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ADDITIONAL ENGINEERING INFORMATION

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MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

VOLUME III

Test Year Ended December 31, 2005

DOCUMENT NUMBER-DATE

04144 MAY 11 8

FPSC-COMMISSION CLERK

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ADDITIONAL ENGINEERING INFORMATION
MID-COUNTY SERVICES, INC.
DOCKET NO.: 060254-SU
VOLUSIA COUNTY

Test Year Ended December 31, 2005

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (1)
Detailed Map

Test Year Ended December 31, 2005

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (2)
Chemicals Used

Test Year Ended December 31, 2005

Dosage rates vary depending on various factors in order to produce potable water or treated effluent that meets all regulatory requirements.

Company	W/S	Invoice Number	Type	Quantity	Per Unit	Amount	Tax	Total
MID-COUNTY SERVICES, INC.	S	1509	Methanol	6,423	1.67	10,726.41		
MID-COUNTY SERVICES, INC.	S	1509	Water Quality Tax	6,423	0.06	378.96		
MID-COUNTY SERVICES, INC.	S	1509	Total for invoice No. 1509			11,105.37	35.00	11,140.37
MID-COUNTY SERVICES, INC.	S	1682	Sodium Hypochlorite	654	1.10	719.40		
MID-COUNTY SERVICES, INC.	S	1682	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	1682	Total for invoice No. 1682			723.40	-	723.40
MID-COUNTY SERVICES, INC.	S	1682	Sodium Bisulfite	2	141.75	283.50		
MID-COUNTY SERVICES, INC.	S	1682	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	1682	Total for invoice No. 1682			287.50	19.81	307.31
MID-COUNTY SERVICES, INC.	S	2983	Sodium Hypochlorite	646	1.10	710.60		
MID-COUNTY SERVICES, INC.	S	2983	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	2983	Total for invoice No. 2983			714.60	-	714.60
MID-COUNTY SERVICES, INC.	S	2983	Sodium Hypochlorite	611	1.10	672.10		
MID-COUNTY SERVICES, INC.	S	2983	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	2983	Total for invoice No. 2983			676.10	-	676.10
MID-COUNTY SERVICES, INC.	S	2983	Sodium Hypochlorite	594	1.10	653.40		
MID-COUNTY SERVICES, INC.	S	2983	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	2983	Total for invoice No. 2983			657.40	-	657.40
MID-COUNTY SERVICES, INC.	S	2983	Sodium Hypochlorite	849	1.10	933.90		
MID-COUNTY SERVICES, INC.	S	2983	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	2983	Total for invoice No. 2983			937.90	-	937.90
MID-COUNTY SERVICES, INC.	S	2983	Sodium Bisulfite	2	147.29	294.58		
MID-COUNTY SERVICES, INC.	S	2983	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	2983	Total for invoice No. 2983			298.58	20.58	319.16
MID-COUNTY SERVICES, INC.	S	2983	Sodium Bisulfite	3	147.29	441.87		
MID-COUNTY SERVICES, INC.	S	2983	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	2983	Total for invoice No. 2983			445.87	30.87	476.74
MID-COUNTY SERVICES, INC.	S	2983	Sodium Bisulfite	3	147.29	441.87		
MID-COUNTY SERVICES, INC.	S	2983	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	2983	Total for invoice No. 2983			445.87	30.87	476.74
MID-COUNTY SERVICES, INC.	S	2983	Sodium Bisulfite	2	147.29	294.58		
MID-COUNTY SERVICES, INC.	S	2983	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	2983	Total for invoice No. 2983			298.58	20.58	319.16
MID-COUNTY SERVICES, INC.	S	2986	Histosol OP	220	14.80	3,256.00		
MID-COUNTY SERVICES, INC.	S	2986	Shipping & Handling	1	227.32	227.32		
MID-COUNTY SERVICES, INC.	S	2986	Total for invoice No. 2986			3,483.32	-	3,483.32
MID-COUNTY SERVICES, INC.	S	3577	LC-166 Ferricsulfate	27,400	0.09	2,411.20		
MID-COUNTY SERVICES, INC.	S	3577	Fuelsurcharge	1	35.00	35.00		
MID-COUNTY SERVICES, INC.	S	3577	Total for invoice No. 3577			2,446.20	144.67	2,590.87
MID-COUNTY SERVICES, INC.	S	3601	Sodium Hypochlorite	717	1.10	788.70		
MID-COUNTY SERVICES, INC.	S	3601	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	3601	Total for invoice No. 3601			792.70	-	792.70
MID-COUNTY SERVICES, INC.	S	3601	Sodium Bisulfite	2	147.29	294.58		
MID-COUNTY SERVICES, INC.	S	3601	Fuelsurcharge	1	8.00	4.00		
MID-COUNTY SERVICES, INC.	S	3601	Total for invoice No. 3601			298.58	20.58	319.16
MID-COUNTY SERVICES, INC.	S	72844	Sodium Hypochlorite	671	0.85	570.35		
MID-COUNTY SERVICES, INC.	S	72844	Sodium Bisulfite	2	125.22	250.44		
MID-COUNTY SERVICES, INC.	S	72844	Total for invoice No. 72844			570.35	-	570.35
MID-COUNTY SERVICES, INC.	S	73063	Deodorizer	165	8.00	1,320.00		
MID-COUNTY SERVICES, INC.	S	73063	Environmentalsurcharge	1	39.60	39.60		
MID-COUNTY SERVICES, INC.	S	73063	Shipping/Handling	1	10.00	10.00		
MID-COUNTY SERVICES, INC.	S	73063	Total for invoice No. 73063			1,369.60	92.67	1,462.27
MID-COUNTY SERVICES, INC.	S	73085	Sodium Hypochlorite	641	0.85	544.85		
MID-COUNTY SERVICES, INC.	S	73085	Sodium Bisulfite	2	125.22	250.44		
MID-COUNTY SERVICES, INC.	S	73085	Total for invoice No. 73085			544.85	-	544.85
MID-COUNTY SERVICES, INC.	S	74608	Sodium Hypochlorite	553	0.85	470.05		
MID-COUNTY SERVICES, INC.	S	74608	Calcium Hypochlorite	1	120.00	120.00		
MID-COUNTY SERVICES, INC.	S	74608	Total for invoice No. 74608			590.05	-	590.05
MID-COUNTY SERVICES, INC.	S	74608	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	74748	LC-166 Ferricsulfate	41,320	0.08	3,099.00		
MID-COUNTY SERVICES, INC.	S	74748	Fuelsurcharge	1	35.00	35.00		
MID-COUNTY SERVICES, INC.	S	74748	Total for invoice No. 74748			3,134.00	185.94	3,319.94
MID-COUNTY SERVICES, INC.	S	75585	Sodium Hypochlorite	1,177	0.85	1,000.45		
MID-COUNTY SERVICES, INC.	S	75585	Sodium Hypochlorite	528	0.85	448.80		
MID-COUNTY SERVICES, INC.	S	75585	Sodium Hypochlorite	639	0.95	607.05		
MID-COUNTY SERVICES, INC.	S	75585	Sodium Bisulfite	2	125.22	250.44		
MID-COUNTY SERVICES, INC.	S	75585	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	75585	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	76002	Deodorizer	165	8.00	1,320.00		
MID-COUNTY SERVICES, INC.	S	76002	Para Block	1	113.50	113.50		
MID-COUNTY SERVICES, INC.	S	76002	Environmental Charge	1	39.60	39.60		
MID-COUNTY SERVICES, INC.	S	76002	Shipping/Handling	1	10.00	10.00		
MID-COUNTY SERVICES, INC.	S	76002	Total for invoice No. 76002			1,483.10	103.12	1,586.22
MID-COUNTY SERVICES, INC.	S	76612	Sodium Hypochlorite	641	0.95	608.95		
MID-COUNTY SERVICES, INC.	S	76612	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	77160	Sodium Hypochlorite	562	0.95	533.90		
MID-COUNTY SERVICES, INC.	S	77160	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	77185	Methanol	2,998	1.67	5,006.66		
MID-COUNTY SERVICES, INC.	S	77185	Water Quality Tax	2,998	0.06	176.88		
MID-COUNTY SERVICES, INC.	S	77185	Total for invoice No. 77185			5,183.54	-	5,183.54

Company	W/S	Invoice Number	Type	Quantity	Per Unit	Amount	Tax	Total
MID-COUNTY SERVICES, INC.	S	77188	Histosol OP	220	14.80	3,256.00		
MID-COUNTY SERVICES, INC.	S	77188	Freight	1	204.82	204.82		
MID-COUNTY SERVICES, INC.	S	77188	Total for invoice No. 77188			3,460.82	-	3,460.82
MID-COUNTY SERVICES, INC.	S	78074	Sodium Hypochlorite	517	0.95	491.15	-	491.15
MID-COUNTY SERVICES, INC.	S	78074	Sodium Hypochlorite	478	0.95	454.10	-	454.10
MID-COUNTY SERVICES, INC.	S	78074	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	78074	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	78642	Sodium Hypochlorite	503	0.95	477.85	-	477.85
MID-COUNTY SERVICES, INC.	S	78642	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	78767	Deodorizer	165	8.00	1,320.00		
MID-COUNTY SERVICES, INC.	S	78767	Environmental Charge	1	35.00	35.00		
MID-COUNTY SERVICES, INC.	S	78767	Shipping/Handling	1	10.00	10.00		
MID-COUNTY SERVICES, INC.	S	78767	Total for invoice No. 78767			1,365.00	94.77	1,459.77
MID-COUNTY SERVICES, INC.	S	79744	Sodium Hypochlorite	446	0.95	423.70	-	423.70
MID-COUNTY SERVICES, INC.	S	79744	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	80523	LC-166 Ferrisulfate	39,940	0.08	2,995.50		
MID-COUNTY SERVICES, INC.	S	80523	Fuelsurcharge	1	35.00	35.00		
MID-COUNTY SERVICES, INC.	S	80523	Total for invoice No. 80523			3,030.50	179.73	3,210.23
MID-COUNTY SERVICES, INC.	S	80968	Sodium Hypochlorite	585	0.95	555.75	-	555.75
MID-COUNTY SERVICES, INC.	S	80968	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	81263	Deodorizer	165	8.00	1,320.00		
MID-COUNTY SERVICES, INC.	S	81263	Para Block	1	113.50	113.50		
MID-COUNTY SERVICES, INC.	S	81263	Environmentalsurcharge	1	39.60	39.60		
MID-COUNTY SERVICES, INC.	S	81263	Shipping/Handling	1	10.00	10.00		
MID-COUNTY SERVICES, INC.	S	81263	Total for invoice No. 81263			1,483.10	103.12	1,586.22
MID-COUNTY SERVICES, INC.	S	81730	Hypochloritesolutions	664	0.95	630.80	-	630.80
MID-COUNTY SERVICES, INC.	S	81730	Hypochloritesolutions	694	0.95	659.30	-	659.30
MID-COUNTY SERVICES, INC.	S	81730	Sodium Bisulfite	2	125.22	250.44	17.50	267.94
MID-COUNTY SERVICES, INC.	S	81730	Sodium Bisulfite	2	125.22	250.44	-	250.44
MID-COUNTY SERVICES, INC.	S	81802	Histosol OP	220	14.80	3,256.00		
MID-COUNTY SERVICES, INC.	S	81802	Freight	1	209.45	209.45		
MID-COUNTY SERVICES, INC.	S	81802	Total for invoice No. 81802			3,465.45	-	3,465.45
MID-COUNTY SERVICES, INC.	S	81826	Granular Deodorant	1	449.50	449.50		
MID-COUNTY SERVICES, INC.	S	81826	Shipping/Handling	1	66.40	66.40		
MID-COUNTY SERVICES, INC.	S	81826	Total for invoice No. 81826			515.90	-	515.90
MID-COUNTY SERVICES, INC.	S	82296	Sodium Hypochlorite	584	0.95	554.80	-	554.80
MID-COUNTY SERVICES, INC.	S	82296	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	82440	Amber 4/1 Gallon	4	23.95	95.80		
MID-COUNTY SERVICES, INC.	S	82440	Shipping/Handling	1	16.05	16.05		
MID-COUNTY SERVICES, INC.	S	82440	Total for invoice No. 82240			111.85	6.71	118.56
MID-COUNTY SERVICES, INC.	S	83026	Sodium Hypochlorite	582	0.95	552.90		552.90
MID-COUNTY SERVICES, INC.	S	83026	Sodium Hypochlorite	581	0.95	551.95		551.95
MID-COUNTY SERVICES, INC.	S	83026	Calcium Hypochlorite	1	132.01	132.01		132.01
MID-COUNTY SERVICES, INC.	S	83026	Total for invoice No. 83026			683.96		683.96
MID-COUNTY SERVICES, INC.	S	83026	Sodium Bisulfite	2	130.32	260.64		260.64
MID-COUNTY SERVICES, INC.	S	83026	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	83879	Sodium Hypochlorite	532	0.95	505.40	-	505.40
MID-COUNTY SERVICES, INC.	S	83879	Sodium Hypochlorite	616	0.95	585.20	-	585.20
MID-COUNTY SERVICES, INC.	S	83879	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	83879	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	84783	Sodium Hypochlorite	534	0.95	507.30	-	507.30
MID-COUNTY SERVICES, INC.	S	84783	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	84858	Deoderant	2	449.50	899.00		
MID-COUNTY SERVICES, INC.	S	84858	Shipping/Handling		1.00	96.32		
MID-COUNTY SERVICES, INC.	S	84858	Total for invoice No. 84858			995.32	-	995.32
MID-COUNTY SERVICES, INC.	S	85199	Histosol OP	220	14.80	3,256.00		
MID-COUNTY SERVICES, INC.	S	85199	Shipping/Handling	1	219.93	219.93		
MID-COUNTY SERVICES, INC.	S	85199	Total for invoice No. 85199			3,475.93	-	3,475.93
MID-COUNTY SERVICES, INC.	S	86378	Sodium Hypochlorite	594	0.95	564.30	-	564.30
MID-COUNTY SERVICES, INC.	S	86378	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	87216	Sodium Hypochlorite	601	0.95	570.95	-	570.95
MID-COUNTY SERVICES, INC.	S	87216	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	87292	LC-166 Ferrisulfate	41,120	0.08	3,084.00		
MID-COUNTY SERVICES, INC.	S	87292	Fuelsurcharge	1	35.00	35.00		
MID-COUNTY SERVICES, INC.	S	87292	Total for invoice No. 87292			3,119.00	185.04	3,304.04
MID-COUNTY SERVICES, INC.	S	87625	Sodium Hypochlorite	590	0.95	560.50	-	560.50
MID-COUNTY SERVICES, INC.	S	87625	Sodium Hypochlorite	644	0.95	611.80		
MID-COUNTY SERVICES, INC.	S	87625	Sodium Bisulfite	2	130.32	260.64		
MID-COUNTY SERVICES, INC.	S	87625	Total for invoice No. 87625			872.44	3.38	875.82
MID-COUNTY SERVICES, INC.	S	87625	Calcium Hypochlorite	2	132.01	264.02	14.82	278.84
MID-COUNTY SERVICES, INC.	S	87625	Calcium Hypochlorite	2	132.01	264.02	14.82	278.84
MID-COUNTY SERVICES, INC.	S	88108	Methanol	2,456	1.67	4,101.52		
MID-COUNTY SERVICES, INC.	S	88108	Water Quality Tax	2,456	0.06	144.90		
MID-COUNTY SERVICES, INC.	S	88108	Total for invoice No. 88108			4,246.42	-	4,246.42
MID-COUNTY SERVICES, INC.	S	88391	Sodium Hypochlorite	624	0.95	592.80	-	592.80
MID-COUNTY SERVICES, INC.	S	88391	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	88399	Deoderant	2	449.50	899.00		
MID-COUNTY SERVICES, INC.	S	88399	Shipping/Handling	1	96.32	96.32		

Company	W/S	Invoice Number	Type	Quantity	Per Unit	Amount	Tax	Total
MID-COUNTY SERVICES, INC.	S	88399	Total for invoice No. 88399			995.32	-	995.32
MID-COUNTY SERVICES, INC.	S	89657	Sodium Hypochlorite	735	0.95	698.25	-	698.25
MID-COUNTY SERVICES, INC.	S	89657	Sodium Hypochlorite	662	0.95	628.90	-	628.90
MID-COUNTY SERVICES, INC.	S	89657	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	89657	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	90950	Sodium Hypochlorite	712	0.95	676.40	-	676.40
MID-COUNTY SERVICES, INC.	S	90950	Sodium Hypochlorite	768	0.95	729.60	-	729.60
MID-COUNTY SERVICES, INC.	S	90950	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	90950	Sodium Bisulfite	2	130.32	260.64	18.20	278.84
MID-COUNTY SERVICES, INC.	S	90963	Histosol OP	220	14.80	3,256.00	-	3,256.00
MID-COUNTY SERVICES, INC.	S	90963	Freight	1	222.27	222.27	-	222.27
MID-COUNTY SERVICES, INC.	S	90963	Total for invoice No. 90963			3,478.27	-	3,478.27
MID-COUNTY SERVICES, INC.	S	91760	Ferricsulfate	41,140	0.08	3,085.50	-	3,085.50
MID-COUNTY SERVICES, INC.	S	91760	Fuelsurcharge	1	35.00	35.00	-	35.00
MID-COUNTY SERVICES, INC.	S	91760	Total for invoice No. 91760			3,120.50	185.13	3,305.63
MID-COUNTY SERVICES, INC.	S	91843	Sodium Hypochlorite	908	1.10	998.80	-	998.80
MID-COUNTY SERVICES, INC.	S	91843	Sodium Bisulfite	2	141.75	283.50	19.81	303.31
MID-COUNTY SERVICES, INC.	S	92287	Sodium Hypochlorite	878	1.10	965.80	-	965.80
MID-COUNTY SERVICES, INC.	S	92287	Calcium Hypochlorite	1	141.25	141.25	-	141.25
MID-COUNTY SERVICES, INC.	S	92287	Total for invoice No. 92287			1,107.05	-	1,107.05
MID-COUNTY SERVICES, INC.	S	92287	Sodium Hypochlorite	839	1.10	922.90	-	922.90
MID-COUNTY SERVICES, INC.	S	92287	Sodium Bisulfite	2	141.75	283.50	-	283.50
MID-COUNTY SERVICES, INC.	S	92287	Chem-Tech 100	1	159.13	159.13	-	159.13
MID-COUNTY SERVICES, INC.	S	92287	Total for invoice No. 92287			442.63	19.85	462.48
MID-COUNTY SERVICES, INC.	S	92287	Sodium Bisulfite	2	141.75	283.50	19.81	303.31
MID-COUNTY SERVICES, INC.	S	93577	Sodium Hypochlorite	816	1.10	897.60	-	897.60
MID-COUNTY SERVICES, INC.	S	93577	Sodium Bisulfite	2	141.75	283.50	19.81	303.31
MID-COUNTY SERVICES, INC.	S	94342	Sodium Hypochlorite	688	1.10	756.80	-	756.80
MID-COUNTY SERVICES, INC.	S	94342	Sodium Hypochlorite	643	1.10	707.30	-	707.30
MID-COUNTY SERVICES, INC.	S	94342	Sodium Bisulfite	2	141.75	283.50	19.81	303.31
MID-COUNTY SERVICES, INC.	S	94342	Sodium Bisulfite	2	141.75	283.50	19.81	303.31
MID-COUNTY SERVICES, INC.	S	95411	Sodium Hypochlorite	684	1.10	752.40	-	752.40
MID-COUNTY SERVICES, INC.	S	95411	Sodium Bisulfite	2	141.75	283.50	19.85	303.35
MID-COUNTY SERVICES, INC.	S	96618	Histosol OP	220	14.80	3,256.00	-	3,256.00
MID-COUNTY SERVICES, INC.	S	96618	Freight	1	231.99	231.99	-	231.99
MID-COUNTY SERVICES, INC.	S	96618	Total for invoice No. 96618			3,487.99	-	3,487.99
MID-COUNTY SERVICES, INC.	S	97284	Sodium Hypochlorite	694	1.10	763.40	-	763.40
MID-COUNTY SERVICES, INC.	S	97284	Sodium Hypochlorite	633	1.10	696.30	-	696.30
MID-COUNTY SERVICES, INC.	S	97284	Sodium Hypochlorite	697	1.10	766.70	-	766.70
MID-COUNTY SERVICES, INC.	S	97284	Freight	1	8.00	4.00	-	4.00
MID-COUNTY SERVICES, INC.	S	97284	Total for invoice No. 97284			770.70	-	770.70
MID-COUNTY SERVICES, INC.	S	97284	Sodium Bisulfite	2	141.75	283.50	19.81	303.31
MID-COUNTY SERVICES, INC.	S	97284	Sodium Bisulfite	2	141.75	283.50	19.81	303.31
MID-COUNTY SERVICES, INC.	S	97284	Sodium Bisulfite	2	141.75	283.50	-	283.50
MID-COUNTY SERVICES, INC.	S	97284	Freight	1	8.00	4.00	-	4.00
MID-COUNTY SERVICES, INC.	S	97284	Total for invoice No. 97284			287.50	-	287.50
MID-COUNTY SERVICES, INC.	S	98688	LC-166 Ferricsulfate	36,920	0.09	3,248.96	-	3,248.96
MID-COUNTY SERVICES, INC.	S	98688	Fuelsurcharge	1	35.00	35.00	-	35.00
MID-COUNTY SERVICES, INC.	S	98688	Total for invoice No. 98688			3,283.96	194.94	3,478.90
MID-COUNTY SERVICES, INC.	S	99697	Sodium Hypochlorite	604	1.10	664.40	-	664.40
MID-COUNTY SERVICES, INC.	S	99697	Fuelsurcharge	1	8.00	4.00	-	4.00
MID-COUNTY SERVICES, INC.	S	99697	Total for invoice No. 99185			668.40	-	668.40
MID-COUNTY SERVICES, INC.	S	99697	Sodium Hypochlorite	524	1.10	576.40	-	576.40
MID-COUNTY SERVICES, INC.	S	99697	Calcium Hypochlorite	2	141.25	282.50	-	282.50
MID-COUNTY SERVICES, INC.	S	99697	Total for invoice No. 99185			858.90	-	858.90
MID-COUNTY SERVICES, INC.	S	99697	Sodium Hypochlorite	573	1.10	630.30	-	630.30
MID-COUNTY SERVICES, INC.	S	99697	Sodium Bisulfite	2	141.75	283.50	-	283.50
MID-COUNTY SERVICES, INC.	S	99697	Fuelsurcharge	1	8.00	4.00	-	4.00
MID-COUNTY SERVICES, INC.	S	99697	Total for invoice No. 99185			287.50	19.81	307.31
MID-COUNTY SERVICES, INC.	S	99697	Sodium Bisulfite	2	141.75	283.50	19.81	303.31
MID-COUNTY SERVICES, INC.	S	99697	Sodium Bisulfite	2	147.29	294.58	-	294.58
MID-COUNTY SERVICES, INC.	S	99697	Fuelsurcharge	1	8.00	4.00	-	4.00
MID-COUNTY SERVICES, INC.	S	99697	Total for invoice No. 99697			298.58	20.58	319.16

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (3)
Chemical Analyses

Test Year Ended December 31, 2005

NOT APPLICABLE

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (4)
Operations Reports

Test Year Ended December 31, 2005

645

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Water Compliance and Reporting Department of Environmental Protection, Waterworks: Pollution Management Section, 365 3191, 2800 Blair Stone Road, Tallahassee, FL 32399-5490

PERMIT NUMBER: 21003498-002-DW1P
 MONITORING PERIOD FROM: 1-1-05
 CLASS SIZE: 150000
 PLANT SIZE/TREATMENT TYPE: 27001
 TO: 1-31-05
 REPORT GROUP: Monthly Domestic
 WATER USE CODE: 10005
 CAPACITY: 9.00
 DATE: 100

THREE MONTH ROLLING AVE, 588 6.5% OF PERMITTED

PERMITTEE NAME: ADA-Comedy Services, Inc.
 180 Westland Blvd.
 Altamonte Springs, FL 32714
 LOCATION: 7209 Spanish Vista Dr.
 Palm Harbor, FL 34683
 COUNTY: Pinellas

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Bx.	Frequency of Analysis	Sample Type
CH000	ST0002 Y			2.07	mg/L	0	Calculated	Rolling Annual Avg
	Mon. Site No. EPD-01-36118			3.0 (No. Avg.)	mg/L	0	Calculated	Rolling Annual Avg
	ST0002 I			2.0	mg/L	0	Weekly	Rolling Annual Avg
	Mon. Site No. EPD-01-36118			6.21 (No. Avg.)	mg/L	0	Weekly	Rolling Annual Avg
	ST0030 Y			2.0	mg/L	0	Calculated	Rolling Annual Avg
	Mon. Site No. EPD-01-36118			3.0 (No. Avg.)	mg/L	0	Calculated	Rolling Annual Avg
	ST0039 I			2.0	mg/L	0	Weekly	Rolling Annual Avg
	Mon. Site No. EPD-01-36118			6.21 (No. Avg.)	mg/L	0	Weekly	Rolling Annual Avg
	ST0030 I			2.0	mg/L	0	3 Days/Week	Rolling Annual Avg
	Mon. Site No. EPD-01-36118			3.0 (No. Avg.)	mg/L	0	3 Days/Week	Rolling Annual Avg
	ST0040 I			6.8	mg/L	0	Rolling Annual Avg	Rolling Annual Avg
	Mon. Site No. EPD-01-36118			6.0 (No. Avg.)	mg/L	0	Rolling Annual Avg	Rolling Annual Avg

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

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 fines and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: DAVID WINKLE
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David Winkle*
 TELEPHONE NO: 787-7972
 DATE (Y/Y/M): 05/02/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: MIL-County WWTP
 PERMIT NUMBER: PL605-999-003-DWTP
 DISCHARGE POINT NUMBER: D001
 WASTE SITE No.: 14999

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration		Units	No. An.	Frequency of Analysis	Sample Type
				100% Non Detectable (25 Percentile)	25 (Max.)				
Fecal Coliform Bacteria	Sample Measurement						0	5 DAILY	Grab
STREET No. 31615 Mon. Site No. EPD-01-36115	Sample Measurement						0	5 DAILY	Grab
TMC for Chlorination	Sample Measurement						0	5 DAILY	Grab
STREET No. 90669 Mon. Site No. EPD-01-36554 PIC for chlorination	Sample Measurement						0	5 DAILY	Grab
STREET No. 90669 Mon. Site No. EPD-01-36118 Nitrogen	Sample Measurement						0	5 DAILY	Grab
STREET No. 90669 Mon. Site No. EPD-01-36118 Nitrogen	Sample Measurement						0	5 DAILY	Grab
STREET No. 90669 Mon. Site No. EPD-01-36118 Phosphorus	Sample Measurement						0	5 DAILY	Grab
STREET No. 90669 Mon. Site No. EPD-01-36118 Phosphorus	Sample Measurement						0	5 DAILY	Grab
STREET No. 24517 Mon. Site No. EPD-01-36118 Oxygen Dissolved (DO)	Sample Measurement						0	5 DAILY	Grab
STREET No. 90209 Mon. Site No. EPD-01-36118	Sample Measurement						0	5 DAILY	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

What Company shall file report to: Department of Environmental Protection, Waterside Facilities Management Section, RM 3351, 2600 Blair Stone Road, Tallahassee, FL 32399-3400

PERMIT NUMBER: FLD004788-000-DW1P
 MONITORING PERIOD: From 1-1-05 To 1-31-05
 CLASS: Final
 CLASSED BY: MIM
 DISCHARGE POINT NUMBER: D004

WATER SITE NO.: 14560
 TO REPORT GROUP: WASTEWATER
 FACILITY LOCATION: 2099 Spanish Vista Dr. Palm Harbor, FL 34608

PERMIT NUMBER: FLD004788-000-DW1P
 MONITORING PERIOD: From 1-1-05 To 1-31-05
 CLASS: Final
 CLASSED BY: MIM
 DISCHARGE POINT NUMBER: D004

DATE: 03/01/2005

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STAT 7 DAY CHRONIC Cytotoxicity data (Foodfish)	Sample Measurement		NODE = 4 (ppm)				
STORET No. TB72B P							See Permit
NOEL STAT 7 DAY CHRONIC Cytotoxicity data (Additional)	Sample Measurement		NODE = 5 (ppm)				
STORET No. TB72B O							See Permit
NOEL STAT 7 DAY CHRONIC Cytotoxicity data (Additional)	Sample Measurement		NODE = 4 (ppm)				
STORET No. TB72B R							See Permit
NOEL STAT 7 DAY CHRONIC Cytotoxicity data (Foodfish)	Sample Measurement		NODE = 5 (ppm)				
STORET No. TB72C P							See Permit
NOEL STAT 7 DAY CHRONIC Cytotoxicity data (Additional)	Sample Measurement		NODE = 5 (ppm)				
STORET No. TB72C O							See Permit
NOEL STAT 7 DAY CHRONIC Cytotoxicity data (Additional)	Sample Measurement		NODE = 5 (ppm)				
STORET No. TB72C R							See Permit

If a second discharge test is required, enter the result in an empty row.

If a second discharge test is required, enter the results column if no discharge occurred during the reporting period. Enter NODE-9 in the results column if no definitive tests are required.

I certify under penalty of law that I have personally searched and am familiar with the information submitted hereto and based on my knowledge of these individuals immediately responsible for checking the information, I believe the information submitted is true, accurate and complete. I am aware that there are additional penalties for submitting false information, including the possibility of fines and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler ADDRESS: 787-7571 DATE OF SIGNATURE: 03/01/05

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler ADDRESS: 787-7571 DATE OF SIGNATURE: 03/01/05

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler ADDRESS: 787-7571 DATE OF SIGNATURE: 03/01/05

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler ADDRESS: 787-7571 DATE OF SIGNATURE: 03/01/05

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler ADDRESS: 787-7571 DATE OF SIGNATURE: 03/01/05

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Watershed Facilities Management Section, ME 3211, 2699 Rich Street Rd, Tallahassee, FL 32309-2909

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westchasefield Ave.,
 Altamonte Springs, FL 32714

PERMIT NUMBER: 7100-3478-002-07817
 MONITORING PERIOD: From 11/1/85 to 11/30/85
 LAUNCH: 11/1/85
 FLARE REPERMITS TYPE: B
 DISCHARGE POINT NUMBER: 0811 Ambient Monitoring at Onskill

TRK REPORT: Ambient Monitoring
 CERCLA: 14593
 WATER RITE No.:
 at Onskill
 DATE: 02/09

FACILITY: Mid-County Services, Inc.
 LOCATION: 2099 Spanish Vista Drive
 COUNTY: Palm Harbor, FL 34663

Parameter	Sample Measurement Point	Quality at Concentration	Units	No. of Samples	Frequency of Analysis	Sample Type
pH	STORY NO. 0008 \$ Mid-County Services, Inc. 2099 Spanish Vista Drive Palm Harbor, FL 34663	7.0 Report	S.U. SU	0	Quarterly	Grab Onsk
DISSOLVED OXYGEN	STORY NO. 0009 \$ Mid-County Services, Inc. 2099 Spanish Vista Drive Palm Harbor, FL 34663	7.39 Report	mg/L mg/L	0	Quarterly	Grab Onsk
TEMPERATURE	STORY NO. 0010 \$ Mid-County Services, Inc. 2099 Spanish Vista Drive Palm Harbor, FL 34663	83.7 Report	°C °F	0	Quarterly	Grab Onsk
SALINITY	STORY NO. 0011 \$ Mid-County Services, Inc. 2099 Spanish Vista Drive Palm Harbor, FL 34663	0.60 Report	mg/L mg/L	0	Quarterly	Grab Onsk
Total Coliform	STORY NO. 31615 \$ Mid-County Services, Inc. 2099 Spanish Vista Drive Palm Harbor, FL 34663	< 1 Report	2-100/L #/100ml	0	Quarterly	Grab Onsk
Ammonia Nitrogen	STORY NO. 31616 \$ Mid-County Services, Inc. 2099 Spanish Vista Drive Palm Harbor, FL 34663	5.0 Report	mg/L mg/L	0	Quarterly	Grab Onsk
Orthophosphate	STORY NO. 31617 \$ Mid-County Services, Inc. 2099 Spanish Vista Drive Palm Harbor, FL 34663	4.5 Report	mg/L mg/L	0	Quarterly	Grab Onsk

I certify under penalty of law that I have personally examined and am familiar with the information submitted and based on my best knowledge and belief, and based on my personal examination and knowledge of these individuals, I am aware that there are significant violations including the possibility of a criminal offense.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler
 DATE (MM/DD/YY): 05/02/82
 TELEPHONE NO: 787-7178

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Was Completed with Data report for Department of Environmental Protection, Wastewater Treatment Management Section, MS 3511, 2800 Blair Road PM, Tuscaloosa, 35604-0000
 FACILITY NAME: Mel County WWTP PERMIT NUMBER: F1063779-010-DW1P DISCHARGE POINT NUMBER: D901 - Ambient Monitoring at Outlet
 MONTH/YEAR: 01/04 WAPT SITE No.: 14591

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. of	Frequency of	Sample Type
TOTAL SUSPENDED SOLIDS	Sample In measurement							
STORET No. 00030 5	Permit			2.2	Report	0	Quarterly	Grab
Mon. Site No. SWA-01-26334	Measurement							
FIELD, CAERONKICKBOUS	Sample							
STORET No. 00210 3	Permit			2.2	Report	0	Quarterly	Grab
Mon. Site No. SWA-01-26334	Measurement							
TOTAL CHLORIDE NITROGEN	Sample							
STORET No. 00025 5	Permit			1.5	Report	0	Quarterly	Grab
Mon. Site No. SWA-01-26334	Measurement							
NITRATE NITROGEN	Sample							
STORET No. 00039 5	Permit			4.6	Report	0	Quarterly	Grab
Mon. Site No. SWA-01-26334	Measurement							
TOTAL AMMONIA	Sample							
STORET No. 00010 5	Permit			0.010	Report	0	Quarterly	Grab
Mon. Site No. SWA-01-26334	Measurement							
TOTAL PHOSPHORUS	Sample							
STORET No. 00045 5	Permit			1.1	Report	0	Quarterly	Grab
Mon. Site No. SWA-01-26334	Measurement							
ORTHOPHOSPHORUS	Sample							
STORET No. 00060 5	Permit			1.6	Report	0	Quarterly	Grab
Mon. Site No. SWA-01-26334	Measurement							

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, send this report to: Department of Environmental Protection, Westchester Facilities Management Section, NB 551L, 2069 High Street Rd., Yonkers, NY 10596-2400

PERMITTEE NAME: 3466 County Services, Inc.
SCALING ADDRESS: 200 Westchester Ave.
 Alhambra Springs, NY 12014

PERMIT NUMBER: F1409795-000-01W1P
MONITORING PERIOD: From 1/1/02 to 12/31/02

TO REPORT: 1/31/02
 Analyst: [Signature]

FACILITY: 3466 County Services, Inc.
LOCATION: 2109 Spanish Vista Drive
 Paris, Kansas, NY 14668

CLASS: Minor
PLANT IDENTIFICATION TYPE: B
DISCHARGE POINT NUMBER: 0001: Ambient Monitoring Upstream

DATE: 05/08/02

Parameter	Sample	Quality of Concentration	Units	No. Ex.	Frequency of Analyte	Sample Type
pH	Sample Measurement Permit	7.6 Report Surface	7.6 Report Bottom	0	Quarterly	Grab
STORST No. 01408 5 Mon. #10 No. 01408-01-01003 DISSOLVED OXYGEN	Sample Measurement Permit	6.04 Report Surface	5.99 Report Bottom	0	Quarterly	Grab
STORST No. 00300 1 Mon. #10 No. 01408-01-01003 TEMPERATURE	Sample Measurement Permit	20.9 Report Surface	20.9 Report Bottom	0	Quarterly	Grab
STORST No. 00010 5 Mon. #10 No. 01408-01-01003 ALKALINITY	Sample Measurement Permit	0.2 Report Surface	0.2 Report Bottom	0	Quarterly	Grab
STORST No. 00440 4 Mon. #10 No. 01408-01-01003 Total Chlorine	Sample Measurement Permit	4.20 Report Surface	4.20 Report Bottom	0	Quarterly	Grab
STORST No. 01501 5 Mon. #10 No. 01408-01-01003 Total Chlorine	Sample Measurement Permit	2600 Report Surface	2600 Report Bottom	0	Quarterly	Grab
STORST No. 02078 5 Mon. #10 No. 01408-01-01003	Sample Measurement Permit	4.10 Report Surface	4.10 Report Bottom	0	Quarterly	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.

MANAGER OF PRINCIPAL EXECUTIVE OFFICE OR AUTHORIZED AGENT: [Signature]
MANAGER OF PRINCIPAL EXECUTIVE OFFICE OR AUTHORIZED AGENT: [Signature]
DATE (MM/DD/YY): 05/08/02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Watershed Protection Management Section, 145 MILL 2000 Lake Shore Rd, Tallahassee, 32310-0600
 FACILITY NAME: Mid-Coast WWTW PERMIT NUMBER: RL00-078-001-DWTP DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream WADR SITE No: 14335
 MONTH/YEAR: 11/05

Parameter	Sample Management Permit	Quantity or Loading	Units	Quality or Concentration	Units	No. Samples	Frequency of Analysis	Sample Type
CHLOROPHEHYL-a	STORST No. 00229 5 Mon. Site No. 8178-01-06033 TOTAL PHOSPHORUS			< 1 Report Mtd-Depth		0	Quarterly	Grab
	STORST No. 00578 5 Mon. Site No. 8178-01-06033 TOTAL CARBON			< 2 Report Mtd-Depth		0	Quarterly	Grab
	STORST No. 00310 5 Mon. Site No. 8178-01-06033 TOTAL NITRATE-NITROGEN			< 2 Report Mtd-Depth		0	Quarterly	Grab
	STORST No. 00602 5 Mon. Site No. 8178-01-06033 NITRATE-NITROGEN			0.71 Report Mtd-Depth		0	Quarterly	Grab
	STORST No. 00630 5 Mon. Site No. 8178-01-06033 TOTAL AMMONIA			0.31 Report Mtd-Depth		0	Quarterly	Grab
	STORST No. 00610 5 Mon. Site No. 8178-01-06033 TOTAL PHOSPHORUS			0.058 Report Mtd-Depth		0	Quarterly	Grab
	STORST No. 00465 5 Mon. Site No. 8178-01-06033 TOTAL PHOSPHORUS			0.043 Report Mtd-Depth		0	Quarterly	Grab
	STORST No. 00600 5 Mon. Site No. 8178-01-06033			0.080 Report Mtd-Depth		0	Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, mail this report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 3311, 2649 Brick Store Rd, Tallahassee, 32399-3400

PERMITTEE NAME: **ADA-County Services, Inc.**
 MAILING ADDRESS: **200 Woodland Ave,
 Altamonte Springs, FL 32716**
 FACILITY: **ADA-County Services, Inc.**
 LOCATION: **200 Woodland Ave, Altamonte Springs, FL 32716**
 COUNTY: **Alachua**

PERMIT NUMBER: **111106**
 SHORT-TERM PERIOD FROM: **11/10/06**
 CLASS SIZE: **1000**
 PLANT TREATMENT TYPE: **Secondary Treatment**

FOR REPORT GROUP: **11/10/06**
 WAPR SITE No.: **14553**
 LABORATORY: **14553**

DEAR DEAR 01400

Parameter	Sample Measurement	Quality or Concentration	Units	No. B.S.	Frequency of Analysis	Sample Type
pH	Measurement	7.5	Report Bottom	7.5	Quarterly	Grab
STREET No. 09400 6	Measurement	6.58	Report Bottom	6.46	Quarterly	Grab
STREET No. 21079 6	Measurement	2.12	Report Bottom	2.12	Quarterly	Grab
STREET No. 09400 6	Measurement	0.3	Report Bottom	0.3	Quarterly	Grab
STREET No. 21079 6	Measurement	350	Report Bottom	350	Quarterly	Grab
STREET No. 31591 6	Measurement	1600	Report Bottom	1600	Quarterly	Grab
STREET No. 21079 6	Measurement	4.2	Report Bottom	4.2	Quarterly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted hereon, and based on my knowledge of these individuals I am fully and completely responsible for obtaining the information, I believe submitted hereon is true, accurate and complete. I am aware that there are significant penalties for submitting this information that is false and/or misleading, including the possibility of fines and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: **David Winkler**
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David Winkler*
 TELEPHONE NO: **727-7978**
 DATE (MM/DD/YY): **05/02/07**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed read this report for Department of Environmental Protection, Wastewater Facilities Management Section, 263 3111, 2600 Blair Street EA, Tallahassee, 32309-3400
 FACILITY NAME: 104-Conroy WWTP
 PERMIT NUMBER: FL0054708-002-DW1P
 DISCHARGE POINT NUMBER: 21001 - Ambient Non-Boiling Datestream
 WAFR SITE No.: 14985

Parameter	Quantity or Loading	Units	Quality or Concentration	Unit	No. of Samples	Frequency of Analysis	Sample Type
CHLOROPHYLL-A							
STREET No. 30250 6			2.1	mg/L	0	Quarterly	Grab
Mon. Site No. BWD-01-30253							
TOTAL SUSPENDED SOLIDS							
STREET No. 06010 6			0.2	mg/L	0	Quarterly	Grab
Mon. Site No. BWD-01-30535							
NO ₃ -NITROGEN							
STREET No. 00310 6			0.2	mg/L	0	Quarterly	Grab
Mon. Site No. BWD-01-30253							
TOTAL KjELDAHL NITROGEN							
STREET No. 00420 6			1.1	mg/L	0	Quarterly	Grab
Mon. Site No. BWD-01-30333							
NITRATE-NITRATE							
STREET No. 00930 6			1.7	mg/L	0	Quarterly	Grab
Mon. Site No. BWD-01-30333							
TOTAL AMMONIA							
STREET No. 00610 6			0.026	mg/L	0	Quarterly	Grab
Mon. Site No. BWD-01-30333							
TOTAL PHOSPHORUS							
STREET No. 00465 6			0.28	mg/L	0	Quarterly	Grab
Mon. Site No. BWD-01-30333							
CHLORO-PHOSPHORUS							
STREET No. 00660 6			0.49	mg/L	0	Quarterly	Grab
Mon. Site No. BWD-01-30333							

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-022-DW11
Month/Year:

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 595
Daily Flow % of Permit & Capacity: 65%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (p.u.)	Fecal Coliform Bacteria (#/100ml)	TBC (For Disinfect.) (mg/L)	TBC (For Disinfect.) (mg/L)	Ammonia (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	10000	09002	09130	0920	40000	70005	50000	50000	00000	00000	0000	00002	00000
Mon. Sam.	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01
1	0.048				7.4-6.8	<1	1.50	20.01			6.8		
2	0.049				7.3-7.0	<1	2.97	20.01			6.2		
3	0.027			<2	7.3-7.0	<1	2.62	20.01			6.5		
4	0.027			<2	7.3-7.0	<1	2.04	20.01			6.7		
5	0.006	<2	<2	<2	7.3-7.0	<1	1.75	20.01	0.71	0.43	6.7		
6	0.027			<2	7.4-7.0	<1	1.82	20.01			6.7		
7	0.040			<2	7.5-7.0	<1	3.32	20.01			6.1		
8	0.028				7.3-6.9	<1	1.70	20.01			6.1		
9	0.045				7.4-7.0	<1	3.21	20.01			6.7		
10	0.051			<2	7.5-7.0	<1	1.72	20.01			6.4		
11	0.024			<2	7.7-7.0	<1	1.67	20.01			7.3		
12	0.088	<2	<2	<2	7.4-7.1	<1	2.36	20.01	1.5	0.47	6.3		
13	0.068			<2	7.4-7.1	<1	2.47	20.01			6.6		
14	0.015			<2	7.6-7.0	<1	1.48	20.01			6.2		
15	0.099				7.8-7.0	<1	1.50	20.01			7.1		
16	0.052				7.6-7.0	<1	1.80	20.01			6.4		
17	0.052			<2	7.3-7.0	<1	1.03	20.01			7.0		
18	0.019			<2	7.5-7.0	<1	2.31	20.01			6.8		
19	0.024	<2	<2	<2	7.2-6.9	<1	1.81	20.01	2.2	0.13	7.2		
20	0.070			<2	7.0-6.9	<1	1.66	20.01			6.4		
21	0.097			<2	7.7-6.7	<1	3.87	20.01			6.9		
22	0.069				7.7-7.0	<1	2.25	20.01			6.9		
23	0.012				7.7-7.0	<1	1.82	20.01			6.9		
24	0.005			<2	7.4-7.0	<1	1.56	20.01			7.3		
25	0.034			<2	7.3-7.0	<1	2.25	20.01			7.3		
26	0.003	<2	<2	<2	7.2-6.8	<1	2.38	20.01	0.57	0.40	7.4		
27	0.091			<2	7.2-6.8	<1	2.97	20.01			6.4		
28	0.029			<2	7.3-6.8	<1	3.51	20.01			6.4		
29	0.023				7.1-6.7	<1	2.40	20.01			6.3		
30	0.057				7.1-6.8	<1	2.10	20.01			6.5		
31	0.089			<2	7.3-7.0	<1	2.80	20.01			6.6		

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: C-13832 Name: Jay Hahn
 Evening Shift Operator: Class: Certificate No: Name:
 Night Shift Operator: Class: A+A Certificate No: A-512 A-277 Name: RALPH JONES
 Lead Operator: Class: B Certificate No: B-12018 Name: DAVID WINKER
 Type of Effluent Disposal or Recycled Water Reuse: Surface Water to Curlew Creek
 Limited Wet Weather Discharge Activated: Yes (X) Not Applicable If yes, cumulative days of wet weather discharge:

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

FILE 001

645

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blaik Stone Road, Tallahassee, FL 32309-2400

FIRM/OWNER NAME: Mid-County Services, Inc.
 200 Woodside Blvd. Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0024782-002-DW11
 MONITORING PERIOD FROM: 2-1-05
 TO: 2-8-05
 CLASS-SIZE: Final
 PLANT SIZE/TREATMENT TYPE: Final
 DISCHARGE POINT NUMBER: 8

The REPORT GROUP: WAFR SCIENCE
 14595
 Manufactory Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34658
 COUNTY: Pinellas

THREE MONTH ROLLING AVE: 3.63
 CAPACITY: 1.02

DATE: 3/09

Parameter	Sample Measurement	Quantity or Loading	Units	Quality of Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	STOR# No. 80082 Y Mon. Site No. EPD-01-36118 Measurement			2.06 5.0 (Max.)		0	Calculated	Rolling Annual Avg. R.A.A.
TSS	STOR# No. 80082 I Mon. Site No. EPD-01-36118 Measurement			2.0 6.25 (Max.)	7.5 (Week-Avg.)	0	Weekly	Rolling Annual Avg. R.A.A.
TSS	STOR# No. 00530 Y Mon. Site No. EPD-01-36118 Measurement			2.0 5.0 (Max.)		0	Calculated	Rolling Annual Avg. R.A.A.
TSS	STOR# No. 00530 I Mon. Site No. EPD-01-36118 Measurement			2.0 6.25 (Max.)	7.5 (Week-Avg.)	0	Weekly	Rolling Annual Avg. R.A.A.
#4	STOR# No. 00530 I Mon. Site No. EPD-01-36383 Measurement			2.0 5.0 (Max.)		0	5 Days/Week	Grab Grab
	STOR# No. 00400 I Mon. Site No. EPD-01-36118 Measurement			6.8 8.0 (Max.)	7.4 8.5 (Max.)	0	Continuous	Rolling Annual Avg. R.A.A.

