 52%

Days of the Month Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Flow (mgd) EFF-2, Total Process	0.337	0.398	0.273	0.267	0.262	0.314	0.294	0.374	0.270	0.352	0.403	0.412	0.553	0.445	0.463	0.442	0.430	0.449	0.395	0.447	0.388	0.450	0.446	0.407	0.383	0.370	0.509	0.411	0.384	0.405	0.313	
Flow (mgd), To the 40-acre Sprayfield	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.097	0.000	0.000	0.000	0.000	0.048	0.000	0.028	0.000	0.000	0.000	0.000	0.000	0.000		
Flow (mgd), To the Barefoot Bay Golf Course	0.080	0.080	0.080	0.080	0.085	0.000	0.000	0.039	0.120	0.000	0.000	0.000	0.135	0.000	0.028	0.000	0.100	0.108	0.095	0.104	0.000	0.000	0.115	0.106	0.128	0.101	0.152	0.073	0.116	0.140	0.142	
Flow (mgd), To H&S Groves Site	0.375	0.013	0.000	0.000	0.076	0.009	0.000	0.000	0.000	0.000	0.000	0.000	0.339	0.427	0.463	0.442	0.430	0.449	0.395	0.061	0.000	0.000	0.000	0.211	0.383	0.370	0.509	0.394	0.072	0.204	0.313	
Flow (mgd), To Wheeler Farms Grove Site	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Flow (mgd), To Barefoot Bay AWWT Plant Grnds	0.015	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.000	0.000	0.000	0.000	0.013	0.000	0.007	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
CBOD 5 (mg/l) EFA -1						5.9							4.3							4.4							5.6					
TSS (mg/l) EFB-1	1.3	1.8	1.1	<1	<1	<1	<1	<1	1.0	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
pH (std units) EFA-2 Min	6.81	7.00	6.88	7.00	6.88	6.86	6.78	6.92	6.96	6.86	6.82	6.88	6.93	6.82	6.87	6.80	6.76	6.84	6.83	6.84	6.89	6.93	6.87	6.75	6.86	6.95	6.94	6.81	6.52	6.82	6.65	
pH (std units) EFA-2 Max				7.00																												
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
TRC (For Disinfection) (mg/l) EFA-2	2.58	1.50	2.10	2.10	2.06	1.75	1.94	1.80	1.33	1.82	1.75	1.75	2.17	1.85	2.44	1.62	1.50	1.68	1.85	1.75	1.45	1.70	1.45	2.10	1.75	2.00	1.53	1.82	2.46	2.02	1.70	
Turbidity (NTU) EFB-1	3.00	3.00	2.30	1.31	0.91	1.40	3.00	3.00	3.00	2.89	1.79	1.03	1.65	3.00	2.46	1.90	1.62	1.21	0.78	0.55	0.85	1.04	1.25	1.68	1.45	1.85	1.39	3.00	2.99	2.75	2.14	

Plant Staffing:

Day Shift Operator Class: A Certificate No. 2438 Name: Randy Musgrove

Day Shift Operator Class: B Certificate No. 8936 Name: Rob Marcincuk

Lead Operator Class: A Certificate No. 8022 Name: Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access

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

* Attach additional sheets necessary to list all certified operators necessary for required operations.

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LIMITED WET WEATHER DISCHARGE - PART C

Facility ID: FL0042293

Facility Name : Barefoot Bay AWTF

Month/Year July 1998

Rainfall Information: Rainfall gauging station: Liftstation A

Cumulative rainfall to date for this calendar year: 27.63 inches

Source of climatological (normal rainfall) data: NOAA - Melbourne, FL

Cumulative rainfall for the average rainfall year: 28.07 inches

Average rainfall year 48.17 inches

Date	Duration of Discharge (Hours)	Gallons Discharge (MG)	Average Discharge Flow Rate (MGD)	Average Upstream Flow Rate (MGD) N/A	Stream Dilution Factor N/A	CBOD 5 (mg/l as O2)	TKN (mg/l as N) N/A	Total P (mg/l as P)	Reason for Discharge
Monthly Avg									