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID WINKER	<i>David Winker</i>	787-7578	05/03/01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP
 Month/Year: 8/05

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14393

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria STORET No. 31615 1 Mon. Site No. EFD-01-36118	Sample Measurement			100 %		< 1	#/100ml	0	5 dwk Grab
	Permit Measurement			Non Detectable (75 Percentile)		25 (Max.)	@100ml		5 Days/Week Grab
TRC for disinfection STORET No. 50069 A Mon. Site No. EFA-01-36356	Sample Measurement			1.30			mg/L	0	continuous meter
	Permit Measurement			1.0 (Min.)			mg/L		Continuous Meter
TRC for dechlorination STORET No. 50060 1 Mon. Site No. EFD-01-36118	Sample Measurement					20.01	mg/L	0	hourly Grab
	Permit Measurement					0.01 (Max.)	mg/L		hourly Grab
Nitrogen STORET No. 00600 7 Mon. Site No. EFD-01-36118	Sample Measurement			2.18			mg/L	0	calculated RAA
	Permit Measurement			1.0 (An. Avg.)			mg/L as N		Calculated Rolling Annual Avg.
Nitrogen STORET No. 00600 1 Mon. Site No. EFD-01-36118	Sample Measurement			1.26	NODE=9	2.6	mg/L	0	weekly 24hr FPC
	Permit Measurement			3.75 (Mo. Avg.)	4.5 (Week. Avg.)	6.0 (Max.)	mg/L as N		Weekly 16-hour FPC
Phosphorus STORET No. 00663 7 Mon. Site No. EFD-01-36118	Sample Measurement			0.49			mg/L	0	calculated 24hr FPC
	Permit Measurement			1.0 (An. Avg.)			mg/L as P		Calculated 16-hour FPC
Phosphorus STORET No. 70587 1 Mon. Site No. EFD-01-36118	Sample Measurement			0.46	NODE=9	0.52	mg/L	0	1 weekly 24hr FPC
	Permit Measurement			1.25 (Mo. Avg.)	1.1 (Week. Avg.)	2.0 (Max.)	mg/L as P		Weekly 16-hour FPC
Oxygen, Dissolved (DO) STORET No. 00306 1 Mon. Site No. EFD-01-36118	Sample Measurement			6.2			mg/L	0	DAILY Grab
	Permit Measurement			3.0 (Min.)			mg/L		Daily Grab

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UTILITIES INC OF FL

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Nip-County WWTP
 MONTH/YEAR: 03/05

PERMIT NUMBER: FL024789-002-DW1P

DISCHARGE POINT NUMBER: D001

WATER SITE No.: 14395

Parameter	Sample Measurement Point	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	STORET No. 80050	1670	mgd			0	Continuous	Flow Meter
	Mon. Site No. INF-01-36113	0.908 (AADP)	mgd			0	Continuous	Flow Meter & Totalizers
CBOD5	STORET No. 80050	0.670	mgd			0	Monthly	CAA RAA
	Mon. Site No. EFD-01-36118	Report (Mon. Avg.)	mgd			0	Monthly	Calculations (Rolling Annual Avg.)
TSS	STORET No. 80092			170	mg/L	0	Monthly	24hr FRC
	Mon. Site No. INF-01-36119	Report (Mon. Avg.)			mg/L	0	Monthly	16-hour PPC
	STORET No. 08530			260	mg/L	0	Monthly	24hr FRC
	Mon. Site No. INF-01-36119	Report (Mon. Avg.)			mg/L	0	Monthly	16-hour PPC

Rolling Annual Average is the average of the current monthly average and the preceding 11 months' monthly average.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed on this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3351, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 209 Westwoodfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0004789-002-DWEP
 MONITORING PERIOD From: 2-1-05
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 2-28-05
 REPORT: TOXICITY
 GROUP:
 WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Routine) STORET No. TBP3B P Mon. Site No. EFD-01-36118	Sample Measurement			NODE=9				
	Permit Measurement			100 (Min.)	Percent		Bi-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional) STORET No. TBP3B Q Mon. Site No. EFD-01-36118	Sample Measurement			NODE=9				
	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional) STORET No. TBP3B R Mon. Site No. EFD-01-36118	Sample Measurement			NODE=9				
	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Routine) STORET No. TBP6C P Mon. Site No. EFD-01-36118	Sample Measurement			NODE=9				
	Permit Measurement			100 (Min.)	Percent		Bi-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Additional) STORET No. TBP6C Q Mon. Site No. EFD-01-36118	Sample Measurement			NODE=9				
	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Additional) STORET No. TBP6C R Mon. Site No. EFD-01-36118	Sample Measurement			NODE=9				
	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit

* If a second definitive test is required, enter the result in an empty row.

** Enter NODE=9 in the results column if no discharge occurred during the reporting period. Enter NODE=0 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID WINKLER	<i>David Winkler</i>	787 787-7978	05/03/01

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, Watershed Protection Division Management Section, 385 3rd St., Tallahassee, FL 32399-2400

PERMITTING NAME: 300 Westwoodfield Ave., Allamore Springs, FL 32714
FACILITY: Mid-County Sewer, in 2399 Spanish Vista Drive, Palm Harbor, FL 34668
LOCATION: Florida
COUNTRY: Florida
REPORT NUMBER: P1004178-002-DWTP
PLANT SIZE: 2-4-01
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: 0001 Ambient Monitoring at Outlet
REPORT GROUP: Ambient Monitoring
WARF SITE NO.: 1455
DATE DATE: 02/00

Parameter	Sample	Sample Measurement	Sample	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement	Report	NDP=9				Grab
RYORET NO. 00400 5	Sample Measurement	Report	NDP=9	SU			Grab
Mon. Site No. SWA-01-3634	Sample Measurement	Report	NDP=9				Grab
DISSOLVED OXYGEN	Sample Measurement	Report	NDP=9				Grab
STORRT No. 00300 5	Sample Measurement	Report	NDP=9				Grab
Mon. Site No. SWA-01-3634	Sample Measurement	Report	NDP=9				Grab
TEMPERATURE	Sample Measurement	Report	NDP=9	mgl			Grab
STORRT No. 00010 5	Sample Measurement	Report	NDP=9				Grab
Mon. Site No. SWA-01-3634	Sample Measurement	Report	NDP=9				Grab
SALINITY	Sample Measurement	Report	NDP=9	°C			Grab
STORRT No. 00480 5	Sample Measurement	Report	NDP=9				Grab
Mon. Site No. SWA-01-3634	Sample Measurement	Report	NDP=9	mgl			Grab
Peak Coliform	Sample Measurement	Report	NDP=9				Grab
STORRT No. 1615 5	Sample Measurement	Report	NDP=9				Grab
Mon. Site No. SWA-01-3634	Sample Measurement	Report	NDP=9				Grab
Tom Coliform	Sample Measurement	Report	NDP=9				Grab
STORRT No. 31501 5	Sample Measurement	Report	NDP=9				Grab
Mon. Site No. SWA-01-3634	Sample Measurement	Report	NDP=9				Grab
Turbidity	Sample Measurement	Report	NDP=9				Grab
STORRT No. 82078 5	Sample Measurement	Report	NDP=9				Grab
Mon. Site No. SWA-01-3634	Sample Measurement	Report	NDP=9				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	DAVID WINKLER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>David Winkler</i>
TELEPHONE NO.	227-7978
DATE (Y/M/Day)	05/03/01

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 3511, 2600 High Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mad County WWTP PERMIT NUMBER: FL0034789-002-DW1F DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall
 MONTH/YEAR: 2/05

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			NOPE=9				
STORET No. 00530 5	Permit Measurement			Report	mg/L		Quarterly	Grab
Mon. Site No. SWA-01-36334								
BOD ₅ CARBONACEOUS	Sample Measurement			NOPE=9				
STORET No. 00310 3	Permit Measurement			Report	mg/L		Quarterly	Grab
Mon. Site No. SWA-01-36334								
TOTAL KJELDAHL NITROGEN	Sample Measurement			NOPE=9				
STORET No. 00625 5	Permit Measurement			Report	mg/L		Quarterly	Grab
Mon. Site No. SWA-01-36334								
NITRITE-NITRATE	Sample Measurement			NOPE=9				
STORET No. 00630 5	Permit Measurement			Report	mg/L		Quarterly	Grab
Mon. Site No. SWA-01-36334								
TOTAL AMMONIA	Sample Measurement			NOPE=9				
STORET No. 00610 5	Permit Measurement			Report	mg/L		Quarterly	Grab
Mon. Site No. SWA-01-36334								
TOTAL PHOSPHORUS	Sample Measurement			NOPE=9				
STORET No. 00645 5	Permit Measurement			Report	mg/L		Quarterly	Grab
Mon. Site No. SWA-01-36334								
ORTHO-PHOSPHORUS	Sample Measurement			NOPE=9				
STORET No. 00640 5	Permit Measurement			Report	mg/L		Quarterly	Grab
Mon. Site No. SWA-01-36334								

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

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UTILITIES INC OF FL

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed with this report see Department of Environmental Protection, Wastewater Pollution Management Section, 245 3511, 2500 North State Rd, Tallahassee, 32309-2400

PERMIT NUMBER: FL0037799-002-DW1P
 MONITORING PERIOD FROM: 8-1-01
 LIMIT: 30

CLASS SIZE: Minor
 PLANT TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: 0001: Ambient Monitoring

REPORT TO: Ambient Monitoring
 GROUP: Domestic
 WAPR SITE NO.: 14955

DATA DATE: 02/00

PERMITTEE NAME: 304-County Services, Inc.
 200 Weatherfield Ave.
 Alachua Springs, FL 32714

LOCATION: 304-County Services, Inc.
 2199 Spanish Vista Drive
 Palm Harbor, FL 34608

COUNTY: Pinellas

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UTILITIES INC OF FL

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Parameter	Sample	Measurement	Report Surface	Report Bottom	Units	No. Ex.	Frequency of Analysis	Sample Type
STORFT No. 00400 5	Measurement	Report Surface	Report Bottom	S.U.			Quarterly	Grab
DISSOLVED OXYGEN	Sample	Measurement	Report Surface	Report Bottom			Quarterly	Grab
STORFT No. 00300 5	Measurement	Report Surface	Report Bottom	mg/L			Quarterly	Grab
TEMPERATURE	Sample	Measurement	Report Surface	Report Bottom			Quarterly	Grab
STORFT No. 00010 5	Measurement	Report Surface	Report Bottom	%C			Quarterly	Grab
SALINITY	Sample	Measurement	Report Surface	Report Bottom			Quarterly	Grab
STORFT No. 00490 5	Measurement	Report Surface	Report Bottom	ug/L			Quarterly	Grab
Total Coliform	Sample	Measurement	Report Surface	Report Bottom			Quarterly	Grab
STORFT No. 31615 5	Measurement	Report Surface	Report Bottom	mg/L			Quarterly	Grab
Total Coliform	Sample	Measurement	Report Surface	Report Bottom			Quarterly	Grab
STORFT No. 31501 5	Measurement	Report Surface	Report Bottom	mg/L			Quarterly	Grab
Total Coliform	Sample	Measurement	Report Surface	Report Bottom			Quarterly	Grab
STORFT No. 31501 5	Measurement	Report Surface	Report Bottom	mg/L			Quarterly	Grab
Total Coliform	Sample	Measurement	Report Surface	Report Bottom			Quarterly	Grab
STORFT No. 32078 5	Measurement	Report Surface	Report Bottom	mg/L			Quarterly	Grab
Total Coliform	Sample	Measurement	Report Surface	Report Bottom			Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YY)
DAVID W. NICKER	<i>David W. Nickerson</i>	121 287-7478	05/03/01

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, Watershed Facilities Management Section, MS 3311, 2600 Blair Street SE, Tallahassee, 32309-5400
 FACILITY NAME: W-County WWTP
 PERMIT NUMBER: FL0004780-002-DWTP
 MONTH/YEAR: 2/04

DISCHARGE POINT NUMBER: D801 - Ambient Monitoring Upstream
 WAFR SITE No.: 14995

Parameter	Sample Measurement Permit Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a								
STORET No. 32230 5								
Mon. Site No. SWB-01-36333								
TOTAL SUSPENDED SOLIDS								
STORET No. 00330 5								
Mon. Site No. SWB-01-36333								
BOD ₅ , CARBONACBOUS								
STORET No. 00310 5								
Mon. Site No. SWB-01-36333								
TOTAL KILDAHE NITROGEN								
STORET No. 00625 5								
Mon. Site No. SWB-01-36333								
NITRITE-NITRATE								
STORET No. 00630 5								
Mon. Site No. SWB-01-36333								
TOTAL AMMONIA								
STORET No. 00610 5								
Mon. Site No. SWB-01-36333								
TOTAL PHOSPHORUS								
STORET No. 00665 5								
Mon. Site No. SWB-01-36333								
ORTHO-PHOSPHORUS								
STORET No. 00660 5								
Mon. Site No. SWB-01-36333								

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Womblesfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL 0034789-002-DWIF
 MONITORING PERIOD FROM: 2-1-01
 LIMIT: Final
 b/inor
 B
 CLASS SIZE:
 PLANT SIZE/TREATMENT TYPE:
 DISCHARGE POINT NUMBER:

2-28-05
 Ambient Monitoring
 Domestic
 14895

To: REPORT: 2-28-05
 GROUP: Ambient Monitoring
 WAFR SITE No.: Domestic
 14895

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Drive
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DC01: Ambient Monitoring Downstream

DNR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH STORET No. 00400 6 Mon. Site No. SWD-01-36335	Sample Measurement			NO DE = 5				
	Permit Measurement		Report Surface	Report Mid-Depth	Report Bottom	S.U.	Quarterly	Grab
DISSOLVED OXYGEN STORET No. 00390 6 Mon. Site No. SWD-01-36335	Sample Measurement			NO DE = 5				
	Permit Measurement		Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
TEMPERATURE STORET No. 00910 6 Mon. Site No. SWD-01-36335	Sample Measurement			NO DE = 9				
	Permit Measurement		Report Surface	Report Mid-Depth	Report Bottom	°C	Quarterly	Grab
SALINITY STORET No. 00480 6 Mon. Site No. SWD-01-36335	Sample Measurement			NO DE = 9				
	Permit Measurement		Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
Fecal Coliform STORET No. 31615 6 Mon. Site No. SWD-01-36335	Sample Measurement			NO DE = 9				
	Permit Measurement			Report Mid-Depth		#/100ml	Quarterly	Grab
Total Coliform STORET No. 31591 6 Mon. Site No. SWD-01-36335	Sample Measurement			NO DE = 9				
	Permit Measurement			Report Mid-Depth		#/100ml	Quarterly	Grab
Turbidity STORET No. 32078 6 Mon. Site No. SWD-01-36335	Sample Measurement			NO DE = 9				
	Permit Measurement			Report Mid-Depth		NTU s	Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
DAVID Winkler	David Winkler	727 787-7978	05/03/01

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

10/28/2004 1:31 PM

01/05/01

UTILITIES INC OF FL

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Water/Facilities Management Section, MS 1311, 2400 Blake Street Rd, Tallahassee, 32399-2408
 FACILITY NAME: WAPA, WAPA County WWTTP
 PERMIT NUMBER: FL0034789-002-DWTP
 DISCHARGE POINT NUMBER: 3001 - Ambient Monitoring Downstream
 WAPT SITE No: 14595

Parameter	Sample Measurement Permit Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a								
STORET No. 37210 6	Sample Measurement Permit Measurement			NOI = 9	mg/L		Quarterly	Grab
Mon. Site No. SWD-01-36335				Report Mid-Depth				
TOTAL SUSPENDED SOLIDS								
STORET No. 00030 6	Sample Measurement Permit Measurement			NOI = 9	mg/L		Quarterly	Grab
Mon. Site No. SWD-01-36335				Report Mid-Depth				
BOD5, CARBONACHOUS								
STORET No. 00310 6	Sample Measurement Permit Measurement			NOI = 9	mg/L		Quarterly	Grab
Mon. Site No. SWD-01-36335				Report Mid-Depth				
TOTAL DISSOLVABLE NITROGEN								
STORET No. 00025 6	Sample Measurement Permit Measurement			NOI = 9	mg/L		Quarterly	Grab
Mon. Site No. SWD-01-36335				Report Mid-Depth				
NITRATE-NITRATE								
STORET No. 00630 6	Sample Measurement Permit Measurement			NOI = 9	mg/L		Quarterly	Grab
Mon. Site No. SWD-01-36335				Report Mid-Depth				
TOTAL AMMONIA								
STORET No. 00510 6	Sample Measurement Permit Measurement			NOI = 9	mg/L		Quarterly	Grab
Mon. Site No. SWD-01-36335				Report Mid-Depth				
TOTAL PHOSPHORUS								
STORET No. 00465 6	Sample Measurement Permit Measurement			NOI = 9	mg/L		Quarterly	Grab
Mon. Site No. SWD-01-36335				Report Mid-Depth				
ORTHOPHOSPHORUS								
STORET No. 00660 6	Sample Measurement Permit Measurement			NOI = 9	mg/L		Quarterly	Grab
Mon. Site No. SWD-01-36335				Report Mid-Depth				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P
 Month/Year:

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 583
 Daily Flow % of Furnished Capacity: 64%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TBC (For Disinfect.) (mg/L)	TNC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. No.	EPD-01	EPD-01	EPS-01	EPD-01	EPD-01	EPD-01	EPA-01	EPD-01	EPD-01	EPD-01	EPD-01	INF-01	INF-01
1	.567		<2	<2	7370.5	<1	2.71	<0.01			6.6		
2	.589	2.4	<2	<2	7370	<1	3.05	<0.01	2.6	0.46	6.7		
3	.588			<2	7370	<1	3.0	<0.01			6.5		
4	.587			<2	7370.9	<1	1.30	<0.01			6.8		
5	.593				7370.9		2.8	<0.01			6.9		
6	.590				7370.9		2.2	<0.01			6.6		
7	.579			<2	7370.9	<1	2.51	<0.01			6.3		
8	.590			<2	7268	<1	2.2	<0.01			6.6		
9	.540	<2	<2	<2	7268	<1	3.5	<0.01	0.48	0.52	6.7		
10	.550			<2	7268	<1	2.7	<0.01			6.3		
11	.511			<2	7167	<1	3.0	<0.01			6.4		
12	.529				7267		2.4	<0.01			6.6		
13	.577				7149		2.67	<0.01			6.7		
14	.622			<2	7268	<1	2.79	<0.01			6.5		
15	.626			<2	7269	<1	2.25	<0.01			6.7		
16	.630	<2	<2	<2	7370	<1	2.60	<0.01	0.74	0.43	6.5		
17	.550			<2	7270	<1	2.51	<0.01			6.8		
18	.542			<2	7268	<1	1.71	<0.01			6.4		
19	.600				7378		2.50	<0.01			6.2		
20	.560				7370		2.08	<0.01			6.5		
21	.626			<2	7470	<1	2.50	<0.01			6.6		
22	.576			<2	7470	<1	3.15	<0.01			6.6		
23	.597	<2	<2	<2	7370	<1	2.80	<0.01	1.6	0.44	6.4		
24	.592			<2	7370	<1	2.57	<0.01			6.8		
25	.635			<2	7470	<1	2.59	<0.01			6.7		
26	.590				7370		2.64	<0.01			7.0		
27	.747				7470		3.02	<0.01			6.7		
28	.704			<2	7370	<1	2.44	<0.01			6.6		
29													
30													
31													

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: C-13832 Name: Jay Hahn
 Evening Shift Operator: Class: Certificate No: Name:
 Night Shift Operator: Class: A+A Certificate No: A-512 LA-2773 Name: Ralph Johns + Matt Gunther
 Lead Operator: Class: B Certificate No: B-12018 Name: DAVID Winkler
 Type of Effluent Disposal or Reclaimed Water Reuse: Surface water to surface creeks
 Limited Wet Weather Discharge Activated: Yes (No) Not Applicable If yes, cumulative days of wet weather discharge:

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

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Waterways Facilities Management Section, MC 3221, 2450 East-West Road, Tallahassee, FL 32399-3400

PERMIT NUMBER: 910031789-012-010-17
 MONITORING PERIOD FROM: 3-1-05 TO: 3-31-05
 REPORT TYPE: Monthly Discharge

PLANT IDENTIFICATION TYPE: B
 DISCHARGE POINT NUMBER: 1001
 WASTE STREAM: 14595
 CAPACITY: 903

PERMITTEE NAME: MFG-County WWTP
 ADDRESS: 208 Spanish Vista Dr, Palm Harbor, FL 34684
 FACILITY: MFG-County WWTP
 LOCATION: Palm Harbor, FL 34684
 COUNTY: Pinellas

TRIALS PER YEAR: 300

Parameter	Quantity of Loadings	Units	Quality or Concentration	Units	No. of Samples	Frequency of Sampling	Sample Type
CHLORINE			2.06 (Max)	mg/L	0	Calculated	RAA
STURBT No. 00503 Y Mon. Site No. EPD-01-35114			3.0 (Max)	mg/L	0	Calculated	RAA
STURBT No. 00502 I Mon. Site No. EPD-01-35118			8.0 (Max)	mg/L	0	Weekly	24hr PK
STURBT No. 00503 Y Mon. Site No. EPD-01-35118			2.0 (Max)	mg/L	0	Calculated	RAA
STURBT No. 00500 I Mon. Site No. EPD-01-35118			2.0 (Max)	mg/L	0	Weekly	24hr PK
STURBT No. 00490 I Mon. Site No. EPD-01-35118			2.0 (Max)	mg/L	0	5 Days	6PM Grab
STURBT No. 00490 I Mon. Site No. EPD-01-35118			7.6 (Max)	mg/L	0	Continuous	meter

Sampling Interval Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my knowledge of these individuals I am aware that they are immediately responsible for obtaining the information, and 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: David Winkler

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler

TELEPHONE NO: 727-7578

DATE (YYYYMMDD): 05/04/05

COMMENT AND EXPLANATION OF ANY VIOLETIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: AMB-DUNDEY WWTP
 WARD: ACT 100-14899
 PERMIT NUMBER: 31004780-02-DWIP
 DISCHARGE POINT NUMBER: D001

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
STORST No. 31613	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Mon Site No. RFD-01-36118	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
YMC for distribution	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
STORST No. 30000	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Mon Site No. RFD-01-36118	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
TPC for distribution	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
STORST No. 30600	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Mon Site No. RFD-01-36118	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
STORST No. 10800	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Mon Site No. RFD-01-36118	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
STORST No. 00800	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Mon Site No. RFD-01-36118	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Phosphate	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
STORST No. 00600	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Mon Site No. RFD-01-36118	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Phosphate	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
STORST No. 20107	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Mon Site No. RFD-01-36118	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Carbon, Dissolved (CO2)	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
STORST No. 00800	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab
Mon Site No. RFD-01-36118	Sample Measurement					0	5 DUX 3 Days/Week	GRAO Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, 206 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: **MHI-County Services, Inc.**
 MAILING ADDRESS: **200 Washington Ave.**
Wastewater Discharge File # 04714

PERMIT NUMBER: **FL0004769-002-SWTP**
 MONITORING PERIOD FROM: **3-1-05**
TO: 3-31-05
 CLASS SIZE: **Minor**
 PLANT SIZE/TREATMENT TYPE: **I**
 DISCHARGE POINT NUMBER: **D001**

TC: **3-31-05**
DATE
 GROUP: **Wastewater**
 WAFS SITE NO.: **14995**

FACILITY: **MHI-County WWP**
 LOCATION: **2329 Spruells Vista Dr.**
Palm Harbor, FL 34668
 COUNTY: **Pinellas**

DWR form 2700

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOBL STAYE 7 DAY CHRONIC Catecholamine (Routine) STORET No. TP03 P Mon Site No. RFD-01-36118	Sample Management		NOBLE=9				
	Permit Management		100 (Min.)	Percent		Bi-monthly	See Permit
NOBL STAYE 7 DAY CHRONIC Catecholamine (Additional) STORET No. TP03 Q Mon Site No. RFD-01-36118	Sample Management		NOBLE=9				
	Permit Management		100 (Min.)	Percent		Additional Defective	See Permit
NOBL STAYE 7 DAY CHRONIC Catecholamine (Additional) STORET No. TP03 R Mon Site No. RFD-01-36118	Sample Management		NOBLE=9				
	Permit Management		100 (Min.)	Percent		Additional Defective	See Permit
NOBL STAYE 7 DAY CHRONIC Phosphate promelan (Routine) STORET No. TP03 F Mon Site No. RFD-01-36118	Sample Management		NOBLE=9				
	Permit Management		100 (Min.)	Percent		Bi-monthly	See Permit
NOBL STAYE 7 DAY CHRONIC Phosphate promelan (Additional) STORET No. TP03 Q Mon Site No. RFD-01-36118	Sample Management		NOBLE=9				
	Permit Management		100 (Min.)	Percent		Additional Defective	See Permit
NOBL STAYE 7 DAY CHRONIC Phosphate promelan (Additional) STORET No. TP03 R Mon Site No. RFD-01-36118	Sample Management		NOBLE=9				
	Permit Management		100 (Min.)	Percent		Additional Defective	See Permit

If a record defective test is required, enter the result in an empty row.

* Enter NOBLE=9 in the result column if no discharge occurred during the reporting period. Enter NOBLE=0 in the result column if no defective tests are required.

I certify under penalty of law that I have personally assembled and our facilities with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information to be true, accurate and complete. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/M/DD)
DAVID Winter	<i>David Winter</i>	727 787-7978	05/04/05

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, Water/Air Facility Management Section, MS 5511, 2000 Reid Street Rd., Tallahassee, 32399-5400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 305 Westwoodfield Ave., Altamonte Springs, FL 32714
PERMIT NUMBER: W-000179-002-0041P
MONITORING PERIOD: 3-1-02
CLASS SIZE: 30000
PLANT IDENTIFICATION TYPE: WASTE WATER No. 1
DISCHARGE POINT NUMBER: at Onshell
TOXIC SUBSTANCES: 3-31-02
DATE: 03/06/02
GROUP: 14090
DMR Date: 03/02

Parameter	Sample	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Management Point Sample	100% Report	n/a		Quarterly	Grab
STORST No. 00400 5 Mn. Site No. SWA-01-26334 THROATLED OXYGEN	Management Point Sample	100% Report	mg/L		Quarterly	Grab
STORST No. 00500 5 Mn. Site No. SWA-01-26334 TEMPERATURE	Management Point Sample	100% Report	°C		Quarterly	Grab
STORST No. 0010 3 Mn. Site No. SWA-01-26334 SALINITY	Management Point Sample	100% Report	mg/L		Quarterly	Grab
STORST No. 00400 5 Mn. Site No. SWA-01-26334 Total Coliform	Management Point Sample	100% Report	MPN/100ml		Quarterly	Grab
STORST No. 31615 3 Mn. Site No. SWA-01-26334 Total Coliform	Management Point Sample	100% Report	MPN/100ml		Quarterly	Grab
STORST No. 31571 5 Mn. Site No. SWA-01-26334 Total Coliform	Management Point Sample	100% Report	MPN/100ml		Quarterly	Grab
STORST No. 21078 5 Mn. Site No. SWA-01-26334	Management Point Sample	100% Report	MPN/100ml		Quarterly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my best knowledge and belief, the 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, for anyone who furnishes false or misleading information on this report or who omits material or information requested on the report.

NAME/TITLE OF PERSONAL EXECUTIVE OFFICER OR SUPERVISOR: DAVID WINTER
AGENCY: WARD WINTER
SIGNATURE OF PERSONAL EXECUTIVE OFFICER OR SUPERVISOR: (Signature)
PHONE NO.: 787-7978
DATE (MM/DD/YYYY): 03/06/02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed fill in report for Department of Environmental Protection, Watershed: Berlin, Management System, MS 1381, 2010 Block State Rd, Tyngsboro, 01895-0418
 FACILITY NAME: MA County WWTP PERMIT NUMBER: PL004788-002-DW17 DISCHARGE POINT NUMBER: D981 - Am/Ami Boarding at Outlet
 MONTH/YEAR: 3/01 WAPR SITE No: 14996

Parameter	Quantity or Location	Units	Quantity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Management Period Measurement Sample		NOTE - 9 Report			Quarterly	Grab
STORST No. 00039 5	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
MAN. SYS. No. SWA-01-06034	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
TOTAL KJEDABLE NITROGEN	Management Period Sample		NOTE - 9 Report			Quarterly	Grab
STORST No. 00010 5	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
MAN. SYS. No. SWA-01-06034	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
TOTAL KJEDABLE NITROGEN	Management Period Sample		NOTE - 9 Report			Quarterly	Grab
STORST No. 00039 5	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
MAN. SYS. No. SWA-01-06034	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
TOTAL AMMONIA	Management Period Sample		NOTE - 9 Report			Quarterly	Grab
STORST No. 00039 5	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
MAN. SYS. No. SWA-01-06034	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
TOTAL PHOSPHORUS	Management Period Sample		NOTE - 9 Report			Quarterly	Grab
STORST No. 00064 5	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
MAN. SYS. No. SWA-01-06034	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
TOTAL PHOSPHORUS	Management Period Sample		NOTE - 9 Report			Quarterly	Grab
STORST No. 00009 5	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab
MAN. SYS. No. SWA-01-06034	Management Period Sample	mg/L	NOTE - 9 Report			Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Waterways Facilities Management Section, 688 25th St, Tallahassee, 32304-3400

PERMITTEE NAME: Mid-County Services, Inc.
2800 Westwood Blvd.
Altamonte Springs, FL 32714

PERMIT NUMBER: 14004598-008-DWIP
MONITORING PERIOD: 5-1-01
LABOR: [Blank]

REPORT: 2-31-01
ANALYST: [Blank]
DESCRIPTIVE: [Blank]
DATE: 1998

FACILITY: Mid-County Services, Inc.
LOCATION: 2800 Westwood Blvd
Palm Harbor, FL 34683

CLASS SIZE: 4000
PLANT IDENTIFICATION TYPE: [Blank]
DISCHARGE POINT NUMBER: 0001: Ambient Monitoring Upstream

REPORT: 2-31-01
ANALYST: [Blank]
DESCRIPTIVE: [Blank]
DATE: 1998

STATION No.	STATION NAME	Sample	Quality or Concentration	Units	No. of Samples	Frequency of Analysis	Sample Type
ST001 No. 0001	PH	Stream					Grab
ST002 No. 0002	PH	Stream					Grab
ST003 No. 0003	PH	Stream					Grab
ST004 No. 0004	PH	Stream					Grab
ST005 No. 0005	PH	Stream					Grab
ST006 No. 0006	PH	Stream					Grab
ST007 No. 0007	PH	Stream					Grab
ST008 No. 0008	PH	Stream					Grab
ST009 No. 0009	PH	Stream					Grab
ST010 No. 0010	PH	Stream					Grab
ST011 No. 0011	PH	Stream					Grab
ST012 No. 0012	PH	Stream					Grab
ST013 No. 0013	PH	Stream					Grab
ST014 No. 0014	PH	Stream					Grab
ST015 No. 0015	PH	Stream					Grab
ST016 No. 0016	PH	Stream					Grab
ST017 No. 0017	PH	Stream					Grab
ST018 No. 0018	PH	Stream					Grab
ST019 No. 0019	PH	Stream					Grab
ST020 No. 0020	PH	Stream					Grab
ST021 No. 0021	PH	Stream					Grab
ST022 No. 0022	PH	Stream					Grab
ST023 No. 0023	PH	Stream					Grab
ST024 No. 0024	PH	Stream					Grab
ST025 No. 0025	PH	Stream					Grab
ST026 No. 0026	PH	Stream					Grab
ST027 No. 0027	PH	Stream					Grab
ST028 No. 0028	PH	Stream					Grab
ST029 No. 0029	PH	Stream					Grab
ST030 No. 0030	PH	Stream					Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and I have every belief that the 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 OF THE PERSON RESPONSIBLE FOR THE REPORT: David Winter
 SIGNATURE OF PERSONAL REPRESENTATIVE: David Winter
 TITLE: Plant Manager
 TELEPHONE NO: 727-2578
 DATE (MM/DD/YYYY): 05/01/01

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

While Completed and file report for Department of Environmental Protection, Wisconsin Pollution Management Section, MS 311, 2000 Lake Street Rd, Tallmadge, 53090-5400
 FACILITY NAME: MAN-COPIES WWTW
 PERMIT NUMBER: W-000-418-902-0011P
 DISCHARGE POINT NUMBER: D000 - Ambient Monitoring Upstream
 MONITORING: 310

WAPR 6/18/93

Parameter	Sample	Quantity of Sample	Units	Quality of Measurement	Units	Frequency of Analysis	Method
CHLORIDE	Sample Permit Measurement Sample					Quarterly	Grab
STURBT No. 0000 5	Permit Measurement Sample					Quarterly	Grab
MAN. No. 0000-01-00003	Permit Measurement Sample					Quarterly	Grab
TOTAL BORON	Sample Permit Measurement Sample					Quarterly	Grab
STURBT No. 0000 5	Permit Measurement Sample					Quarterly	Grab
MAN. No. 0000-01-00003	Permit Measurement Sample					Quarterly	Grab
TOTAL AMMONIA NITROGEN	Sample Permit Measurement Sample					Quarterly	Grab
STURBT No. 0000 5	Permit Measurement Sample					Quarterly	Grab
MAN. No. 0000-01-00003	Permit Measurement Sample					Quarterly	Grab
NITRATE NITRATE	Sample Permit Measurement Sample					Quarterly	Grab
STURBT No. 0000 5	Permit Measurement Sample					Quarterly	Grab
MAN. No. 0000-01-00003	Permit Measurement Sample					Quarterly	Grab
TOTAL AMMONIA	Sample Permit Measurement Sample					Quarterly	Grab
STURBT No. 0000 5	Permit Measurement Sample					Quarterly	Grab
MAN. No. 0000-01-00003	Permit Measurement Sample					Quarterly	Grab
TOTAL PHOSPHORUS	Sample Permit Measurement Sample					Quarterly	Grab
STURBT No. 0000 5	Permit Measurement Sample					Quarterly	Grab
MAN. No. 0000-01-00003	Permit Measurement Sample					Quarterly	Grab
CALCIUM PHOSPHATE	Sample Permit Measurement Sample					Quarterly	Grab
STURBT No. 0000 5	Permit Measurement Sample					Quarterly	Grab
MAN. No. 0000-01-00003	Permit Measurement Sample					Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Water/Air Facilities Management Section, 148 3511, 2605 Bick Street SA, Tallahassee, 32399-2409
 FACILITY NAME: 705-County WWTW
 PRECISE NUMBER: F-0094708-010-DWTP
 DISCHARGE POINT NUMBER: D000-Airfield Wastewater Treatment WAFR BTR No.: 1478
 MONTH/YEAR: 3/05

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Measurement						
STORYT No. 32230 6	Measurement						
Mon. Site No. SWD-01-30335	Measurement						
TOTAL SUSPENDED SOLIDS	Sample			NODE-9	mg/L	Quarterly	Grab
STORYT No. 09530 6	Measurement						
Mon. Site No. SWD-01-30335	Measurement						
EC5, CARBONACEOUS	Sample			NODE-9	mg/L	Quarterly	Grab
STORYT No. 00310 6	Measurement						
Mon. Site No. SWD-01-30335	Measurement						
TOTAL KIBLEKALE NITROGEN	Sample			NODE-9	mg/L	Quarterly	Grab
STORYT No. 01823 6	Measurement						
Mon. Site No. SWD-01-30335	Measurement						
NITRENDICATE	Sample			NODE-9	mg/L	Quarterly	Grab
STORYT No. 09530 6	Measurement						
Mon. Site No. SWD-01-30335	Measurement						
TOTAL AMMONIA	Sample			NODE-9	mg/L	Quarterly	Grab
STORYT No. 00650 6	Measurement						
Mon. Site No. SWD-01-30335	Measurement						
TOTAL PHOSPHORUS	Sample			NODE-9	mg/L	Quarterly	Grab
STORYT No. 00665 6	Measurement						
Mon. Site No. SWD-01-30335	Measurement						
CODM5 PHOSPHORUS	Sample			NODE-9	mg/L	Quarterly	Grab
STORYT No. 09660 6	Measurement						
Mon. Site No. SWD-01-30335	Measurement						

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

1000000000 13.00 9010000000

UNITS: mg/L

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA034789-002-09W1P
 Month/Year: 3/05

Facility Name: MS-Coway WWTP

Three-month Average Daily Flow: 1.64
 Daily Flow % of Permitted Capacity: 1.67

	Flow (MGD)	COCOD (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (p.u.)	Total Coliform Bacteria (#/100ml)	TSC (For Disinfect.) (mg/L)	TSC (For Disinfect.) (mg/L)	Ammonia (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	COCOD (mg/L)	TSS (mg/L)
Code	7000	8002	8003	8003	8008	7005	5004	5006	0008	0005	6000	8002	8003
Param. Desc	BPD-01	BPD-01	BPD-01	BPD-01	BPD-01	BPD-01	BPA-01	BPD-01	BPD-01	BPD-01	BPD-01	BPD-01	BPD-01
1	1.545				7.4-7.0		2.18	<0.01			7.0		
2	1.518				7.4-7.0		3.10	<0.01			6.8		
3	1.523				7.4-7.0		1.24	<0.01			6.6		
4	1.553				7.2-6.9		2.76	<0.01			6.5		
5	1.599				7.1-6.7		3.55	<0.01			6.0		
6	1.645				7.2-6.7		1.46	<0.01			6.5		
7	1.660				7.2-6.9		1.88	<0.01			6.6		
8	1.590				7.2-7.0		2.15	<0.01			6.7		
9	1.569				7.2-7.0		1.62	<0.01			6.7		
10	1.560				7.2-7.0		3.25	<0.01			6.7		
11	1.547				7.2-6.9		3.37	<0.01			6.1		
12	1.704				7.1-6.6		1.88	<0.01			6.1		
13	1.667				7.2-6.5		3.10	<0.01			6.7		
14	1.716				7.4-7.0		3.98	<0.01			6.7		
15	1.682				7.4-7.6		2.50	<0.01			6.4		
16	1.704				7.3-7.0		1.87	<0.01			6.4		
17	1.769				7.4-7.0		1.07	<0.01			6.6		
18	1.618				7.3-7.0		2.09	<0.01			6.1		
19	1.611				7.4-7.0		3.10	<0.01			6.5		
20	1.666				7.2-6.9		1.70	<0.01			6.7		
21	1.692				7.3-7.0		2.15	<0.01			6.6		
22	1.694				7.2-7.0		1.19	<0.01			6.6		
23	1.724				7.2-7.6		3.59	<0.01			6.6		
24	1.727				7.3-7.0		2.79	<0.01			6.3		
25	1.725				7.2-7.2		3.48	<0.01			6.2		
26	1.768				7.3-6.9		1.36	<0.01			6.4		
27	1.781				7.4-7.0		2.78	<0.01			6.7		
28	1.679				7.4-7.0		2.60	<0.01			6.7		
29	1.622				7.4-7.0		3.42	<0.01			6.5		
30	1.670				7.4-7.0		2.16	<0.01			6.5		
31	1.663				7.4-7.0		2.73	<0.01			6.4		

PLANT STAFFING:

Day Shift Operator: Clerk: C Certificate No: C-13832 Name: Jay Haber
 Evening Shift Operator: Clerk: A+A Certificate No: A-5121A27A Name: Ralph Johns + Matt Gauthier
 Night Shift Operator: Clerk: E Certificate No: B-12018 Name: DAVID Winkler
 Lead Operator: Clerk: E Certificate No: B-12018 Name: DAVID Winkler
 Type of Effluent Disposal or Recycled Water Reuse: Six Faces Water to Garden Creek
 Limited Wet Weather Discharge Authorized: No Per Applicable: If per cumulative days of wet weather discharge

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

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Waterways Pollution Management Section, 301 301, 200 Blue Stone Road, Tallahassee, FL 32399-2100

PERMIT NUMBER: FL0024789-002-DW17
PERMITTING AGENCY: Florida
DATE: 4-1-05

PLANT SIZE: Large
PLANT TREATMENT TYPE: DDO1
DISCHARGE POINT NUMBER: 69 % OF PERMITTED

3RD-COUNTY WWTPL
2399 Spanish Vista Dr.
Palm Harbor, FL 34681
Pinellas

MAILING ADDRESS: 100 Westshore Blvd. Ave.
Altamonte Springs, FL 32714

FACILITY: 3RD-COUNTY WWTPL
LOCATION: Palm Harbor, FL 34681
COUNTY: Pinellas

WATER SITE NO.: 14395
WATER CAPACITY: 1.9 MG

THE REPORT GROUP: 4-30-05 Monthly Discharge
DATE: 3:00 PM

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. by	Frequency of Analysis	Sample Type
STREET NO. 8082 Y	Permit				2.08		Calculated	RAA
STREET NO. 8082 Y	Measurement		(AM.AVG.)				Calculated	RAA
STREET NO. 8082 Y	Sample						Calculated	RAA
STREET NO. 8082 1	Permit				2.18		Weekly	16-hour PPC
STREET NO. 8082 1	Measurement		(MO.AVG.)	NOPE=9			Weekly	16-hour PPC
STREET NO. 8082 1	Sample						Weekly	16-hour PPC
STREET NO. 8030 X	Permit				2.0		Calculated	RAA
STREET NO. 8030 X	Measurement		(AM.AVG.)				Calculated	RAA
STREET NO. 8030 X	Sample						Calculated	RAA
STREET NO. 0090 1	Permit				2.0		Weekly	16-hour PPC
STREET NO. 0090 1	Measurement		(MO.AVG.)	NOPE=9			Weekly	16-hour PPC
STREET NO. 0090 1	Sample						Weekly	16-hour PPC
STREET NO. 0030 1	Permit				2.0		5 DWK	RAA
STREET NO. 0030 1	Measurement						5 DWK	RAA
STREET NO. 0030 1	Sample						5 DWK	RAA
STREET NO. 0040 1	Permit				6.7		Continuous	RAA
STREET NO. 0040 1	Measurement						Continuous	RAA
STREET NO. 0040 1	Sample						Continuous	RAA

Noting Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Daved Winkler	(Signature)	767-7572	05/05/24

COMPLAINT AND EXPLANATION OF ANY VIOLATIONS (Reference to Attachment form):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTTP
 Month/Year: 1/05

PERMIT NUMBER: 71-000-0710-001-CRTP

DISCHARGE POINT NUMBER: D001

WAPR JET: No. 14898

Parameter	Sample Measurement Point	Quantity or Loading	Units	Quality of Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead	STORST No. 31615 Meas. Site No. EFD-01-36118			0 Non-Detectable (5 Percentile)		0	5 DWK 5 Days/Week	Grab
TAC for disinfection	STORST No. 50040 A Meas. Site No. EFA-01-36336 TAC for disinfection			1.10 1.0 (95th)		0	Continuous Continuous	Water Water
Nitrogen	STORST No. 30060 Meas. Site No. EFD-01-36118			< 0.61 0.01 (Max.)		0	Hourly Hourly	Grab Grab
Nitrogen	STORST No. 00600 Meas. Site No. EFD-01-36118			1.67 3.0 (AR. AVE.)		0	calculated Calculated	RAA Rolling Annual AVE
Phosphorus	STORST No. 00600 Meas. Site No. EFD-01-36118			0.84 3.0 (AR. AVE.)	1.10 6.0 (Max.)	0	Weekly Weekly	24hr FR 16-hour FR
Phosphorus	STORST No. 00666 Meas. Site No. EFD-01-36118			0.49 1.0 (AR. AVE.)		0	calculated Calculated	24hr FR 16-hour FR
Calcium	STORST No. 70507 Meas. Site No. EFD-01-36118 Cayman, Dewatered (00)			0.84 1.5 (AR. AVE.)	0.93 3.0 (Max.)	0	Weekly Weekly	24hr FR 16-hour FR
Calcium	STORST No. 00300 Meas. Site No. EFD-01-36118			6.2 3.0 (AR. AVE.)		0	Daily Daily	Grab Grab

FACILITY NAME: San County WWTP
MONTHLY BAR: 4/05

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: R400479-003-DW1P DISCHARGE POINT NUMBER: 0001

WATER SITE NO.: 14353

Parameter	Quantity of Loadings	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	1,633	mgd			0	CONTINUOUS	Flow Meter
STREET NO. 5000 1	1,666	mgd			0	CONTINUOUS	Flow Meter
MONITORING NO. EPD-01-26118	1,633	mgd			0	CONTINUOUS	Flow Meter
STREET NO. 5000 Y	1,666	mgd			6	MONTHLY	Flow Meters
MON. SW. NO. EPD-01-26118	1,666	mgd			6	MONTHLY	Flow Meters
PERMIT	1,666	mgd			6	MONTHLY	Flow Meters
STREET NO. 5000 Z	1,666	mgd			6	MONTHLY	Flow Meters
MON. SW. NO. EPD-01-26118	1,666	mgd			6	MONTHLY	Flow Meters
PERMIT	1,666	mgd			6	MONTHLY	Flow Meters
STREET NO. 5002 G	180	mg/L			0	MONTHLY	24hr FR
MON. SW. NO. EPD-01-26119	180	mg/L			0	MONTHLY	24hr FR
PERMIT	180	mg/L			0	MONTHLY	24hr FR
STREET NO. 0030 O	230	mg/L			0	MONTHLY	24hr FR
MON. SW. NO. EPD-01-26119	230	mg/L			0	MONTHLY	24hr FR
PERMIT	230	mg/L			0	MONTHLY	24hr FR
Sample							
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3651, 2600 West Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westmead Blvd.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL 0304789-002-DW1P
 MONITORING PERIOD FROM: 4/1/05
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To REPORT GROUP: 4-30-05 TOXICITY
 WAFR SITE NO.: 14593

FACILITY: Mid-County WWTP
 LOCATION: 2209 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DMR date: 200

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATE 7 DAY CHRONIC Cetodaphnia dubia (Routine)	Sample Measurement			< 100				
STORET No. TBP3B P Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent	1	BI-yearly	24hr FPC
NOEL STATE 7 DAY CHRONIC Cetodaphnia dubia (Additional)	Sample Measurement			> 100				
STORET No. TBP3B Q Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent	0	Additional Definitive	24hr FPC See Permit
NOEL STATE 7 DAY CHRONIC Cetodaphnia dubia (Additional)	Sample Measurement			> 100				
STORET No. TBP3B R Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent	0	Additional Definitive	24hr FPC See Permit
NOEL STATE 7 DAY CHRONIC Phosphates promelas (Routine)	Sample Measurement							
STORET No. TBP6C P Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		BI-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Phosphates promelas (Additional)	Sample Measurement							
STORET No. TBP6C Q Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Phosphates promelas (Additional)	Sample Measurement							
STORET No. TBP6C R Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit

* If a second definitive test is required, enter the result in an empty row.
 ** Enter NOEL=9 in the results column if no discharge occurred during the reporting period. Enter NOEL=9 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/M/D)
DAVID Winkler	<i>David Winkler</i>	767 787-7978	05/05/04

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

Toxicity test was Failed week of 4/1/05
 Retest of 2 consecutive weeks started week of 5/2 & 5/9
 Retest passed both weeks

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 1511, 2680 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: WEC County WWTP
 MONTH/YEAR: 7/05

PERMIT NUMBER: FL000789-002-0W1F

DISCHARGE POINT NUMBER: D001 - Ambient Monitoring w/ Outfall

WAFR SITE No.: 14293

Parameter	Sample Measurement	Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement				NODE = 9					
STORY No. 0830 5 Mon. Site No. SWA-01-36334	Permit Measurement				Report		mg/L		Quarterly	Grab
BOD, CARBONACEOUS	Sample Measurement									
STORY No. 00310 5 Mon. Site No. SWA-01-36334	Permit Measurement				NODE = 9					
TOTAL KJELDHAL NITROGEN	Sample Measurement						mg/L		Quarterly	Grab
STORY No. 00625 5 Mon. Site No. SWA-01-36334	Permit Measurement				NODE = 9					
NITRATE-NITRATE	Sample Measurement						mg/L		Quarterly	Grab
STORY No. 08630 5 Mon. Site No. SWA-01-36334	Permit Measurement				NODE = 9					
TOTAL AMMONIA	Sample Measurement						mg/L		Quarterly	Grab
STORY No. 00610 5 Mon. Site No. SWA-01-36334	Permit Measurement				NODE = 9					
TOTAL PHOSPHORUS	Sample Measurement						mg/L		Quarterly	Grab
STORY No. 00645 5 Mon. Site No. SWA-01-36334	Permit Measurement				NODE = 9					
ORTHO-PHOSPHORUS	Sample Measurement						mg/L		Quarterly	Grab
STORY No. 00660 5 Mon. Site No. SWA-01-36334	Permit Measurement				NODE = 9					
	Sample Measurement						mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Birch Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 289 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034759-002-DW1P
MONITORING PERIOD From: 4-1-03
LIMIT: Final

For REPORT: 4-30-03
Ambient Monitoring
Domestic
WAFB SITE No.: 14981

FACILITY: Mid-County Services, Inc.
LOCATION: 2289 Spanish Vista Dr. n.e.
Ft. Pierce Harbor, FL 34668
COUNTY: Ft. Pierce

CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D001: Ambient Monitoring Upstream

Date: 02/00

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Permit Measurement	Report Surface	S.U.	-	Quarterly	Grab
	Sample Measurement	Report Bottom				
DISSOLVED OXYGEN	Permit Measurement	Report Surface	mg/L	-	Quarterly	Grab
	Sample Measurement	Report Bottom				
TEMPERATURE	Permit Measurement	Report Surface	°C	-	Quarterly	Grab
	Sample Measurement	Report Bottom				
SALINITY	Permit Measurement	Report Surface	ug/L	-	Quarterly	Grab
	Sample Measurement	Report Bottom				
Total Coliform	Permit Measurement	Report Surface	#/100 ml.	-	Quarterly	Grab
	Sample Measurement	Report Bottom				
Total Coliform	Permit Measurement	Report Surface	#/100 ml.	-	Quarterly	Grab
	Sample Measurement	Report Bottom				
Turbidity	Permit Measurement	Report Surface	NTU	-	Quarterly	Grab
	Sample Measurement	Report Bottom				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YYYYMMDD)
DAVID Winkler	David Winkler	727 787-7978	05/05/24

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to the Department of Environmental Protection, Waterways Pollution Prevention Section, 148 1st St. East, Tallahassee, 32304-0400
 FACILITY NAME: Mrs. County WWTW
 PERMIT NUMBER: FL004789-002-071P
 DISCHARGE POINT NUMBER: D001 - Ambient Monitoring Upstream
 MONITORING DATE: 11/97
 WARE SITE NO: 14583

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency or Analyte	Sample Type
CHLOROPHYLL-a							Sample
STORRT No. 1229 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
TOTAL SUSPENDED SOLIDS							Sample
STORRT No. 0930 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
BOD5, CARBONACEOUS							Sample
STORRT No. 0810 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
TOTAL CORREDAHL NITROGEN							Sample
STORRT No. 0825 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
MILKITE-SILICATE							Sample
STORRT No. 0830 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
TOTAL ALUMINIA							Sample
STORRT No. 0815 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
TOTAL PHOSPHORUS							Sample
STORRT No. 0865 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
ONTO-MONOPHOSPHORUS							Sample
STORRT No. 0865 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
IRON No. 0860 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
PERMANGANATE							Sample
STORRT No. 0860 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
REPORT No. 0860 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
REPORT No. 0860 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement
REPORT No. 0860 5							Permit
MON. SHE. NO. SWB-01-0333							Measurement

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

Form Number: FLA0034789-002-DWIP
 Month/Year: 04/05

DAILY SAMPLE RESULTS - PART B

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 625
 Daily Flow % of Permitted Capacity: 69%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (p.u.)	Fecal Coliform Bacteria (#/100ml)	TBC (For Disinfect.) (mg/L)	TBC (For Disinfect.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
1	1.671				7.2								
2	1.606				7.5-7.8	<1	3.05	<0.01					
3	1.752				7.5-7.0		1.60	<0.01			6.3		
4	1.682				7.7-7.0		1.75	<0.01			6.2		
5	1.670				7.4-7.0	<1	1.55	<0.01			6.9		
6	1.654	<2			7.7-7.0	<1	1.10	<0.01			6.8		
7	1.656				7.7-7.0	<1	2.40	<0.01	0.50	0.93	6.7		
8	1.654				7.7-7.0	<1	2.70	<0.01			6.6	180	230
9	1.652				7.7-6.8	<1	2.66	<0.01			6.6		
10	1.607				7.7-6.9		2.10	<0.01			6.5		
11	1.629				7.8-6.9		2.40	<0.01			6.4		
12	1.618				7.7-7.0	<1	2.65	<0.01			6.5		
13	1.591	2.7	<2		7.4-6.9	<1	1.90	<0.01			6.6		
14	1.600				7.7-7.0	<1	2.27	<0.01	1.1	0.90	6.6		
15	1.561				7.4-6.8	<1	1.70	<0.01			6.6		
16	1.589				7.5-6.8	1	2.40	<0.01			6.6		
17	1.566				7.7-6.9		1.40	<0.01			6.3		
18	1.601				7.7-7.0		3.60	<0.01			6.4		
19	1.584				7.7-6.8	<1	1.90	<0.01			6.6		
20	1.601	<2			7.7-6.8	<1	2.10	<0.01			6.7		
21	1.564				7.7-6.8	<1	2.50	<0.01	1.1	0.70	6.7		
22	1.585				7.7-6.7	<1	2.0	<0.01			6.6		
23	1.659				7.7-6.7	<1	1.40	<0.01			6.6		
24	1.585				7.7-6.5		2.50	<0.01			6.4		
25	1.550				7.7-6.8		5.0	<0.01			6.5		
26	1.727				7.4-7.0	<1	2.70	<0.01			6.8		
27	1.725	<2	<2		7.4-7.0	<1	4.0	<0.01			6.8		
28	1.687				7.7-6.9	<1	1.10	<0.01	0.90	0.83	6.7		
29	1.663				7.7-6.9	<1	3.0	<0.01			6.5		
30	1.690				7.7-6.8		2.20	<0.01			6.7		
31					7.7-6.8		3.30	<0.01			6.5		

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: C-13832 Name: Jay Hahn
 Evening Shift Operator: Class: AJA Certificate No: AJA-A2723 Name: Ralph Johns & Matt Gunther
 Night Shift Operator: Class: B Certificate No: B-12018 Name: DAVID Winkler
 Lead Operator: Class: B Certificate No: B-12018 Name: DAVID Winkler
 Type of Effluent Disposal or Reclaimed Water Reuse: Surface water to Curlew Creek
 Limited Wet Weather Discharge Authorized: Yes No Not Applicable: If yes, cumulative days of wet weather discharge: _____

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

18.479
 1.633
 1.752

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

645

When Completed send this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3631, 2600 Blair Stone Road, Tallahassee, FL 32399-5490

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Woodcroft Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FL008478-002-DW1P
MONITORING PERIOD From: 5-1-05
LIMIT: Permit
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: IS
DISCHARGE POINT NUMBER: D001

TR. REPORT: 5-31-05
GROUP: Monthly Domestic
WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
LOCATION: 2299 Spanish Vista Dr.
Falm Harbor, FL 34668
COUNTY: Pinellas

THREE MONTH ROLLING ADF: 640 71 % OF PERMITTED

CAPACITY: 1,906
DNR den: N/A

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD ₅	Sample Measurement			2.08	mg/L	0	Calculated	RAA
	Permit Measurement			5.0 (An.Avg.)	mg/L		Calculated	Rolling Annual Avg.
CBOD ₅	Sample Measurement			2.0	mg/L	0	Weekly	24hr FPC
	Permit Measurement			2.5 (No.Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement			2.0	mg/L	0	Calculated	R.A.A
	Permit Measurement			5.0 (An.Avg.)	mg/L		Calculated	Rolling Annual Avg.
TSS	Sample Measurement			2.0	mg/L	0	Weekly	24hr-FPC
	Permit Measurement			2.5 (No.Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement			2.0	mg/L	0	Weekly	24hr-FPC
	Permit Measurement			2.5 (No.Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement			2.0	mg/L	0	Weekly	24hr-FPC
	Permit Measurement			2.5 (No.Avg.)	mg/L		Weekly	16-hour FPC
pH	Sample Measurement			6.8	S.U.	0	Continuous	meter
	Permit Measurement			6.0 (Min.)	S.U.		Continuous	meter

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
DAVID Winkler	<i>David Winkler</i>	727 787-7978	05/06/20

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

PAGE 02

GARTH A

8136261030

12:27

06/28/2005

05/10/05 10:07 AM

T06060101

71 JUN 03 11:11 AM

71 JUN 03 11:11 AM

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mill Creek WWTP

PERMIT NUMBER: FL000789-002-00017

DISCHARGE POINT NUMBER: D001

WATER SITE NO.: H385

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Food Coliform Bacteria	Sample							
STORER No. 31615	Measurement					0	5 DWK	Grab
Mon. Site No. EPD-01-36118	Measurement							
TAC for disinfection	Sample							
STORER No. 50266	Measurement					0	Continuous	Water
Mon. Site No. EPD-01-36118	Measurement							
TAC for disinfection	Sample							
STORER No. 50060	Measurement					0	Hourly	Grab
Mon. Site No. EPD-01-36118	Measurement							
STORER No. 00660	Measurement					0	Calculated	RAA
Mon. Site No. EPD-01-36118	Measurement							
STORER No. 00666	Measurement					0	Weekly	Annual Avg.
Mon. Site No. EPD-01-36118	Measurement							
STORER No. 70017	Measurement					0	Calculated	24hr PPC
Mon. Site No. EPD-01-36118	Measurement							
Chlorine, Dissolved (DC)	Sample							14-hour PPC
STORER No. 60010	Measurement					0	Weekly	24hr PPC
Mon. Site No. EPD-01-36118	Measurement							14-hour PPC
STORER No. 60010	Measurement					0	Daily	Grab
Mon. Site No. EPD-01-36118	Measurement							

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: ALA-County WWTP
 MONITOR YEAR: 05/05

PERMIT NUMBER: FLA02400-00-D01P DISCHARGE POINT NUMBER: D001
 WAPR #TR No: 1495

Parameter	Sample Measurement Point	Quantity or Loading	Units	Quality or Concentration	Units	No. of	Frequency of	Sample Type
Flow	STORST No. 50049 I Mon. No. EFD-01-36118	0.608 0.000 (ADP)	m ³ /day			0	Continuous	Flowmeter
	STORST No. 50050 Y Mon. No. EFD-01-36118	0.608 Report (Ann. Avg.)	m ³ /day			0	Monthly Calculation	Flowmeter Raw Wastewater Total Suspended Solids
	STORST No. 50052 G Mon. No. EFD-01-36118			190 Report (No. Avg.)		0	Monthly Calculation	Calculation (Reading Annual Avg.)
	STORST No. 00550 O Mon. No. INF-01-36119			240 Report (No. Avg.)		0	Monthly Calculation	Calculation (Reading Annual Avg.)

Rolling Annual Average is the average of the current monthly average and the preceding 11 months' monthly average.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed with this report the Department of Environmental Protection, Watershed Pollution Management Section, will issue a final discharge permit, WSR 3571, 2800 Bluff Street Road, Tallahassee, FL 32399-2400

REPORTING NAME: Mid-County Service, Inc.
REPORTING ADDRESS: 208 Weatherford Ave.
 Altamonte Springs, FL 32714
FACILITY: Mid-County Waste
 2299 Gandy Blvd Dr.
 Palm Harbor, FL 34688
LOCATION:
COUNTY: Pinellas
PRODUCT NUMBER:
MONITORING PERIOD FROM: LIMITS
PLANT IDENTIFICATION TYPE: WASTE
DISCHARGE POINT NUMBER: 0001
WATER SITE NO.: 14931
TELEPHONE: 5-31-05
TOXICITY:

DATE: 05/06/80

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Bx.	Frequency of Analyze	Sample Type
NOBIL STATION 7 DAY CHRONIC	Conductivity data (Special)	Percent	100	Percent			See Permit
STATION No. 12936 F	Form No. RFD-91-6116	Percent	100	Percent			See Permit
NOBIL STATION 7 DAY CHRONIC	Conductivity data (Additional)	Percent	100	Percent			See Permit
STATION No. 12936 Q	Form No. RFD-91-6116	Percent	100	Percent			See Permit
NOBIL STATION 7 DAY CHRONIC	Conductivity data (Additional)	Percent	100	Percent			See Permit
STATION No. 12936 R	Form No. RFD-91-6116	Percent	100	Percent			See Permit
NOBIL STATION 7 DAY CHRONIC	Conductivity data (Additional)	Percent	100	Percent			See Permit
STATION No. 12936 P	Form No. RFD-91-6116	Percent	100	Percent			See Permit
NOBIL STATION 7 DAY CHRONIC	Conductivity data (Additional)	Percent	100	Percent			See Permit
STATION No. 12936 O	Form No. RFD-91-6116	Percent	100	Percent			See Permit
NOBIL STATION 7 DAY CHRONIC	Conductivity data (Additional)	Percent	100	Percent			See Permit
STATION No. 12936 N	Form No. RFD-91-6116	Percent	100	Percent			See Permit
NOBIL STATION 7 DAY CHRONIC	Conductivity data (Additional)	Percent	100	Percent			See Permit
STATION No. 12936 M	Form No. RFD-91-6116	Percent	100	Percent			See Permit

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my best knowledge and belief, the information furnished hereon is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I am duly sworn in and authorized to sign and submit this report to the Department of Environmental Protection.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Walker
AGENT: David Walker
DATE (MM/DD/YY): 05/06/80

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Wastewater Facilities Management Section, MR 3311, 2000 Blair Stone Rd, Tallahassee, FL 32399-3400

PERMITTEE NAME: M14-County Services, Inc.
MAILING ADDRESS: 300 Westfield Ave.
RACIALTY: M14-County Services, Inc.
LOCATION: 2199 Spanish Vista Dr. SW
COUNTY: Palm Harbor, FL 34668

PERMIT NUMBER: 91054708-000-DWTP
MONITORING PERIOD: 5-1-05
CLASS SIZE: Minor
PLANT TREATMENT TYPE: B
DISCHARGE POINT NUMBER: BURL Ambient Monitoring at Gruball

TELEPHONE NO.: 727-787-7178
DATE OF SAMPLE: 05/06/04

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Measurement	MODE = 4 Report			Quarterly	Grab
STORRY No. 00044 5 Mon. Site No. SWA-01-30334 DISCHARGE POINT NUMBER	Measurement	MODE = 4 Report	mg/L		Quarterly	Grab
STORRY No. 00008 5 Mon. Site No. SWA-01-30334 TEMPERATURE	Measurement	MODE = 4 Report	°C		Quarterly	Grab
STORRY No. 00010 5 Mon. Site No. SWA-01-30334 SALINITY	Measurement	MODE = 4 Report	mg/L		Quarterly	Grab
STORRY No. 00480 5 Mon. Site No. SWA-01-30334 Pest Chlorine	Measurement	MODE = 4 Report	mg/L		Quarterly	Grab
STORRY No. 31645 5 Mon. Site No. SWA-01-30334 Total Chlorine	Measurement	MODE = 4 Report	mg/L		Quarterly	Grab
STORRY No. 31501 5 Mon. Site No. SWA-01-30334 Total Chlorine	Measurement	MODE = 4 Report	mg/L		Quarterly	Grab
STORRY No. 00078 5 Mon. Site No. SWA-01-30334	Measurement	MODE = 4 Report	mg/L		Quarterly	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, 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 fines and imprisonment.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Wickett
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Wickett
TELEPHONE NO.: 727-787-7178
DATE OF SAMPLE: 05/06/04

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed with this report on Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Bluff Street Rd, Tallahassee, 32309-0400
 FACILITY NAME: M&C QUARRY WWTP
 PERMIT NUMBER: F000479-002-DW1P
 DISCHARGE POINT NUMBER: D441 - Ambient Monitoring at Outfall
 MONITORING DATE: 05/05

WAFR BIR No.: 14995

Concentration	Sample	Quantity or Loading	Table	Quantity or Concentration	Table	Units	No. of Analytes	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement								
STORET No. 00639	Sample Measurement								
Mon. Site No. SWA-01-36304	Sample Measurement								
RD, CAROLINACROSS	Sample Measurement								
STORET No. 00910	Sample Measurement								
Mon. Site No. SWA-01-36334	Sample Measurement								
TOTAL DISSOLVED NITROGEN	Sample Measurement								
STORET No. 00625	Sample Measurement								
Mon. Site No. SWA-01-36304	Sample Measurement								
NITRATE-NITRATE	Sample Measurement								
STORET No. 00630	Sample Measurement								
Mon. Site No. SWA-01-36334	Sample Measurement								
TOTAL AMMONIA	Sample Measurement								
STORET No. 00619	Sample Measurement								
Mon. Site No. SWA-01-36334	Sample Measurement								
TOTAL PHOSPHORUS	Sample Measurement								
STORET No. 00665	Sample Measurement								
Mon. Site No. SWA-01-36334	Sample Measurement								
ORTHOPHOSPHORUS	Sample Measurement								
STORET No. 00660	Sample Measurement								
Mon. Site No. SWA-01-36304	Sample Measurement								

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

This Completed and this report for Department of Environmental Protection, Wastewater Facilities Management Section, 3511, 2680 Blair Stone Rd, Tallahassee, 32309-3490

REPORTER NAME: IMA-County Services, Inc.
MAILING ADDRESS: 200 Weatherford Ave.
 Tallahassee, Florida 32309

PERMIT NUMBER: ELM0478-002-DWTP
MONITORING PERIOD FROM: 01-05
TO: 05-05

FACILITY: IMA-County Services, Inc.
LOCATION: 2109 Spanish Wine Drive
 96th Harbor, FL 32468
COUNTY: Pinellas

CLASS SIZE: 2ndor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: E001: Ambient Monitoring Upstream

5-31-05
 Ambient
 Monitoring
 Discharge
 1499

DMR Desc: 02/00

Parameter	Sample	Management	Report Surface	Quality or Concentration		Units	No. of	Frequency of	Sample Type
				Report	Mid-Depth				
pH	Management	Surf.	Report	Mid-Depth	Surf.	Surf.	1	Quarterly	Grab
STORST No. 09409 \$ Mon. Site No. 3WB-01-36333 DISOLVED OXYGEN	Management	Surf.	Report	Mid-Depth	Surf.	Surf.	1	Quarterly	Grab
STORST No. 00900 \$ Mon. Site No. 3WB-01-36333 TEMPERATURE	Management	Surf.	Report	Mid-Depth	Surf.	Surf.	1	Quarterly	Grab
STORST No. 00910 \$ Mon. Site No. 3WB-01-36333 SALINITY	Management	Surf.	Report	Mid-Depth	Surf.	Surf.	1	Quarterly	Grab
STORST No. 00489 \$ Mon. Site No. 3WB-01-36333 Total Coliform	Management	Surf.	Report	Mid-Depth	Surf.	Surf.	1	Quarterly	Grab
STORST No. 31613 \$ Mon. Site No. 3WB-01-36333 Total Coliform	Management	Surf.	Report	Mid-Depth	Surf.	Surf.	1	Quarterly	Grab
STORST No. 31391 \$ Mon. Site No. 3WB-01-36333 Total Coliform	Management	Surf.	Report	Mid-Depth	Surf.	Surf.	1	Quarterly	Grab
STORST No. 30998 \$ Mon. Site No. 3WB-01-36333	Management	Surf.	Report	Mid-Depth	Surf.	Surf.	1	Quarterly	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 to be true, accurate and complete. I am aware that there are algorithms available for scrubbing data. Individuals including the scrubbing of time and improvement.

NAME/TITLE OF PRINCIPAL ERODITIVE OFFICER OR AUTHORIZED AGENT: David Winkler
SIGNATURE OF PRINCIPAL ERODITIVE OFFICER OR AUTHORIZED AGENT: *David Winkler*
TELEPHONE NO: 787-7978
DATE (MM/DD/YY): 05/06/20

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Waste Complied and this report to Department of Environmental Protection, Wastewater Facilities Management Section, 168 3311, 2609 Blair Stone Rd, Tallahassee, 32309-0460
 FACILITY NAME: JMS-City of WFTF PERMIT NUMBER: FL000789-002-DWTP DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream WAFR SITE No.: 14593
 MONTH/YEAR: 05/05

Parameter	Sample Measurement Point	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL	STORST No. 12208 5 Mon. Site No. SWP-01-26333			None = 9 Report Mid-Depth	mg/L		Quarterly	Grab
TOTAL SUSPENDED SOLIDS	STORST No. 01510 5 Mon. Site No. SWP-01-26333			None = 9 Report Mid-Depth	mg/L		Quarterly	Grab
BOO, CARBONACEOUS	STORST No. 08018 5 Mon. Site No. SWP-01-26333			None = 9 Report Mid-Depth	mg/L		Quarterly	Grab
TOTAL BILDAHL NITROGEN	STORST No. 06805 5 Mon. Site No. SWP-01-26333			None = 9 Report Mid-Depth	mg/L		Quarterly	Grab
NITRITE-NITRATE	STORST No. 00609 5 Mon. Site No. SWP-01-26333			None = 9 Report Mid-Depth	mg/L		Quarterly	Grab
TOTAL ALUMINUM	STORST No. 00610 5 Mon. Site No. SWP-01-26333			None = 9 Report Mid-Depth	mg/L		Quarterly	Grab
TOTAL PHOSPHORUS	STORST No. 00608 5 Mon. Site No. SWP-01-26333			None = 9 Report Mid-Depth	mg/L		Quarterly	Grab
ORTHO-PHOSPHORUS	STORST No. 00660 5 Mon. Site No. SWP-01-26333			None = 9 Report Mid-Depth	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Water/Facilities Management Section, MS 3411, 3600 East State Rd, Tallahassee, 32399-2400

REMITTER NAME: MIA-County Services, Inc.
MAILING ADDRESS: 200 Woodlands Blvd, Altamonte Springs, FL 32714
FACILITY: MIA-County Services, Inc.
LOCATION: 2399 Spanish Vista Drive Palm Bay, FL 34988
PERMIT NUMBER: MIA-County Services, Inc. 6
MONITORING PERIOD: From: 5-1-05 To: 5-31-05
CLASS: Major
DECHARGE POINT NUMBER: 18881: Ambient Monitoring Downstream
REPORT GROUP: Ambient Discharge
LABS: DARR
REPORT DATE: 05/06/05

Parameter	Sample Measurement	Sample Type	Quality or Concentration	Units	No. of Analyte	Frequency of Analyte	Sample Type
pH	Sample Measurement	Grab	Report Surface	NUDE-9	Report Mid-Depth	Quarterly	Grab
STORST No. 60100 6 Mon. No. SWD-01-26333 Discharge Point OXYGEN	Permit Measurement	Grab	Report Surface	NUDE-9	Report Mid-Depth	Quarterly	Grab
STORST No. 60100 6 Mon. No. SWD-01-26333 TEMPERATURE	Permit Measurement	Grab	Report Surface	NUDE-9	Report Mid-Depth	Quarterly	Grab
STORST No. 60100 6 Mon. No. SWD-01-26333 SALINITY	Permit Measurement	Grab	Report Surface	NUDE-9	Report Mid-Depth	Quarterly	Grab
STORST No. 60400 6 Mon. No. SWD-01-26333 Total Chlorine	Permit Measurement	Grab	Report Surface	NUDE-9	Report Mid-Depth	Quarterly	Grab
STORST No. 31615 6 Mon. No. SWD-01-26333 Total Chlorine	Permit Measurement	Grab	Report Surface	NUDE-9	Report Mid-Depth	Quarterly	Grab
STORST No. 31501 6 Mon. No. SWD-01-26335 Total Chlorine	Permit Measurement	Grab	Report Surface	NUDE-9	Report Mid-Depth	Quarterly	Grab
STORST No. 24978 6 Mon. No. SWD-01-26324	Permit Measurement	Grab	Report Surface	NUDE-9	Report Mid-Depth	Quarterly	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 that the 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 MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler
SIGNATURE OF MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler
TELEPHONE NO: 737-787-2778
DATE (MM/DD/YYYY): 05/06/05

COMMENT AND EXPLANATION OF ANY VIOLATIONS (reference to attachment here):

DAILY SAMPLE RESULTS - PART B

Report Number: FLA083478-002-DW/TP
 Month/Year: 05/05

Facility Name: Mid-County WWTP

Three-month Average Daily Flow:
 Daily Flow % of Formatted Capacity:

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TBC (For Dioxin) (mg/L)	TBC (For Dioxin) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	70001	80002	00003	00003	00009	70033	80060	50000	00000	00000	00000	80002	00000
Mon. No.	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01
1	.637				7.2-6.8		4.26	<0.01			6.7		
2	.606			<2	7.3-6.9	<1	2.77	<0.01			6.6		
3	.659			<2	7.2-6.8	<1	3.11	<0.01			6.5		
4	.686	<2	<2	<2	7.2-6.9	<1	3.98	<0.01	0.93	0.92	6.4		
5	.606			<2	7.2-6.8	<1	3.41	<0.01			6.2		
6	.608			<2	7.2-6.8	<1	2.6	<0.01			6.4		
7	.671				7.3-6.8		3.40	<0.01			6.4		
8	.648				7.1-6.8		3.17	<0.01			6.2		
9	.648			<2	7.2-6.9	<1	3.10	<0.01			6.2		
10	.659			<2	7.3-6.8	<1	2.17	<0.01			6.3		
11	.617	<2	<2	<2	7.4-6.9	<1	1.97	<0.01	0.76	0.64	6.4		
12	.613			<2	7.3-6.9	<1	3.13	<0.01			6.3		
13	.650			<2	7.4-6.8	<1	3.12	<0.01			6.7		
14	.649				7.2-6.8		3.21	<0.01			6.6		
15	.605				7.3-6.9		2.77	<0.01			6.2		
16	.627			<2	7.3-7.0	<1	3.38	<0.01			6.4		
17	.687			<2	7.3-7.0	<1	2.48	<0.01			6.4		
18	.607	<2	<2	<2	7.3-7.0	<1	2.15	<0.01	0.29	0.20	6.6		
19	.604			<2	7.3-6.8	<1	2.12	<0.01			6.4		
20	.609			<2	7.3-6.9	<1	2.82	<0.01			6.6		
21	.639				7.3-6.8		2.99	<0.01			6.1		
22	.663				7.3-6.9		2.27	<0.01			6.2		
23	.618			<2	7.4-7.3	<1	2.48	<0.01			6.2		
24	.744			<2	7.3-6.9	<1	3.41	<0.01			6.1		
25	.533			<2	7.3-7.0	<1	2.31	<0.01	0.35	0.27	6.4		
26	.628			<2	7.4-7.0	<1	2.92	<0.01			6.3		
27	.641			<2	7.3-6.9	<1	2.30	<0.01			6.6		
28	.600				7.4-7.0		2.69	<0.01			6.0		
29	.615				7.4-7.0		2.65	<0.01			6.2		
30	.660			<2	7.3-7.0	<1	2.70	<0.01			6.3		
31	.718			<2	7.3-7.0	<1	3.60	<0.01			6.4		

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: C-19838 Name: Jay Hahn
 Evening Shift Operator: Class: Certificate No: Name:
 Night Shift Operator: Class: A.F.A. Certificate No: A-12127 Name: RAJON JOHN + MARK GUNTER
 Lead Operator: Class: B Certificate No: B-12018 Name: DARRYL WINKLER
 Type of Effluent Disposal or Recycled Water Reuse: Surface water to certain creek
 Limited Wet Weather Discharge Authorized: Yes (No) Not Applicable: If yes, consecutive days of wet weather discharge:

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

EASTLAKE WATER SERVICE, INC.

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714



CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Rick Retz **Date:** 7/5/2005 11:16 AM

Company: Mid County Services **Fax #:** (813) 626-1030

From: Michael Dunn **Pages:** 8 including this cover page.

Subject: May 2005 DMR

URGENT
 For Your Review
 For your Information
 Please Reply
Original: will not be sent
 As Requested
 Please Comment
 via U.S. Mail



Messages:

During my review of the DMR I noticed a couple of things:

- Page 1: Annual averages for CBOD and TSS should probably be <2
- Page 2: Fecal Coliform bacteria non-detectible should be 100%
- Pages 4-10: This should show the toxicity test results taken in May

Please review these items with Dave Winkler

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

C:\Documents and Settings\Mike Dunn\Desktop\Leah Materials\Mid County 2005 DMR Review (fax).doc

045/18.2

Sample Type	Frequency of Analysis	Sample No.	Units	Quality or Concentration	Units	Quantity or Location	Parameter
6mo	5 Day	1	mg/L	37	5	Non Detectable (23 Precipitate)	Lead
6mo	5 Day	1	mg/L	0.01	1.26	1.5	Lead
6mo	Monthly	0	mg/L	2.01	0.01	0.01	Lead
RAA	Calculated	0	mg/L	1.61	3.8	(MAY)	Lead
RAA	Monthly	0	mg/L	5.9	3.8	1.5	Lead
RAA	Calculated	0	mg/L	0.55	1.8	(MAY)	Lead
RAA	Weekly	0	mg/L	3.28	3.8	1.5	Lead
RAA	Calculated	0	mg/L	1.05	1.8	(MAY)	Lead
RAA	Weekly	11	mg/L	2.1	2.0	1.5	Lead
RAA	Calculated	0	mg/L	6.0	5.0	5.0	Lead

WATER SYSTEM NO. 14335

DISCHARGE POINT NUMBER: D001

PERMIT NUMBER: W-004779-002-DW1P

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: ANN-COMMUNITY WWT

State/Year: CALIF

On June 3rd a fecal sample of 37 was recorded, sample was pooled by person who picks up sample, when I talked to him he said which tank he used was from cooler which had rain water in it. C12 from that day was fine, not sure why fecal was that high when tank must have been contaminated.

On June 15 weekly cone boy was exceeded, I believe this was caused by partial clog in ferric sulfate line, problem was found on the 18th and corrected.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-Candy WWTP
 MONITOR YEAR: 0/05

PERMIT NUMBER: FL000796-000-001P DISCHARGE POINT NUMBER: D001 WAFR SITE No.: 14905

Parameter	Sample Measurement Permit No. (MSP-01-06118)	Sample Measurement Permit No. (MSP-01-06118)	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	STORM No. 00008	Y	746	mgd			0	Continuous	Flow (mgd)
	STORM No. 00008	Y	676	mgd			0	Monthly, Calculated	Flow (mgd) (Rolling Annual Avg.)
	STORM No. 00002	Q	120	mg/L	Report (Rolling Annual Avg.)		0	Monthly	Flow (mgd) (Rolling Annual Avg.)
	STORM No. 00030	Q	210	mg/L	Report (Rolling Annual Avg.)		0	Monthly	Flow (mgd) (Rolling Annual Avg.)

*Rolling Annual Average is the average of the current monthly average and the preceding 11 months monthly average.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed on: 18 this report on Department of Environmental Protection, Wastewater Facilities Management Section, 368 3551, 3608 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 700 Weatherford Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLW04789-001-DWIP
 MONITORING PERIOD: From 6-1-03
 TO: 6-30-03
 CLASS SIZE: 100
 PLANT/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D091

TO: REPORT: 6-30-03
 GROUP: TOXICITY
 WAFR SITE NO.: 14391

FACILITY: Mid-County WWT
 LOCATION: 2399 Spanish Vista Dr.
 Palm Bay, FL 34908
 COUNTY: Brevard

DMR date: 200

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Routine) STORET No. TBP38 P Mon Site No. BFD-01-36118	Sample Measurement Percent			NODE=9 100 (Min.)				See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional) STORET No. TBP38 Q Mon Site No. BFD-01-36118	Sample Measurement Percent			NODE=9 100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional) STORET No. TBP38 R Mon Site No. BFD-01-36118	Sample Measurement Percent			NODE=9 100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Phosphite prometas (Routine) STORET No. TBP3C P Mon Site No. BFD-01-36118	Sample Measurement Percent			NODE=9 100 (Min.)	Percent		Bi-stability	See Permit
NOEL STATE 7 DAY CHRONIC Phosphite prometas (Additional) STORET No. TBP3C Q Mon Site No. BFD-01-36118	Sample Measurement Percent			NODE=9 100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Phosphite prometas (Additional) STORET No. TBP3C R Mon Site No. BFD-01-36118	Sample Measurement Percent			NODE=9 100 (Min.)	Percent		Additional Definitive	See Permit

* If a second definitive test is required, enter the result in an empty row.

** Enter NODE=9 in the results column if no discharge occurred during the reporting period. Enter NODE=9 in the month column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
David Winkler	David Winkler	727 782-7978	05/07/23

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Wastewater Facilities Management Section, 312 3311, 2660 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MIA-County Services, Inc.
MAILING ADDRESS: 260 Westmeadow Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: F10004789-082-DW/P
MONITORING PERIOD: From: 6-1-03 To: 6-30-03
LIMIT: Final
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: 8801: Ambient 3 Pond/berag

TO REPORT: 6-30-03
GROUP: Ambient Monitoring
WAFR SITE No.: 1495
of Outfall:

FACILITY: MIA-County Services, Inc.
LOCATION: 2399 Spanish Vista Dr. SW
 Palm Harbor, FL 34668
COUNTY: Pinellas

DMR Date: 03/09

Parameter	Sample Measurement	Permit Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH STORET No. 00406 5 Mon. Site No. SWA-01-36334	Sample Measurement	Permit Measurement	NOISE-L Report	BU		Quarterly	Grab
	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
DISSOLVED OXYGEN STORET No. 00900 5 Mon. Site No. SWA-01-36334	Sample Measurement	Permit Measurement	NOISE-L Report	°C		Quarterly	Grab
	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
TEMPERATURE STORET No. 00019 5 Mon. Site No. SWA-01-36334	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
SALINITY STORET No. 00480 5 Mon. Site No. SWA-01-36334	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
Total Chlorine STORET No. 31615 5 Mon. Site No. SWA-01-36334	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
Total Chlorine STORET No. 31501 5 Mon. Site No. SWA-01-36334	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
	Sample Measurement	Permit Measurement	NOISE-L Report	mg/L		Quarterly	Grab
Turbidity STORET No. 82078 5 Mon. Site No. SWA-01-36334	Sample Measurement	Permit Measurement	NOISE-L Report	NTU's		Quarterly	Grab
	Sample Measurement	Permit Measurement	NOISE-L Report	NTU's		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE / /
DAVID WINKLER	David Winkler	707 787-7977	05/07/03

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

10/20/2004 13:06 46/8696961

UTILITIES INC OF FL

PAGE 07/12

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Watershed Facilities Management Section, MS 3511, 2000 Buflong Street SE, Tallahassee, 32399-0400
 FACILITY NAME: WPA County WWT
 MONITORING: 6/10/05

PERMIT NUMBER: F000-000-000-0001P DISCHARGE POINT NUMBER: 0001 - Ambient Monitoring at Outfall

WATR #718 No.: 14595

Parameter	Sample Measurement Permit	Quantity or Loading	Units	Quality or Concentration	Units	No. of An. Es.	Frequency of Analyzing	Sample Type
TOTAL SUSPENDED SOLIDS	ST06T No. 00500 5 Mon. Site No. SWA-01-36314 BOLX, CARBONACEOUS			MODE-9 Report	mg/L		Quarterly	Grab
TOTAL KJELDAHL NITROGEN	ST06T No. 00510 5 Mon. Site No. SWA-01-36334			MODE-9 Report	mg/L		Quarterly	Grab
NITRIB-NITRATE	ST06T No. 00525 5 Mon. Site No. SWA-01-36334			MODE-9 Report	mg/L		Quarterly	Grab
TOTAL AMMONIA	ST06T No. 00550 5 Mon. Site No. SWA-01-36334			MODE-9 Report	mg/L		Quarterly	Grab
TOTAL JECOPHORUS	ST06T No. 00610 5 Mon. Site No. SWA-01-36304			MODE-9 Report	mg/L		Quarterly	Grab
CALTRIO-PROSPORUS	ST06T No. 00665 5 Mon. Site No. SWA-01-36334			MODE-9 Report	mg/L		Quarterly	Grab
	ST06T No. 00650 5 Mon. Site No. SWA-01-36304			MODE-9 Report	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Who Completed this report: Department of Environmental Protection, Wastewater Facilities Management Section, 685 95th Street, Suite RM, Tallahassee, 32399-2400

PERMIT NUMBER: 1A000498-003-DW1P
 MONITORING PERIOD: From 6-1-05 To 6-30-05
 CLASS SIZE: Minor
 PLANT IDENTIFICATION TYPE: B
 DISCHARGE POINT NUMBER: 0001: Ambient Monitoring Upstream

PERMIT NUMBER: 1A000498-003-DW1P
 MONITORING PERIOD: From 6-1-05 To 6-30-05
 CLASS SIZE: Minor
 PLANT IDENTIFICATION TYPE: B
 DISCHARGE POINT NUMBER: 0001: Ambient Monitoring Upstream

6-30-05
 Analytical Method: Datasnak
 LABS: 14893

Parameter	Sample	Quality or Concentration	Units	No. of Ex.	Frequency at Analyte	Sample Type
pH	Sample Measurement					
STORST No. 00409 5 Site No. SWB-01-36333 DISSOLVED OXYGEN	Report Surface Report Mid-Depth	NOPE-4 NOPE-4	mg/L		Quarterly	Grab
STORST No. 00960 5 Site No. SWB-01-36333 TEMPERATURE	Report Surface Report Mid-Depth	NOPE-4 NOPE-4	mg/L		Quarterly	Grab
STORST No. 00116 5 Site No. SWB-01-36333 SALINITY	Report Surface	NOPE-4	mg/L		Quarterly	Grab
STORST No. 00440 5 Site No. SWB-01-36333 Total Chlorine	Report Surface	NOPE-4	mg/L		Quarterly	Grab
STORST No. 31615 5 Site No. SWB-01-36333 Total Chlorine	Report Surface	NOPE-4	mg/L		Quarterly	Grab
STORST No. 31501 5 Site No. SWB-01-36333 Total Chlorine	Report Surface	NOPE-4	mg/L		Quarterly	Grab
STORST No. 20078 5 Site No. SWB-01-36333	Report Surface	NOPE-4	mg/L		Quarterly	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 fines and imprisonment.

DAVID WICKA
 DAVID WICKA
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David Wicka

TELEPHONE NO: 727-787-7978
 DATE (YYMMDD): 05/07/03

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Indicate all violations):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Bank Street Rd, Tallahassee, 32399-2400
 FACILITY NAME: MDC County WWTP PERMIT NUMBER: IL503473-002-DWTP DISCHARGE POINT NUMBER: D601- Ambient Monitoring Upstream WAQR SITE No: 14335
 MONTH/YEAR: 6/105

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement							
STORET No. 2220 5	Point Measurement			NODE-6				
Mon. Site No. SWB-01-36333	Sample Measurement			Report Mid-Depth	mg/L		Quarterly	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement							
STORET No. 00330 5	Point Measurement			NODE-6				
Mon. Site No. SWB-01-36333	Sample Measurement			Report Mid-Depth	mg/L		Quarterly	Grab
CO ₂ CARBONIC ACID	Sample Measurement							
STORET No. 00310 5	Point Measurement			NODE-6				
Mon. Site No. SWB-01-36333	Sample Measurement			Report Mid-Depth	mg/L		Quarterly	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement							
STORET No. 00405 5	Point Measurement			NODE-6				
Mon. Site No. SWB-01-36333	Sample Measurement			Report Mid-Depth	mg/L		Quarterly	Grab
NITRITE-NITRATE	Sample Measurement							
STORET No. 00630 5	Point Measurement			NODE-6				
Mon. Site No. SWB-01-36333	Sample Measurement			Report Mid-Depth	mg/L		Quarterly	Grab
TOTAL AMMONIA	Sample Measurement							
STORET No. 00610 5	Point Measurement			NODE-6				
Mon. Site No. SWB-01-36333	Sample Measurement			Report Mid-Depth	mg/L		Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement							
STORET No. 00665 5	Point Measurement			NODE-6				
Mon. Site No. SWB-01-36333	Sample Measurement			Report Mid-Depth	mg/L		Quarterly	Grab
ORTHOPHOSPHORUS	Sample Measurement							
STORET No. 00660 5	Point Measurement			NODE-6				
Mon. Site No. SWB-01-36333	Sample Measurement			Report Mid-Depth	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

07/25/2005 10:28 8136261030 GARTH A UTILITIES INC OF FL PAGE 09/12 PAGE 10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Waterside Justice Management Services, 3635 N. 1st Avenue, Tallahassee, 32309-3400
 FACILITY NAME: WACONTO WWTP
 FACILITY NUMBER: 140136700-020-DW17

3635 N. 1st Avenue, Tallahassee, 32309-3400
 DISCHARGE POINT NUMBER: 0003 - Ambient Monitoring Demolition

WAPR SITE No.: 14536

Parameter

Parameter	Quantity of Loading	Units	Quality of Concentration	Units	No. of Samples	Frequency of Analysis	Sample Type
CHLOROPHYLL-A							
STREET No. 3780D Mile Site No. SWD-01-30335 TOTAL DIBENZO-PHANTHRENE	Proxys Management Permit Sample		NOPE-6 Report Mile-Depth	mg/L		Quarterly	Grab
STREET No. 08310 Mile Site No. SWD-01-30335 TOTAL CARBONACEOUS MATTER	Proxys Management Permit Sample		NOPE-6 Report Mile-Depth	mg/L		Quarterly	Grab
STREET No. 00310 Mile Site No. SWD-01-30335 TOTAL KINETIC POTENTIAL	Proxys Management Permit Sample		NOPE-6 Report Mile-Depth	mg/L		Quarterly	Grab
STREET No. 40033 Mile Site No. SWD-01-30335 NITRIFICATION POTENTIAL	Proxys Management Permit Sample		NOPE-6 Report Mile-Depth	mg/L		Quarterly	Grab
STREET No. 30130 Mile Site No. SWD-01-30335 TOTAL AMMONIA	Proxys Management Permit Sample		NOPE-6 Report Mile-Depth	mg/L		Quarterly	Grab
STREET No. 00610 Mile Site No. SWD-01-30335 TOTAL PHOSPHORUS	Proxys Management Permit Sample		NOPE-6 Report Mile-Depth	mg/L		Quarterly	Grab
STREET No. 01665 Mile Site No. SWD-01-30335 ORTHOPHOSPHORUS	Proxys Management Permit Sample		NOPE-6 Report Mile-Depth	mg/L		Quarterly	Grab
STREET No. 01669 Mile Site No. SWD-01-30335	Proxys Management Permit Sample		NOPE-6 Report Mile-Depth	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P
 Month/Year: 6/05

Facility Name: Mid-County WWT

Three-month Average Daily Flow: 671
 Daily Flow % of Plant Rated Capacity: 75%

	Flow (MGD)	CODCr (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.R.)	Total Coliform Bacteria (#/100ml)	TRC (For Dissolved) (mg/L)	TRC (For Decolorant) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CODCr (mg/L)	TSS (mg/L)
Code:	50050	88042	00538	00538	11-6	74035	50050	50050	00600	00665	10508	88042	00538
Myr. Str.	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	724	<2	<2	<2	74-70	<1	2.97	<0.01	1.4	0.73	6.6	120	210
2	737		<2		73-70	<1	2.52	<0.01			6.4		
3	706		<2		74-70	37	1.52	<0.01			6.0		
4	698				74-70		2.30	<0.01			6.5		
5	721				74-70		2.44	<0.01			6.3		
6	650		<2		73-69	<1	1.36	<0.01			6.1		
7	594		<2		74-70	<1	2.20	<0.01			6.2		
8	682	<2	<2	<2	74-70	<1	2.37	<0.01	3.5	0.98	6.2		
9	650		<2		74-67	<1	2.95	<0.01			6.0		
10	700		<2		73-69	<1	3.21	<0.01			6.2		
11	816				73-69		3.00	<0.01			6.3		
12	903				73-70		2.27	<0.01			6.3		
13	837		<2		73-69	<1	2.47	<0.01			6.3		
14	832		<2		74-70	<1	2.74	<0.01			6.2		
15	774	<2	<2	<2	75-70	<1	2.34	<0.01	5.9	2.1	6.0		
16	751		<2		74-70	<1	2.92	<0.01			6.0		
17	723		<2		76-70	<1	2.79	<0.01			6.1		
18	697				76-70		2.60	<0.01			6.0		
19	702				75-70		2.32	<0.01			6.1		
20	664		<2		73-70	<1	2.26	<0.01			6.0		
21	651		<2		75-71	<1	2.90	<0.01			6.3		
22	695	5.5	<2	<2	75-70	<1	2.48	<0.01	2.7	0.79	6.3		
23	854		<2		75-67	<1	3.48	<0.01			6.1		
24	841		<2		71-65	<1	2.51	<0.01			6.0		
25	799				72-68		2.69	<0.01			6.0		
26	784				74-70		2.96	<0.01			6.1		
27	729		<2		75-70	<1	2.69	<0.01			6.1		
28	744		<2		75-70	<1	2.70	<0.01			6.1		
29	797	7.4	<2	<2	74-70	<2	2.81	<0.01	2.9	0.63	6.2		
30	341		<2		74-70	<2	2.50	<0.01			6.0		
31													

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 13830 Name: Jay Hahn
 Evening Shift Operator: Class: A+B Certificate No: 512 + 2720 Name: PALES JONES + Dave Winkler
 Night Shift Operator: Class: B Certificate No: 12018 Name: PALES JONES + Dave Winkler
 Lead Operator: Class: B Certificate No: 12018 Name: PALES JONES + Dave Winkler
 Type of Effluent Disposal or Recycled Water Reuse: Surface water to creek
 Limited Wet Weather Discharge Activated: Yes: No: If yes, cumulative days of wet weather discharge: 0

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

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Rick Retz Date: July 26, 2005
Company: Utilities, Inc. Fax #: (813) 626-1030
From: Mike Dunn Pages: 3 including this cover page.
Subject: Mid County Dmrs and Backflow Prevention Letters

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested Please Comment via U.S. Mail



Messages:

Hi Rick,

Attached is a copy of the cross connection letter that was sent out earlier this week. We will make sure to re-word the next one to make it clear to contact you only with questions pertaining to installation.

- Also, please make the following changes to the June 2005 DRM
- 1) Average on Part A for TSS is 2.0 mg/L but part B shows this as <2.0 mg/L. Please add < symbol to part A for TSS.
 - 2) Fecal should be a percentile instead of 0 in part A.

Thanks,

Mike

FAXED
7/26/05

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

C:\Documents and Settings\Mike Dunn\Desktop\Templates\FAX TEMPLATE.dot

18.2/645

MID COUNTY

	June	RAINFALL	TOTAL
1	.75	16	1.75
2	.41	17	.25
3	0	18	0
4	.25	19	.22
5	.25	20	.75
6	.11	21	.75
7	0	22	.20
8	0	23	.30
9	.75	24	.30
10	1.5	25	.75
11	2.5	26	0
12	0	27	0
13	.22	28	3.5
14	0	29	3.0
15	0	30	1.0

6.74

12.77

TOTAL = 19.51''

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Administration Section, 3473571, 2600 Blaik Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 101 Weatherfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: F10004420-002-DWIP
MONITORING PERIOD From: 7-1-05
LIMIT: Field
CLASS SIZE: 6
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D901

THE REPORT GROUP: 7-31-05
Monthly Domestic

FACILITY: Mid-County WWTP
LOCATION: 2299 Spanish Vista Dr.
Falm Harbor, FL 34668
COUNTY: Pasco

THREE MONTH ROLLING AVE: 773 90% OF PERMITTED

WAFR SITE NO: 14395

CAPACITY: 9.00

DMR due: 3/00

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80082 Y Mon. Site No. EPD-01-36118	Sample Measurement			2.18			Mg/L	0	Calculated	RAA
	Permit Measurement			5.0 (An. Avg.)			Mg/L		Calculated	Rolling Annual AVE
CBOD5 STORET No. 80082 I Mon. Site No. EPD-01-36118	Sample Measurement			2.0	NOPE=9	2.4	Mg/L	0	Weekly	24hr FPC
	Permit Measurement			6.25 (Mon. Avg.)	7.5 (Week. Avg.)	10.0 (Max.)	Mg/L		Weekly	16-hour FPC
TSS STORET No. 06330 Y Mon. Site No. EPD-01-36118	Sample Measurement			2.0			Mg/L	0	Calculated	RAA
	Permit Measurement			5.0 (An. Avg.)			Mg/L		Calculated	Rolling Annual AVE
TSS STORET No. 06330 I Mon. Site No. EPD-01-36118	Sample Measurement			<2.0	NOPE=9	2.0	Mg/L	0	Weekly	24hr FPC
	Permit Measurement			6.25 (Mon. Avg.)	7.5 (Week. Avg.)	10.0 (Max.)	Mg/L		Weekly	16-hour FPC
pH STORET No. 06330 I Mon. Site No. HFB-01-36383	Sample Measurement					3.6	M/L	0	50 wk	Good
	Permit Measurement					1.8 (Max.)	mg/L		3 Days/Week	Good
pH STORET No. 06400 I Mon. Site No. EPD-01-36118	Sample Measurement			6.7		7.6	S.U.	0	Continuous	Medi
	Permit Measurement			6.9 (Min.)		8.5 (Max.)	S.U.		Continuous	Medi

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/M/D)
DAVID WINKLER	<i>David Winkler</i>	727 787-2978	05/07/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

WATER SITE No. 14391

DISCHARGE POINT NUMBER: DB01

PERMIT NUMBER: FL-002-019-002-DWTP

WASTEWATER TREATMENT PLANT: 7/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Feed Calcium Sulfate STORST No. 31615 Monitoring No. EFD-01-36118			95% Non-Detectable (5% Possible)	#/100 gal #/100 gal	0	5 Daily	Grab
TRC for distribution			1.14 lb (Max)	mg/L	0	Continuous	Metc
STORST No. 50060 Monitoring No. EFD-01-36118 Nitrogen			2.25 3.0 (Max)	mg/L	0	Hourly	Grab
STORST No. 06600 Monitoring No. EFD-01-36118 Nitrogen			10.72 1.7 (Max)	mg/L	2	Weekly	Grab
STORST No. 06666 Monitoring No. EFD-01-36118 Phosphorus			6.57 1.0 (Max)	mg/L	0	Calculated	RAA
STORST No. 18407 Monitoring No. EFD-01-36118 Oxygen Dissolved (DO)			0.73 1.5 (Max)	mg/L	0	Weekly	Grab
STORST No. 40000 Monitoring No. EFD-01-36118			5.5 5.0 (Max)	mg/L	0	Daily	Grab

ON 7/13 & 7/14 Total N was exceeded this was caused by upset in NRS plant
I believe something toxic went through plant, Method had to be turned down to allow
more solids through, TSS was not exceeded
Heavy rains during this sampling period

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed with this report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2400 Blair Stone Rd., Tallahassee, 32399-2409

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 209 Woodrufffield Ave.
 Altamonte Springs, FL 32714

FACILITY: Mid-County Services, Inc.
 LOCATION: 2209 Spanish Vista Dr, mso
 Palm Harbor, FL 34668

COUNTY: Pinellas

PERMIT NUMBER: FLD154789-001-DW1P
 MONITORING PERIOD From: 7-31-05
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

To: 7-31-05
 REPORT: Ambient Monitoring
 GROUP: Domestic
 WAFR SITE No.: 14593
 at OWR01
 OWR Date: 02/00

Parameter			Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH STORET No. 00460 S Mon. Site No. SWA-01-36334	Sample Measurement		6.8	S.U.	0	Quarterly	Grab
	Permit Measurement		Report	S.U.		Quarterly	Grab
DISSOLVED OXYGEN STORET No. 00900 S Mon. Site No. SWA-01-36334	Sample Measurement		5.57	Mg/l	0	Quarterly	Grab
	Permit Measurement		Report	mg/L		Quarterly	Grab
TEMPERATURE STORET No. 00010 S Mon. Site No. SWA-01-36334	Sample Measurement		29.4	°C	0	Quarterly	Grab
	Permit Measurement		Report	°C		Quarterly	Grab
SALINITY STORET No. 00480 S Mon. Site No. SWA-01-36334	Sample Measurement		0.50	Mg/L	0	Quarterly	Grab
	Permit Measurement		Report	mg/L		Quarterly	Grab
Total Chlorine STORET No. 31615 S Mon. Site No. SWA-01-36334	Sample Measurement		<1	MG/L	0	Quarterly	Grab
	Permit Measurement		Report	MG/L		Quarterly	Grab
Total Chlorine STORET No. 3130M S Mon. Site No. SWA-01-36334	Sample Measurement		162	#/100ml	0	Quarterly	Grab
	Permit Measurement		Report	#/100ml		Quarterly	Grab
Turbidity STORET No. #2078 S Mon. Site No. SWA-01-36334	Sample Measurement		0.75	NTU	0	Quarterly	Grab
	Permit Measurement		Report	NTU's		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (M/Y/2005)
DAVID Winkler	<i>David Winkler</i>	727 787-7978	05/07/04

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

08/23/2005 10:56 8136261030 GARTH A
 10/20/2004 13:06 4878696961 UTILITIES INC OF FL
 PAGE 05/12 PAGE 06

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed on site report for Department of Environmental Protection, Waterstar Facilities Management Section, 305 3911, 2600 Blair Street Rd, Tallahassee, 32349-2400
 FACILITY NAME: MEL-CANARY WWTP PERMIT NUMBER: FL 0004749-002-DWTP DISTRICT/POINT NUMBER: B001 - Ambient Monitoring at Onfall
 MONTH/YEAR: 7/05 WAFR SITE No.: 45995

Parameter	Sample Measurement Permit Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS							
STORET No. 0000 3	Measurement Permit Sample			<2 Report		0	Grab
Mon. Site No. SWA-01-3834 BOD5, CARBONACEOUS							
STORET No. 0010 3	Measurement Permit Sample			<60 Report		0	Grab
Mon. Site No. SWA-01-3834 TOTAL MEASURABLE NITROGEN							
STORET No. 00675 5	Measurement Permit Sample			0.97 Report		0	Grab
Mon. Site No. SWA-01-3834 NITRITE-HYDRATE							
STORET No. 00630 5	Measurement Permit Sample			5.3 Report		0	Grab
Mon. Site No. SWA-01-3834 TOTAL AMMONIA							
STORET No. 00610 5	Measurement Permit Sample			0.026 Report		0	Grab
Mon. Site No. SWA-01-3834 TOTAL THIOPHOSPHORUS							
STORET No. 00660 5	Measurement Permit Sample			0.80 Report		0	Grab
Mon. Site No. SWA-01-3834 ORTHO-PHOSPHORUS							
STORET No. 00660 5	Measurement Permit Sample			0.62 Report		0	Grab
Mon. Site No. SWA-01-3834							

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for Department of Environment Protection, Waterways Pollution Management Section, MS 3511, 2400 State Street SE, Tallahassee, 32309-3400
 FACILITY NAME: Mid-County BWWTP PERMIT NUMBER: FL0034789-002-DWIF DISCHARGE POINT NUMBER: D804- Ambient Monitoring Upstream

WATER SITE No.: M995

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			2.4	mg/L	0	Quarterly	Grab
STORET No. 32230 5 Mon. Site No. SWB-01-34333	Permit Measurement			Report Mid-Depth				Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement			22	mg/L	0	Quarterly	Grab
STORET No. 00410 5 Mon. Site No. SWB-01-34333	Permit Measurement			Report Mid-Depth				Grab
BOD, CARBONACEOUS	Sample Measurement			60	mg/L	0	Quarterly	Grab
STORET No. 00310 5 Mon. Site No. SWB-01-34333	Permit Measurement			Report Mid-Depth				Grab
TOTAL KHLORANE NITROGEN	Sample Measurement			0.46	mg/L	0	Quarterly	Grab
STORET No. 00425 5 Mon. Site No. SWB-01-34333	Permit Measurement			Report Mid-Depth				Grab
NITRITE-NITRATE	Sample Measurement			0.25	mg/L	0	Quarterly	Grab
STORET No. 00610 5 Mon. Site No. SWB-01-34333	Permit Measurement			Report Mid-Depth				Grab
TOTAL AMMONIA	Sample Measurement			0.026	mg/L	0	Quarterly	Grab
STORET No. 00610 5 Mon. Site No. SWB-01-34333	Permit Measurement			Report Mid-Depth				Grab
TOTAL PHOSPHORUS	Sample Measurement			0.043	mg/L	0	Quarterly	Grab
STORET No. 00665 5 Mon. Site No. SWB-01-34333	Permit Measurement			Report Mid-Depth				Grab
ORTHOPHOSPHORUS	Sample Measurement			0.052	mg/L	0	Quarterly	Grab
STORET No. 00660 5 Mon. Site No. SWB-01-34333	Permit Measurement			Report Mid-Depth				Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

08/23/2005 10:56 8135261030
 18/20/2004 13:05 4878696961
 GARTH A UTILITIES INC OF FL
 PAGE 09
 FREE 5/12

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, 88.3311, 2689 Birk Street Rd, Tallahassee, 32399-2400

PERMITTEE NAME: MDC County Services, Inc.
MAILING ADDRESS: 100 Peachtreefield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034769-002-DW1P
MONITORING PERIOD FROM: 7-1-05
TO: Final
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D001: Ambient Monitoring

TO: 7-31-05
REPORT: Ambient Monitoring
GROUP: Domestic
WAFR SITE No.: 14395
DOWNSTREAM: DOWNSTREAM

FACILITY LOCATION: MDC County Services, Inc.
 1259 Spanish Vista Dr. nco
 Palms Harbor, FL 34668
COUNTY: Pinellas

DMR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Report Surface	Report Mid-Depth	Report Bottom				
pH STOREY No. 00400 6 Mon. Site No. SWD-01-36335	Sample Measurement	6.9	6.91	6.9	S.U.	0	Quarterly	Grab
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	S.U.		Quarterly	Grab
DISSOLVED OXYGEN STOREY No. 00000 6 Mon. Site No. SWD-01-36335	Sample Measurement	5.04	4.94	4.91	mg/L	0	Quarterly	Grab
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L		Quarterly	Grab
TEMPERATURE STOREY No. 00910 6 Mon. Site No. SWD-01-36335	Sample Measurement	28.4	28.4	28.5	°C	0	Quarterly	Grab
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	°C		Quarterly	Grab
SALINITY STOREY No. 00400 6 Mon. Site No. SWD-01-36335	Sample Measurement	0.20	0.30	0.50	mg/L	0	Quarterly	Grab
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L		Quarterly	Grab
Total Coliform STOREY No. 31615 6 Mon. Site No. SWD-01-36335	Sample Measurement		800		#/100 mL	0	Quarterly	Grab
	Permit Measurement		Report Mid-Depth		#/100 mL		Quarterly	Grab
Total Coliform STOREY No. 31304 6 Mon. Site No. SWD-01-36335	Sample Measurement		2300		#/10 mL	0	Quarterly	Grab
	Permit Measurement		Report Mid-Depth		#/10 mL		Quarterly	Grab
Turbidity STOREY No. 82078 6 Mon. Site No. SWD-01-36335	Sample Measurement		1.2		NTU	0	Quarterly	Grab
	Permit Measurement		Report Mid-Depth		NTU		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO.	DATE (YY/MM/DD)
DAVID WINTERS	<i>[Signature]</i>	727 387-7928	05/07/04

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

08/23/2005 10:56
 01/36261030
 GARTH A
 UTILITIES INC OF FL
 10/12/2005 13:05
 01/36261030
 PAGE 10

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0214789-002-DW17
 MGD/Year:

Facility Name: Mid-County WWT

Three-month Average Daily Flow: 78.3
 Daily Flow % of Permitted Capacity: 80

Line	Flow (MGD)	CBCDS (mg/L)	TSS (mg/L)	TSS (mg/L)	PH (p.H.)	Focal Coliform Bacteria (#/100ml)	TIC (For Disinfect.) (mg/L)	TIC (For Disinfect.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBCDS (mg/L)	TSS (mg/L)
MG & Size	EPD-01	EPD-01	EPB-01	EPD-01	EPD-01	EPD-01	EPA-01	EPD-01	EPD-01	00661	00800	00025	00530
1	.941		<2		7.3-6.7	<1	2.07	<0.01					
2	.919				7.1-6.7		2.76	<0.01			6.0		
3	.780				7.7-6.9		2.25	<0.01			6.1		
4	.756		<2		7.3-6.9	<1	2.55	<0.01			6.1		
5	.732		<2		7.7-7.0	<1	2.14	<0.01			6.2		
6	.700	<2	<2	<2	7.5-7.0	<1	1.75	<0.01	2.8	0.71	6.1		
7	.732		<2		7.5-7.0	1	1.75	<0.01			5.8		
8	.710		<2		7.4-6.7	<1	2.30	<0.01			6.0		
9	.748				7.3-6.8		2.42	<0.01			6.0		
10	.662				7.2-6.9		2.26	<0.01			6.2		
11	.696		<2		7.0-6.8	<1	2.38	<0.01			5.9		
12	.919		<2		7.1-6.7	<1	2.62	<0.01			6.0		
13	.926	2.1	<2	<2	7.2-6.8	<1	1.39	<0.01	2.0	0.81	6.2		
14	.842		<2		7.1-6.8	<1	2.99	<0.01			6.0		
15	.781		<2		6.9-6.8	<1	1.54	<0.01			5.9		
16	.784				6.9-6.7		3.00	<0.01			5.9		
17	.787				7.0-6.8		2.92	<0.01			6.0		
18	.783		<2		7.3-7.0	2	2.05	<0.01			6.1		
19	.781		<2		7.3-7.0	<1	1.46	<0.01			6.0		
20	.750	7.4	<2	<2	7.3-7.0	<1	1.74	<0.01			6.0		
21	1.752		<2		7.2-6.9	<1	1.14	<0.01	2.5	0.56	6.0		
22	.725		3.6		7.7-6.9	<1	2.68	<0.01			5.9		
23	.764				7.7-6.9		2.21	<0.01			6.0		
24	.747				7.7-6.8		2.50	<0.01			6.2		
25	.767		<2		7.3-6.8	<1	3.07	<0.01			5.9		
26	.693		<2		7.1-6.9	<1	2.37	<0.01			5.7		
27	.685	<2	<2	<2	7.7-6.8	<1	1.55	<0.01	1.8	0.84	5.6		
28	.722		<2		7.3-6.8	<1	2.69	<0.01			5.7		
29	.740		<2		7.6-6.8	<1	3.21	<0.01			5.6		
30	.753				7.6-7.0		3.00	<0.01			5.5		
31	.779				7.5-7.0		1.50	<0.01			5.8		

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 15838 Name: Jay Hahn
 Evening Shift Operator: Class: Certificate No: Name:
 Night Shift Operator: Class: A-J-A Certificate No: 512 F 2772 Name: Rajah John F. Smith, Genitor
 Lead Operator: Class: B Certificate No: 12018 Name: David Wheeler
 Type of Effluent Disposal or Recycled Water Reuse: Surface water to garden cover
 Limited Wet Weather Discharge Authorized: Yes (No) Not Applicable: If yes, maximum days of wet weather discharge:

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

FILE COPY

643

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Pollution Management Section, MS 3251, 2400 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Woodcroft Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0054789-002-DW1P
MONITORING PERIOD: From 8-1-01
LIMIT: None
CLASS SIZE: A/Non
PLANT SIZE/TREATMENT TYPE: 8
DISCHARGE POINT/NUMBER: D001

THE REPORT: 8-31-05
 Monthly
 Domestic

FACILITY: Mid-County WWTP
LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34681
COUNTY: Pinellas

THREE MONTH ROLLING AVE., 771 85% OF PERMITTED

WAFR SITE NO.: 14395
CAPACITY: 1,900

DOSE: 3600

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			2.28				
	Permit Measurement			3.0 (Max.)		0	Calculated	RAA
STORET No. 80083	Y				mg/L	0	Calculated	Rolling Annual Avg.
Mon. Site No. EFD-01-36118					mg/L		Calculated	
CBOD5	Sample Measurement			3.22				
	Permit Measurement			6.25 (Max.)		0	Weekly	24-hr FPC
STORET No. 80082	1				mg/L	0	Weekly	16-hour FPC
Mon. Site No. EFD-01-36118					mg/L		Weekly	
TSS	Sample Measurement			<2.0				
	Permit Measurement			1.0 (Max.)		0	Calculated	Rolling Annual Avg.
STORET No. 80370	Y				mg/L	0	Calculated	RAA
Mon. Site No. EFD-01-36118					mg/L		Calculated	
TSS	Sample Measurement			<2.0				
	Permit Measurement			6.25 (Max.)		0	Weekly	24-hr FPC
STORET No. 80330	1				mg/L	0	Weekly	16-hour FPC
Mon. Site No. EFD-01-36118					mg/L		Weekly	
TSS	Sample Measurement			<2.0				
	Permit Measurement			6.25 (Max.)		0	Weekly	24-hr FPC
STORET No. 80330	1				mg/L	0	Weekly	16-hour FPC
Mon. Site No. EFD-01-36383					mg/L		Weekly	
pH	Sample Measurement			7.0				
	Permit Measurement			6.5 (Min.)		0	5 DWK	Grav
STORET No. 00490	1				S.U.	0	3 Days/Week	Grav
Mon. Site No. EFD-01-36118					S.U.		Continuous	meter

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID WINKLER	<i>David Winkler</i>	727-7978	05/09/23

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

NITRATE EXCURSIONS ON AUGUST 24, & 31 POSSIBLE LAB/SAMPLE ERROR. ALL OTHER RESULTS ARE WITHIN COMPLIANCE. PERMITS & POST NITRATE RESULTS ARE WITHIN ACCEPTABLE LIMITS.

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Ash County WWT	Permit No: 71-00478-00D-DW1P	Discharge Point Number: D001	WAFR Site No: 1425					
Priority No: 5105	Parameter	Quantity of Landfill	Units	Quality or Concentration	Units	No. of Samples	Frequency of Analysis	Sample Type
STORM No. 31615 Monthly No. EFD-01-26118	Ammonia Nitrogen Measurement			100 Max (23 Percentile)	mg/L	1	5-10 3 Days/Week	GRAB Event
STORM No. 30689 A Monthly No. EFD-01-26118	Ammonia Nitrogen Measurement			1.34 1.0 (Max)	mg/L	1	Continuous	Water Meter
STORM No. 30690 I Monthly No. EFD-01-26118	Ammonia Nitrogen Measurement			2.55 2.0 (Max)	mg/L	1	Calculated	GRAB Event
STORM No. 30690 Y Monthly No. EFD-01-26118	Ammonia Nitrogen Measurement			4.86 1.75 (Max)	mg/L	2	Calculated	Water Meter
STORM No. 30690 I Monthly No. EFD-01-26118	Ammonia Nitrogen Measurement			0.62 1.0 (Max)	mg/L	1	Calculated	GRAB Event
STORM No. 30690 Y Monthly No. EFD-01-26118	Ammonia Nitrogen Measurement			0.96 1.5 (Max)	mg/L	1	Calculated	GRAB Event
STORM No. 30690 I Monthly No. EFD-01-26118	Ammonia Nitrogen Measurement			5.7 5.0 (Max)	mg/L	1	Calculated	GRAB Event

DISCLAIMER RECONSTRUCTION REPORT - PART A (Continued)

PROJECT NAME: ... DATE: ...

Feature	Quantity on Existing	Units	Quality or Comments	Units	Notes	Remarks
...	679	sq ft				
...	813	sq ft				
...	679	sq ft				
...			150			
...			230			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Waste Compliance Unit Report for Department of Environmental Protection, Waterways Facilities Management Section, 1001 North Street, Tallahassee, 32399-0499
 FACILITY NAME: W-1001
 PERMIT NUMBER: 910154789-002-DWTP
 DISCHARGE POINT NUMBER: 2901 - Ambient Monitoring at Outfalls
 MONITORING DATE: 8/15/05

WAFR SITE No: 14993

Parameter	Sample Measurement Point	Quantity or Loading	Units	Quality or Concentration	Units	No. of Samples	Frequency of Sampling	Sample Type
TOTAL SUSPENDED SOLIDS	STORST No. 00600 Mon. Site No. SWA-01-30334 BOD, CALORIMETRIC			NADDE-4 Report	mg/L		Quarterly	Grab
TOTAL AMMONIUM NITROGEN	STORST No. 00610 Mon. Site No. SWA-01-30334			NADDE-5 Report	mg/L		Quarterly	Grab
TOTAL NITRATES-NITRATE	STORST No. 00625 Mon. Site No. SWA-01-30334			NADDE-6 Report	mg/L		Quarterly	Grab
TOTAL ALUMINA	STORST No. 00630 Mon. Site No. SWA-01-30334			NADDE-7 Report	mg/L		Quarterly	Grab
TOTAL PHOSPHORUS	STORST No. 00645 Mon. Site No. SWA-01-30334			NADDE-8 Report	mg/L		Quarterly	Grab
CALORIMETRIC BOD	STORST No. 00660 Mon. Site No. SWA-01-30334			NADDE-9 Report	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Waterwatch 2 within Management Section, MS 311, 2600 West Beach Rd, Tallahassee, 32309-2409
 FACILITY NAME: WWA County WWTP
 PERMIT NUMBER: R400-678-002-0717
 DISCHARGE POINT NUMBER: DR01 - Ambient Discharging Upstream
 WWA DMR No.: 1493

Parameter	Sample Measurement Point	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Sampling	Sample Type
CHLOROPHYLL	Sample Measurement Point							
STORST No. 12200 1	Sample Measurement Point							
Max. Eff. No. 8178-01-0033	Sample Measurement Point							
TOTAL SUBPHOSPHORIC ACID	Sample Measurement Point							
STORST No. 00521 3	Sample Measurement Point							
Max. Eff. No. 8178-01-0033	Sample Measurement Point							
BOX CARBON/ACROB	Sample Measurement Point							
STORST No. 8810 5	Sample Measurement Point							
Max. Eff. No. 8178-01-0033	Sample Measurement Point							
TOTAL ORGANIC NITROGEN	Sample Measurement Point							
STORST No. 05625 3	Sample Measurement Point							
Max. Eff. No. 8178-01-0033	Sample Measurement Point							
NITRITE-NITRATE	Sample Measurement Point							
STORST No. 09830 5	Sample Measurement Point							
Max. Eff. No. 8178-01-0033	Sample Measurement Point							
TOTAL AMMONIA	Sample Measurement Point							
STORST No. 09610 5	Sample Measurement Point							
Max. Eff. No. 8178-01-0033	Sample Measurement Point							
TOTAL PHOSPHORUS	Sample Measurement Point							
STORST No. 80605 3	Sample Measurement Point							
Max. Eff. No. 8178-01-0033	Sample Measurement Point							
CITRIC-TRICHOIC ACID	Sample Measurement Point							
STORST No. 04660 5	Sample Measurement Point							
Max. Eff. No. 8178-01-0033	Sample Measurement Point							

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Waterways Pollution Management Section, 605 3511, 2600 Blair Avenue Rd., Tallahassee, 32399-0400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 291 Wadsworth Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL00005-002-DW1F
 MONITORING PERIOD: From: 8-1-01
 LIMIT: From: 8-1-01
 CLASS SIZE: From: 8-1-01
 PLANT SEWERTREATMENT TYPE: From: 8-1-01
 DISCHARGE POINT NUMBER: From: 8-1-01

REPORT GROUP: Domestic
 TRAFFIC DATES: 14195

REPORT GROUP: Domestic
 TRAFFIC DATES: 14195

REPORT GROUP: Domestic
 TRAFFIC DATES: 14195

FACILITY: Mid-County Services, Inc.
 2277 Spanish Vista Lane
 Palm Harbor, FL 34688
 COUNTY: Pinellas

0001: Ambient Monitoring

Downstream

DATE: 01/00

Parameter	Sample Management	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
PH	Sample Management Permit	Report Surface Report Mid-Depth Report Bottom	S.U.		Quarterly	Grab
STORYET No. 89400 6 Mon. Site No. BWD-01-36333 DISSOLVED OXYGEN	Sample Management Permit	Report Surface Report Mid-Depth Report Bottom	mg/L		Quarterly	Grab
STORYET No. 89400 6 Mon. Site No. BWD-01-36333 TEMPERATURE	Sample Management Permit	Report Surface Report Mid-Depth Report Bottom	°C		Quarterly	Grab
STORYET No. 89400 6 Mon. Site No. BWD-01-36333 BALANCE	Sample Management Permit	Report Surface Report Mid-Depth Report Bottom	mg/L		Quarterly	Grab
STORYET No. 89400 6 Mon. Site No. BWD-01-36333 Total Coliform	Sample Management Permit	Report Surface Report Mid-Depth Report Bottom	NTU s		Quarterly	Grab
STORYET No. 89400 6 Mon. Site No. BWD-01-36333 Total Coliform	Sample Management Permit	Report Surface Report Mid-Depth Report Bottom	NTU s		Quarterly	Grab
STORYET No. 89400 6 Mon. Site No. BWD-01-36333 Turbidity	Sample Management Permit	Report Surface Report Mid-Depth Report Bottom	NTU s		Quarterly	Grab
STORYET No. 89400 6 Mon. Site No. BWD-01-36333	Sample Management Permit	Report Surface Report Mid-Depth Report Bottom	NTU s		Quarterly	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 that submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (Y/Y/M/D)
DAVID Winkler	David Winkler	707 787-7478	05/09/23

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA083479-002-DW17
 Month/Year: 8/05

Facility Name: MIA-County WWTP

Three-month Average Daily Flow: 771
 Daily Flow % of Permitted Capacity: 85%

Code	Flow (MGD)	COCOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH	Total Coliform Bacteria (1/100ml)	TC (For Disinfect.) (mg/L)	TC (For Disinfect.) (mg/L)	Ammonia (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	COCOD5 (mg/L)	TSS (mg/L)
Line No.	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EPA-01	EFD-01	EFD-01	EPA-01	EFD-01	EPA-01	EFD-01
1	960		<2		74-70	<1	3.77	40.01			5.8		
2	898		<2		74-70	<1	2.13	40.01			5.8		
3	816		<2		75-70	<1	1.94	40.01			5.8		
4	784	4.5	<2	<2	75-70	<1	2.65	40.01	2.9	1.1	5.8	150	826
5	777		<2		76-70	<1	2.22	40.01			5.8		
6	761				76-70		2.44	40.01			6.0		
7	760				75-70		3.04	40.01			6.0		
8	838		<2		75-70	<1	2.80	40.01			6.0		
9	837		<2		75-70	<1	2.68	40.01			5.9		
10	821	4.0	<2	<2	75-72	<1	2.35	40.01	2.3	1.0	5.9		
11	802		<2		75-70	<1	2.61	40.01			5.9		
12	749		<2		75-71	<1	2.24	40.01			6.0		
13	790				76-70		1.70	40.01			5.8		
14	725				73-70		2.67	40.01			5.7		
15	753		<2		75-70	<1	2.46	40.01			5.8		
16	732		<2		75-70	<1	2.25	40.01			5.7		
17	752	3.1	<2	<2	76-72	<1	1.34	40.01	3.4	1.1	5.9		
18	906		<2		76-70	<1	2.19	40.01			5.8		
19	772		<2		75-70	<1	2.19	40.01			5.9		
20	765				74-70		1.98	40.01			5.9		
21	838				76-70		2.20	40.01			5.8		
22	753		<2		75-70	<1	2.06	40.01			5.9		
23	808		<2		76-70	<1	1.36	40.01			5.8		
24	852	3.5	<2	<2	75-70	<1	1.07	40.01	9.3	0.52	5.7		
25	835				75-70	<1	1.97	40.01			5.8		
26	940				75-70	<1	3.48	40.01			5.7		
27	795				75-70		2.54	40.01			5.7		
28	817				74-70		3.15	40.01			5.7		
29	872		<2		77-70	<1	2.95	40.01			5.8		
30	764		<2		75-70	<1	2.45	40.01			6.8		
31	744	<2	<2	<2	75-70	<1	1.57	40.01	6.4	1.1	5.8		

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 13532 Name: Jay Haber
 Evening Shift Operator: Class: Certificate No: Name:
 Night Shift Operator: Class: A+A Certificate No: 312 + 2772 Name: Ralph Jones + Matt Gwathwa
 Lead Operator: Class: B Certificate No: 12018 Name: DAVID WINKLER
 Type of Effluent Disposal or Recycled Water Usage: Surface water to Curlew Creek
 Limited Wet Weather Discharge Agreement: Yes NOT Applicable If you, consecutive days of wet weather discharge:

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

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Confidential Fax Transmittal

Attn: Mike Dunn Date: 11/1/2005 11:08 AM

Company: UIF Fax #: 407-869-6961

From: Richard W. Retz Pages: 12 including this cover page.

Subject: DMR - October 2005

URGENT
 For Your Review
 For your information
 Please Reply
Original: will not be sent
 via U.S. Mail
 As Requested
 Please Comment



Messages:

*I have a copy
JR*

Mike,

Please find with this fax cover letter the September 2005 DMR for Mid County. Please note page #2 where David has recorded a 0 percentile. I thought if you had no fecals you should recprd 100% Non Detectable. David said Michele Duggan said record a 0. Which is correct? What is your take of David's excursions for chronics?

Thanks.

Richard W. Retz

Assistant Operations Manager

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediatcly at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

EASTLAKE WATER SERVICE, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Rick Retz

Date: 11/7/2005 12:33 PM

Company: Mid County Services, Inc.

Fax #: (813) 626-1030

From: Michael Dunn

Pages: 2 including this cover page.

Subject: Manager Meeting

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested Please Comment via U.S. Mail



Messages:

The fecals are shown as percentage non-detect. It should be recorded as 100%.

I think the toxicity could be related to nitrates. We had some ammonia pass through which could affect the results. Aeration and methanol needs to be brought under control.

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mail the transmission to the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

DISCHARGE MONITORING REPORT - PART A (Continued)

Parameter	Quantity or Loading	Units	Quality of Concentration	Units	No. Eff.	Frequency of Analysis	Sample Type
Facility Name: EAR-County WWTP Monday, 11/01/05							
Permit No. 140578-D-01-0118							
Permit No. 14593							
Sample Measurement Permit Measurement							
STORST No. 31615 Mon. Site No. EPA-01-36118					0	5 Daily/Week	Grab
TRC for Chloride							
STORST No. 5008 Mon. Site No. EPA-01-36118					0	Continuous	Probe
TRC for Chloride					0	Hourly	Grab
STORST No. 5000 Mon. Site No. EPA-01-36118					0	Calculated	RAA
Nitrogen							
STORST No. 00500 Mon. Site No. EPA-01-36118					0	Weekly	24hr FIC
Phosphorus					0	Calculated	24hr FIC
STORST No. 00665 Mon. Site No. EPA-01-36118					0	Calculated	16-hour FIC
Phosphorus					0	Weekly	24hr FIC
STORST No. 70007 Mon. Site No. EPA-01-36118					0	Daily	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: 205 County WWTP
 MONITOR YEAR: 9/05

WAFR SITE No.: 1493

PERMIT NUMBER: IL000490-002-DWTP

DISCHARGE POINT NUMBER: D001

Parameter	Sample	Quantity of Loading	Units	Quality or Concentration	Units	No. of	Frequency of	Sample Type
	Measurement Permit	(AADE)	mgd			Rs.	Analysis	
STREET No. 39090 24th St. No. EPD-01-34118 Flow	Sample Measurement Permit	0.667	mgd			0	Continuous	Flow Meter & Transducers
STREET No. 39090 24th St. No. EPD-01-34118 Flow	Sample Measurement Permit	0.667	mgd			0	Monthly Cal	Cal KAG
STREET No. 39090 24th St. No. EPD-01-34118 Flow	Sample Measurement Permit	0.667	mgd			0	Monthly Calculation	Monthly Calculation (Running Annual Avg.)
STREET No. 39090 24th St. No. EPD-01-34118 Flow	Sample Measurement Permit	0.667	mgd	210 Report (99.99%)	mg/L	0	Monthly	24hr FPC
STREET No. 39090 24th St. No. EPD-01-34118 Flow	Sample Measurement Permit	0.667	mgd	250 Report (99.99%)	mg/L	0	Monthly	24hr FPC

*Rolling Annual Average is the average of the current monthly averages and the preceding 11 months monthly average.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for Department of Environmental Protection, Water and Pollution Management Section, 2501 S.W. 1st St., 2080 East Stone Rd, Tallahassee, 32399-2400

FACILITY NAME: Mid-County Services, Inc.
MAILING ADDRESS: 209 Westchapel Ave.
 Avonlea Springs, FL 32714

FACILITY LOCATION: Mid-County Services, Inc.
 209 Westchapel Ave. Dunes
 Palm Harbor, FL 34688

PERMIT NUMBER: RL060498-002-DWTP
MONITORING PERIOD: From 9-1-05 To 9-30-05
CLASS: B
PLANT RECEIVEMENT TYPE: B
DISCHARGE POINT NUMBER: B001: Ambient Discharging

THE REPORT GROUP: Ambient Monitoring
WATERFITS No.: 1-6395
at location: DMR Doc 02/00

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement					
STORST No. 00400 5 Mon. Site No. SWA-01-3634 DISSOLVED OXYGEN	7.16 Report		5.0 mg/L	0	Quarterly	GRAB Grab
STORST No. 00100 5 Mon. Site No. SWA-01-3634 TEMPERATURE	5.18 Report		mg/L	0	Quarterly	GRAB Grab
STORST No. 00110 5 Mon. Site No. SWA-01-3634 SALINITY	30.6 Report		pc %	0	Quarterly	GRAB Grab
STORST No. 00480 5 Mon. Site No. SWA-01-3634 Total Chlorine	0.50 Report		mg/L mg/L	0	Quarterly	GRAB Grab
STORST No. 31615 3 Mon. Site No. SWA-01-3634 Total Coliform	< 1 Report		#/100 mL #/100 mL	0	Quarterly	GRAB Grab
STORST No. 31501 5 Mon. Site No. SWA-01-3634 Turbidity	< 100 Report		NTU NTU	0	Quarterly	GRAB Grab
STORST No. 02078 5 Mon. Site No. SWA-01-3634	0.65 Report			0	Quarterly	GRAB Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my familiarity of these individuals immediately responsible for obtaining the information, I believe this submitted information to be 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: DAVID WINKLER
AGENCY: Mid-County Services, Inc.
PERMIT NUMBER: RL060498-002-DWTP
DATE: 05/10/05

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Watershed Facilities Management Section, 400 S.W. 15th Street, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWTW PERMIT NUMBER: PL002789-012-DW19 DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall
 MONTHLY: 09/05 WAFR SITE No.: 14495

Parameter	Sample Measurement Permit Sample Measurement Permit Sample Measurement Permit	Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS								
STORET No. 00650 5	Permit			1.2	Report	0	Quarterly	Grab
Mon. Site No. SWA-01-36334	Measurement							Grab
ROO, CARBONACEOUS	Sample			1.2	Report	0	Quarterly	Grab
STORET No. 00310 5	Permit							Grab
Mon. Site No. SWA-01-36334	Measurement							Grab
TOTAL REDUCIBLE NITROGEN	Sample			1.3	Report	0	Quarterly	Grab
STORET No. 00625 5	Permit							Grab
Mon. Site No. SWA-01-36334	Measurement			1.3	Report	0	Quarterly	Grab
NITRITES-NITRATE	Sample							Grab
STORET No. 00610 5	Permit							Grab
Mon. Site No. SWA-01-36334	Measurement			1.3	Report	0	Quarterly	Grab
TOTAL AMMONIA	Sample							Grab
STORET No. 00610 5	Permit							Grab
Mon. Site No. SWA-01-36334	Measurement			0.026	Report	0	Quarterly	Grab
TOTAL PHOSPHORUS	Sample							Grab
STORET No. 00645 5	Permit							Grab
Mon. Site No. SWA-01-36334	Measurement			1.4	Report	0	Quarterly	Grab
ORTHO-PHOSPHORUS	Sample							Grab
STORET No. 00640 5	Permit							Grab
Mon. Site No. SWA-01-36334	Measurement			1.1	Report	0	Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Watermeter Facilities Management Section, 345 S.11, 2600 West Street Rd, Tallahassee, 32309-2400
 FACILITY NAME: WAY COUNTY WWTP
 PRODUCT NUMBER: FL004789-08L-DWIP
 DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream
 MONTH/YEAR: 5/05
 WATER SITE NO.: 14593

Parameter	Sample Measurement Permit Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyza	Sample Type
CHLOROPHYLL-a								
STORBT No. 12219 3								
Mon. Site No. SWB-01-06333								
TOTAL SUSPENDED SOLIDS								
STORBT No. 00631 5								
Mon. Site No. SWB-01-06333								
BOO, CARBONACEOUS								
STORBT No. 00116 5								
Mon. Site No. SWB-01-06333								
TOTAL REDUCIBLE NITROGEN								
STORBT No. 00625 3								
Mon. Site No. SWB-01-06333								
NITRITE NITRATE								
STORBT No. 00630 3								
Mon. Site No. SWB-01-06333								
TOTAL ALUMINUM								
STORBT No. 00619 5								
Mon. Site No. SWB-01-06333								
TOTAL PHOSPHORUS								
STORBT No. 00665 5								
Mon. Site No. SWB-01-06333								
CHLORO-PHOSPHORUS								
STORBT No. 00666 5								
Mon. Site No. SWB-01-06333								

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

21/05 08/12

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed in full this report for Department of Environmental Protection, Waterway Facilities Management Section, MS-3511, 2600 State Street Rd., Tallahassee, FL 32309-3400

PERMIT INFORMATION: PERMIT NUMBER: FL000789-002-DWIR
 MONITORING PERIOD FROM: 01-10 TO: 03-08
 CLASS SIZE: Other WATER GROUP: Waste Water
 PLANT TREATMENT TYPE: B WAFR SITE NO.: 14593
 DISCHARGE POINT NUMBER: B DWI: Ambient Monitoring Downstream
 EPR Date: 02/00

Parameter	Sample Measurement	Quantity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement Permit	7.1	Report Surface	0	Quarterly	Grab
STORIT No. 00400 4 Mem. Site No. SWD-01-26233 TERR. YES ONLY	Measurement Permit	7.0	Report Mid-Depth	0	Quarterly	Grab
STORIT No. 00400 6 Mem. Site No. SWD-01-26233 TERR. YES ONLY	Measurement Permit	5.03	Report Bottom	0	Quarterly	Grab
STORIT No. 00400 4 Mem. Site No. SWD-01-26233 TERR. YES ONLY	Measurement Permit	28.9	Report Mid-Depth	0	Quarterly	Grab
STORIT No. 00400 6 Mem. Site No. SWD-01-26233 TERR. YES ONLY	Measurement Permit	0.20	Report Surface	0	Quarterly	Grab
STORIT No. 31613 6 Mem. Site No. SWD-01-26233 TERR. YES ONLY	Measurement Permit	6.00	Report Mid-Depth	0	Quarterly	Grab
STORIT No. 31501 8 Mem. Site No. SWD-01-26233 TERR. YES ONLY	Measurement Permit	2.00	Report Mid-Depth	0	Quarterly	Grab
STORIT No. 20078 6 Mem. Site No. SWD-01-26233 TERR. YES ONLY	Measurement Permit	1.5	Report Mid-Depth	0	Quarterly	Grab

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

NAME/TITLE OF MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler
 SIGNATURE OF MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE NO: 787-7478 DATE (MM/DD/YY): 05/10/05

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, Pesticides Toxicity Management Section, MS 3311, 2400 Blis Stone Rd Tallahassee, 32399-3400
 FACILITY NAME: MFC-Casady WWT
 PERMIT NUMBER: FL050101-409-0387P
 DISCHARGE POINT NUMBER: 2701- Ambient Monitoring Downstream
 WATER SITE No.: 10999
 MONTH/YEAR: 7/01

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	No. of Analytes	Frequency of Analytes	Sample Type
CHLOROPHYLL a	STOR#1 No. 00230 Mon. Site No. SWD-01-30333 TOTAL SUSPENDED SOLIDS			2.1 Report Mid-Depth	mg/L	0	Quarterly	Grab
	STOR#1 No. 00120 Mon. Site No. SWD-01-30333 BOD ₅ CARBONACEOUS			< 2 Report Mid-Depth	mg/L	0	Quarterly	Grab
	STOR#1 No. 00110 Mon. Site No. SWD-01-30333 TOTAL CHLOROPHYL. PHYTOPLANKTON			< 2 Report Mid-Depth	mg/L	0	Quarterly	Grab
	STOR#1 No. 00203 Mon. Site No. SWD-01-30333 NITRATE-NITRATE			0.67 Report Mid-Depth	mg/L	0	Quarterly	Grab
	STOR#1 No. 00209 Mon. Site No. SWD-01-30333 TOTAL AMMONIA			0.68 Report Mid-Depth	mg/L	0	Quarterly	Grab
	STOR#1 No. 00119 Mon. Site No. SWD-01-30333 TOTAL PHOSPHORUS			0.026 Report Mid-Depth	mg/L	0	Quarterly	Grab
	STOR#1 No. 00166 Mon. Site No. SWD-01-30333 ORTHOPHOSPHORUS			0.27 Report Mid-Depth	mg/L	0	Quarterly	Grab
	STOR#1 No. 00109 Mon. Site No. SWD-01-30333			0.14 Report Mid-Depth	mg/L	0	Quarterly	Grab

A COPY OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA064789-002-DW1P
 Month/Year: 09/05

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 755
 Daily Flow % of Permitted Capacity: 83%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (u.u.)	Fecal Coliform Bacteria (#/100ml)	TIC (For Dissolved) (mg/L)	TIC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50051	60042	60030	60530	04406	74055	50060	50060	00600	00661	00300	60062	00230
Mon. Sta	EFD-11	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	.726		42		7.5-7.0	<1	2.87	40.01			5.8		
2	.684		42		7.5-7.1	<1	2.48	40.01			5.7		
3	.730				7.5-7.1		1.82	40.01			5.9		
4	.704				7.6-7.1		1.80	40.01			5.9		
5	.710		42		7.6-7.2	<1	2.02	40.01			6.0		
6	.721		42		7.6-7.3	<1	2.16	40.01			5.9		
7	.655	3.6	42	42	7.6-7.3	<1	2.31	40.01	2.3	1.3	6.0	210	250
8	.650		42		7.6-7.2	<1	2.39	40.01			6.1		
9	.663		42		7.7-7.0	<1	2.10	40.01			6.0		
10	.651				7.7-7.1		3.22	40.01			5.9		
11	.648				7.6-7.1		2.61	40.01			5.7		
12	.652		42		7.6-7.2	<1	2.29	40.01			5.8		
13	.678		42		7.6-7.2	<1	1.88	40.01			6.2		
14	.655	42	42	42	7.6-7.2	<1	2.39	40.01	1.3	0.33	6.1		
15	.654		42		7.7-7.2	<1	2.37	40.01			5.8		
16	.663		42		7.7-7.2	<1	1.91	40.01			5.9		
17	.662				7.7-7.2		1.60	40.01			5.9		
18	.655				7.7-7.2		3.10	40.01			6.1		
19	.652		42		7.6-7.2	<1	2.47	40.01			6.2		
20	.660		42		7.6-7.2	<1	2.12	40.01			6.1		
21	.542	42	42	42	7.6-7.3	<1	2.49	40.01	2.9	1.2	6.1		
22	.818		42		7.4-7.0	<1	4.97	40.01			6.1		
23	.673		42		7.5-6.9	<1	5.0	40.01			5.8		
24	.575				7.6-6.8		5.0	40.01			5.7		
25	.727				7.6-7.1		4.20	40.01			6.2		
26	.671		42		7.6-7.2	<1	2.79	40.01			5.5		
27	.649		42		7.7-7.2	<1	2.27	40.01			5.6		
28	.652	42	42	42	7.7-7.2	<1	2.55	40.01	1.5	0.27	5.8		
29	.648		42		7.8-7.2	<1	2.45	40.01			6.5		
30	.656		42		7.7-6.9	<1	2.47	40.01			5.8		
31													

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 13832 Name: JAY HAHN
 Evening Shift Operator: Class: Certificate No: Name:
 Night Shift Operator: Class: A+A Certificate No: 512 + 2772 Name: PAUL BROS + Matt Genter
 Lead Operator: Class: B Certificate No: 13018 Name: DAVID WALKER
 Type of Effluent Disposed or Reutilized Water Reuse: Surface water to curlew creek
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable. If yes, consecutive days of wet weather discharge: _____

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

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed must file report for Department of Environmental Protection, Waterway Pollution Management Section, 3351, 2609 Blair Road, Tallahassee, FL 32399-3400

PERMIT NUMBER: FL0004786-02-DW17
 10-1-02
 Plant
 B
 DISCHARGE POINT NUMBER: D001

CLASS SIZE: 1000
 PLANT REZONING TYPE: B
 WASTE WATER TREATMENT TYPE: D001

REGULATORY GROUP: WARM WATER
 WARM WATER NO.: 14895

REGULATORY GROUP: Domestic
 10-31-00

REGULATORY NAME: Mid-County Sewer, Inc.
 100 Williams Blvd.
 Alamo, FL 32710

FACILITY: Mid-County Water
 2209 South Vesta Dr.
 Palm Harbor, FL 34684

LOCATION: Palms

COUNTY: Pinellas

THREE MONTH ROLLING AVE: 714 79% OF PERMITTED CAPACITY: 400

DATE: 10/31/05

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyis	Sample Type
CBOD5			2.24	(MAVE)	0	Monthly	Rolling Annual
STORST No. 00982 1			0.52	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 2			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 3			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 4			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 5			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 6			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 7			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 8			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 9			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 10			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 11			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 12			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 13			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 14			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 15			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 16			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 17			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 18			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 19			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 20			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 21			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 22			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 23			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 24			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 25			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 26			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 27			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 28			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 29			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 30			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 31			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 32			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 33			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 34			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 35			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 36			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 37			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 38			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 39			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 40			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 41			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 42			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 43			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 44			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 45			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 46			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 47			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 48			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 49			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 50			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 51			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 52			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 53			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 54			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 55			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 56			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 57			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 58			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 59			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 60			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 61			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 62			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 63			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 64			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 65			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 66			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 67			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 68			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 69			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 70			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 71			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 72			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 73			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 74			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 75			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 76			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 77			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 78			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 79			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 80			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 81			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 82			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 83			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 84			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 85			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 86			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 87			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 88			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 89			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 90			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 91			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 92			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 93			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 94			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 95			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 96			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 97			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 98			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 99			1.83	(MAVE)	0	Weekly	Rolling Annual
STORST No. 00982 100			1.83	(MAVE)	0	Weekly	Rolling Annual

I certify under penalty of law that I have personally examined the information in this report and certify that it truly reflects the information submitted and that the information submitted herein is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment, before the submitted information is reviewed and approved by EPA or authorized state officials.

MAINTENANCE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David W. Miller*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David W. Miller*

TELEPHONE NO: 227-782-7978

DATE (YYYYMMDD): 05/11/03

COMMENT AND EXPLANATION OF ANY VIOLATIONS (In case of violations only):

VIOLATIONS INCLUDING

TELEPHONE NO

DATE

DISCHARGE MONITORING REPORT - PART A (Continued)

WATER SYSTEM: 14055

DISCHARGE POINT NUMBER: D001

PERMIT NUMBER: FL0004789-000-D01P

FACILITY NAME: 104 County WWTP

Monthly Year: 10/05

Parameter	Sample Measurement Permit Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	ST0617 No. 31615 Mon. Site No. EPD-01-36118			0 Non Detectable (5 Percentile)		0	5 Days/Week	Grab
TRE for distribution				1.27 1.0 (Max)		0	Continuous	Water
ST0617 No. 39060 Mon. Site No. EPD-01-36118				2.74 3.8 (Max)		0	hourly	Grab
ST0617 No. 60000 Mon. Site No. EPD-01-36118				2.74 3.8 (Max)		0	hourly	Grab
ST0617 No. 00099 Mon. Site No. EPD-01-36118				2.74 3.8 (Max)		0	hourly	Grab
ST0617 No. 00665 Mon. Site No. EPD-01-36118				2.74 3.8 (Max)		0	hourly	Grab
ST0617 No. 70107 Mon. Site No. EPD-01-36118				2.74 3.8 (Max)		0	hourly	Grab
ST0617 No. 00000 Mon. Site No. EPD-01-36118				2.74 3.8 (Max)		0	hourly	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: M&M County WWTP
PERMIT YEAR: 10/05

PERMIT NUMBER: FL004790-000-0WTP DISCHARGE POINT NUMBER: D001
YEAR STR No.: 1455

Parameter	Sample Measurement Permit	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
STREET No. 50050 J Monitor No. RFD-01-36118 Flow	0500 (ADD)	1662 Report (Ann.Avg)	m ³ mgd			0	Continuous Continuous	Flow Meters & Transmitters
STREET No. 50050 Y Monitor No. RFD-01-36118 CR653		1662 Report (Ann.Avg)	mgd			0	Monthly Monthly	CALRAD Calculation (Rolling Annual Avg.)
STREET No. 50050 G Monitor No. RFD-01-36118 TSS				150 Report (90-Avg)	mg/L	0	Monthly Monthly	24hr FR 16hour FFC
STREET No. 00550 O Monitor No. RFD-01-36118				190 Report (90-Avg)	mg/L	0	Monthly Monthly	24hr FR 16hour FFC

Rolling Annual Average is the average of the seven monthly average and the preceding 11 month's monthly average.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

This Compend must be report to Department of Environmental Protection, Water Pollution Management Section, 313 3511, 2600 West Bruce Rd, Tallahassee, 32399-2400

PERMIT NUMBER: PL0034789-002-DW1P
MONITORING PERIOD FROM: 10-1-04
PLANT SIZE: 10-1-04
PLANT SIZE/TREATMENT TYPE: Water
DISCHARGE POINT NUMBER: 0
DOBI Ambient Monitoring: 0
REPORT: 10-31-05
ORIGIN: Ambient Monitoring
WATER MTR No.: 14383
DNR Date: 8/30

PERMITTEE NAME: Mid-County Sewer, Inc.
MAILING ADDRESS: 200 Woodruff Ave.,
 Altamonte Springs, FL 32714
FACTORY: Mid-County Sewer, Inc.
 2250 Spanish Vista Drive
 Palm Bay, FL 34984
LOCATION: Palm Bay, FL 34984
COUNTRY: Florida

Parameter	Sample	Report	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
STORRT No. 0008 5	Report <td>Report <td>mg/L</td> <td></td> <td></td> <td>Grab</td> </td>	Report <td>mg/L</td> <td></td> <td></td> <td>Grab</td>	mg/L			Grab
TEMPERATURE	Sample <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
STORRT No. 0010 5	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
SALINITY	Sample <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
STORRT No. 0008 5	Report <td>Report <td>mg/L</td> <td></td> <td></td> <td>Grab</td> </td>	Report <td>mg/L</td> <td></td> <td></td> <td>Grab</td>	mg/L			Grab
FROM COLEMAN	Sample <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
STORRT No. 1163 5	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
FROM THE SWA-01-0034	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
STORRT No. 2101 5	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
FROM THE SWA-01-0034	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
STORRT No. 0028 5	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
FROM THE SWA-01-0034	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
STORRT No. 0028 5	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
FROM THE SWA-01-0034	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
STORRT No. 0028 5	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab
FROM THE SWA-01-0034	Report <td>Report <td></td> <td></td> <td></td> <td>Grab</td> </td>	Report <td></td> <td></td> <td></td> <td>Grab</td>				Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my review of those books, records, reports, and other data which I have reviewed, and based on the information furnished by the person(s) named herein, 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 fines and imprisonment.

NAME/TITLE OF PERSONAL REPRESENTATIVE OF PERMITTEE	AGENT	DATE (MM/DD/YY)
David Walker	AGENT	09/11/05
721	787-7978	

COMMENTS 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, Waterways Facilities Management Section, MS 3111, 2600 Blak Shores Rd, Tallahassee, 32309-0200
 FACILITY NAME: MEL-County WWTP PERMIT NUMBER: FL0054785-002-DW1P DISCHARGE POINT NUMBER: 1001 - Ambient Monitoring at Outfall
 MONTHLY BAR: 10/05 WAFR SITE NO.: 14595

Parameter	Sample Measurement Permit Measurement Method Measurement Sample Measurement Permit Measurement Sample Measurement Permit Measurement Sample Measurement Permit Measurement Sample Measurement Permit Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS								
STORST No. 06630 5				NOODI-9 Report			Quarterly	Grab
Mon. Site No. 817A-01-3634								
ECN CARBOHYDRATE								
STORST No. 06319 5				NOODI-9 Report			Quarterly	Grab
Mon. Site No. 817A-01-3634								
TOTAL KHALDAL NITROGEN								
STORST No. 06625 5				NOODI-9 Report			Quarterly	Grab
Mon. Site No. 817A-01-3634								
NITRATE NITRATE								
STORST No. 06630 5				NOODI-9 Report			Quarterly	Grab
Mon. Site No. 817A-01-3634								
TOTAL AMMONIA								
STORST No. 06619 5				NOODI-9 Report			Quarterly	Grab
Mon. Site No. 817A-01-3634								
TOTAL PHOSPHORUS								
STORST No. 06645 5				NOODI-9 Report			Quarterly	Grab
Mon. Site No. 817A-01-3634								
OTHER PHOSPHORUS								
STORST No. 06669 5				NOODI-9 Report			Quarterly	Grab
Mon. Site No. 817A-01-3634								

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

GARTH A
UTILITIES AND UTILITY

11/21/2005 10:44 8136261030

Parameter	Quantity or Location	Units	Units No.	Frequency of Analysis	Sample Type
CHROMIUM VI		mg/L	100	Quarterly	Grab
STOR# 14 2210 6					
STOR# 14 2210 6					
TOTAL SUBPHENOLS		mg/L	100	Quarterly	Grab
STOR# 14 0030 6					
STOR# 14 0030 6					
TOTAL CARBONACIDS		mg/L	100	Quarterly	Grab
STOR# 14 0030 6					
STOR# 14 0030 6					
TOTAL KETONAL MITEREN		mg/L	100	Quarterly	Grab
STOR# 14 0030 6					
STOR# 14 0030 6					
TOTAL NITRATES		mg/L	100	Quarterly	Grab
STOR# 14 0030 6					
STOR# 14 0030 6					
TOTAL AMMONIA		mg/L	100	Quarterly	Grab
STOR# 14 0030 6					
STOR# 14 0030 6					
TOTAL PHOSPHORUS		mg/L	100	Quarterly	Grab
STOR# 14 0030 6					
STOR# 14 0030 6					
TOTAL PHOSPHORUS		mg/L	100	Quarterly	Grab
STOR# 14 0030 6					
STOR# 14 0030 6					

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 WAPR SITE No: 14390
 DISCHARGE POINT NUMBER: 0001 - Ambient Air Monitoring
 FACILITY NAME: MFC COMPANY WASTE
 TREATY NUMBER: PL050716-00-DWIP
 PERMIT NUMBER: 11-050716-00-DWIP
 DATE: 11/21/2005

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

NO RECORDS ON FILE

DAILY SAMPLE RESULTS - PART B

Plant Number: FLA0034783-003-DW/TP
Mileage/Year:

Facility Name: Mid-County WWT

Three-month Average Daily Flow: 714
Daily Flow % of Permitted Capacity: 79%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (p.u.)	Fecal Coliform Bacteria (#/100ml)	TBC (For Disinfect.) (mg/L)	TBC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	Flow (MGD)	0002	0030	0030	0000	7055	5000	5000	0000	0000	0000	0002	0030
Edm. Sta	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPA-01	EPD-01	EPD-01	EPD-01	EPD-01	TMP-01	TMP-01
1	.684				7.4-7.1		1.60	<0.01			5.8		
2	.702				7.7-7.1		2.70	<0.01			5.7		
3	.627		<2		7.7-7.1	<1	2.30	<0.01			5.9		
4	.625		<2		7.6-7.3	<1	2.20	<0.01			5.8		
5	.639	<2	<2	<2	7.7-7.2	<1	2.42	<0.01	3.16	0.80	5.8	150	190
6	.695		<2		7.5-7.2	<1	2.68	<0.01			5.9		
7	.695		<2		7.7-7.2	<1	2.99	<0.01			5.8		
8	.751				7.6-7.1		3.06	<0.01			5.8		
9	.723				7.5-7.1		2.73	<0.01			5.7		
10	.755		<2		7.5-7.1	<1	2.78	<0.01			5.8		
11	.729		<2		7.5-7.1	<1	2.65	<0.01			5.9		
12	.703	4.1	<2	<2	7.6-7.2	<1	2.38	<0.01	1.9	0.76	5.8		
13	.709		<2		7.6-7.0	<1	3.64	<0.01			5.9		
14	.663		<2		7.7-7.1	<1	3.60	<0.01			5.8		
15	.627				7.7-7.1		3.21	<0.01			5.8		
16	.637				7.6-7.1		3.14	<0.01			5.8		
17	.626		<2		7.6-7.1	<1	2.36	<0.01			5.8		
18	.526		<2		7.6-7.1	<1	2.02	<0.01			5.5		
19	.696	4.0	<2	<2	7.6-7.1		3.05	<0.01	3.1	0.65	5.8		
20	.626		<2		7.5-7.0	<1	2.76	<0.01			5.7		
21	.663		<2		7.6-7.1	<1	2.03	<0.01			5.6		
22	.656				7.6-7.1		2.40	<0.01			5.7		
23	.703				7.6-7.2		1.35	<0.01			5.7		
24	.668		<2		7.7-7.1	<1	1.84	<0.01			5.6		
25	.558		<2		7.5-6.1	1	1.35	<0.01			5.6		
26	.688	<2	<2	<2	7.6-7.0	<1	2.41	<0.01	1.1	0.18	5.4		
27	.591		<2		7.6-7.0	<1	2.21	<0.01			5.5		
28	.605		<2		7.5-6.7	<1	1.27	<0.01			5.2		
29	.611				7.4-6.8		2.10	<0.01			5.4		
30	.779				7.7-7.0		3.37	<0.01			6.4		
31	.634		<2		7.2-6.7	<1	5.0	<0.01			6.6		

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 13832 Name: Jay Hahn
 Evening Shift Operator: Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator: Class: A2A Certificate No: 512 + 2772 Name: Dale Johnson + Matt Gaudin
 Lead Operator: Class: T3 Certificate No: 12018 Name: Dave Glinkler
 Type of Effluent Disposal or Recycled Water Reuse: Surface water to Culebra Creek
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, consecutive days of wet weather discharge: _____

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: MOB-Comedy WWTP
 PERMIT NUMBER: 11105
 DISCHARGE POINT NUMBER: D001
 WATER SITE NO.: 14895

Parameter	Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Standard				0	5 Day Bk	Grab
STORSET No. 31615 Mon Site No. BFD-01-36115	Measurement		< 1	MPN/100 ml	0	3 Day Bk	Grab
TIC for Chloride Ion	Sample		Non Detectable (25 Percentile)		0	3 Day Bk	Grab
STORSET No. 30009 Mon Site No. BFD-01-36115	Measurement		1.0	mg/L	0	Continuous	meter
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		1.0	mg/L	0	Continuous	meter
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		< 0.01	mg/L	0	Hourly	Grab
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		2.88	mg/L	0	Hourly	Grab
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		3.0	mg/L	0	Hourly	Grab
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		3.24	mg/L	0	Hourly	Grab
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		4.7	mg/L	0	Hourly	Grab
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		6.74	mg/L	0	Hourly	Grab
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		1.47	mg/L	0	Hourly	Grab
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		1.25	mg/L	0	Hourly	Grab
STORSET No. 30040 Mon Site No. BFD-01-36115	Measurement		5.16	mg/L	0	Hourly	Grab

* Total P Limit was exceeded for NOV possible cause was partial clog in Fertilic Sulfate line, line was charged out 11/22, Also North & South clarifiers were down for repair in the month of NOV.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2680 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: M/M-County Services, Inc.
MAILING ADDRESS: 280 Westland Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLD034789-002-DWTP
MONITORING PERIOD: From 11-1-05
LIMIT: Plant
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D001: Ambient Monitoring

TO: 11-30-07
RECEIVED: *[Signature]*
GROUP: Domestic
WATER SITE No.: 14295
at (Circle):

FACILITY: M/M-County Services, Inc.
LOCATION: 2389 Beach Vista Drive
 Palm Harbor, FL 34669
COUNTY: Pinellas

DMR Date: 02/08

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement	NODE=9				
STORRT No. 00400 5 Mon. Site No. SWA-01-36334	Permit Measurement	Report	SL		Quarterly	Grab
DISSOLVED OXYGEN	Sample Measurement	NODE=9				
STORRT No. 00300 5 Mon. Site No. SWA-01-36334	Permit Measurement	Report	mg/L		Quarterly	Grab
TEMPERATURE	Sample Measurement	NODE=9				
STORRT No. 00610 5 Mon. Site No. SWA-01-36334	Permit Measurement	Report	°C		Quarterly	Grab
SALINITY	Sample Measurement	NODE=9				
STORRT No. 00400 5 Mon. Site No. SWA-01-36334	Permit Measurement	Report	mg/L		Quarterly	Grab
Free Chlorine	Sample Measurement	NODE=9				
STORRT No. 31615 5 Mon. Site No. SWA-01-36334	Permit Measurement	Report	mg/L		Quarterly	Grab
Total Chlorine	Sample Measurement	NODE=9				
STORRT No. 31901 5 Mon. Site No. SWA-01-36334	Permit Measurement	Report	mg/L		Quarterly	Grab
Turbidity	Sample Measurement	NODE=9				
STORRT No. 42678 5 Mon. Site No. SWA-01-36334	Permit Measurement	Report	NTU's		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
DAVID Winkler	<i>[Signature]</i>	727 787-7978	05/12/23

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, Waterways Pollution Management Section, 301 3511, 2000 Blvd. House Rd., Tallahassee, 32399-0416
 FACILITY NAME: WWA-COOP WWT
 PERMIT NUMBER: FL004739-002-DWTP
 DISCHARGE POINT NUMBER: 0001 - Ambient Monitoring at Outfall
 MONTH/YEAR: 11/05

WATR-RTZ No.: 10995

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. of Analyte	Frequency of Analyte	Sample Size
TOTAL SUSPENDED SOLIDS	Sample Measurement							
STORY No. 00500 5	Permit			NOPE=5 Report			Quarterly	Grab
Mon. Site No. SWA-01-30334	Measurement							
BOB, CARBONACEOUS	Sample							
STORY No. 00310 5	Measurement			NOPE=5 Report			Quarterly	Grab
Mon. Site No. SWA-01-30334	Permit							
TOTAL KHALOAH NITROGEN	Measurement							
STORY No. 00625 5	Measurement			NOPE=5 Report			Quarterly	Grab
Mon. Site No. SWA-01-30724	Permit							
TRITRITENITRATE	Sample							
STORY No. 00630 5	Measurement			NOPE=5 Report			Quarterly	Grab
Mon. Site No. SWA-01-30304	Permit							
TOTAL AMMONIA	Measurement							
STORY No. 00610 5	Measurement			NOPE=5 Report			Quarterly	Grab
Mon. Site No. SWA-01-30334	Permit							
TOTAL PHOSPHORUS	Measurement							
STORY No. 00660 5	Measurement			NOPE=5 Report			Quarterly	Grab
Mon. Site No. SWA-01-30334	Permit							
CALCIUM HYDROXIDE	Sample							
STORY No. 00660 5	Measurement			NOPE=5 Report			Quarterly	Grab
Mon. Site No. SWA-01-30334	Permit							

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

With Copyrighted and (file report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2500 Blair Stone Rd, Tallahassee, 32309-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 203 Waukegan Blvd.
 Altamonte Springs, FL 32714

PERMIT NUMBER: F10004785-008-DW17
 MONITORING PERIOD From: 11-1-05
 Limit: Final

TR. REPORT: 11-20-05
 Ambient
 Monitoring
 Domestic
 GROUP: WADR BTH No.: 14895

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr, sec
 Palm Harbor, FL 34681
 COUNTY: Pinellas

CLASSIFIER: Minor
 PLANT BREATHEMENT TYPE: B
 DISCHARGE POINT NUMBER: D801: Ambient Monitoring Upstream

DMR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement						
	Permit Measurement	Report Surface	NDP=5		Quarterly	Grab	
STOREY No. 00400 5 Mon. Site No. SWB-01-36333	Sample Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
DISSOLVED OXYGEN	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
STOREY No. 00300 5 Mon. Site No. SWB-01-36333	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	°C	Quarterly	Grab
TEMPERATURE	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	°C	Quarterly	Grab
STOREY No. 00100 5 Mon. Site No. SWB-01-36333	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	ug/L	Quarterly	Grab
SALINITY	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	ug/L	Quarterly	Grab
STOREY No. 00400 5 Mon. Site No. SWB-01-36333	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	ug/L	Quarterly	Grab
Total Chlorine	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
STOREY No. 21615 5 Mon. Site No. SWB-01-36333	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
Total Chlorine	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
STOREY No. 31501 5 Mon. Site No. SWB-01-36333	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	mg/L	Quarterly	Grab
Turbidity	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	NTUs	Quarterly	Grab
STOREY No. 32874 5 Mon. Site No. SWB-01-36333	Sample Measurement						
	Permit Measurement	Report Surface	Report Mid-Depth	Report Bottom	NTUs	Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID Winkler	David Winkler	727-7978	05/12/03

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Watermeter Facilities Management Section, MS 3511, 2809 Blvd Stone Rd, Tallahassee, 32309-0460
 FACILITY NAME: Manatee County WWT
 MONITORING: 11.05

PERMIT NUMBER: FL000478-02-0741F
 DISCHARGE POINT NUMBER: D001 - Ambient Monitoring Upstream
 WAFR SITE NO: 14503

Parameter	Sample Measurement Point	Quantity or Loading	Units	Quality or Concentration	Units	No. of Samples	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	ST0601 No. 0029 5 Mon. Site No. SWB-01-26133 TOTAL SUSPENDED SOLIDS			NO DETECT	mg/L		Quarterly	Grab
	ST0602 No. 0031 5 Mon. Site No. SWB-01-26133 COD, CARBON/ACIDOUS			NO DETECT	mg/L		Quarterly	Grab
	ST0603 No. 0031 5 Mon. Site No. SWB-01-26133 TOTAL KREIDLHL NITROGEN			NO DETECT	mg/L		Quarterly	Grab
	ST0604 No. 0023 5 Mon. Site No. SWB-01-26133 NITRITE-NITRATE			NO DETECT	mg/L		Quarterly	Grab
	ST0605 No. 0030 5 Mon. Site No. SWB-01-26133 TOTAL AMMONIA			NO DETECT	mg/L		Quarterly	Grab
	ST0606 No. 00619 5 Mon. Site No. SWB-01-26133 TOTAL PHOSPHORUS			NO DETECT	mg/L		Quarterly	Grab
	ST0607 No. 00645 5 Mon. Site No. SWB-01-26133 ORTHOPHOSPHORUS			NO DETECT	mg/L		Quarterly	Grab
	ST0608 No. 00680 5 Mon. Site No. SWB-01-26133			NO DETECT	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034782-003-DW1P
 Month/Year: 11/05

Facility Name: M&M-County WWTP

Three-month Average Daily Flow: .647
 Daily Flow % of Permitted Capacity: 72%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (n.s.)	Fecal Coliforms (B/100ml)	TBC (For Disinfect.) (mg/L)	TBC (For Disinfectant.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
1	.631	<2	<2	7.1-7.0	<1	5.0	<0.01			6.2		
2	.588	<2	<2	7.3-7.0	<1	5.0	<0.01			6.2		
3	.678	<2	<2	7.3-7.0	<1	5.0	<0.01	6.3	0.74	6.6	140	200
4	.598	<2	<2	7.2-7.0	<1	5.0	<0.01			6.3		
5	.588			7.3-7.0		5.0	<0.01			5.8		
6	.510			7.4-7.0		5.0	<0.01			5.7		
7	.720	<2	<2	7.5-6.6	<1	2.45	<0.01			6.4		
8	.507	<2	<2	7.5-7.0	<1	5.0	<0.01			6.3		
9	.581	<2	<2	7.7-6.9	<1	4.32	<0.01			6.3		
10	.616	<2	<2	7.6-7.2	<1	1.01	<0.01	1.3	0.22	6.0		
11	.595	<2	<2	7.7-6.5	<1	1.23	<0.01			6.5		
12	.674			7.6-7.1		1.83	<0.01			5.6		
13	.620			7.8-7.1		1.0	<0.01			6.3		
14	.646	<2	<2	7.5-7.1	<1	1.0	<0.01			6.4		
15	.612	<2	<2	7.6-7.2	<1	1.57	<0.01			6.2		
16	.577	<2	<2	7.7-7.2	<1	3.21	<0.01			6.3		
17	.551	<2	<2	7.6-7.2	<1	1.74	<0.01	2.1	0.99	6.3		
18	.567	<2	<2	7.6-7.0	<1	2.41	<0.01			6.6		
19	.616			7.4-6.5		1.69	<0.01			5.7		
20	.645			7.2-6.7		5.0	<0.01			6.2		
21	.599	<2	<2	7.6-7.0	<1	1.57	<0.01			6.1		
22	.587	<2	<2	7.6-7.1	<1	2.42	<0.01			6.3		
23	.556	<2	<2	7.6-7.0	<1	1.94	<0.01			6.4		
24	.621	<2	<2	7.6-7.0	<1	1.44	<0.01	4.7	0.86	6.5		
25	.614	<2	<2	7.5-7.0	<1	1.85	<0.01			6.4		
26	.827			7.8-7.1		4.66	<0.01			6.3		
27	.667			7.4-7.0		5.0	<0.01			6.4		
28	.657	<2	<2	7.5-6.9	<1	1.6	<0.01			6.2		
29	.629	<2	<2	7.6-7.0	<1	3.75	<0.01			6.0		
30	.541	<2	<2	7.4-7.0	<1	1.70	<0.01			6.1		
31				7.4-7.0	<1	5.0	<0.01	1.8	2.6	6.4		

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 13832 Name: JAY HAHN
 Evening Shift Operator: Class: A+A Certificate No: 512 + 222 Name: RALPH JOHNS + MATT GUNTER
 Night Shift Operator: Class: B Certificate No: 12018 Name: DAVE WINKLER
 Lead Operator: Class: B Certificate No: 12018 Name: CURTIS CREEK
 Type of Effluent Disposal or Recycled Water Use: SURFACE WATER
 Limited Wet Weather Discharge Allowed: Yes No If yes, cumulative days of wet weather discharge: _____

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

645

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Wenhersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DWTP
 MONITORING PERIOD From: 12-1-05
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 12-31-05
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

THREE MONTH ROLLING ADF: 620 69% OF PERMITTED CAPACITY: 900

WAFR SITE NO: 14595

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			0.95	mg/L	0	Calc	Roll ann avg
CBOD5	Sample Measurement			< 2	mg/L	0	weekly	16 HR/FPC
TSS	Sample Measurement			< 2	mg/L	0	Calc.	Roll ann avg
TSS	Sample Measurement			< 2	mg/L	0	weekly	16 HR/FPC
TSS	Sample Measurement			< 2	mg/L	0	5 Per/wk	Grab
pH	Sample Measurement			6.8	su	0	cont	meter

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	05-12-25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 The mag meter that sends flow signal to metrolinal pumps are not sending continous Flow Data
 a new mag. m. t. installed

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DWIP

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Month/Year: DECEMBER 2005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
Fecal Coliform Bacteria	Sample Measurement			0	6	#/100 ML	0	5 per/wk	Grob	
TRC for disinfection	Sample Measurement			1.0		mg/L	0	cont	meter	
TRC for dechlorination	Sample Measurement				<0.01	mg/L	0	Hourly	Grob	
Nitrogen	Sample Measurement			3.0		mg/L	0	calc.	Roll ann ave.	
Nitrogen	Sample Measurement			6.68	NODI=9	13	mg/L	2	weekly	16 HR/FPC
Phosphorus	Sample Measurement			0.82			mg/L	0	calc.	16 HR/FPC
Phosphorus	Sample Measurement			0.45	NODI=9	0.90	mg/L	0	weekly	16 HR/FPC
Oxygen, Dissolved (DO)	Sample Measurement			5.7			mg/L	0	Daily	Grob

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP
 MONTH/YEAR: DECEMBER 2005

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.663	.586	MGD					0	Emt	meters
Flow	Sample Measurement		.663	MGD					0	monthly CRAA	CRAA
CBOD5	Sample Measurement				130			mg/L	0	Monthly	16 HR/FPC
TSS	Sample Measurement				210			mg/L	0	Monthly	16 HR/FPC
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLD34789-002-DWIP
 MONITORING PERIOD From: 12-1-05
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: S
 DISCHARGE POINT NUMBER: D001

To: 12-31-05
 REPORT GROUP: TOXICITY

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

WAFR SITE NO.: 14595

DMR date: 200

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			NODI-9	0/0	0	BI-month	Permit
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement				0/0			
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement				0/0			
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement			NODI-9	0/0	0	BI-month	Permit
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement				0/0			
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement				0/0			

* If a second definitive test is required, enter the result in an empty row.
 ** Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	Stephen Szczepkowski	727-787-7978	05-12-25

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: M4-County Services, Inc.
 MAILING ADDRESS: 206 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD: 12-1-05
 LIMIT: Final

12-31-05
 Ambient Monitoring Laboratory 14595

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr. n.e.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D081: Ambient Monitoring at Outfall

DMR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH		NODI=9	SU	0	Quarterly	Grab
DISSOLVED OXYGEN		NODI=9	mg/L	0	Quarterly	Grab
TEMPERATURE		NODI=9	°C	0	Quarterly	Grab
SALINITY		NODI=9	ug/L	0	Quarterly	Grab
Fecal Coliform		NODI=9	* fecal	0	Quarterly	Grab
Total Coliform		NODI=9	* total	0	Quarterly	Grab
Turbidity		NODI=9	NTU	0	Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepekowski</i>	727-787-7978	05-12-05

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0634789-002-DWIP

DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

WAFR SITE No.: 14595

MONTH/YEAR: DECEMBER 2005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
BOD ₅ , CARBONACEOUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
NITRITE-NITRATE	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL AMMONIA	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL PHOSPHORUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
ORTHO-PHOSPHORUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, In.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLO034789-002-DW1P
 MONITORING PERIOD From: 12-1-05
 LIMIT: Final

To: 12-31-05
 REPORT: Ambient Monitoring Domestic
 GROUP: WAFR SITE No.: 14595
 Upstream

FACILITY: Mid-County Services, In.
 LOCATION: 2299 Spanish Vista Dr. n.e.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			NODI=9	54	0	Quarter	Grab
DISSOLVED OXYGEN	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TEMPERATURE	Sample Measurement			NODI=9	0C	0	Quarter	Grab
SALINITY	Sample Measurement			NODI=9	ug/L	0	Quarter	Grab
Fecal Coliform	Sample Measurement				100ML	0	Quarter	Grab
Total Coliform	Sample Measurement				100ML	0	Quarter	Grab
Turbidity	Sample Measurement				NTU	0	Quarter	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczechowski</i>	727-787-7978	05-12-25

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: M18-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream WAFR SITE No.: 14595
 MONTH/YEAR: DECEMBER 2005

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement		NODI=9	ug/L	0	Quarter	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement		NODI=9	mg/L	0	Quarter	Grab
BOD ₅ CARBONACEOUS	Sample Measurement		NODI=9	mg/L	0	Quarter	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement		NODI=9	mg/L	0	Quarter	Grab
NITRITE-NITRATE	Sample Measurement		NODI=9	mg/L	0	Quarter	Grab
TOTAL AMMONIA	Sample Measurement		NODI=9	mg/L	0	Quarter	Grab
TOTAL PHOSPHORUS	Sample Measurement		NODI=9	mg/L	0	Quarter	Grab
ORTHO-PHOSPHORUS	Sample Measurement		NODI=9	mg/L	0	Quarter	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: 12-1-05
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: 2
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

To: 12-31-05
 REPORT: Ambient Monitoring
 GROUP: Domestic
 WAFR SITE No.: 14506

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Drive
 Palm Harbor, FL 34668
 COUNTY: Pinellas

Downstream
 DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			NODI=9	54	0	Quarter	Grab
DISSOLVED OXYGEN	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TEMPERATURE	Sample Measurement			NODI=9	°C	0	Quarter	Grab
SALINITY	Sample Measurement			NODI=9	45/L	0	Quarter	Grab
Fecal Coliform	Sample Measurement			NODI=9	100 mL	0	Quarter	Grab
Total Coliform	Sample Measurement			NODI=9	100 mL	0	Quarter	Grab
Turbidity	Sample Measurement			NODI=9	NTU	0	Quarter	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
STEPHEN SZCZEPKOWSKI	<i>Stephen Szczepkowski</i>	727-787-7978	05-12-25

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 3511, 2608 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream WAFR SITE No.: 14595
 MONTH/YEAR: DECEMBER 2005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			NODI=9	ug/L	0	Quarter	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
BOD ₅ , CARBONACEOUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
NITRITE-NITRATE	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL AMMONIA	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
TOTAL PHOSPHORUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab
ORTHO-PHOSPHORUS	Sample Measurement			NODI=9	mg/L	0	Quarter	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P
 Month/Year: DECEMBER 2005

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: .620
 Daily Flow % of Permitted Capacity: 69%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Sits	EFD-01	EFC-01	EPB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	.541		<2		7.57.1	1	1.45	<0.01			6.6		
2	.544		<2		7.37.0	<1	1.30	<0.01			5.8		
3	.528				7.36.9		1.50	<0.01			5.7		
4	.646				7.36.9		1.45	<0.01			5.7		
5	.659		<2		7.47.0	<1	1.20	<0.01			5.8		
6	.590		<2		7.57.1	<1	2.76	<0.01			5.8		
7	.453	<2	<2	<2	7.57.1	<1	1.0	<0.01	1.5	0.089	6.0	130	210
8	.644		<2		7.47.0	<1	1.0	<0.01			5.8		
9	.611		<2		7.36.9	<1	1.0	<0.01			6.2		
10	.598				7.26.4		1.0	<0.01			6.8		
11	.579				7.26.4		1.0	<0.01			6.8		
12	.574		<2		7.47.0	<1	1.0	<0.01			6.0		
13	.575		<2		7.47.0	<1	1.42	<0.01			6.2		
14	.628	<2	<2	<2	7.57.0	<1	1.10	<0.01	9.2	0.74	6.8		
15	.620		<2		7.77.1	<1	1.50	<0.01			6.8		
16	.570		<2		7.37.0	<1	2.0	<0.01			6.1		
17	.591				7.47.0		5.0	<0.01			6.6		
18	.644				7.47.0		1.4	<0.01			6.6		
19	.574		<2		7.37.0	<1	1.25	<0.01			6.2		
20	.565		<2		7.67.0	<1	1.30	<0.01			6.1		
21	.627	<2	<2	<2	7.46.9	<1	1.00	<0.01	3.0	0.086	6.4		
22	.508		<2		7.56.7	<1	1.0	<0.01			6.7		
23	.583		<2		7.66.9	<1	1.5	<0.01			6.3		
24	.663				7.26.8		2.8	<0.01			6.4		
25	.542				7.47.0		3.0	<0.01			6.8		
26	.539		<2		7.37.0	6	3.1	<0.01			6.3		
27	.539		<2		7.57.0	<1	1.7	<0.01			6.7		
28	.625	<2	<2	<2	7.47.0	<1	1.0	<0.01	1.3	0.90	6.6		
29	.567		<2		7.47.0	<1	1.0	<0.01			6.6		
30	.602		<2		7.46.9	<1	1.0	<0.01			6.4		
31	.672				7.57.0		1.0	<0.01			6.4		

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13832 Name: JAY HAHN
 Evening Shift Operator Class: AAA Certificate No: 512 + 272 Name: R. JOHNS + MATT GUNTHER
 Night Shift Operator Class: B Certificate No: 7874 Name: STEPHEN SZCZEPKOWSKI
 Lead Operator
 Type of Effluent Disposal or Reclaimed Water Reuse: SURFACE WATER TO CURLEW CREEK
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: _____
 *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DWIP
 MONITORING PERIOD From: 1-1-04
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 1-31-04
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

THREE MONTH ROLLING ADF: 77.98% OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80082 Y Mon. Site No. EPD-01-36118	Sample Measurement			2.28			MGL	0	CONTINUED	RAA
	Permit Measurement			.50 (An. Avg.)			mg/L		Calculated	Rolling Annual Avg. ¹
CBOD5 STORET No. 80082 Y Mon. Site No. EPD-01-36118	Sample Measurement			1.02	NODF=9	2.1	MGL	0	WEEKLY	24 HPPC
	Permit Measurement			6.25 (Mo. Avg.)	17.5 (Week Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour PPC
TSS STORET No. 00530 Y Mon. Site No. EPD-01-36118	Sample Measurement			2.05			MGL	0	Calculated	RAA
	Permit Measurement			.50 (An. Avg.)			mg/L		Calculated	Rolling Annual Avg. ¹
TSS STORET No. 00530 Y Mon. Site No. EPD-01-36118	Sample Measurement			2.55	NODF=9	3.2	MGL	0	WEEKLY	24 HPPC
	Permit Measurement			6.25 (Mo. Avg.)	17.5 (Week Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour PPC
TSS STORET No. 00530 Y Mon. Site No. EPD-01-36118	Sample Measurement					4.0	MGL	0	SDWK	GRAB
	Permit Measurement					5.0 (Max.)	mg/L		7 Days/Week	Grab
pH STORET No. 00400 Y Mon. Site No. EPD-01-36118	Sample Measurement			6.6		7.6	SW	0	CONTINUED	METER
	Permit Measurement					8.5 (Max.)	SW		Continuous	In Meter

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Don Hostetler	<i>[Signature]</i>	727-87-7918	04-02-17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): * See Next Page *

DISCHARGE I STORING REPORT - PART A (Continued)

FACILITY NAME: MIL-County WWTP
 Month/Year: JAN 2009

PERMIT NUMBER: FL032782-002-DW1P DISCHARGE POINT NUMBER: D081 WAFR SITE No.: 14595

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. EX	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement							
STORST No. 51415 Mon. Site No. EFD-01-36118 TRC for disinfection	Permit Measurement	< 1		61	Permit	0	SDUK	GLAB
STORST No. 40940 Mon. Site No. EFD-01-36118 TRC for disinfection	Sample Measurement	1-0			MBL	0	GLAB	PERFORM
STORST No. 50960 Mon. Site No. EFD-01-36118 Nitrogen	Sample Measurement	2.53		0-01	MBL	0	16 Family	GLAB
STORST No. 60600 Mon. Site No. EFD-01-36118 Nitrogen	Sample Measurement	4.2		NO3P=9	MBL	0	Quoted	RAA
STORST No. 00600 Mon. Site No. EFD-01-36118 Phosphorus	Sample Measurement	0.41		NO3P=9	MBL	1	1088 P=9	240 P=9
STORST No. 00663 Mon. Site No. EFD-01-36118 Phosphorus	Sample Measurement	0.51		NO3P=9	MBL	0	Quoted	240 P=9
STORST No. 70507 Mon. Site No. EFD-01-36118 Oxygen, Dissolved (DO)	Sample Measurement	6.7		NO3P=9	MBL	0	1088 P=9	240 P=9
STORST No. 00600 Mon. Site No. EFD-01-36118	Sample Measurement	50		NO3P=9	MBL	0	1088 P=9	240 P=9

THE NITRATE EXCEED. NO. AVG. (3.75) NO. AT Y2 THE POSSIBLE
 CAUSE FOR UP AND DOWN IN NITRATE WAS THE WEATHER
 WE HAD DROEG JAN AND THE PROBLEM. WE HAD WATER ONE
 OF THE SIEGE TANK PUMPS, PUMPING TO P.C.A.T.S. THE CHANGE
 IN PUMP RATE WAS APPARENT. BUT P.O.'S,

DEPARTMENT OF ENVIRONMENT PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3531, 2600 Blair Stone Road, Tallahassee, FL 32399-3400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: 1-1-07
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 1-31-07
 REPORT: TOXICITY
 GROUP:

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

WAFR SITE NO.: 14595

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Pinophales promelas (Routine)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Pinophales promelas (Additional)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Pinophales promelas (Additional)	Sample Measurement			NODF=9				

* If a second definitive test is required, enter the result in an empty row.

** Enter NODF=9 in the results column if no discharge occurred during the reporting period. Enter NODF=9 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Don Fosterker		727-287-2528	04-02-07

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: 1-1-04
 LIMIT: Final

To: 1-31-04
 REPORT: Ambient Monitoring Domestic

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr. ncc
 Palm Harbor, FL 34668
 COUNTY: Pinellas

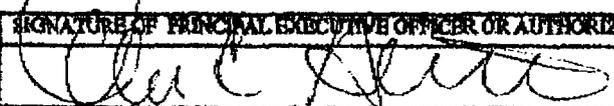
CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

GROUP: WAFR SITE No.: 14595
 at Outfall

DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			NOPE=9				
DISSOLVED OXYGEN	Sample Measurement			NOPE=9				
TEMPERATURE	Sample Measurement			NOPE=9				
SALINITY	Sample Measurement			NOPE=9				
Fecal Coliform	Sample Measurement			NOPE=9				
Total Coliform	Sample Measurement			NOPE=9				
Turbidity	Sample Measurement			NOPE=9				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Don Hostetler		767-781-2988	02-02-17

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

ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

1. Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 789-002-DW17 DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

WAFR SITE No.: 14595

Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
		NODP=9				
		NODC=9				
		NODP=9				
		NODP=9				
		NODC=9				
		NODP=9				
		NODP=9				
		NODP=9				

REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2408

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034719-082-DWLP
 MONITORING PERIOD From: 1-1-04
 To: Final

To: 1-31-04
 REPORT: Ambient Monitoring
 Domestic
 GROUP: WAFR SITE No.: 14595
 Upstream

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr. nse
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			NODR=9				
DISSOLVED OXYGEN	Sample Measurement			NODR=9				
TEMPERATURE	Sample Measurement			NODR=9				
SALINITY	Sample Measurement			NODR=9				
Fecal Coliform	Sample Measurement			NODR=9				
Total Coliform	Sample Measurement			NODR=9				
Turbidity	Sample Measurement			NODR=9				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
		727-887-7288	04-02-17

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

FACILITY NAME: MiA County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

WAFR SITE No.: 14595

MONTH/YEAR: JAN 2004

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Rx.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement							
TOTAL SUSPENDED SOLIDS	Sample Measurement							
BOD ₅ CARBONACEOUS	Sample Measurement							
TOTAL KJELDAHL NITROGEN	Sample Measurement							
NITRITE-NITRATE	Sample Measurement							
TOTAL AMMONIA	Sample Measurement							
TOTAL PHOSPHORUS	Sample Measurement							
ORTHO-PHOSPHORUS	Sample Measurement							

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3311, 2690 Blair Stone Rd, Tallahassee, 32399-3400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Westwoodfield Ave.
 Alamosa Springs, FL 32714

PERMIT NUMBER:
MONITORING PERIOD From:
LIMIT:
CLASS SIZE:
PLANT SIZE/TREATMENT TYPE:
DISCHARGE POINT NUMBER:

FL6034789-002-DWIP
 1-1-01
 Final
 Minor
 B

To: 1-31-01
REPORT: Ambient Monitoring
GROUP: Domestic
WARR SITE No.: 14395
Downstream

FACILITY: Mid-County Services, Inc.
LOCATION: 2399 Spanish Vista Dr. near
 Palm Harbor, FL 34668
COUNTY: Pinellas

D001: Ambient Monitoring

DMR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement	NODP=9				
DISSOLVED OXYGEN	Sample Measurement	NODP=9				
TEMPERATURE	Sample Measurement	NODP=9				
SALINITY	Sample Measurement	NODP=9				
Fecal Coliform	Sample Measurement	NODP=9				
Total Coliform	Sample Measurement	NODP=9				
Turbidity	Sample Measurement	NODP=9				

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
John Hostetler	<i>[Signature]</i>	927-787-7928	04-02-07

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-3400

FACILITY NAME: MH County WWTP
 MONTH/YEAR: JAN 2004

PERMIT NUMBER: FL0294789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			NODE=9				
TOTAL SUSPENDED SOLIDS	Sample Measurement			NODE=9				
BOD ₅ CARBONACEOUS	Sample Measurement			NODE=9				
TOTAL KJELDAHL NITROGEN	Sample Measurement			NODE=9				
NITRITE-NITRATE	Sample Measurement			NODE=9				
TOTAL AMMONIA	Sample Measurement			NODE=9				
TOTAL PHOSPHORUS	Sample Measurement			NODE=9				
ORTHO-PHOSPHORUS	Sample Measurement			NODE=9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA0034789-002-DWIP**
 Month/Year: **JAN 2004**

Facility Name: **Mid-County WWTP**

Three-month Average Daily Flow: **791**
 Daily Flow % of Permitted Capacity: **88**

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
	50050	80082	00530	GRAB 00530	4 L 00400	74055	50060	50060	00600	00665	00300	80082	005
Mon. Site	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF
1	620			2.0	75-7.0	<1	2.4	0.01			7.3		
2	712			2.0	75-6.7	<1	2.7	0.01			6.8		
3	625			-	73-7.0	-	1.8	0.01			6.8		
4	721			-	73-7.0	-	1.1	0.01			7.1		
5	648			2.0	74-7.0	<1	1.4	0.01			7.2		
6	613			4.0	75-7.0	<1	1.0	0.01			7.1		
7	524	2.0	2.0	2.0	74-7.6	<1	1.0	0.01	3.9	0.53	7.4		
8	641			2.0	74-7.0	<1	1.4	0.01			7.6		
9	642			2.0	75-6.9	<1	1.3	0.01			6.8		
10	573			-	74-6.8	-	1.1	0.01			6.8		
11	611			-	77-7.0	-	1.0	0.01			8.2		
12	579			2.0	73-7.0	<1	1.5	0.01			8.0		
13	547			2.0	75-7.0	<1	1.7	0.01			7.8		
14	486	2.0	2.0	2.0	74-7.1	<1	1.0	0.01	5.7	0.56	6.7	230	27
15	701			2.0	73-6.7	<1	1.1	0.01			7.3		
16	625			2.0	73-6.8	<1	1.7	0.01			6.7		
17	565			2.0	73-6.9	<1	1.1	0.01			6.8		
18	760			-	73-6.9	-	1.0	0.01			8.0		
19	702			2.0	73-7.0	<1	2.6	0.01			7.8		
20	599			2.0	73-7.0	<1	1.0	0.01			8.0		
21	639	2.1	3.0	2.2	73-6.6	<1	1.3	0.01	6.0	0.55	7.2		
22	610			2.0	73-7.0	<1	1.2	0.01			7.9		
23	580			2.0	73-6.6	<1	1.0	0.01			6.8		
24	638			-	75-6.8	-	5.0	0.01			7.2		
25	685			-	74-6.9	-	2.5	0.01			7.5		
26	617			2.0	73-7.0	<1	5.0	0.01			7.4		
27	856			2.0	73-7.0	<1	2.4	0.01			7.0		
28	623		3.2	3.8	73-7.0	<1	1.1	0.01	1.2	0.40	8.0		
29	668			2.0	74-7.0	<1	1.3	0.01			8.0		
30	685			2.0	74-7.0	<1	1.1	0.01			6.8		
31	752	2.0		-	76-6.9	-	1.1	0.01			6.7		

PLANT STAFFING:

Day Shift Operator Class: A/B Certificate No: B8035/B2018 Name: DONALD E. HORTON
 Evening Shift Operator Class: C/A Certificate No: C8857/A512 Name: DAVID CURRIE
 Night Shift Operator Class: N/A Certificate No: N/A Name: RONALD JOHNS
 Lead Operator Class: B Certificate No: B8035 Name: DAVID CURRIE
 Type of Effluent Disposal or Recycled Water Reuse: CERCA CREEK
 Limited Wet Weather Discharge Activated: Yes No: Not Applicable If yes, cumulative days of wet weather discharge: N/A

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

4 7

DISCHARGE MONITORING RECORD - PART A (Continued)

FACILITY NAME: **STONEMAN** UNIT: **1** PRODUCT NUMBER: **STONEMAN-01-01-01** EXCHANGE POINT NUMBER: **1011** WASTE UNIT: **MG/L**

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. of Samples	Frequency of Analysis	Sample No.
STONEMAN-01-01-01-01 TAC for ammonium			6.13%		1	1	1011
STONEMAN-01-01-01-01 TAC for ammonium			1.0		1	1	1011
STONEMAN-01-01-01-01 TAC for ammonium			0.01		1	1	1011
STONEMAN-01-01-01-01 Nitrogen			2.34		1	1	1011
STONEMAN-01-01-01-01 Nitrogen			2.95		1	1	1011
STONEMAN-01-01-01-01 Nitrogen			0.45		1	1	1011
STONEMAN-01-01-01-01 Nitrogen			0.49		1	1	1011
STONEMAN-01-01-01-01 Nitrogen			0.7		1	1	1011

DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTEWATER DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Wastewater Pollution Management Section, MS 9331, 2800 Blair Stone Road, Tallahassee, FL 32309-0410

PERMITTEE NAME: MDC County Services, Inc.
 MAILING ADDRESS: 200 Wetherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL033478-012-DVTP
 MONITORING PERIOD: From 2/04
 LINE: 1
 CLASS SIZE: 1
 PLANT SIZE/TREATMENT TYPE: 1
 DISCHARGE POINT NUMBER: D001

TO: REPORT GROUP: 12904 TOXICITY
 WATER SITE NO.: 14396

FACILITY: MDC County WWT
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pasco

DWA 440: 2/00

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STABLE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement		1000-2				
NOEL STABLE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement		1000-9				
NOEL STABLE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement		1000-9				
NOEL STABLE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement		1000-9				
NOEL STABLE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement		1000-9				
NOEL STABLE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement		1000-9				

If a second definitive test is required, enter the result in an empty row.
 ** Enter NOEL-9 in the results column if no discharge occurred during the monitoring period. Enter NOEL-8 in the results column if a definitive test was required.

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 <i>Don Foster</i>	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Bill C. [Signature]</i>	TELEPHONE NO. 181 761-7728	DATE (YYMMDD) 04-03-21
--	---	-------------------------------	---------------------------

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

LAW 11 A

8135251.030

01:42

03/22/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facility Management Section, MS 3111, 2600 Blair Stone Rd, Tallahassee, 32309-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 288 Woodloch Blvd Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: W0000785-00000017
 MONITORING PERIOD FROM: 2-1-04
 LIMIT: Real

TO: REPORT: 2-29-04
 Accident

FACILITY LOCATION: Mid-County Services, Inc.
 2299 Spanish Vista Drive
 Palm Harbor, FL 34681
 COUNTY: Pinellas

CLASS USE: Minor
 PLANT OR TREATMENT TYPE: 0
 DISCHARGE POINT NUMBER: 004: Accident Monitoring

GROUP: WAFR SITE No.: 14591
 at Onsite

DATE: 02/00

Parameter	Sample Measurement	Quality or Concentration	Units	No. of Samples	Frequency of Analysis	Sample Type
pH	Sample Measurement	7.6	Sw	1	Quarterly	GB
DISSOLVED OXYGEN	Sample Measurement	6.2	mg/L	0	Quarterly	GB
TEMPERATURE	Sample Measurement	21.6	OC	0	Quarterly	GB
SALINITY	Sample Measurement	0.5	g/L	0	Quarterly	GB
Total Chlorine	Sample Measurement	<1	mg/L	0	Quarterly	GB
Total Chlorine	Sample Measurement	90	mg/L	0	Quarterly	GB
Total Chlorine	Sample Measurement	3.9	mg/L	0	Quarterly	GB

I certify under penalty of law that I have personally examined and am familiar with the information reported 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 OF PERMITTEE OR OPERATOR OR AUTHORIZED AGENT	NAME OF PERSONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYYYMMDD)
<i>[Signature]</i>	<i>[Signature]</i>	727-727-7277	01-03-21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)

02/11/04

01:36:26:10:50

01:42

03/22/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Pollution Management Section, 141 3511, 3400 Park Drive Rd, Tallahassee, 32399-2400
 FACILITY NAME: MSL County WWT PROJECT NUMBER: F10034789-002-02W1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outlet
 MONTH/YEAR: 07/2004

WATER USE No: 14595

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			2.0	mg/L	0	Quarter	GPB
BOD ₅ CARBONACEOUS	Sample Measurement			2.0	mg/L	0	Quarter	GPB
TOTAL KREDALE NITROGEN	Sample Measurement			1.3	mg/L	0	Quarter	GPB
NITRITES-NITRATE	Sample Measurement			0.54	mg/L	0	Quarter	GPB
TOTAL AMMONIA	Sample Measurement			0.054	mg/L	0	Quarter	GPB
TOTAL PHOSPHORUS	Sample Measurement			0.53	mg/L	0	Quarter	GPB
ORTHO-PHOSPHATE	Sample Measurement			0.46	mg/L	0	Quarter	GPB

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

03/22/2004 01:42

03/22/2004 01:42

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 2512, 2400 Highway 604, Tallahassee, 32309-2400

PERMITTEE NAME: MS County Services, Inc.
 MAILING ADDRESS: 200 Westwoodfield Ave.
 Altamonte Springs, FL 32714

FACILITY NUMBER:
 MONITORING PERIOD: From: 2/1-8/4
 Limit: None

PLANT IDENTIFICATION:
 CLASS SIZE: Minor
 PLANT TREATMENT TYPE: a
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

WATERWAY: 2-25-84
 REPORT: Ambient
 Monitoring
 District: District
 WAFR/STIR No.: 14995
 Upriver

FACILITY LOCATION: MS County Services, Inc.
 2200 Ryan's White Dr. sec
 Palm Bay, FL 32909
 COUNTY: Florida

DATE: 02/01

Parameter	Sample Measurement	Quality or Concentration			Units	No. of Samples	Frequency of Analysis	Sample Type
		1	2	3				
pH	Sample Measurement	7.4	7.4	7.4	SD	0	Quarter	GRAB
DISSOLVED OXYGEN	Sample Measurement	6.8	6.7	6.8	ML	0	Quarter	GRAB
TEMPERATURE	Sample Measurement	18.9	19.0	19.0	°C	0	Quarter	GRAB
SALINITY	Sample Measurement	0.2	0.2	0.2	°C	0	Quarter	GRAB
Fecal Coliform	Sample Measurement		68		F/cm	0	Quarter	GRAB
Total Coliform	Sample Measurement		980		F/cm	0	Quarter	GRAB
Turbidity	Sample Measurement		1.6		NTU	0	Quarter	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/M/D)
John G. Stetson	[Signature]	322-281-728	02-03-84

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

03/22/2004 01:42 8136251838

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Waterways Pollution Management Section, MS 3811, 2800 Highway 90, Tallahassee, FL 32304-0381

FACILITY NAME: McCreary WWTP

PERMIT NUMBER: FL00478-001-0001P

DISCHARGE POINT NUMBER: D001 - Ambient Monitoring Upstream

WATER BODIES:

MONTH/YEAR: FEB 2004

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Equipment or Sample Type
CHLOROPHYLLA	Sample Measurement			2.1	µg/L	0	Quanta QAS
TOTAL SUSPENDED SOLIDS	Sample Measurement			2.0	mg/L	0	Quanta QAS
BOD ₅ CARBONACEOUS	Sample Measurement			2.0	mg/L	0	Quanta QAS
TOTAL KIBDASHC NITROGEN	Sample Measurement			0.58	mg/L	0	Quanta QAS
NITRITENITRATE	Sample Measurement			0.21	mg/L	0	Quanta QAS
TOTAL AMMONIA	Sample Measurement			0.095	mg/L	0	Quanta QAS
TOTAL PHOSPHORUS	Sample Measurement			0.054	mg/L	0	Quanta QAS
DICHTHYPHOSPHORUS	Sample Measurement			0.052	mg/L	0	Quanta QAS

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

8136261030

03/22/2004 01:42

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Handwritten notes and signatures at the top of the page, including "UNIT 1" and other illegible text.

UNIT	NO.	DATE	TIME	TYPE	AMOUNT	DESCRIPTION	INITIALS	REMARKS
1	1	7-1	0-1		287			
1	2	7-1	0-1		287			
1	3	7-1	0-1		287			
1	4	7-1	0-1		287			
1	5	7-1	0-1		287			
1	6	7-1	0-1		287			
1	7	7-1	0-1		287			
1	8	7-1	0-1		287			
1	9	7-1	0-1		287			
1	10	7-1	0-1		287			
1	11	7-1	0-1		287			
1	12	7-1	0-1		287			
1	13	7-1	0-1		287			
1	14	7-1	0-1		287			
1	15	7-1	0-1		287			
1	16	7-1	0-1		287			
1	17	7-1	0-1		287			
1	18	7-1	0-1		287			
1	19	7-1	0-1		287			
1	20	7-1	0-1		287			
1	21	7-1	0-1		287			
1	22	7-1	0-1		287			
1	23	7-1	0-1		287			
1	24	7-1	0-1		287			
1	25	7-1	0-1		287			
1	26	7-1	0-1		287			
1	27	7-1	0-1		287			
1	28	7-1	0-1		287			
1	29	7-1	0-1		287			
1	30	7-1	0-1		287			

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646

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Wauferfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-X02-DWIP

MONITORING PERIOD: From: 3-1-04 To: 5-31-04

REPORT GROUP: Domestic

WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

THREE MONTH ROLLING ADF: 0.0 PERMITTED CAPACITY

DMR date: 2/00

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOBS	STORNET No. 80082 Y Mon. Site No. BFD-01-36118			2.27 (An. Avg.)	MGL	0	CRUISED Calculated	RIA R Rolling Annual Avg.
CBOBS	STORNET No. 80082 Y Mon. Site No. BFD-01-36118			2.0 (An. Avg.)	MGL	0	WEEKLY Weekly	24 H FFC 16-hour FFC
TSS	STORNET No. 00530 Y Mon. Site No. BFD-01-36118			2.05 (An. Avg.)	MGL	0	CRUISED Calculated	RIA R Rolling Annual Avg.
TSS	STORNET No. 00530 Y Mon. Site No. BFD-01-36118			2.0 (An. Avg.)	MGL	0	WEEKLY Weekly	24 H FFC 16-hour FFC
pH	STORNET No. 00600 Y Mon. Site No. BFD-01-36118			6.5 (An. Avg.)	S.U.	0	CONTINUOUS Continuous	METER

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herewith 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: *Dan Foster*
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*
 TELEPHONE NO: 227-887-7928
 DATE (YY/MM/DD): 04-04-21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: MA-County WWTP
 Permit No. 00000
 Discharge Point Number: 2001
 Water Site No.: 14595

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			<1	MPN	0	SDUE	GRAB
STORST No. 31415 Permit No. EFD-01-36118 TRC for disinfection	Sample Measurement							
STORST No. 30060 Permit No. EFD-01-36118 TRC for disinfection	Sample Measurement			1.0	MG/L	0	GRAB-CONT	METALS
STORST No. 30060 Permit No. EFD-01-36118 Nitrogen	Sample Measurement			0.01	MG/L	0	Handy	GRAB
STORST No. 00000 Permit No. EFD-01-36118 Nitrogen	Sample Measurement			2.78	MG/L	0	GRADED	RVA
STORST No. 00000 Permit No. EFD-01-36118 Phosphorus	Sample Measurement			4.82	MG/L	1	WEEKLY	24HRC
STORST No. 00665 Permit No. EFD-01-36118 Phosphorus	Sample Measurement			0.43	MG/L	0	GRADED	24HRC
STORST No. 70507 Permit No. EFD-01-36118 Oxygen, Dissolved (DO)	Sample Measurement			0.65	MG/L	0	WEEKLY	24HRC
STORST No. 00000 Permit No. EFD-01-36118	Sample Measurement			6.7	MG/L	0	DAILY	GRAB

NITROGEN MO AVG. WAS EXCEEDED. - POSS CAUSE WAS THE FA HOUSE TESTING CHEMICALS. FOR NITRATE TESTS. - WE RECENTLY REPLACED TESTING CHEMICALS. MAY. NITROGEN WAS EXCEEDED FOR SAME REASON.

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DWIP
 MONITORING PERIOD From: 3-1-04
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 3-31-04
 REPORT: TOXICITY

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

WAFR SITE NO.: 14595

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			< 100%				
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODI=9				
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODI=9				
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement			< 100%				
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement			NODI=9				
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement			NODI=9				

* If a second definitive test is required, enter the result in an empty row.
 ** Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Don Hostetler		727-287-7978	04-04-21

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLO034789-002-DW1P
 MONITORING PERIOD From: 3-1-04
 LIMIT: Final

To: 3-31-04
 REPORT: Ambient Monitoring

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr.nue
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

GROUP: Domestic
 WAFR SITE No.: 14595
 at Outfall

DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			NODE=9				
DISSOLVED OXYGEN	Sample Measurement			NODE=9				
TEMPERATURE	Sample Measurement			NODE=9				
SALINITY	Sample Measurement			NODE=9				
Fecal Coliform	Sample Measurement			NODE=9				
Total Coliform	Sample Measurement			NODE=9				
Turbidity	Sample Measurement			NODE=9				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Don Hostetler		727-287-2522	04-04-21

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-3400

FACILITY NAME: Mid-County WWT

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001 -- Ambient Monitoring at Outfall

WAFR SITE No.: 14595

MONTH/YEAR: MARCH 2004

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			X/002-9				
BOD, CARBONACEOUS	Sample Measurement			X/002-9				
TOTAL KJELDAHL NITROGEN	Sample Measurement			X/002-9				
NITRITE-NITRATE	Sample Measurement			X/002-9				
TOTAL AMMONIA	Sample Measurement			X/002-9				
TOTAL PHOSPHORUS	Sample Measurement			X/002-9				
ORTHO-PHOSPHORUS	Sample Measurement			X/002-9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: 3-1-04
 LIMIT: Final

To: 3-31-04
 REPORT: Ambient Monitoring

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr. n.w.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

GROUP: Domestic
 WAFR SITE No.: 14595
 Upstream

DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			NODF=9				
DISSOLVED OXYGEN	Sample Measurement			NODF=9				
TEMPERATURE	Sample Measurement			NODF=9				
SALINITY	Sample Measurement			NODF=9				
Fecal Coliform	Sample Measurement			NODF=9				
Total Coliform	Sample Measurement			NODF=9				
Turbidity	Sample Measurement			NODF=9				

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 <i>Don Hostetler</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE NO 727-227-7528	DATE (YY/MM/DD) 04-04-21
---	--	------------------------------	-----------------------------

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 3511, 2600 Birch Stone Rd, Tallahassee, 32399-2400

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream

WAFR SITE No.: 14595

MONTH/YEAR: MARCH 2004

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			X1000=9				
TOTAL SUSPENDED SOLIDS	Sample Measurement			MGD=9				
BOD ₅ , CARBONACEOUS	Sample Measurement			X1000=9				
TOTAL KJELDAHL NITROGEN	Sample Measurement			MGD=9				
NITRITE-NITRATE	Sample Measurement			MGD=9				
TOTAL AMMONIA	Sample Measurement			X1000=9				
TOTAL PHOSPHORUS	Sample Measurement			X1000=9				
ORTHO-PHOSPHORUS	Sample Measurement			X1000=9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA0034780-002-DW1P**
 Month/Year: **MAR 2004**

Facility Name: **Mid-County WWTP**

Three-month Average Daily Flow: **669**
 Daily Flow % of Furnished Capacity: **76%**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Distribo.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
				GRAB	H-1								
Code	50050	80082	00530	00530	00400	74955	50060	50060	00660	00663	00380	80082	00530
Mon. Site	EFD-01	EFD-01	EPB-01	EFD-01	EFD-01	EFD-01	EPA-01	EFD-01	EFD-01	EPB-01	EFD-01	INF-01	INF-01
1	772			2.0	72.69	<1	0.01	2.4			7.3		
2	738			2.0	73.69	<1	0.01	2.6			7.0		
3	728	2.0	2.0	2.0	72.69	<1	0.01	2.4	5.1	0.72	6.8	280	390
4	719			2.0	72.69	<1	0.01	2.2			7.1		
5	825			2.0	72.69	<1	0.01	2.5			6.7		
6	704			-	72.69	-	0.01	1.2			6.8		
7	738			-	72.69	-	0.01	2.1			7.1		
8	652			2.0	73.69	<1	0.01	2.1			6.9		
9	648			2.0	74.70	<1	0.01	1.4			7.3		
10	595	2.0	2.0	2.0	77.70	<1	0.01	2.2	8.2	0.47	7.8		
11	647			2.0	76.69	<1	0.01	2.3			7.8		
12	692			2.0	73.69	<1	0.01	1.2			6.8		
13	610			-	72.69	-	0.01	1.0			6.8		
14	744			-	74.69	-	0.01	1.9			7.3		
15	740			2.0	73.69	<1	0.01	1.2			6.9		
16	739			2.0	73.70	<1	0.01	2.1			7.0		
17	665	2.0	2.0	2.0	73.70	<1	0.01	1.4	5.1	0.81	7.0		
18	707			2.0	77.69	<1	0.01	2.7			7.7		
19	665			2.2	73.69	<1	0.01	2.6			6.8		
20	727			-	73.69	-	0.01	2.2			7.7		
21	636			-	72.69	-	0.01	1.3			6.8		
22	649			2.0	73.69	<1	0.01	1.2			6.8		
23	672			2.0	73.70	<1	0.01	1.2			6.8		
24	680	2.0	2.0	2.0	73.70	<1	0.01	1.1	3.8	0.54	6.8		
25	644			2.0	74.70	<1	0.01	1.0			6.7		
26	688			2.0	73.70	<1	0.01	1.0			6.8		
27	704			-	72.69	-	0.01	1.0			6.8		
28	604			-	73.69	-	0.01	2.5			6.8		
29	678			2.0	73.69	<1	0.01	5.0			6.7		
30	650			2.0	75.69	<1	0.01	1.5			6.8		
31	645	2.0	2.0	2.0	69.65	<1	0.01	1.2	1.9	0.71	6.7		

PLANT STAFFING:

Day Shift Operator: Class: B+B Certificate No: B5035 B2018 Name: DAVIDE HOSIEM
 Evening Shift Operator: Class: CA Certificate No: C8857-AS12 Name: DAVIDE HOSIEM
 Night Shift Operator: Class: NA Certificate No: NA Name: HOOD JARUCHI - RAPA JARA
 Lead Operator: Class: B Certificate No: B-3051 Name: NA
 Type of Effluent Disposal or Retained Water Reuse: CURRY CREEK Name: DAVIDE HOSIEM
 Limited Wet Weather Discharge Activated: Yes No: Not Applicable If yes, consecutive days of wet weather: NA
 discharge: NA

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

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Lead Operator

Date: 4.26.07

Company: M-d-County

Fax #:

From: Garth Armstrong

Pages: including this cover page.

Subject: DMR Review

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested Please Comment



Messages:

Your DMR has been reviewed for the month/year of Mar-07. Please submit to the appropriate FDEP office.

Don,

Please place 3 month ADF % at top of Part A. & Fax me back. Otherwise it's

Thanks, Good to submit.

GA

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

Reviewed 5-26-04
GA

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environment, P.O. Box 12000, Tallahassee, FL 32304-2000

PERMIT NO. 80082 Y
 STORET NO. 80082
 Mon. Site No. EFD-01-36118
 CIBOVS
 FACILITY: Mid-County WWTTP
 LOCATION: 2200 Seaside Blvd. S.W.
 Palm Harbor, FL 34644
 COUNTY: Pinellas
 PERMIT NUMBER: 81-000000-000-000000
 MONITORING PERIOD: From 1/1/04 to 1/1/04
 LIMIT: 1.0 mg/L
 CLASS: 2
 PLANT SIZE/TREATMENT TYPE: 2
 DISCHARGE POINT NUMBER: 10001
 REPORT GROUP: Domestic
 WASTWATER NO.: 12406
 CAPACITY: 25000 GPD

THREE MONTH ROLLING AVERAGE 68.7% OF PERMITTED CAPACITY

DATE: 5/26/04

Parameter	Quantity or Loading	Units	Quality or Concentration	Limits	No. Ex.	Frequency of Analysis	Sample Type
CIBOVS							
STORET No. 80082 Y Mon. Site No. EFD-01-36118 CIBOVS	Sample Measurement Permit		2.25 (An. Avg.)	MGL 1.0	0	QUARTERLY	Rolling Annual Avg.
STORET No. 80082 Y Mon. Site No. EFD-01-36118 TSS	Sample Measurement Permit		2.0 (Max. Avg.)	MGL 1.0 (Max.)	0	WEEKLY	Rolling Annual Avg.
STORET No. 00530 Y Mon. Site No. EFD-01-36118 TSS	Sample Measurement Permit		2.05 (Max. Avg.)	MGL 1.0	0	QUARTERLY	Rolling Annual Avg.
STORET No. 00530 Y Mon. Site No. EFD-01-36118 TSS	Sample Measurement Permit		2.0 (Max. Avg.)	MGL 1.0 (Max.)	0	WEEKLY	Rolling Annual Avg.
STORET No. 00460 Y Mon. Site No. EFD-01-36118 pH	Sample Measurement Permit		6.8 (Max. Avg.)	MGL 5.0 (Max.)	0	QUARTERLY	Rolling Annual Avg.

Rolling Annual Average is the average of the current monthly average and the preceding 11 months' monthly average

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 PERSONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Ray Argente
 TELEPHONE NO: 727-772-8
 DATE (YYYYMMDD): 04-05-04

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, 140 2441, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

DEPLA/PT/IN/AA/CO: 1654 County Road 100, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

MONITORING PERIOD From: 12/01
 LIMIT: Plant
 FT ASS REP: Manar
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D601

To: U-32-04
 REPORT: TOXICITY
 GROUP:
 WORK SITE NO.: 14095

FACILITY: 1654 County Road 100, Inc.
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34669
 COUNTY: Pinellas

11/28/04 10:00 AM
 11/28/04 10:00 AM

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Rx.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Cariodaphnia dubia (Routine)	Sample Measurement			7/00 %	Percent	0	BE norm	
NOEL STATRE 7 DAY CHRONIC Cariodaphnia dubia (Additional)	Sample Measurement			NODI=9	Percent	0	N/A	
NOEL STATRE 7 DAY CHRONIC Cariodaphnia dubia (Additional)	Sample Measurement			NODI=9	Percent	0	N/A	
NOEL STATRE 7 DAY CHRONIC Phosphate promelas (Routine)	Sample Measurement			7/00 %	Percent	0	BE norm	
NOEL STATRE 7 DAY CHRONIC Phosphate promelas (Additional)	Sample Measurement			NODI=9	Percent	0	N/A	
NOEL STATRE 7 DAY CHRONIC Phosphate promelas (Additional)	Sample Measurement			NODI=9	Percent	0	N/A	

* If a second definitive test is required, enter the result in an empty row.

** Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
		707 281-1729	04-07-21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART 4

When Completed this form report to Department of Environment Protection, Watershed Pollution Management Office, 120 2nd St., Tallahassee, Florida 32309-9400

PERMIT THE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westmeadow Ave.
 Altamonte Springs, FL 32714
 FACILITY: Mid-County Services, Inc.
 LOCATION: 2250 Peninsula View Drive
 Palm Harbor, FL 34688
 COUNTY: Pinellas

PERMIT NUMBER: 1202475-002-DW-12
 FACILITY NAME: MID-COUNTY SERVICES, INC.
 LIMIT: 1000000
 PLANT SIZE/TREATMENT TYPE: DISCHARGE POINT NUMBER: B

DATE: 12-11-94
 GROUP: WASTE SITE NO: 14595
 MONITORING FREQUENCY: MONTHLY
 POINT: Ambient Monitoring at Canal
 DMR Date: 02/70

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analyte	Sample Type
pH	7.32	SV	0	0	Q	GRAB
DISSOLVED OXYGEN	6.46	DO	0	0	Q	GRAB
TEMPERATURE	23.9	OC	0	0	Q	GRAB
SALINITY	0.4	UG/L	0	0	Q	GRAB
Total Coliform	30	CFU/100ML	0	0	Q	GRAB
Fecal Coliform	71	CFU/100ML	0	0	Q	GRAB
Total Coliform	30	CFU/100ML	0	0	Q	GRAB
Fecal Coliform	71	CFU/100ML	0	0	Q	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.

DATE (MM/DD/YYYY)	22-12-94	12-05-94
SIGNATURE OF PERSONAL SERVICE OR AUTHORIZED AGENT	David E. [Signature]	
SIGNATURE OF PERSONAL SERVICE OR AUTHORIZED AGENT	[Signature]	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed, mail this report to the Department of Environmental Protection, Industrial Discharge Monitoring Section, Box 1101, 1000 State Street, Providence, Rhode Island 02902-1101.
 PLEASE PRINT NAME, ADDRESS AND PHONE NUMBER IN BLOCKS.
 PROVIDENCE, RHODE ISLAND 02902-1101

WAPE SITE No: 14585

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Rx	Frequency of Analyzes	Sample Type
TOTAL SUSPENDED SOLIDS			8.0	mg/l	0	QMS	QMS
BOD ₅ CARBONACEOUS			2.0	mg/l	0	QMS	QMS
TOTAL KHLDAHL NITROGEN			1.1	mg/l	0	QMS	QMS
NITRITE-NITRATE			4.2	mg/l	0	QMS	QMS
TOTAL AMMONIA			0.026	mg/l	0	QMS	QMS
TOTAL PHOSPHORUS			0.82	mg/l	0	QMS	QMS
ORTHOPHOSPHORUS			0.83	mg/l	0	QMS	QMS

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed use this report for Department of Environmental Protection, Wastewater Facilities Management Section, MS 9511, 2600 Birch Stone Rd, Tallahassee, 32309-2400

PERMIT NUMBER: W-004730-02-DW1P
PLANT TREATMENT TYPE: B
PLANT SIZE: 10000 GPD
PLANT TREATMENT TYPE: B
WATER USE NO.: 14002
PERMIT ADDRESS: 200 Westfield Ave
MAILING ADDRESS: 200 Westfield Ave
FACILITY: Mid-County Sewer, In
COUNTY: Phillips

Parameter	Sample	Quality or Concentration	Units	No. Analytes	Frequency of Sample	Sample Measurement					
pH	Sample	7.58	SD	0	Q	7.52	7.58				7.52
DISSOLVED OXYGEN	Sample	6.77	ML	0	Q	6.78	6.77				6.78
TEMPERATURE	Sample	81.3	°C	0	Q	81.2	81.3				81.2
SALINITY	Sample	0.3	DBL	0	Q	0.3	0.3				0.3
Total Coliform	Sample	< 1	MPN	0	Q		< 1				
Total Coliform	Sample	490	MPN	0	Q		490				
Turbidity	Sample	2.21	NTU	0	Q		2.21				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my best judgment and knowledge of the information, I believe the 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.

STATEMENT OF WORK: W-004730-02-DW1P
DATE: 12-5-10
PROJECT NO.: 2010-2018
CLIENT: Mid-County Sewer, In
LOCATION: Phillips

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to Attachment here):

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

Parameter	Quantity or Loading	Units	Quality or Concentration	Tube	No.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a			> 1	USA-10	0	Sum	Water (W/B)
TOTAL SUSPENDED SOLIDS			20	USA-10	0	Sum	Water (W/B)
BOD, CARBONACEOUS			2.0	USA-10	0	Sum	Water (W/B)
TOTAL KJELDAHL NITROGEN			0.54	USA-10	0	Sum	Water (W/B)
NITRATE-NITRATE			0.17	USA-10	0	Sum	Water (W/B)
TOTAL AMMONIA			0.026	USA-10	0	Sum	Water (W/B)
TOTAL PHOSPHORUS			0.16	USA-10	0	Sum	Water (W/B)
ORTHOPHOSPHORUS			2.7	USA-10	0	Sum	Water (W/B)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

For an explanation of the reporting requirements of this report, please refer to the Department of Environmental Protection, "Discharge Monitoring System, Reporting and Compliance Manual, Volume 1, Part 1, 1990-1991 Edition, 1990-1991 Edition."
 PART A NAME, LOCATION, UNIT, PROJECT NUMBER, DISEASE, OR TREATMENT UNIT, DISCHARGE POINT NUMBER, DISEASE, AND TREATMENT UNIT, AND DATE OF REPORT.
 DATE: 07/10/91

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-5705

FACILITY NAME: Mid-County WWTP
 MONTH/YEAR: April 2004

FACILITY NUMBER: 22-00000000000000000000

WATER USE SYSTEM NUMBER: 10001- A municipal Wastewater Discharge

WAPR SITE No.: 14595

Parameter	Quantity or Location	Units	Quantity or Concentration	Units	Dis. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLLa	Sample Measurement		<1	ug/L	0	Quarter	GLB
TOTAL SUSPENDED SOLIDS	Sample Measurement		2.0	mg	0	Quarter	GLB
BOD ₅ CARBONACEOUS	Sample Measurement		2.0	mg	0	Quarter	GLB
TOTAL KJELDAHL NITROGEN	Sample Measurement		0.74	mg	0	Quarter	GLB
NITRITE-NITRATE	Sample Measurement		7.8	mg	0	Quarter	GLB
TOTAL AMMONIA	Sample Measurement		0.026	mg	0	Quarter	GLB
TOTAL PHOSPHORUS	Sample Measurement		0.43	mg	0	Quarter	GLB
ORTHO-PHOSPHORUS	Sample Measurement		0.38	mg	0	Quarter	GLB

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Form #: FLA9034789-002-DW1P
 Month/Year: APRIL 2004

Facility Name: Mid-County WWTP

Time Interval: Average Daily Flow
 Daily Flow % of Treatment Capacity

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (a.u.)	Fecal Coliforms (M/100ml)	TTC (For Disinfect.) (mg/L)	TTC (For Dechlorinat.) (mg/L)	Nitrogen (mg/L)	Ammonia (mg/L)	Chlorine (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Spc	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01
1	595			2.0	73-71	<1	1.7	0.01				6.8	
2	757			2.0	75-73	<1	2.4	0.01				6.7	
3	680			-	73-72	-	4.3	0.01				6.8	
4	501			-	73-70	-	4.0	0.01				7.6	
5	550			2.0	74-73	<1	2.7	0.01				7.5	
6	585			2.0	77-69	<1	1.1	0.01				7.8	
7	923	2.0	2.0	2.0	74-73	<1	1.6	0.01	3.3	0.65		7.7	2.0
8	658			2.0	77-70	<1	2.6	0.01				7.3	
9	680			2.0	75-69	<1	1.2	0.01				6.7	
10	567			-	76-71	-	2.4	0.01				6.8	
11	689			-	74-72	-	5.0	0.01				7.3	
12	825			2.0	73-73	<1	5.0	0.01				7.7	
13	688			2.0	73-72	<1	1.9	0.01				6.7	
14	635	2.0	2.0	2.0	73-72	<1	3.3	0.01	3.5	0.37		7.7	
15	635			2.0	73-71	<1	1.9	0.01				7.4	
16	715			2.0	73-70	<1	1.8	0.01				6.8	
17	643			-	72-68	-	1.7	0.01				6.8	
18	672			-	70-66	-	1.2	0.01				7.7	
19	661			2.0	71-70	<1	2.0	0.01				7.2	
20	624			2.0	72-70	<1	1.0	0.01				7.0	
21	638	2.0	2.0	2.0	72-68	<1	1.3	0.01	2.2	0.61		7.2	
22	652			2.0	72-70	<1	1.0	0.01				7.3	
23	696			2.0	72-70	<1	1.0	0.01				6.8	
24	577			-	72-70	-	1.0	0.01				6.7	
25	663			-	73-70	-	2.3	0.01				7.2	
26	640			2.0	73-72	<1	2.0	0.01				7.1	
27	591			2.0	75-68	<1	1.0	0.01				6.8	
28	611	2.0	2.0	2.0	73-70	<1	2.8	0.01	1.8	0.77		8.2	
29	637			2.0	74-69	<1	1.0	0.01				7.1	
30	697			2.0	72-69	<1	2.1	0.01				7.0	
31													

PLANT STAFFING:

Day Shift Operator
 Even Shift Operator
 Night Shift Operator
 Lead Operator

Class: RIB
 Class: CIA
 Class: VA
 Class: R

Certificate No: B0035811018
 Certificate No: C887451L
 Certificate No: N/A
 Certificate No: 122025

Name: David C. Herstein
 Name: David J. ...
 Name: ...
 Name: ...

Type of Effluent Disposal or Recycled Water System

Limit of Wet Weather Discharge Activated: Yes No Not Applicable If yes, on relative days of wet weather

Attach additional sheets if necessary to list all certified operators.

645

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-M2-DW1P
 MONITORING PERIOD From: 5-1-04
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 5-31-04
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

THREE MONTH ROLLING ADF: 1649 72% OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80082 Y Mon. Site No. BFD-01-36118	Sample Measurement			2.25			MGL	0	Calculated	RFAA
	Permit Measurement			.50 (M.Avg.)			mg/L		Calculated	Rolling Annual Avg. ¹
CBOD5 STORET No. 80082 1 Mon. Site No. BFD-01-36118	Sample Measurement			2.0	XSDPF=9	2.0	MGL	0	Weekly	24 HPPC
	Permit Measurement			6.25 (M.Avg.)	7.5 (Week.Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour PPC
TSS STORET No. 00530 Y Mon. Site No. BFD-01-36118	Sample Measurement			2.05			MGL	0	Calculated	RFAA
	Permit Measurement			.50 (M.Avg.)			mg/L		Calculated	Rolling Annual Avg. ¹
TSS STORET No. 00430 1 Mon. Site No. BFD-01-36118	Sample Measurement			2.0	XSDPF=9	2.0	MGL	0	Weekly	24 HPPC
	Permit Measurement			6.25 (M.Avg.)	7.5 (Week.Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour PPC
TSS STORET No. 00530 B Mon. Site No. BFD-01-36383	Sample Measurement					2.0	MGL	0	Weekly	GRAB
	Permit Measurement					5.0 (Max.)	mg/L	1	7 Days/Week	Grab
pH STORET No. 00400 1 Mon. Site No. BFD-01-36118	Sample Measurement			6.8		7-6	S.U	0	Continuous	METER
	Permit Measurement					8.5 (Max.)	S.U		Continuous	Meter

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Ken Hostetler	<i>[Signature]</i>	927 707-7928	04-06-22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: MIA County WASTEWATER TREATMENT PLANT

PERMIT NUMBER: FUD034789-002-DW1P

DISCHARGE POINT NUMBER: D901

WATER SITE No.: 14995

Parameter	Sample Measurement Permit	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	ST06T No. 31614 - 1 Mon. Site No. EFD-01-36118			100 %		0	SPWF	GLAB
TRC for disinfection								
ST06T No. 30060 - A	Mon. Site No. EFD-01-36118			1.0		0	SPWF-GLAB	METE-S
TRC for dechlorination								
Nitrogen	ST06T No. 30060 - 1 Mon. Site No. EFD-01-36118			0.01	M/L	0	Hourly	GLAB
Nitrogen	ST06T No. 00690 - Y Mon. Site No. EFD-01-36118			2.74	M/L	0	Hourly	RAB
Phosphorus	ST06T No. 00660 - 1 Mon. Site No. EFD-01-36118			2.74	M/L	1	WEEKLY	24 HPC
Phosphorus	ST06T No. 00665 - 1 Mon. Site No. EFD-01-36118			0.46	M/L	0	Hourly	24 HPC
Oxygen, Dissolved (DO)	ST06T No. 20907 - 1 Mon. Site No. EFD-01-36118			0.57	M/L	0	WEEKLY	24 HPC
				1.25 (Min. Avg.)				
				6.5 (Min.)		0	Hourly	GLAB

THE NITRATE EXCEEDED THE MAX. 14 PPM. ON MAY STA 2004.
 POSS CAUSE: TO ACCURATE IN HOUSE READINGS. TESTING FOR NITRATE.

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westcreekfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: 5-1-04
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 5-31-04
 REPORT: TOXICITY
 GROUP:

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

WAFR SITE NO.: 14994

DMR date: 200

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Pimaphos promelas (Routine)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Pimaphos promelas (Additional)	Sample Measurement			NODF=9				
NOEL STATRE 7 DAY CHRONIC Pimaphos promelas (Additional)	Sample Measurement			NODF=9				

* If a second definitive test is required, enter the result in an empty row.
 ** Enter NODF=9 in the results column if no discharge occurred during the reporting period. Enter NODF=9 in the results column if no definitive tests are required.

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 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 <i>Walter Foster et al.</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE NO 727 287-7928	DATE (YYMMDD) 04-06-22
--	--	---------------------------------	---------------------------

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

As per Computer, issue and report to the Department of Environmental Protection, whenever facilities management records, MS 3511, 2600 East Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.

200 Wendenfield Ave. Altamonte Springs, FL 32714

FACILITY: Mid-County Services, Inc.

2299 Spanish Vista Drive Palm Harbor, FL 34668

COUNTY: Pinellas

PERMIT NUMBER: P.0034789-002-DW1P

MONITORING PERIOD FROM 5-1-89

UNTIL 5-1-89

LIMIT: None

CLASS SIZE: Minor

PLANT SIZE/TREATMENT TYPE: B

DEBIT: Ambient Monitoring at Outlet

GROUP: WAPR BITS No. 14595

REPORTING: Monitoring

Domestic

DWR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analyze	Sample Type
pH	Sample Measurement	6.00-9				
DISSOLVED OXYGEN	Sample Measurement	6.00-9				
TEMPERATURE	Sample Measurement	6.00-9				
SALINITY	Sample Measurement	6.00-9				
Fecal Coliform	Sample Measurement	6.00-9				
Total Coliform	Sample Measurement	6.00-9				
Turbidity	Sample Measurement	6.00-9				

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.

NATURE OF FACILITY OR AUTHORIZED AGENT: SIGNALS OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE (Y/M/A/D): 04-06-22

TELEPHONE NO: 722 782-2928

COMMENTS 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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: MIA-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall
 MONTH/YEAR: MAY 2004

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			ND-9				
BOD ₅ CARBONACEOUS	Sample Measurement			ND-9				
TOTAL KJELDAHL NITROGEN	Sample Measurement			ND-9				
NITRITE-NITRATE	Sample Measurement			ND-9				
TOTAL AMMONIA	Sample Measurement			ND-9				
TOTAL PHOSPHORUS	Sample Measurement			ND-9				
ORTHO-PHOSPHORUS	Sample Measurement			ND-9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION FACILITIES MONITORING REPORT - PART A

When Completed mail this report for: Department of Environmental Protection, Watershed Facilities Management Section, MS 3511, 2600 Elm Street Rd, Tallahassee, 32399-2400

PERMIT THE NAME: Mid-County Services, Inc.
 200 Weatherfield Ave.
 Almonte Springs, FL 32714

FACILITY: Mid-County Services, Inc.
 2298 Spanish Vista Drive
 Palm Harbor, FL 34668

COUNTY: Pinellas

PERMIT NUMBER: P10034789-012-DV1P
 MONITORING PERIOD FROM: 5-1-04
 TO: 5-31-04

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: ID001: Ambient Monitoring

GROUP: Upstream
 WAFR SITE NO.: 14395

REPORT: Ambient Monitoring
 DATE: 5-31-04
 DATA DATE: 02/00

Parameter	Sample	Quality or Concentration	Units	No. Bx.	Frequency of Analysis	Sample Type
pH	Sample Measurement	1000-9				
DISSOLVED OXYGEN	Sample Measurement	1000-9				
TEMPERATURE	Sample Measurement	1000-9				
SALINITY	Sample Measurement	1000-9				
Fecal Coliform	Sample Measurement	1000-9				
Total Coliform	Sample Measurement	1000-9				
Turbidity	Sample Measurement	1000-9				

I certify under penalty of law that I have personally examined and am familiar with the information included 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*
 TELEPHONE NO: 987-7928
 DATE (MM/DD/YY): 04-06-22

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*
 TELEPHONE NO: *[Blank]*
 DATE (MM/DD/YY): *[Blank]*

COMPLAINT AND EXPLANATION OF ANY VIOLATIONS (Reference to treatment here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART 1

WARR. SITE NO.: 14995

When Completed mail this report to Department of Environmental Protection, Waterway Facilities Management Section, MS 3511, 2502 Blair Stone Rd, Tallahassee, 32399-2400

PERMIT NUMBER: F10034369-042-DW1P

DISCHARGE POINT NUMBER: D001 - Ambient Monitoring Upstream

FACILITY NAME: Mt. County WWTP
 MONTHLY: March 2004

Parameter	Quantity or Loading	Units	Quality or Concentration	Ltr/hr	No. Bx.	Frequency of Analytic	Sample Type
CHLOROPHYLL-a							Sample Measurement
TOTAL SUSPENDED SOLIDS							Sample Measurement
BOD ₅ CARBONACEOUS							Sample Measurement
TOTAL KJELDAHL NITROGEN							Sample Measurement
NITRATE-NITRATE							Sample Measurement
TOTAL ALUMINA							Sample Measurement
TOTAL PHOSPHORUS							Sample Measurement
ORTHOPHOSPHORUS							Sample Measurement

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Pollution Management Section, 1100 3rd St., 1100 West State Rd, Tallahassee, 32399-2400

PERMIT NUMBER: FL0034789-002-DW1P
 MONTH/YEAR: MAY 2004

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream

WAPA SITE No.: 14595

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL _a	Sample Measurement			ND-9				
TOTAL SUSPENDED SOLIDS	Sample Measurement			ND-9				
BOD ₅ CARBONACEOUS	Sample Measurement			ND-9				
TOTAL KJELDAHL NITROGEN	Sample Measurement			ND-9				
NITRITE-NITRATE	Sample Measurement			ND-9				
TOTAL AMMONIA	Sample Measurement			ND-9				
TOTAL PHOSPHORUS	Sample Measurement			ND-9				
ORTHO-PHOSPHORUS	Sample Measurement			ND-9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DAILY SAMPLE RESULTS - PART B

Form # Number: FLA8034789-002-DW1P
 Month/Year: MAY 2004.

Facility Name: Mid-County WWT

Three-month Average Daily Flow:
 Daily Flow % of Permitted Capacity:

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TIC (For Distinct) (mg/L)	TIC (For Decolorant) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	in
				<u>GRAB</u>	<u>H-L</u>								
Mc. No.	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	EPA-01	EPD-01	EPD-01	EPD-01	EPD-01	EPD-01	in
1	570			<	72-70	—	1.2	0.01			7.0		
2	267			=	72-70	—	3.1	0.01			7.3		
3	594			2.0	72-70	<1	3.4	0.01			7.1		
4	609			2.0	72-70	<1	2.3	0.01	0.073		7.0		
5	622	2.0	2.0	2.0	72-69	<1	2.0	0.01	6.4	0.31	7.0	220	5.
6	615			2.0	71-69	<1	2.1	0.01			7.1		
7	614			2.0	70-68	<1	1.9	0.01			6.8		
8	581			—	72-68	—	1.2	0.01			6.8		
9	635			—	71-69	—	1.0	0.01			6.9		
10	667			2.0	71-69	<1	1.2	0.01			6.8		
11	610			2.0	72-70	<1	1.3	0.01			6.9		
12	646	2.0	2.0	2.0	72-70	<1	1.1	0.01	1.4	0.43	6.8		
13	593			2.0	72-69	<1	1.0	0.01			6.9		
14	564			2.0	73-70	<1	1.8	0.01			6.7		
15	605			—	73-70	—	1.2	0.01			6.7		
16	695			—	73-69	—	2.1	0.01			7.0		
17	608			2.0	72-69	<1	1.8	0.01			7.2		
18	613			2.0	72-70	<1	1.1	0.01			6.8		
19	617	2.0	2.0	2.0	73-70	<1	1.1	0.01	3.9	0.18	6.8		
20	644			2.0	73-70	<1	2.1	0.01			6.7		
21	569			2.0	73-71	<1	1.3	0.01			6.8		
22	624			—	72-70	—	3.1	0.01			6.8		
23	630			—	75-70	—	1.2	0.01			7.6		
24	619			2.0	96-74	<1	3.2	0.01			6.8		
25	673			2.0	76-70	<1	2.5	0.01	2.7		6.9		
26	634	2.0	2.0	2.0	72-70	<1	1.9	0.01	2.0	0.57	6.8		
27	667			2.0	73-70	<1	2.1	0.01			6.8		
28	664			2.0	71-70	<1	1.9	0.01			6.5		
29	580			—	72-68	—	4.7	0.01			6.8		
30	630			—	72-69	—	3.4	0.01			6.8		
31	672			2.0	72-70	<1	2.5	0.01			6.8		

PLANT STAFFING:

Day Shift Operator: Class: B/B Certificate No: B 8035 B2019 Name: DAVID HOSTETLER - DAVID C. WILSON
 Evening Shift Operator: Class: C/A Certificate No: C 8857 0702 Name: LAWRENCE RAYMOND - RAYMOND S.
 Night Shift Operator: Class: N/A Certificate No: N/A Name: N/A
 Lead Operator: Class: B Certificate No: B 8035 Name: DAVID E. HOSTETLER
 Type of Effluent Disposal or Recycled Water Reuse: CURRY CREEK
 Effluent W/ Wet Weather Discharge Activated: Yes No: Not Applicable If yes, cumulative days of wet weather: N/A
 Attach additional sheets if necessary to list all certified operators.

FILE COPY

MS County

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

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLO034789-002-DWIF
 MONITORING PERIOD: 6-1-04
 LIMIT: Final
 CLASS SIZE: Minox
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

File "04"
 Copy 1-04

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

To: REPORT: 6-2-04
 GROUP: Monthly Domestic
 WAFR SITE NO: 14595
 CAPACITY: % OF PERMITTED

DMR date: 200

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement		2.24	mg/L		Calculated	Rolling Annual Avg. 1
STORET No. 80082 Mon. Site No. EFD-01-36118	Permit Measurement		5.0 (An. Avg.)	mg/L		Calculated	Rolling Annual Avg. 1
CBOD5	Sample Measurement		<2.0	mg/L		Weekly	24-hr FPC
STORET No. 80082 Mon. Site No. EFD-01-36118	Permit Measurement		6.25 (Mo. Avg.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement		2.05	mg/L		Calculated	Rolling Annual Avg. 1
STORET No. 00530 Mon. Site No. EFD-01-36118	Permit Measurement		5.0 (An. Avg.)	mg/L		Calculated	Rolling Annual Avg. 1
TSS	Sample Measurement		<2.0	mg/L		Weekly	24-hr FPC
STORET No. 00530 Mon. Site No. EFD-01-36118	Permit Measurement		10.0 (Mo. Avg.)	mg/L		Weekly	16-hour FPC
pH	Sample Measurement		48.0	m/L		7 Days/Week	Grab
STORET No. 00530 Mon. Site No. EFD-01-36118	Permit Measurement		5.0 (Max.)	mg/L		7 Days/Week	Grab
	Sample Measurement		7.5	SU		Continuous	Rolling Annual Avg. 1
STORET No. 00400 Mon. Site No. EFD-01-36118	Permit Measurement		10.0 (Mo. Avg.)	SU		Continuous	Rolling Annual Avg. 1

*Rolling Annual Average is the average of the current monthly average and the preceding 11 months' monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DADO Winkle	<i>[Signature]</i>	727-787777	04/06/06

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP
 Month/Year: _____

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WATER SITE No.: 14595

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement							
STORET No. 34814 Mon. Site No. EPD-01-36118 TRC for disinfection	Permit Measurement			100%	#/100ml		5 DNK	6000
STORET No. 50060 Mon. Site No. EPA-01-36118 TRC for disinfection	Sample Measurement			1.32	mg/L		Compos	refr
STORET No. 50060 Mon. Site No. EPD-01-36118 Nitrogen	Permit Measurement			< 0.01	mg/L		Hardly	Color
STORET No. 00600 Mon. Site No. EPD-01-36118 Nitrogen	Sample Measurement			2.66	mg/L		CA	Color
STORET No. 00600 Mon. Site No. EPD-01-36118 Phosphorus	Sample Measurement			1.86	mg/L		Wks	24hr Fr
STORET No. 00665 Mon. Site No. EPD-01-36118 Phosphorus	Permit Measurement			0.47	mg/L		COL	24hr Fr
STORET No. 70997 Mon. Site No. EPD-01-36118 Oxygen, Dissolved (DO)	Sample Measurement			0.95	mg/L		Wkly	24hr Fr
STORET No. 00390 Mon. Site No. EPD-01-36118	Permit Measurement			5.8	mg/L		Daily	Color

DEPARTMENT OF ENVIRONMENTAL PROTECTION INJECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Waterwater Facilities Management Section, MSB 3351, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

PERMIT NUMBER: FL 0034789-002-DWIP
MONITORING PERIOD FROM: 6-1-04
LIMIT: Plant
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: B001
WAFR SITE NO.: 14995

TO: 6-30-04
REPORT GROUP: TOXICITY

DMR date: 2/00

RECEIVING FACILITY: Inse-Cooney Services, Inc.
MAILING ADDRESS: 200 Westcreek Ave.
 Altamonte Springs, FL 32714

FACILITY: M&M County WWTP
LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668

COUNTY: Pinellas

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units		Frequency of Analysis	Sample Type
					No.	Ex.		
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			NOEL 2.5				
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NOEL 2.5				
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NOEL 2.5				
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement			NOEL 2.5				
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement			NOEL 2.5				
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement			NOEL 2.5				

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: David White
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
TELEPHONE NO: 727-7978
DATE (YYYYMMDD): 04/06/00

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
MONITORING PERIOD From: 6-1-01
LIMIT: Final

To: 6-30-01
REPORT: Ambient Monitoring Database

FACILITY: Mid-County Services, Inc.
LOCATION: 2299 Spanish Vista Dr. SW
 Palm Harbor, FL 34668
COUNTY: Pinellas

CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D001: Ambient Monitoring

GROUP: WAFR SITE No.: 14595
at: Outfall

DMR Date: 02/00

Parameter		Quality or Concentration					Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
DISSOLVED OXYGEN	Sample Measurement									
TEMPERATURE	Sample Measurement									
SALINITY	Sample Measurement									
Fecal Coliform	Sample Measurement									
Total Coliform	Sample Measurement									
Turbidity	Sample 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 David White	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>David White</i>	TELEPHONE NO 727-797-7978	DATE (YYMMDD) 04/06/00
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STATEMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WAFR SITE NO. 14995

3239-3400
 2500 Blair Stone Rd, Tallahassee, Florida 32309-3400
 DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

PERMIT NUMBER: FL0034789-002-DW1P

When Completed will file report for Department of Environmental Protection, Westvaco Paper Products Facility
 FACILITY NAME: B&B-Corona WAPT
 MONTH/EAR: 06/14

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyte	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement		MSD ₂₄				
BOD ₅ CARBONACEOUS	Sample Measurement		MSD ₂₄				
TOTAL KJELDAHL NITROGEN	Sample Measurement		MSD ₂₄				
NITRITE-NITRATE	Sample Measurement		MSD ₂₄				
TOTAL AMMONIA	Sample Measurement		MSD ₂₄				
TOTAL PHOSPHORUS	Sample Measurement		MSD ₂₄				
ORTHO-PHOSPHORUS	Sample Measurement		MSD ₂₄				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for Department of Environmental Protection, Westwater Facilities Management Section, MS 3511, 2600 Blvd. S.W., Tallahassee, 32399-2400

PERMIT NUMBER: 1A0004789-002-DW-1P
MONITORING PERIOD FROM: 6-1-85
LIMIT: Final
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: 1D001: Ambient Monitoring
FACILITY: Mid-County Sewer, In. 2299 Spanish Vesta Drive, Palm Harbor, FL 34661
MAILING ADDRESS: Mid-County Sewer, In. 200 Woodward Ave. Altamonte Springs, FL 32714
COUNTY: Pinellas
LOCATION: Palm Harbor, FL 34661
REPORT TO: Ambient Monitoring
REPORT DATE: 02/70
WARM STR. NO.: 14595
ONLINE: Domestic
UPSTREAM:

Parameter	Quality or Concentration	Units	No. of Analyses	Sample Type
pH				Sample Measurement
DISSOLVED OXYGEN				Sample Measurement
TEMPERATURE				Sample Measurement
SALINITY				Sample Measurement
FOUR CORNERS				Sample Measurement
TOTAL CORNERS				Sample Measurement
Turbidity				Sample 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 information submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

DATE (MM/DD/YY)	7/27/85	TELEPHONE NO.	751-7575	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	[Signature]	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	[Signature]	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Waterway Facilities Management Section, MS 311, 2509 East State St, Tallahassee, 32399-2405
 FACILITY NAME: Mid-County WWT
 PERMIT NUMBER: F0034789-002-DW1P
 DISCHARGE POINT NUMBER: B001 - Ambient Monitoring Upstream
 WAFR SITE No.: 14395
 MONTH/YEAR: 01/1994

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyzts	Sample Type
CHLOROPHYLL-a	Sample Measurement		NDDE-5				
TOTAL SUSPENDED SOLIDS	Sample Measurement		NDDE-5				
BOD, CARBONACEOUS	Sample Measurement		NDDE-5				
TOTAL KJELDAHL NITROGEN	Sample Measurement		NDDE-5				
NITRITE-NITRATE	Sample Measurement		NDDE-5				
TOTAL AMMONIA	Sample Measurement		NDDE-5				
TOTAL PHOSPHORUS	Sample Measurement		NDDE-5				
ORTHO-PHOSPHORUS	Sample Measurement		NDDE-5				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for Department of Environmental Protection, Watershed Protection Management Section, MS 3511, 2600 Bell Street Rd, Tallahassee, 32399-2408
 FACILITY NAME: Mid-County WWT
 PERMIT NUMBER: FL004789-002-DWIP
 DISCHARGE POINT NUMBER: 1801 - Ambient Monitoring Downstream
 MONTH/YEAR: 07/04
 WAFR SITE No.: 14983

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyze	Sample Type
CHLOROPHYLL A	Sample Measurement		NDI=5				
TOTAL SUSPENDED SOLIDS	Sample Measurement		NDI=5				
BOD, CARBONACEOUS	Sample Measurement		NDI=5				
TOTAL KJELDAHL NITROGEN	Sample Measurement		NDI=5				
NITRATE-NITRATE	Sample Measurement		NDI=5				
TOTAL AMMONIA	Sample Measurement		NDI=5				
TOTAL PHOSPHORUS	Sample Measurement		NDI=5				
OTHER PHOSPHORUS	Sample Measurement		NDI=5				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART II

Permit Number: **FLA0034789-003-DW1P**
 Month/Year:

Facility Name: **Mid-County WWTP**

Three-month Average Daily Flow: **730**
 Daily Flow % of Permitted Capacity: **81**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Dieldrin) (mg/L)	TRC (For Dieldrin) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50650	80082	00530	00530	00400	74053	50060	50060	00400	00463	00300	00082	00530
Mon. No.	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EPA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
1	1.642			2.0	7.27	<1	2.0	2.01			6.8		
2	1.621	2.0	2.0	2.0	7.26	<1	2.3	2.01	1.6	.34	6.8	1.80	4.00
3	1.673			2.0	7.26	<1	2.0	2.01			6.7		
4	1.687			2.0	7.27	<1	1.87	2.01			6.9		
5	1.584				7.27		2.7	2.01			6.8		
6	1.679				7.27		1.87	2.01			6.2		
7	1.612			2.0	7.27	<1	2.98	2.01			6.1		
8	1.625			2.0	7.27.2	<1	2.8	2.01			6.1		
9	1.635	2.0	2.0	2.0	7.27.2	<1	2.23	2.01	2.6	.60	6.2		
10	1.707			2.0	7.27.2	<1	1.8	2.01			6.3		
11	1.677			2.0	7.27.0	<1	2.41	2.01			6.7		
12	1.672				7.27.2		2.3	2.01			6.8		
13	1.730				7.27.0		2.48	2.01			6.3		
14	1.661			2.0	7.27.1	<1	2.82	2.01			6.3		
15	1.643			2.0	7.27.2	<1	2.5	2.01			6.1		
16	1.693	2.0	2.0	2.0	7.27.1	<1	2.35	2.01			6.0		
17	1.701			2.0	7.27.1	<1	2.87	2.01	1.8	.94	6.0		
18	1.594			2.0	7.26	<1	2.80	2.01			6.1		
19	1.654				7.26.8		3.0	2.01			6.8		
20	1.651				7.27.0		3.1	2.01			6.5		
21	1.616			2.0	7.27.0	<1	2.91	2.01			6.8		
22	1.661			2.0	7.27.0	<1	3.0	2.01			6.0		
23	1.617	2.0	2.0	2.0	7.27.1	<1	2.95	2.01	1.7	.30	6.0		
24	1.650			2.0	7.27.0	<1	2.3	2.01			6.0		
25	1.638			2.0	7.27.0	<1	3.3	2.01			6.7		
26	1.646				7.26.9		2.7	2.01			6.5		
27	1.579				7.27.0		1.32	2.01			6.1		
28	1.646			2.0	7.27.0	<1	2.64	2.01			6.1		
29	1.661			2.0	7.27.0	<1	2.2	2.01			6.1		
30	1.684	2.0	2.0	2.0	7.27.0	<1	1.97	2.01	1.6	.31	6.8		
31				2.0							6.7		

PLANT STAFFING:

Day Shift Operator: Class: B+B Certificate No: B1214 - DP246 Name: Dave Wacker
 Evening Shift Operator: Class: E+A Certificate No: C-1214 - B512 Name: Don Hester
 Night Shift Operator: Class: _____ Certificate No: _____ Name: _____
 Lead Operator: Class: _____ Certificate No: _____ Name: _____

Type of Effluent Disposal or Recycled Water Reuse:

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

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

646

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DWIP
 MONITORING PERIOD: From: 7-1-04 To: 7-31-04
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

REPORT GROUP: Domestic
 WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34688
 COUNTY: Pinellas

THREE MONTH ROLLING ADF: 6.7 7.4 % OF PERMITTED CAPACITY

DMR date: 2/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBCDS							
STORET No. 8082 Y Mon. Site No. EPD-01-36118	Sample Measurement Permit		2.0 3.0 (Ar. Avg.)		0	Calculated	Rolling Annual Avg.
CBCDS							
STORET No. 8082 Y Mon. Site No. EPD-01-36118	Sample Measurement Permit		2.0 6.25 7.5 (Ar. Avg.)	2.0 10.0 (Max.)	0	Weekly	24hr FFC 16-hour FFC
TSS							
STORET No. 00530 Y Mon. Site No. EPD-01-36118	Sample Measurement Permit		2.04 3.0 (Ar. Avg.)		0	Calculated	Rolling Annual Avg.
TSS							
STORET No. 00530 Y Mon. Site No. EPD-01-36118	Sample Measurement Permit		2.01 10.0 (Max.)	2.0	0	Weekly	24hr FFC Rolling FFC
TSS							
STORET No. 00530 Y Mon. Site No. EPD-01-36583	Sample Measurement Permit		2.4 3.0 (Max.)	2.4	0	5 DWSK 7 Days/Week	Grabs
pH							
STORET No. 00400 Y Mon. Site No. EPD-01-36118	Sample Measurement Permit		6.2 8.5 (Min.)	7.5 8.5 (Max.)	0	Continuous	Metr

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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 it 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 <i>David Winkler</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>David Winkler</i>	TELEPHONE NO 737-77-7776	DATE (YYMMDD) 08/23/04
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mill Creek WWTP
 Mon. Site No. EFD-01-36118

PERMIT NUMBER: FL09-029-02-DWIP

DISCHARGE POINT NUMBER: D01

WAFR SITE No.: 1495

Parameter	Sample Measurement Permit	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement Permit			100%		0	5 DNK	GRAF
STORST No. 9145 Mon. Site No. EFD-01-36118	Sample Measurement Permit			1.0		0	CONT GOOD	METEC
TRC for disinfection	Sample Measurement Permit				<0.01	0	Hourly	GRAF
STORST No. 50100 Mon. Site No. EFD-01-36118	Sample Measurement Permit					0	Hourly	GRAF
TRC for disinfection	Sample Measurement Permit					0	Hourly	GRAF
STORST No. 59069 Mon. Site No. EFD-01-36118	Sample Measurement Permit			2.79		0	Calculated	RAF
Nitrogen	Sample Measurement Permit					0	Calculated	RAF
STORST No. 60600 Mon. Site No. EFD-01-36118	Sample Measurement Permit			3.1	NOOFA	0	Weekly	24hr PFC
Nitrogen	Sample Measurement Permit					0	Weekly	24hr PFC
STORST No. 60600 Mon. Site No. EFD-01-36118	Sample Measurement Permit			0.46		0	Calculated	24hr PFC
Phosphorus	Sample Measurement Permit					0	Calculated	24hr PFC
STORST No. 06565 Mon. Site No. EFD-01-36118	Sample Measurement Permit			0.45	NOOFA	0	Weekly	24hr PFC
Phosphorus	Sample Measurement Permit					0	Weekly	24hr PFC
STORST No. 70397 Mon. Site No. EFD-01-36118	Sample Measurement Permit			6.1		0	Daily	GRAF
Oxygen, Dissolved (DO)	Sample Measurement Permit					0	Daily	GRAF
STORST No. 60100 Mon. Site No. EFD-01-36118	Sample Measurement Permit					0	Daily	GRAF
Oxygen, Dissolved (DO)	Sample Measurement Permit					0	Daily	GRAF

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail the report to: Department of Environmental Protection, Wastewater Pollution Management Section, MS 3551, 209 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 209 Woodcroft Ave. Altamonte Springs, FL 32714
FACILITY: Mid-County WWT
LOCATION: 2299 Spanish Vista Dr. Palm Harbor, FL 34668
COUNTY: Pinellas
PERMIT NUMBER: FL 0034789-002-DWTP
MONITORING PERIOD FROM: 2/1/04
CLASS SIZE: Minor
PLANT SIZE/THREATMENT TYPE: B
DISCHARGE POINT NUMBER: D901
WARR SITE NO.: 14995
TOXICITY REPORT GROUP: 2/3/04
DATE: 2/00

Parameter	Quantity or Loading	Units	Quantity or Concentration	Units	No. Bx.	Frequency of Analysis	Sample Type
NOEL STAIRS 7 DAY CHRONIC		Sample	Measurement				
Cardiophyta suba (Rounding)							
NOEL STAIRS 7 DAY CHRONIC		Sample	Measurement				
Cardiophyta suba (Additional)							
NOEL STAIRS 7 DAY CHRONIC		Sample	Measurement				
Phosphates (Rounding)							
NOEL STAIRS 7 DAY CHRONIC		Sample	Measurement				
Phosphates (Additional)							
NOEL STAIRS 7 DAY CHRONIC		Sample	Measurement				
Phosphates (Additional)							

* If a second definitive test is required, enter the result in an empty row.
 ** Enter NOE-9 in the results column if no discharges occurred during the reporting period. Enter NOE-9 in the results column if no definitive tests are required.

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 it 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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
DATE (Y/M/A): 08/03/04
TELEPHONE NO: 227 287 2974
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Watershed Facilities Management Section, P.O. Box 3511, 2600 Blair Stone Rd., Tallahassee, 32399-2601

PERMIT NAME: Mid-County Services, Inc. 200 Westchester Ave. Altamonte Springs, FL 32714
 MAILING ADDRESS: Mid-County Services, Inc. 2299 Spanish Vista Drive Palm Harbor, FL 34668
 FACILITY: Mid-County Services, Inc. 2299 Spanish Vista Drive Palm Harbor, FL 34668
 COUNTY: Pinellas

PERMIT NUMBER: P10034789-002-DW1P
 MONITORING PERIOD FROM: 7/10/94
 MONITORING PERIOD TO: 7/10/94
 CLASS SIZE: 8
 PLANT SIZE/PRE-TREATMENT TYPE: 8
 DISCHARGE POINT NUMBER: 8
 DEPT: Ambient Monitoring at Outlet

DATE: 02/00

TO: REPORT:
 GROUP: WAFS SITE NO. 14395
 IDENTIFYING DOMESTIC MONITORING

7/10/94

Parameter	Sample Measurement	Quality of Concentration	Units	No. Ex.	Frequency of Analytes	Sample Type
pH	7.7	S.U.			Quarter	GRAB
DISSOLVED OXYGEN	5.8	Mg/L			Quarter	GRAB
TEMPERATURE	30.3	OC			Quarter	GRAB
SALINITY	6.4	M/L			Quarter	GRAB
Total Coliform	17	100/mL			Quarter	GRAB
Fecal Coliform	19	100/mL			Quarter	GRAB
Turbidity	0.98	NTU's			Quarter	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information furnished for submitting permits for submitting data information including the possibility of the not improvement. I am aware that there are significant penalties for submitting false information including the possibility of the not improvement. I believe the submitted information is true, accurate and complete.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David Walker*
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*
 TELEPHONE NO.: 727 287 7172
 DATE (MM/DD): 04/08/23

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

When Completed mail this report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Street SE, Tallahassee, 32309-2408
 FACILITY NAME: MGA-County WWTP PERMIT NUMBER: FL034789-002-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outlet
 MONTH/YEAR: July 2001

WAFR SITE No.: 14595

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			2.0	mg/L		Quarter	Grab
BOD ₅ CARBONACEOUS	Sample Measurement			2.0	mg/L		Quarter	Grab
TOTAL KILDAHL NITROGEN	Sample Measurement			1.1	mg/L		Quarter	Grab
NITRITE-NITRATE	Sample Measurement			1.5	mg/L		Quarter	Grab
TOTAL AMMONIA	Sample Measurement			0.047	mg/L		Quarter	Grab
TOTAL PHOSPHORUS	Sample Measurement			0.91	mg/L		Quarter	Grab
ORTHO-PHOSPHORUS	Sample Measurement			0.87	mg/L		Quarter	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Water and Air Pollution Control, 2100 Cole, 2000 East Chino Ave, Tallahassee, 32399-0700

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-000-DW1P
 MONITORING PERIOD From: 7/1/04
 LIMIT: Final

To: 7/2/04
 REPORT: Ambient
 Monitoring
 Domestic
 GROUP: WAFR SITE No: 34595
 Upstream

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr.,
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

DMR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement	7.2	7.2	7.4	S.U.		Quarter	Grab
DISSOLVED OXYGEN	Sample Measurement	6.4	6.5	6.8	ML		Quarter	Grab
TEMPERATURE	Sample Measurement	28.6	28.5	18.9	°C		Quarter	Grab
SALINITY	Sample Measurement	0.2	0.2	0.2	°C		Quarter	Grab
Fecal Coliform	Sample Measurement		2700		#/100ML		Quarter	Grab
Total Coliform	Sample Measurement		4300		#/100ML		Quarter	Grab
Turbidity	Sample Measurement		2.5		ntu's		Quarter	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David Winkler	<i>[Signature]</i>	727-87-7577	04/08/23

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

When Completed mail this report to Department of Environmental Protection, Wastewater Facilities Management Section, 448 3511, 2680 Bluff Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWT
 PERMIT NUMBER: F10034789-022-DW1P
 DISCHARGE POINT NUMBER: D001 - Ambient Monitoring Upstream
 MONTH/YEAR: July 2004
 WAFR SITE No.: 14593

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement		1.0	m/L		Quarter	Gras
TOTAL SUSPENDED SOLIDS	Sample Measurement		2.6	m/L		Quarter	Gras
BOD ₅ CARBOXYCARBOUS	Sample Measurement		2.0	m/L		Quarter	Gras
TOTAL KJELDAHL NITROGEN	Sample Measurement		0.70	m/L		Quarter	Gras
NITRITE-NITRATE	Sample Measurement		0.23	m/L		Quarter	Gras
TOTAL AMMONIA	Sample Measurement		0.11	m/L		Gras	Gras
TOTAL PHOSPHORUS	Sample Measurement		0.19	m/L		Quarter	Gras
ORTHO-PHOSPHORUS	Sample Measurement		0.098	m/L		Quarter	Gras

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Hyde Street, D.A. Tallahassee, 32309-4000

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Westwoodfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL003-9720-002-DWTP
MONITORING PERIOD From: 7/1/04
LIMIT: Road
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D001: Ambient Monitoring

To: 7/31/04
REPORT: Ambient Monitoring
GROUP: Domestic
WAFR SITE No.: 14395

Downstream

FACILITY LOCATION: Mid-County Services, Inc.
 2399 Spanish Vista Drive
 Palm Harbor, FL 34663
COUNTY: Pinellas

DMR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration			Units	No. Ex.	Frequency of Analyte	Sample Type
pH	Sample Measurement	7.1	7.0	7.2	S.U		Quarter	GRAB
DISSOLVED OXYGEN	Sample Measurement	5.4	5.4	5.4	mg/L		Quarter	GRAB
TEMPERATURE	Sample Measurement	28.7	28.7	28.7	°C		Quarter	GRAB
BALINITY	Sample Measurement	0.2	0.2	0.2	mg/L		Quarter	GRAB
Fecal Coliform	Sample Measurement		1000		#/100ml		Quarter	GRAB
Total Coliform	Sample Measurement		4100		#/100 ml		Quarter	GRAB
Turbidity	Sample Measurement		2.4		ntu		Quarter	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted hereby, 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 can swear that there are significant penalties for submitting false information including the possibility of fines and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David Winkler	<i>[Signature]</i>	727 787 7528	04/08/23

IDENTIFY AND EXPLAIN ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART 1

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, A65 911, 2000 Blak Stone Rd, Tallahassee, 32399-3400

FACILITY NAME: Mid-County WWT
MONTH/YEAR: July 2004

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D601- Ambient Monitoring Downstream

WAFR SITE No.: 14593

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement				1.8		mg/L		Quarter	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement				42		mg/L		Quarter	Grab
BOD ₅ CARBONACEOUS	Sample Measurement				42		mg/L		Quarter	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement				0.53		mg/L		Quarter	Grab
NITRITE-NITRATE	Sample Measurement				0.39		mg/L		Quarter	Grab
TOTAL AMMONIA	Sample Measurement				0.22		mg/L		Quarter	Grab
TOTAL PHOSPHORUS	Sample Measurement				0.27		mg/L		Quarter	Grab
ORTHO-PHOSPHORUS	Sample Measurement				0.22		mg/L		Quarter	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Form Number: **FLA8034759-002-DW1P**
 Month/Year: **July 2004**

Facility Name: **Mid-County WWTP**

Three-month Average Daily Flow: **1,670**
 Daily Flow % of Permitted Capacity: **74%**

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	BOB5 (mg/L)	TSS (mg/L)	
50056		80082	00530	00530	6.1-6.9	4-6	74055	50060	30060	00610	00663	00300	80082	00530
Max. Size	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	NR-01	NR-01
1	.688			2.0	7.5-7.1	<1	1.94	<0.01			6.7			
2	.690			2.0	7.2-6.9	<1	2.6	<0.01			6.5			
3	.562				7.5-6.8		2.7	<0.01			6.4			
4	.650				7.4-7.0		2.64	<0.01			6.4			
5	.724			2.6	7.5-7.0	<1	1.4	<0.01			6.7			
6	.660			2.0	7.4-7.0	<1	1.0	<0.01			6.3			
7	.666	2.0	2.0	2.0	7.5-7.0	<1	2.25	<0.01	1.9	0.70	6.4	160	400	
8	.702			2.0	7.4-7.0	<1	2.21	<0.01			6.7			
9	.732			2.0	7.2-6.4	<1	2.6	<0.01			6.5			
10	.587				7.4-6.8		2.5	<0.01			6.5			
11	.669				7.3-6.9		2.25	<0.01			6.1			
12	.631			2.0	7.3-6.9	<1	1.15	<0.01			6.3			
13	.618			2.0	7.3-6.9	<1	2.3	<0.01			6.2			
14	.646			2.0	7.3-7.0	<1	2.1	<0.01			6.2			
15	.647	2.0	2.0	2.0	7.4-6.9	<1	2.4	<0.01	3.0	0.24	6.4			
16	.661			2.4	7.3-6.9	<1	2.7	<0.01			6.4			
17	.750				7.4-6.7		2.2	<0.01			6.0			
18	.840				7.5-6.5		2.2	<0.01			7.0			
19	1.0			2.0	7.2-6.8	<1	2.3	<0.01			6.3			
20	.980			2.0	7.2-6.7	1	2.7	<0.01			6.2			
21	.947	2.0	2.0	2.0	6.9-6.7	<1	2.3	<0.01	5.4	0.34	6.8			
22	.776			2.0	6.9-6.7	<1	2.0	<0.01			6.2			
23	.764			2.0	7.0-6.2	<1	2.9	<0.01			6.6			
24	.870				7.0-6.8		2.2	<0.01			6.4			
25	.886				7.0-6.6		1.1	<0.01			6.4			
26	.818			2.0	7.1-6.8	<1	2.5	<0.01			6.3			
27	.786			2.6	7.3-6.9	<1	1.8	<0.01			6.6			
28	.764	2.0	2.0	2.0	7.4-6.9	<1	2.0	<0.01	2.1	0.50	6.6			
29	.748			2.6	7.3-6.9	<1	2.3	<0.01			6.5			
30	.773			2.0	7.1-6.6	<1	2.7	<0.01			6.5			
31	.723				7.4-6.9		3.2	<0.01			6.4			

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: B+C
 Class: A+A
 Class: NA
 Class: B

Certificate No: B12018 + C13467
 Certificate No: A512 + A2712
 Certificate No: NA
 Certificate No: B12018

Name: David Walker
 Name: Robb Crow
 Name: Ralph Johns
 Name: Matt G. Miller

Type of Effluent Disposal or Recycled Water Reuse:
 Linked Wet Weather Discharge Activated: Yes No

Surface Water: Carlow Creek
 Not Applicable: If yes, consecutive days of wet weather

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

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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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-02-DW1P
 MONITORING PERIOD From: 8-1-04
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 8-31-04
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

THREE MONTH ROLLING ADF: 737 81 % OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80082 Y Mon. Site No. EPD-01-36118	Sample Measurement			1.95			mg/L	0	Calculated	RAA
	Permit Measurement			5.0 (An. Avg.)			mg/L		Calculated	Rolling Annual Avg. ¹
CBOD5 STORET No. 80082 I Mon. Site No. EPD-01-36118	Sample Measurement			2.0	NOPT=9	2.0	mg/L	0	Weekly	24hr FPC
	Permit Measurement			6.25 (Mo. Avg.)	7.5 (Week. Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour FPC
TSS STORET No. 00530 Y Mon. Site No. EPD-01-36118	Sample Measurement			2.04			mg/L	0	Calculated	RAA
	Permit Measurement			5.0 (An. Avg.)			mg/L		Calculated	Rolling Annual Avg. ¹
TSS STORET No. 00530 I Mon. Site No. EPD-01-36118	Sample Measurement			2.0	NOPT=9	2.2	mg/L	0	Weekly	24hr FPC
	Permit Measurement			6.25 (Mo. Avg.)	7.5 (Week. Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour FPC
TSS STORET No. 00530 B Mon. Site No. EPD-01-36383	Sample Measurement					2.2	mg/L	0	5 DWK	GRAB
	Permit Measurement					5.0 (Max.)	mg/L		7 Days/Week	Grab
pH STORET No. 00400 I Mon. Site No. EPD-01-36118	Sample Measurement			6.8		7.5	BU	0	Continuous	meter
	Permit Measurement					8.5 (Max.)	SU		Continuous	Meter

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID Winkler	<i>David Winkler</i>	727 787-7978	04/09/01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WATER DATE NO.: 14555

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
Fecal Coliform Bacteria	Sample Measurement			100%		<1	#/100ml	0	5 DWK	GRAB
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Permit Measurement									
TRC for disinfection	Sample Measurement			1.1			mg/L	0	continuous	meter
STORET No. 30060 A Mon. Site No. EFA-01-36356	Permit Measurement									
TRC for dechlorination	Sample Measurement					<0.01	mg/L	0	hourly	GRAB
STORET No. 30060 1 Mon. Site No. EFD-01-36118	Permit Measurement									
Nitrogen	Sample Measurement			2.72			mg/L	0	calculated	RFA
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement									
Nitrogen	Sample Measurement			1.2	NOI=9	2.0	mg/L	0	weekly	24hr FPC
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Permit Measurement									
Phosphorus	Sample Measurement			0.45			mg/L	0	calculated	24hr FPC
STORET No. 08665 Y Mon. Site No. EFD-01-36118	Permit Measurement									
Phosphorus	Sample Measurement			0.32	NOPI=9	0.51	mg/L	0	weekly	24hr FPC
STORET No. 70507 1 Mon. Site No. EFD-01-36118	Permit Measurement									
Oxygen, Dissolved (DO)	Sample Measurement			6.0			mg/L	0	Daily	GRAB
STORET No. 00300 1 Mon. Site No. EFD-01-36118	Permit Measurement									

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP
 MONTH/YEAR: 2/15/94

PERMIT NUMBER: FL0034789-002-DW1F

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	697	823	mgd				0	Continuous	Flow meter
STORY No. 30030	Permit Measurement	850								
Mon. Site No. EFD-01-36118	Permit Measurement	(RADP)								
Flow	Sample Measurement		697	mgd				0	monthly calculation	
STORY No. 30030	Permit Measurement								Monthly Calculation	Calculation (Rolling Annual Avg)
Mon. Site No. EFD-01-36118	Permit Measurement									
CBOD5	Sample Measurement				136		mg/L	0	monthly	24hr FPC
STORY No. 30082	Permit Measurement									16-hr FPC
Mon. Site No. INF-01-36119	Permit Measurement									
TSS	Sample Measurement				260		mg/L	0	monthly	24hr FPC
STORY No. 00530	Permit Measurement									
Mon. Site No. INF-01-36119	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

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: M14-County Services, Inc.
 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0834789-002-DWTP
 MONITORING PERIOD: From: 8/1/84 To: 8/31/84
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

FACILITY: M14-County WWTP
 LOCATION: 2599 Spanish Vista Dr.
 Palm Harbor, FL 34658
 COUNTY: Pinellas

REPORT GROUP: TOXICITY
 WAIVER SITE NO.: 14595

DMR date: 2/88

Parameter	Sample Measurement	Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STAIRS 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			NODI=9				
NOEL STAIRS 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODI=9				
NOEL STAIRS 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODI=9				
NOEL STAIRS 7 DAY CHRONIC Picrophages promelas (Routine)	Sample Measurement			NODI=9				
NOEL STAIRS 7 DAY CHRONIC Picrophages promelas (Additional)	Sample Measurement			NODI=9				
NOEL STAIRS 7 DAY CHRONIC Picrophages promelas (Additional)	Sample Measurement			NODI=9				

If a second definitive test is required, enter the result in an empty row.

Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and 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: DAVIDO Winkler
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David Winkler*
 TELEPHONE NO: 727-7978
 DATE (YYYYMMDD): 04/09/81

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 3311, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: 8/1/04
 LIMIT: Final

To: 8/31/04
 REPORT: Ambient Monitoring Domestic

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr. ne
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D801: Ambient Monitoring

GROUP: WAFR SITE No.: 14595
 at Outfall

DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. of	Frequency of	Sample Type
						EX.	Analysis	
pH	Sample Measurement			NONE				
DISSOLVED OXYGEN	Sample Measurement			NONE				
TEMPERATURE	Sample Measurement			NONE				
SALINITY	Sample Measurement			NONE				
Fecal Coliform	Sample Measurement			NONE				
Total Coliform	Sample Measurement			NONE				
Turbidity	Sample Measurement			NONE				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID Winkler	<i>David Winkler</i>	727-797-7978	04/09/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail file report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWT
 PERMIT NUMBER: P10034789-002-DW1P
 DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outlet
 MONITORING: 01/15/2004
 WAFR SITE NO.: 14985

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyze	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement		MODI = 9				
BOD, CARBONACEOUS	Sample Measurement		MODI = 9				
TOTAL KILBDAHL NITROGEN	Sample Measurement		MODI = 9				
NITRITE-NITRATE	Sample Measurement		MODI = 9				
TOTAL AMMONIA	Sample Measurement		MODI = 9				
TOTAL PHOSPHORUS	Sample Measurement		MODI = 9				
ORTHO-PHOSPHORUS	Sample Measurement		MODI = 9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Waterway Facilities Management Section, MS 3511, 3600 Hahn Science Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 208 Weatherfield Ave.
 Altamonte Springs, FL 32714

2299 Spanish Vista Drive
 Palm Harbor, FL 34668

LOCATION: FACILITY:

CORNTY: Pinellas

PRODUCT NUMBER:
 MONITORING PERIOD FROM: 8/11/04
 LIMIT: Print

PL 0034785-002-DW1P

To: REPORT:

8/31/04
 Ambient Monitoring
 Domestic

GROUP: WAIVER SITE NO.: 14995

CLASS SIZE: Major
 PLANT SIZE/PRE-TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D081: Ambient Monitoring

UPSTREAM: Uptream

DMR Date: 02/00

Parameter	Sample	Measurement	Units	No. Ex.	Frequency of Analyze	Sample Type
pH	Sample	Measurement		9	9	
DISSOLVED OXYGEN	Sample	Measurement		9	9	
TEMPERATURE	Sample	Measurement		9	9	
SALINITY	Sample	Measurement		9	9	
Feed Coliform	Sample	Measurement		9	9	
Total Coliform	Sample	Measurement		9	9	
Turbidity	Sample	Measurement		9	9	

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 it furnished 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.

NAM/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/M/A/00)
DAVID WINKLER	<i>David Winkler</i>	717 787-7928	04/09/01

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 3511, 2600 Blue Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Palm County WWT
 PERMIT NUMBER: R-0034789-082-DWIP
 DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream
 MONTH/EAR: July 2004
 WAFR SITE No.: 14591

Parameter	Quantity or Loading	Units	Quality or Concentration	Limits	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLLA							
TOTAL SUSPENDED SOLIDS							
BOD ₅ CARBONACEOUS							
TOTAL KJELDAHL NITROGEN							
NITRATE-NITRATE							
TOTAL AMMONIA							
TOTAL PHOSPHORUS							
ORTHO-PHOSPHORUS							

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

This document will report on the Department of Environmental Protection, Wastewater Facilities Management Section, MS 5311, 2600 Highway 90, Tallahassee, 32309-2400

PERMITTEE NAME: Mt-Camp Services, Inc.
MAILING ADDRESS: 200 Woodward Ave.
 Alhambra Bldg., FL 32714
FACTORY LOCATION: Mt-Camp Services, Inc.
 2299 Spanish Vista Drive
 Palm Harbor, FL 34683
COUNTY: Pinellas

REPORT NUMBER: M0034780-002-DWR
MONITORING PERIOD FROM: 8/1/04
CLASS SIZE: 1000
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: 1

REPORT TO: 8/1/04
REPORT GROUP: Ambient Monitoring
WABR STR. NO.: 14995
Domestic
Downstream
D801: Ambient Monitoring
DRR Date: 02/08

Parameter	Units	No.	Quality or Concentration	Frequency of Analysis	Sample Type
PH					
DISSOLVED OXYGEN					Sample Measurement
TEMPERATURE					Sample Measurement
SALINITY					Sample Measurement
LOCAL COLIFORM					Sample Measurement
TOTAL COLIFORM					Sample Measurement
TURBIDITY					Sample 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.

NAMER OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	787-778	DATE (MM/DD)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	727	04/09/04
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all provisions here):		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 5811, 2600 Blair Stone Rd, Tallahassee, 32309-3400
 FACILITY NAME: Mid-Cowley WWTP PERMIT NUMBER: FL0004789-002-DWTP DISCHARGE POINT NUMBER: D001 - Ambient Monitoring Downstream WAFS SITE No.: 14595
 MONTH/YEAR: 2/01/01

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLLA	Sample Measurement		NODE=9				
TOTAL SUSPENDED SOLIDS	Sample Measurement		NODE=9				
BOD ₅ CARBONACEOUS	Sample Measurement		NODE=9				
TOTAL KJELDAHL NITROGEN	Sample Measurement		NODE=9				
NITRITE-NITRATE	Sample Measurement		NODE=9				
TOTAL AMMONIA	Sample Measurement		NODE=9				
TOTAL PHOSPHORUS	Sample Measurement		NODE=9				
ORTHOPHOSPHORUS	Sample Measurement		NODE=9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART II

Permit Number: **FLA803-4799-002-DW1P**
 Month/Year: **aug 2004**

Facility Name: **Mid-County WWTP**

Three-month Average Daily Flow: **.737**
 Daily Flow % of Permitted Capacity: **81%**

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TBC (For Disinfect.) (mg/L)	TBC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (me/L)	TSS (me/L)
50030		80082	00530	00530	4-6								
Code	50030	80082	00530	00530	4-6								
Mon. Site	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01
1	.828				7.4-7.0		2.8	<0.01			6.7		
2	.897				7.3-7.0	<1	2.1	<0.01			6.7		
3	.878				7.3-7.0	<1	2.5	<0.01			6.0		
4	.770	<2.0	<2.0	<2.0	7.3-7.0	<1	2.25	<0.01	1.4	0.51	6.3	30	260
5	1.07				7.3-7.0	<1	2.24	<0.01			6.5		
6	.813				7.3-7.0	<1	2.14	<0.01			6.2		
7	.972				7.3-6.9		1.50	<0.01			6.3		
8	.700				7.2-6.9		2.35	<0.01			6.3		
9	.866				7.1-6.9	<1	1.71	<0.01			6.6		
10	.824				7.2-6.9	<1	2.58	<0.01			6.3		
11	.818	<2.0	2.2	<2.0	7.3-6.9	<1	2.44	<0.01	0.78	0.29	6.4		
12	.787				7.4-7.0	<1	2.61	<0.01			6.5		
13	.835				7.3-6.9	<1	2.68	<0.01			6.9		
14	.876				7.1-6.8		2.10	<0.01			6.3		
15	.689				7.3-6.9		1.10	<0.01			6.5		
16	.839				7.2-6.9	<1	2.18	<0.01			6.2		
17	.587				7.1-6.9	<1	2.02	<0.01			6.4		
18	.764	<2.0	<2.0	<2.0	7.3-6.9	<1	2.59	<0.01	5.0	0.16	6.4		
19	.910				7.4-6.9	<1	2.66	<0.01			6.6		
20	.728				7.5-7.0	<1	2.34	<0.01			6.7		
21	.812				7.3-7.0		2.30	<0.01			6.6		
22	.716				7.4-7.0		2.30	<0.01			6.3		
23	.881				7.3-7.0	<1	2.42	<0.01			6.4		
24	.858	<2.0	<2.0	<2.0	7.3-7.0	<1	2.38	<0.01	0.71	0.35	6.5		
25	.807				7.3-6.9	<1	2.48	<0.01			6.6		
26	.811				7.4-6.9	<1	2.36	<0.01			4.5		
27	.851				7.4-7.1	<1	2.22	<0.01			6.4		
28	.911				7.4-7.0		2.20	<0.01			6.7		
29	.649				7.3-6.9		2.70	<0.01			6.7		
30	.833				7.4-7.0	<1	2.77	<0.01			6.7		
31	.770				7.3-7.0	<1	2.40	<0.01			6.6		

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: B+C
 Class: A+A
 Class: N/A
 Class: B

Certificate No:
 Certificate No:
 Certificate No:
 Certificate No:

B-1205 + C3467
A-512 + A2722
N/A
B-12018

Name:
 Name:
 Name:
 Name:

David Winkler
Ralph Johns
Robb Crow
Matthew Guther
David Winkler
Curtis Greig

Type of Effluent Disposal or Recycled Water Route:
 Unlined Wet Weather Discharge Activated: Yes No

Discharge: Surface Water Not Applicable: Surface Water If yes, cumulative days of wet weather

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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FILE COPY

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DWIP
MONITORING PERIOD From: 09-1-04
LIMIT: Final
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D001

To: 9-30-04
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
LOCATION: 2299 Spanish Vista Dr.
Palm Harbor, FL 34668
COUNTY: Pinellas

THREE MONTH ROLLING ADF: 69% 77% OF PERMITTED CAPACITY

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80082 Y Mon. Site No. EPD-01-36118	Sample Measurement			1.95	mg/L	0	Calculated	RAA
	Permit Measurement			5.0 (An. Avg.)	mg/L		Calculated	Rolling Annual Avg.
CBOD5 STORET No. 80082 1 Mon. Site No. EPD-01-36118	Sample Measurement			2.0	mg/L	0	weekly	24hr FPC
	Permit Measurement			6.25 (Mo. Avg.)	mg/L		Weekly	16-hour FPC
TSS STORET No. 00530 Y Mon. Site No. EPD-01-36118	Sample Measurement			2.04	mg/L	0	Calculated	RAA
	Permit Measurement			5.0 (An. Avg.)	mg/L		Calculated	Rolling Annual Avg.
TSS STORET No. 00530 1 Mon. Site No. EPD-01-36118	Sample Measurement			2.0	mg/L	0	weekly	24hr FPC
	Permit Measurement			10.0 (Max.)	mg/L		Weekly	16-hour FPC
TSS STORET No. 00530 B Mon. Site No. EPD-01-36118	Sample Measurement			22.0	mg/L	0	5 DWS	GCAS
	Permit Measurement			5.0 (Max.)	mg/L		7 Days/Week	Grab
pH STORET No. 00400 Y Mon. Site No. EPD-01-36118	Sample Measurement			6.7	5.0	0	Continuous	meter
	Permit Measurement			8.5 (Max.)	5.0		Continuous	meter

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
DAVID Winkler	<i>David Winkler</i>	727 787-7978	04/16/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

WAPR SITE No. 14895

PERMIT NUMBER: FLD09-6789-002-DWIP DISCHARGE POINT NUMBER: D081

FACILITY NAME: MIL-COUNTY WWTP

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Typ
Focal Coliform Bacteria STORST No. 31445 Mon. Site No. EFD-01-36118 TRC for disinfection			1.96 %		0	5 DWK	GRSA
STORST No. 30066 Mon. Site No. EFD-01-36118 TRC for disinfection			1.17		0	Continuous	Water
STORST No. 30060 Mon. Site No. EFD-01-36118 TRC for disinfection					0	Hourly	GRSA
Nitrogen STORST No. 00500 Mon. Site No. EFD-01-36118			2.64		0	Calculator	RAA
Nitrogen STORST No. 00500 Mon. Site No. EFD-01-36118			1.23	NDI=9	0	Weekly	24hr FR
Phosphorus STORST No. 00500 Mon. Site No. EFD-01-36118			0.47		0	Calculator	24hr FR
Phosphorus STORST No. 00507 Mon. Site No. EFD-01-36118 Oxygen, Dissolved (DO)			0.51	NDI=9	0	Weekly	24hr FR
STORST No. 00508 Mon. Site No. EFD-01-36118			6.2		0	Daily	GRSA

DEPARTMENT OF ENVIRONMENTAL PROTECTION, WASTEWATER FACILITIES MANAGEMENT SECTION, 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-0400

When Completed mail this report for Department of Environment Protection, Wastewater Facilities Management Section, 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-0400

FACILITY NAME: MID-County WASTE, 206 Westwood Ave, Alamoonte Springs, FL 32714

FACILITY ADDRESS: MID-County WASTE, 2207 South White Dr, Palm Harbor, FL 34668

FACILITY LOCATION: MID-County WASTE, 2207 South White Dr, Palm Harbor, FL 34668

COUNTY: Pinellas

DNR dms: 2/00

WARR SITE NO.: 1495

TOXICITY REPORT GROUP: 9-30-04

PERMIT NUMBER: FL0024783-002-CWTF

MONITORING PERIOD FROM: 9-109

LIMIT: Final

CLASS SIZE: Minor

PLANT SIZE/TREATMENT TYPE: B

DISCHARGE POINT NUMBER: D001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. of Samples	Frequency of Sampling	Sample Type
-----------	---------------------	-------	--------------------------	-------	----------------	-----------------------	-------------

NOB STAYR 7 DAY CHRONIC	Sample	Measurement	NOB=9				
Cardaphinle dulse (Additional)	Sample	Measurement	NOB=9				
NOB STAYR 7 DAY CHRONIC	Sample	Measurement	NOB=9				
Cardaphinle dulse (Additional)	Sample	Measurement	NOB=9				
NOB STAYR 7 DAY CHRONIC	Sample	Measurement	NOB=9				
Cardaphinle dulse (Additional)	Sample	Measurement	NOB=9				
NOB STAYR 7 DAY CHRONIC	Sample	Measurement	NOB=9				
Cardaphinle dulse (Additional)	Sample	Measurement	NOB=9				
NOB STAYR 7 DAY CHRONIC	Sample	Measurement	NOB=9				
Cardaphinle dulse (Additional)	Sample	Measurement	NOB=9				

* If a second duplicate test is required, enter the result in an empty row.
 ** Enter NOB=9 in the results column if no discharge occurred during the reporting period. Enter NOB=9 in the results column if no duplicate tests are required.

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 REPORTING OFFICER OR AUTHORIZED AGENT	DAVID WINKLER
SIGNATURE OF PRINCIPAL REPORTING OFFICER OR AUTHORIZED AGENT	<i>David Winkler</i>
TELEPHONE NO.	727-787-7978
DATE (YY/MM/DD)	04/10/05

COMMENTS 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, Waterstar Facilities Management Section, 665 S.W. 1st Ave., 2000 West Palm Beach, Florida, 33401-2404

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: F10034789-002-DW1P
 MONITORING PERIOD From: 9-1-04
 LIMIT: Final

To: 9-30-04
 REPORT: Ambient
 Monitoring
 Domestic
 GROUP: WAJRBITE No.: 14595

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Dr. SW
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring
 at Outfall

DATE: 02/09

Parameter	Sample Measurement	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
pH	Sample Measurement	NODE=9				
DISSOLVED OXYGEN	Sample Measurement	NODE=9				
TEMPERATURE	Sample Measurement	NODE=9				
SALINITY	Sample Measurement	NODE=9				
Fecal Coliform	Sample Measurement	NODE=9				
Total Coliform	Sample Measurement	NODE=9				
Turbidity	Sample Measurement	NODE=9				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
- DAVID Winkler	<i>David Winkler</i>	707 787-7978	04/10/05

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 3511, 2690 Blair Stone Rd, Tallahassee, 32309-0408
 FACILITY NAME: MS-County WWTP PERMIT NUMBER: PL0034739-000-DW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outlet
 MONTH/YEAR: 01/04

WAFR SITE No.: 14395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyte	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			NDI=9				
TOTAL SOLID	Sample Measurement			NDI=9				
TOTAL KIBLAHL NITROGEN	Sample Measurement			NDI=9				
NITRITE-NITRATE	Sample Measurement			NDI=9				
TOTAL AMMONIA	Sample Measurement			NDI=9				
TOTAL PHOSPHORUS	Sample Measurement			NDI=9				
ORTHO-PHOSPHORUS	Sample Measurement			NDI=9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION ACTION DISCHARGE MONITORING REPORT - PART A

This Certificate and this report are Department of Environmental Protection, Wastewater Facilities Pollution Management Section, MS 3511, 2600 Holt Street Rd, Tallahassee, 32399-2400

REPORTER NAME: Mid-County Services, Inc.
208 Westwood Ave.
Altamonte Springs, FL 32714

MID-COUNTY SERVICES, INC.
2299 Spanish Vista Drive
Palm Harbor, FL 34688

FACILITY: MID-COUNTY SERVICES, INC.
2299 Spanish Vista Drive
Palm Harbor, FL 34688

COUNTY: Pinellas

PERMIT NUMBER: FAC034789-02-DW1P

MONITORING PERIOD FROM: 01-01-84

UNIT: PPM

FROM: 01-01-84

TO: 01-30-84

AMBIENT MONITORING REPORT: 9-30-84

GROUP: WARM SITE NO. MS93

SYSTEM: D001: Ambient Monitoring System

DATE: 02/00

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
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pH	Sample Measurement	NDDI=4				
DISSOLVED OXYGEN	Sample Measurement	NDDI=4				
TEMPERATURE	Sample Measurement	NDDI=4				
SALINITY	Sample Measurement	NDDI=4				
Total Calcium	Sample Measurement	NDDI=4				
Total Chloride	Sample Measurement	NDDI=4				
Total Solids	Sample Measurement	NDDI=4				

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 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 PERSONAL EXAMINER OR AUTHORIZED AGENT	DAVID W. MILLE
SIGNATURE OF PERSONAL EXAMINER OR AUTHORIZED AGENT	<i>David W. Mille</i>
TELEPHONE NO.	222 757-7972
DATE (MM/DD/YY)	02/10/85

COMPLIANCE AND VIOLATION OF ANY VIOLATIONS (Reference to sections 170.01-170.05)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MB 3511, 2680 Blair Stone Rd, Tallahassee, 32309-3400
 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-001-DWIP DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream
 MONTH/YEAR: 9/04

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Rx.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			NOPE=9				
TOTAL SUBSTRATE	Sample Measurement			NOPE=9				
BOD ₅ CARBONACEOUS	Sample Measurement			NOPE=9				
TOTAL KJELDAHL NITROGEN	Sample Measurement			NOPE=9				
NITRITE-NITRATE	Sample Measurement			NOPE=9				
TOTAL AMMONIA	Sample Measurement			NOPE=9				
TOTAL PHOSPHORUS	Sample Measurement			NOPE=9				
ORTHO-PHOSPHORUS	Sample Measurement			NOPE=9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THIS REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Submitter Name: 184-County Services, Inc. 280 Woodlands Ave. Alhambra Springs, IL 33714

Facility Location: 184-County Services, Inc. 280 Woodlands Ave. Alhambra Springs, IL 33714

Plant Size/Treatment Type: 184-County Services, Inc. 280 Woodlands Ave. Alhambra Springs, IL 33714

Plant Name: 184-County Services, Inc. 280 Woodlands Ave. Alhambra Springs, IL 33714

For Report: Ambient Monitoring

Discharge Point Number: D001: Ambient Monitoring

DEAR Date: 02/00

Parameter	Quality or Concentration	Units	No. of Analyte	Sample Type
PH	NODE-9			
TEMPERATURE	NODE-9			
DO	NODE-9			
TOTAL SOLIDS	NODE-9			
TURBIDITY	NODE-9			

I hereby certify that I have personally executed and am familiar with the information submitted herein and based on my knowledge immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.

Signature of Principal Executive Officer or Authorized Agent: *[Signature]*
 Title: *[Title]*
 Date: 04/10/85

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MI 3511, 2600 Blvd Stone Rd, Tallahassee, 32399-3408

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0004789-000-DWIP

DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream

WAFR SITE No.: 14593

MONTH/YEAR: July

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement			NODE=9				
TOTAL SUSPENDED SOLIDS	Sample Measurement			NODE=9				
BOD ₅ CARBONACEOUS	Sample Measurement			NODE=9				
TOTAL KJELDAHL NITROGEN	Sample Measurement			NODE=9				
NITRATE-NITRATE	Sample Measurement			NODE=9				
TOTAL AMMONIA	Sample Measurement			NODE=9				
TOTAL PHOSPHORUS	Sample Measurement			NODE=9				
ORTHOPHOSPHORUS	Sample Measurement			NODE=9				

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P
 Month/Year: 10/04

Facility Name: Mid-County WWT

Three-month Average Daily Flow: 619
 Daily Flow % of Permitted Capacity: 77%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (p.u.)	Fecal Coliform Bacteria (#/100ml)	TBC (For Disinfect.) (mg/L)	TBC (For Disinfect.) (mg/L)	Nitrogen (mg/L)	Phosphorus (mg/L)	Dissolved Oxygen (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50638	80582	00530	GRAB	H-L	7400	5000	5000	1000	0.00	0.00	0000	0000
Mon. Site	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01
1	.787	<2	<2	<2	7.4-6.9	<1	2.50	<0.01	0.69	0.44	6.9		
2	.753			<2	7.4-7.0	<1	2.47	<0.01			6.9		
3	.739			<2	7.3-6.9	<1	2.34	<0.01			7.0		
4	.737				7.4-7.0		2.50	<0.01			6.9		
5	.727				7.3-6.9		2.97	<0.01			6.6		
6	.774			HURRICANE	7.4-6.9	HURRICANE	2.88	<0.01			6.7		
7	1.05			<2	7.2-6.8	<1	2.47	<0.01			6.2		
8	.915	<2	<2	<2	7.0-6.7	<1	1.17	<0.01	0.93	0.57	6.6		
9	.963			<2	7.1-6.9	<1	2.16	<0.01			6.5		
10	.909			<2	7.0-6.8	<1	2.25	<0.01			6.8		
11	.871				7.1-6.9		2.50	<0.01			6.8		
12	.776				7.2-6.9		2.0	<0.01			6.9		
13	.807			<2	7.3-7.0	<1	2.55	<0.01			6.8		
14	.820			<2	7.3-7.0	<1	2.17	<0.01			6.7		
15	.789	<2	<2	<2	7.2-6.9	<1	2.76	<0.01	3.4	0.40	6.9	150	22?
16	.701			<2	7.3-6.9	<1	2.59	<0.01			6.8		
17	.753			<2	7.2-6.8	<1	2.92	<0.01			6.9		
18	.747				7.0-6.7		2.30	<0.01			6.8		
19	.711				7.2-6.9		2.58	<0.01			6.4		
20	.688			<2	7.3-7.0	<1	2.26	<0.01			7.2		
21	.673			<2	7.3-7.0	<1	1.95	<0.01			6.8		
22	.713	<2	<2	<2	7.3-7.0	<1	2.17	<0.01	0.60	0.56	6.6		
23	.684			<2	7.2-6.7	<1	2.46	<0.01			6.9		
24	.715			<2	7.3-7.0	<1	2.25	<0.01			6.9		
25	.688				7.0-6.8		2.20	<0.01			6.9		
26	.830				7.2-6.8		1.97	<0.01			6.6		
27	.945			<2	7.1-6.8	<1	1.82	<0.01			6.8		
28	.832			<2	7.2-6.7	<1	2.30	<0.01			7.0		
29	.807	<2	<2	<2	7.2-6.7	<1	2.37	<0.01	0.57	0.59	7.0		
30	.718			<2	7.2-6.8	<1	2.12	<0.01			6.8		
31													

PLANT SIGNATURE:

Day Shift Operator: Class: B+C Certificate No: B-1208 + C1346 Name: DAVID WINKLE
 Evening Shift Operator: Class: A+A Certificate No: A-512 + A2322 Name: RALPH HOBBS
 Night Shift Operator: Class: N/A Certificate No: Name: MATT WINKLE
 Lead Operator: Class: B Certificate No: B-12018 Name: DAVID WINKLE
 Type of Wastewater Disposed or Recycled Water Source: Surface water, Curlew creek
 Checked Wet Weather Discharge Authorized: Yes No Not Applicable If yes, maximum depth of wet weather discharge: _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

645

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weatherfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0035789-002-DW1P
 MONITORING PERIOD From: 10-1-04
 LIMIT: Final
 CLASS SIZE: Mfloor
 B
 PLANT SIZE/TREATMENT TYPE: D001
 DISCHARGE POINT NUMBER: D001

The REPORT GROUP: 10-31-04
 Monthly Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

THREE MONTH ROLLING ADF: 87% OF PERMITTED

WAPR SITE NO: 14595

CAPACITY: 960

DWR date: 3-00

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. M	Frequency of Analysis	Sample Type
			Sample Measurement	Permit Measurement	Quality or Concentration				
CBOD5 STORET No. 80082 Y Mon. Site No. EPD-01-36118			1.95 ✓			mg/L	0	Calculate Calculated	RAA Rolling Annual Avg.
CBOD5 STORET No. 80082 1 Mon. Site No. EPD-01-36118			2.0 / 6.25 (Mo. Avg.)	AND 2.9 7.5 (Week Avg.)	< 2.0 ✓ 10.0 (Max.)	mg/L	0	Weekly Weekly	24 FPC 16-hour FPC
TSS STORET No. 00530 Y Mon. Site No. EPD-01-36118			2.04 ✓			mg/L	0	Calculate Calculated	RAA Rolling Annual Avg.
TSS STORET No. 00530 1 Mon. Site No. EPD-01-36118			2.0 ✓	NODF 2.9 7.5 (Week Avg.)	< 2.0 ✓ 10.0 (Max.)	mg/L	0	Weekly Weekly	24hr FPC 16-hour FPC
pH STORET No. 00400 1 Mon. Site No. EPD-01-36118			6.4 6.0 (Min.) ✓		7.6 ✓ 8.5 (Max.)	mg/L S.U.	0	5 DNK 5 Days/Week	Grab Grab Continuous meter

*Rolling Annual Averages is the average of the current monthly average and the preceding 10 month's monthly average

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 David Winkler	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>David Winkler</i>	TELEPHONE NO 727 787-7978	DATE (YYMMDD) 4/11/23
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME: MD-County WWTP

Month/Year: 10/04

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: D001

WARR SITE No.: 14895

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			100%				
STORET No. 31615 1 Mon. Site No. EFD-01-36118	Permit Measurement			Non Detectable (75 Percentile)	< 1	0	5 DWK 5 Days/Week	Grab
TBC for disinfection	Sample Measurement			1.51	#/100mL	0		
STORET No. 50265 A Mon. Site No. EPA-01-36316	Permit Measurement			1.8 (Min.)	mg/L	0	Continuous	Meter
TBC for disinfection	Sample Measurement						Continuous	Meter
STORET No. 50060 1 Mon. Site No. EFD-01-36118	Permit Measurement				0.01	0	Hourly	Grab
Nitrogen	Sample Measurement				0.01 (Min.)	0	Hourly	Grab
STORET No. 00600 Y Mon. Site No. EFD-01-36118	Permit Measurement			2.53	mg/L	0	Hourly	Grab
Nitrogen	Sample Measurement			3.0 (An. Avg.)	mg/L as N	0	Calculated	RAA
STORET No. 00600 1 Mon. Site No. EFD-01-36118	Permit Measurement			1.01	NO ₃ -N	0	Calculated	Rolling Annual Avg.
Phosphorus	Sample Measurement			3.73 (Mo. Avg.)	1.5	0	Weekly	24-hr FPC
STORET No. 00665 7 Mon. Site No. EFD-01-36118	Permit Measurement			0.47	0.0 (Min.)	0	Weekly	16-hour FPC
Phosphorus	Sample Measurement			1.8 (An. Avg.)	mg/L as P	0	Calculated	24-hr FPC
STORET No. 70307 1 Mon. Site No. EFD-01-36118	Permit Measurement			0.54	NO ₃ -N	0	Weekly	24-hr FPC
Oxygen, Dissolved (DO)	Sample Measurement			1.25 (Mo. Avg.)	0.76 (Max.)	0	Weekly	24-hr FPC
STORET No. 00900 1 Mon. Site No. EFD-01-36118	Permit Measurement			6.7	mg/L as P	0	Daily	Grab
	Sample Measurement			3.0 (Min.)	mg/L	0	Daily	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3351, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Westwood Blvd. Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DWLP
 MONITORING PERIOD FROM: 10-1-04
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To REPORT: 10-31-04
 GROUP: TOXICITY
 WAFR SITE NO.: 14591

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DMR date: 200

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Routine)	Sample Measurement			> 100%				
STORET No. TBP33 P Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		Bi-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODE=9				
STORET No. TBP33 Q Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional)	Sample Measurement			NODE=9				
STORET No. TBP33 R Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Routine)	Sample Measurement			> 100%				
STORET No. TBP6C P Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		Bi-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement			NODE=9				
STORET No. TBP6C Q Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Pimephales promelas (Additional)	Sample Measurement			NODE=9				
STORET No. TBP6C R Mon. Site No. EFD-01-36118	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit

* If a second definitive test is required, enter the result in an empty row.

** Enter NODE=9 in the results column if no discharge occurred during the reporting period. Enter NOES=9 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID Winkler	<i>David Winkler</i>	727-7979	04/11/23

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION WATER MANAGEMENT CONTROL UNIT - FLAKE A

When Completed mail this report to Department of Environmental Protection, Waterstar Facilities Management Section, MS 3311, 2600 Blair Stone Rd, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 280 Woodglenfield Ave.
 Altamonte Springs, FL 32714

FACILITY: Mid-County Services, Inc.
 LOCATION: 2299 Spanish Vista Drive
 Palm Harbor, FL 34688

PERMIT NUMBER: FL0004789-003-DWTP
 MONITORING PERIOD FROM: 10-1-04
 CLASS SIZE: 5000
 PLANT SIZE/TREATMENT TYPE: 5000
 DISCHARGE POINT NUMBER: 0001: Ambient Monitoring at Conduit

To: Ambient Monitoring
 GROUP: Domestic
 WASTEWATER No. 14893

DATE: 02/00

Parameter	Sample	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
STORST No. 00400 \$ Mon. Site No. SWA-01-36334 DISSOLVED OXYGEN	Sample Measurement	6.2 Report	S.U.	0	Quarterly	Grab
STORST No. 00389 \$ Mon. Site No. SWA-01-36334 TEMPERATURE	Sample Measurement	7.1 Report	Mg/L suppl.	0	Quarterly	Grab
STORST No. 00010 \$ Mon. Site No. SWA-01-36334 SALINITY	Sample Measurement	28.1 Report	OC	0	Quarterly	Grab
STORST No. 00469 \$ Mon. Site No. SWA-01-36334 Total Chlorine	Sample Measurement	0.2 Report	Mg/L suppl.	0	Quarterly	Grab
STORST No. 31615 \$ Mon. Site No. SWA-01-36334 Total Chlorine	Sample Measurement	4.1 Report	Mg/L suppl.	0	Quarterly	Grab
STORST No. 31501 \$ Mon. Site No. SWA-01-36334 Total Chlorine	Sample Measurement	10 Report	#1000L #1000L	0	Quarterly	Grab
STORST No. 82078 \$ Mon. Site No. SWA-01-36334	Sample Measurement	3.9 Report	#1000L #1000L	0	Quarterly	Grab

I certify under penalty of law that I have personally examined and based on my best knowledge and belief, the information submitted herein 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: **DAVID WINKLER**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David Winkler*

TELEPHONE NO: 727-787-7978

DATE (YY/MM/DD): 04/18/23

DEPARTMENT OF ENVIRONMENTAL PROTECTION WISCONSIN WATER MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Wastewater Facilities Management Section, MS 3311, 2600 Bank Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mon County WWTP
 MONTH/YEAR: 10/04

PERMIT NUMBER: FL000-1789-002-LJW1F

DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall

WAFR SITE No.: 14593

Parameter	Sample Measurement Permit Measurement	Quantity or Loading		Units	Quality or Concentration			
					Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement							
STORET No. 00530 5 Mon. Site No. SWA-01-36334	Permit Measurement				<2			
BOC ₅ , CARBONACEOUS	Sample Measurement				Report			
STORET No. 00510 5 Mon. Site No. SWA-01-36334	Permit Measurement				<2			
TOTAL KJELDAHL NITROGEN	Sample Measurement				Report			
STORET No. 00625 5 Mon. Site No. SWA-01-36334	Permit Measurement				0.86			
NITRITE-NITRATE	Sample Measurement				Report			
STORET No. 00630 5 Mon. Site No. SWA-01-36334	Permit Measurement				2.6			
TOTAL AMMONIA	Sample Measurement				Report			
STORET No. 00610 5 Mon. Site No. SWA-01-36334	Permit Measurement				0.026			
TOTAL PHOSPHORUS	Sample Measurement				Report			
STORET No. 00665 5 Mon. Site No. SWA-01-36334	Permit Measurement				0.87			
ORTHO-PHOSPHORUS	Sample Measurement				Report			
STORET No. 00660 5 Mon. Site No. SWA-01-36334	Permit Measurement				0.68			

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTEWATER FACILITIES MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2680 Rick Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 260 Wenhart Rd. Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034788-062-DWTP
MONITORING PERIOD: From: 10-1-04
LIMIT: Final

To: 10-31-04
REPORT: Ambient
GROUP: Monitoring
WAFR SITE No.: Domestic (4595)

FACILITY: Mid-County Services, Inc.
LOCATION: 2259 Spanish Vista Dr. use
 Palu Harbor, FL 34668
COUNTY: Pinellas

CLASS SIZE: Minor
PLANT SEW/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: D001: Ambient Monitoring Upstream

DWR Date: 02/00

Parameter	Measurement	Quality or Concentration			Units	No. Ex.	Frequency of Sampling	Sample Type
		Report Surface	Report Mid-Depth	Report Bottom				
STORET No. 09490 5 Mon. Site No. SWB-01-36333 DISSOLVED OXYGEN	Permit Measurement	8.1	8.2	8.2	S.U.	0	Quarterly	Grab
STORET No. 08980 5 Mon. Site No. SWB-01-36333 TEMPERATURE	Permit Measurement	6.9	6.9	7.0	M/L	0	Quarterly	Grab
STORET No. 06010 5 Mon. Site No. SWB-01-36333 SALINITY	Permit Measurement	28.6	28.6	39.0	°C	0	Quarterly	Grab
STORET No. 00480 5 Mon. Site No. SWB-01-36333 Total Chlorine	Permit Measurement	0.2	0.2	0.2	mg/L	0	Quarterly	Grab
STORET No. 31615 5 Mon. Site No. SWB-01-36333 Total Chlorine	Permit Measurement	-	2.26	-	mg/L	0	Quarterly	Grab
STORET No. 31501 5 Mon. Site No. SWB-01-36333 Turbidity	Permit Measurement	-	1400	-	NTU	0	Quarterly	Grab
STORET No. 82078 5 Mon. Site No. SWB-01-36333	Permit Measurement	-	3.9	-	NTU	0	Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO.	DATE (Y/M/D)
DAVID Winkler	<i>David Winkler</i>	727 787-7978	04/11/03

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE PERMIT

When Completed send this report to: Department of Environmental Protection, Watermeter Refiller Management Section, MS 3511, 2680 Blake Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: 365-County WWTW
 PROJECT NUMBER: FL0024789-002-DW-IP
 DISCHARGE POINT NUMBER: D001- Ambient Monitoring Upstream
 MONITORING DATE: 10/04
 WAFR SITE NO: 14923

Parameter	Sample Measurement Permit	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	STORY No. 12230 5 Mon. Site No. SWB-01-36333 TOTAL SUSPENDED SOLIDS			1.9 Report Mid-Depth	mg/L	0	Quarterly	Grab
BOD ₅ CARBONACIOUS	STORY No. 00319 5 Mon. Site No. SWB-01-36333			2.2 Report Mid-Depth	mg/L	0	Quarterly	Grab
STORY No. 00310 5 Mon. Site No. SWB-01-36333 TOTAL KJELDHAL NITROGEN				0.17 Report Mid-Depth	mg/L	0	Quarterly	Grab
STORY No. 00025 5 Mon. Site No. SWB-01-36333 NITRITE-NITRATE				0.60 Report Mid-Depth	mg/L	0	Quarterly	Grab
STORY No. 00630 4 Mon. Site No. SWB-01-36333 TOTAL AMMONIA				0.086 Report Mid-Depth	mg/L	0	Quarterly	Grab
STORY No. 00665 4 Mon. Site No. SWB-01-36333 ORTHOPHOSPHORUS				0.22 Report Mid-Depth	mg/L	0	Quarterly	Grab
STORY No. 00660 4 Mon. Site No. SWB-01-36333				0.15 Report Mid-Depth	mg/L	0	Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, mail this report and Department of Environmental Protection, Wastewater Facilities Management Section, MS 3311, 2600 Blak Stone Rd, Tallahassee, 32309-2400

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Westhamfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER:
MONITORING PERIOD From:
LIMIT:
CLASS SIZE:
PLANT SIZE/TREATMENT TYPE:
DISCHARGE POINT NUMBER:

FL 0034729-002-DW/FP
 10-1-03
 Final
 Minor
 B

To: 10-31-04
REPORT GROUP: Ambient Monitoring
 Domestic
WAFR SITE No.: 14595
Downstream

FACILITY: Mid-County Services, Inc.
LOCATION: 2399 Spanish Vista Dr. #200
 Palm Harbor, FL 34668
COUNTY: Pinellas

D001: Ambient Monitoring

DBR Date: 02/00

Parameter	Sample Measurement	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Report Surface	Report Mid-Depth	Report Bottom				
STORET No. 00300 6 Mon. Site No. SWD-01-36335 DISSOLVED OXYGEN	Permit Measurement	8.2	8.2	8.2	S.U.	0	Quarterly	Grab
STORET No. 00308 6 Mon. Site No. SWD-01-36335 TEMPERATURE	Permit Measurement	7.5	7.2	7.1	mg/L	0	Quarterly	Grab
STORET No. 00019 6 Mon. Site No. SWD-01-36335 SALINITY	Permit Measurement	28.1	28.0	28.1	°C	0	Quarterly	Grab
STORET No. 00480 6 Mon. Site No. SWD-01-36335 Fecal Coliform	Permit Measurement	0.2	0.2	0.2	mg/L	0	Quarterly	Grab
STORET No. 31615 6 Mon. Site No. SWD-01-36335 Total Coliform	Permit Measurement	-	260	-	#/100ml	0	Quarterly	Grab
STORET No. 31301 6 Mon. Site No. SWD-01-36335 Turbidity	Permit Measurement	-	1000	-	#/100ml	0	Quarterly	Grab
STORET No. 82078 6 Mon. Site No. SWD-01-36335	Permit Measurement	-	1.0	-	NTU	0	Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO.	DATE (YY/MM/DD)
DAVID Winkler	David Winkler	727 757-7778	04/11/03

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Facility Name: Milk County WWTP
 Month/Year: 10/04

Permit No. SWD-01-36335
 Discharge Point Number: 8901 - Ambient Monitoring Downstream

WAFR Site No.: 14935

Parameter	Sample Measurement Period	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				Report	Mid-Depth				
CHLOROPHYLL-a	STORET No. 32210 6 Meas. Site No. SWD-01-36335 TOTAL SUSPENDED SOLIDS			1.7	Report	mg/L	0	Quarterly	Grab
	STORET No. 00330 6 Meas. Site No. SWD-01-36335			2.2	Report	mg/L	0	Quarterly	Grab
	STORET No. 00310 6 Meas. Site No. SWD-01-36335 TOTAL KILDAHL NITROGEN			2.2	Report	mg/L	0	Quarterly	Grab
	STORET No. 00825 6 Meas. Site No. SWD-01-36335 NITRATE-NITRATE			0.29	Report	mg/L	0	Quarterly	Grab
	STORET No. 00630 6 Meas. Site No. SWD-01-36335 TOTAL AMMONIA			0.24	Report	mg/L	0	Quarterly	Grab
	STORET No. 00610 6 Meas. Site No. SWD-01-36335 TOTAL PHOSPHORUS			0.033	Report	mg/L	0	Quarterly	Grab
	STORET No. 00645 6 Meas. Site No. SWD-01-36335 ORTHO-PHOSPHORUS			0.058	Report	mg/L	0	Quarterly	Grab
	STORET No. 00660 6 Meas. Site No. SWD-01-36335			0.19	Report	mg/L	0	Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Form Number: **FLA002-789-002-DW1P**
 Month/Year:

Facility Name: **Mid-County WWTP**

Thirteen-month Average Daily Flow: **1,784**
 Daily Flow % of Permitted Capacity: **87%**

Code	Flow (MGID)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (p.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
50030		0002	00230	08530	4-4	04408	7483	50068	50059				
Mon. Site	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	00009	00065	00300	00082	00230
1	.664			<2	6.972	<1	2.06	<0.01			6.9		
2	.685				6.973		2.10	<0.01			6.7		
3	.784				7.073		2.00	<0.01			6.9		
4	.738			<2	7.073	<1	2.12	<0.01			6.8		
5	.866			<2	7.073	<1	1.98	<0.01			6.8		
6	.843	<2	<2	<2	7.073	<1	2.05	<0.01	1.5	0.55	6.6	120	130
7	.728			<2	7.073	<1	1.66	<0.01			6.9		
8	.836			<2	6.472	<1	1.86	<0.01			6.9		
9	.815				6.472		1.90	<0.01			6.9		
10	.777				6.571		1.70	<0.01			7.0		
11	.753			<2	6.971	<1	3.19	<0.01			7.0		
12	.772			<2	6.870	1	2.12	<0.01			6.9		
13	.747	<2	<2	<2	6.870	<1	1.95	<0.01	1.1	0.40	6.9		
14	.694			<2	6.870	<1	2.27	<0.01			7.2		
15	.643			<2	6.870	<1	1.94	<0.01			7.1		
16	.741				6.870		2.08	<0.01			7.0		
17	.663				7.174		2.72	<0.01			7.0		
18	.721			<2	7.174	<1	1.98	<0.01			6.9		
19	.714			<2	7.073	<1	2.46	<0.01			6.8		
20	.683	<2	<2	<2	6.973	<1	1.51	<0.01	0.84	0.45	6.7		
21	.646			<2	7.073	<1	2.35	<0.01			6.9		
22	.671			<2	7.073	<1	2.47	<0.01			7.0		
23	.687				7.073		2.58	<0.01			6.9		
24	.648				7.074		2.17	<0.01			7.2		
25	.665			<2	7.073	<1	2.38	<0.01			6.9		
26	.639			<2	7.073	<1	1.71	<0.01			7.2		
27	.616	<2	<2	<2	7.073	<1	2.44	<0.01	0.62	0.76	6.8		
28	.680			<2	6.973	<1	1.91	<0.01			7.2		
29	.635			<2	6.972	<1	1.72	<0.01			6.9		
30	.670				7.073		1.70	<0.01			7.2		
31	.687				7.276		1.47	<0.01			7.2		

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: B+C Certificate No: B-1208 + E-1346 Name: David Winkler + Robb Gray
 Class: A+A Certificate No: A-512 + A-272 Name: Ralph Johns + Matt Gunter
 Class: A+A Certificate No: _____ Name: _____
 Class: B Certificate No: B-1208 Name: David Winkler

Type of Effluent Disposal or Reclaimed Water Reuse: Surface water Curlew Creek

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

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

645

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

This Compliance and data report for Department of Environmental Protection, Wastewater Facilities Management Section, MS 3931, 2600 Hick Stone Road, Tallahassee, FL 32399-2408

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Woodhull Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD: From 11-1-01
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: 11/30/01
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

THREE MONTH ROLLING ADR: 711 79% OF PERMITTED

WAFR SITE NO: 14593

CAPACITY: 900

DMR date: 3/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Bk.	Frequency of Analysis	Sample Type
CBOD ₅	Sample Measurement			1.95		0	calculated	RAA
	Permit Measurement			5.0 (Max.)			Calculated	Rolling Annual Avg.
STORET No. 80082 Y Mon. Site No. BFD-01-36118	Sample Measurement			2	NO ₃ -N < 2	0	Weekly	24hr FPC
	Permit Measurement			6.25 (Max. Avg.)	7.5 (Week. Avg.) 10.0 (Max.)		Weekly	16-hour FPC
TSS	Sample Measurement			2.04		0	calculated	RAA
	Permit Measurement			5.0 (Max. Avg.)			Calculated	Rolling Annual Avg.
STORET No. 00130 Y Mon. Site No. BFD-01-36118	Sample Measurement			2	NO ₃ -N < 2	0	Weekly	24hr FPC
	Permit Measurement			6.25 (Max. Avg.)	7.5 (Week. Avg.) 10.0 (Max.)		Weekly	16-hour FPC
TSS	Sample Measurement				< 2	0	5 Day	Grab
	Permit Measurement				3.0 (Max.)		5 Days/Week	Grab
pH	Sample Measurement			6.3	7.6	0	Continuous	meter
	Permit Measurement			6.0 (Min.)	8.1 (Max.)		Continuous	Meter

*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/M/D)
DAVID Winkler	<i>David Winkler</i>	727-797-78	01/12/21

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

DISCHARGE MONITORING REPORT - PART A (continued)

FACILITY NAME: BIA County WWT

PERMIT NUMBER: PL000778-002-DW1P

DISCHARGE POINT NUMBER: D004

WAPR STRM NO: 14593

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Facility Effluent			100% <input checked="" type="checkbox"/>	mm	1	5 Days, wk	Grab
Phosphorus				mg/L	0	Continuous	Water
Ammonia Nitrogen				mg/L	0	Continuous	Water
Phosphorus				mg/L	0	Hourly	Grab
Ammonia Nitrogen				mg/L	0	Hourly	Grab
Phosphorus				mg/L	0	Calculated	Grab
Ammonia Nitrogen				mg/L	0	Calculated	Grab
Phosphorus				mg/L	0	Weekly	Grab
Ammonia Nitrogen				mg/L	0	Weekly	Grab
Phosphorus				mg/L	0	Daily	Grab

1/5
DME
Revised
NOV. 04

Mid County
FACILITY NAME: MID-COUNTY WWTP
MCKINTYBAR: 11/04

DISCHARGE MONITORING REPORT - PART A (Continued)
PERMIT NUMBER: F4004789-000-DWIF DISCHARGE POINT NUMBER: D001

WAFR-8TR No.: 14530

Flow	Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. of Samples	Frequency of Sampling	Sample Type
STORM NO. 06030 MONITORING NO. EPD-01-06116	Measurement	0.683	mgd			0	Continuous	Grab
	Flow	0.683	mgd			0	Monthly	Grab
	Measurement	0.683	mgd			0	Monthly	Grab
	Flow	0.683	mgd			0	Monthly	Grab
STORM NO. 06030 MONITORING NO. EPD-01-06116	Measurement	220	mg/L			0	Monthly	Grab
	Flow	220	mg/L			0	Monthly	Grab
	Measurement	300	mg/L			0	Monthly	Grab
	Flow	300	mg/L			0	Monthly	Grab
STORM NO. 06030 MONITORING NO. EPD-01-06116	Measurement					0	Monthly	Grab
	Flow					0	Monthly	Grab
	Measurement					0	Monthly	Grab
	Flow					0	Monthly	Grab

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

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 High Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Woodhamsfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL 880789-002-DW1P
 MONITORING PERIOD FROM: 11/1/04
 TO: 11/1/04
 CLASS: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

TO: 11/30/04
 REPORT: TOXICITY
 GROUP:
 WAFR SITE NO.: 14993

FACILITY: Mid-County WWTP
 LOCATION: 2399 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DMR date: 2/08

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Routine) STORET No. TBP3B P Mon. Site No. EPD-01-36118	Sample Measurement			NOE=9				
	Permit Measurement			100 (Min.)	Percent		Bi-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional) STORET No. TBP3B Q Mon. Site No. EPD-01-36118	Sample Measurement			NOE=9				
	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Ceriodaphnia dubia (Additional) STORET No. TBP3B R Mon. Site No. EPD-01-36118	Sample Measurement			NOE=9				
	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Phosphates proximates (Routine) STORET No. TBP6C P Mon. Site No. EPD-01-36118	Sample Measurement			NOE=9				
	Permit Measurement			100 (Min.)	Percent		Bi-monthly	See Permit
NOEL STATE 7 DAY CHRONIC Phosphates proximates (Additional) STORET No. TBP6C Q Mon. Site No. EPD-01-36118	Sample Measurement			NOE=9				
	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Phosphates proximates (Additional) STORET No. TBP6C R Mon. Site No. EPD-01-36118	Sample Measurement			NOE=9				
	Permit Measurement			100 (Min.)	Percent		Additional Definitive	See Permit

* If a second definitive test is required, enter the result in an empty row.

** Enter NOE=9 in the results column if no discharge occurred during the reporting period. Enter NOE=9 in the results column if no definitive tests are required.

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 DAVID WINKLER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>David Winkler</i>	TELEPHONE NO. 727 287-7978	DATE (YY/MM/DD) 04/12/08
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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 3911, 2600 Blair Stone Rd, Tallahassee, 32399-3490

PERMITTEE NAME: Mid-County Services, Inc.
MAILING ADDRESS: 200 Westwoodfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0014789-002-DW1P
MONITORING PERIOD: From 11/1/04
LIMIT: Final
CLASS SIZE: Minor
PLANT SIZE/TREATMENT TYPE: B
DISCHARGE POINT NUMBER: 0001: Ambient Monitoring

TR REPORT: 11/30/04
GROUP: Ambient Monitoring
WAFR SITE No.: Domestic
 14294
at/within:

MOILITY: Mid-County Services, Inc.
LOCATION: 2259 Spanish Vista Drive
 Palm Harbor, FL 34668
COUNTY: Pinellas

DWR Date: 02/08

Parameter	Sample Measurement	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement	NDPE-6 Report				
STORST No. 00480 5 Mon. Site No. SWA-01-36334	Permit Measurement		g/L		Quarterly	Grab
DISSOLVED OXYGEN	Sample Measurement					
STORST No. 00808 5 Mon. Site No. SWA-01-36334	Permit Measurement	NDPE-6 Report	mg/L		Quarterly	Grab
TEMPERATURE	Sample Measurement					
STORST No. 00010 5 Mon. Site No. SWA-01-36334	Permit Measurement	NDPE-6 Report	°C		Quarterly	Grab
SALINITY	Sample Measurement					
STORST No. 00486 5 Mon. Site No. SWA-01-36334	Permit Measurement	NDPE-6 Report	ug/L		Quarterly	Grab
Fecal Coliform	Sample Measurement					
STORST No. 31615 5 Mon. Site No. SWA-01-36334	Permit Measurement	NDPE-6 Report	#/100mL		Quarterly	Grab
Total Coliform	Sample Measurement					
STORST No. 31501 5 Mon. Site No. SWA-01-36334	Permit Measurement	NDPE-6 Report	#/100mL		Quarterly	Grab
Turbidity	Sample Measurement					
STORST No. 32078 5 Mon. Site No. SWA-01-36334	Permit Measurement	NDPE-6 Report	NTU's		Quarterly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID Winkler	<i>David Winkler</i>		04/12/21

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 3511, 2600 Bish Street Rd, Tallahassee, 32309-2405
 FACILITY NAME: Mad County WWTWP PERMIT NUMBER: FL0004789-002-CW1P DISCHARGE POINT NUMBER: D001 - Ambient Monitoring at Outfall
 MONTH/YEAR: 11/04

WAFR SITE No.: 14395

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			NDDE=4				
STORET No. 00530 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
BOC ₅ CARBONACEOUS	Sample Measurement			NDDE=4				
STORET No. 00310 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement			NDDE=4				
STORET No. 00625 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
NITRITE-NITRATE	Sample Measurement			NDDE=4				
STORET No. 00630 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL AMMONIA	Sample Measurement			NDDE=4				
STORET No. 00610 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement			NDDE=4				
STORET No. 00665 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
ORTHO-PHOSPHORUS	Sample Measurement			NDDE=4				
STORET No. 00666 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed visit this report for Department of Environmental Protection, Waterway Pollution Management Section, MS 3311, 2000 Blvd from Rd, Tallahassee, 32309-2400
 FACILITY NAME: MFC-Gandy WWTP
 PERMIT NUMBER: EL-00-478-002-DWTP
 MONTH/YEAR: 11/04

DISCHARGE POINT NUMBER: D001- Ambient Blewaring Upstream
 WAFR SITE No.: 14593

Parameter	Sample Measurement	Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	STORST No. 00230 5 Mtn. Site No. SWB-01-00333 TOTAL SUSPENDED SOLIDS			ANDE-9 Report Mid-Depth	mg/L		Quarterly	Grab
	STORST No. 00338 5 Mtn. Site No. SWB-01-00333 BOD5 CARBONACHOUS			ANDE-9 Report Mid-Depth	mg/L		Quarterly	Grab
	STORST No. 00316 5 Mtn. Site No. SWB-01-00333 TOTAL DISSOLVED NITROGEN			ANDE-9 Report Mid-Depth	mg/L		Quarterly	Grab
	STORST No. 00629 5 Mtn. Site No. SWB-01-00333 NITRATE NITRATE			ANDE-9 Report Mid-Depth	mg/L		Quarterly	Grab
	STORST No. 00630 5 Mtn. Site No. SWB-01-00333 TOTAL AMMONIA			ANDE-9 Report Mid-Depth	mg/L		Quarterly	Grab
	STORST No. 00619 5 Mtn. Site No. SWB-01-00333 TOTAL PHOSPHORUS			ANDE-9 Report Mid-Depth	mg/L		Quarterly	Grab
	STORST No. 00663 5 Mtn. Site No. SWB-01-00333 ORTHO PHOSPHORUS			ANDE-9 Report Mid-Depth	mg/L		Quarterly	Grab
	STORST No. 00660 5 Mtn. Site No. SWB-01-00333			ANDE-9 Report Mid-Depth	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Pollution Management Section, 688 3011, 2590 Bank Street Rd., Tallahassee, 32399-2000

PERMITTEE NAME: 3rd County Sewer, Inc.
MAILING ADDRESS: 100 Westmeade Ave., Apopka Springs, FL 32714
PLANT: Apopka Springs, FL 32714
CLASS SIZE: 2299
PLANT SIZE/TREATMENT TYPE: 2299
DISCHARGE POINT NUMBER: 2299
PHONE: 305-345-3408
LOCATION: 2299 Apopka
CITY: Apopka, FL 32714
PERMIT NUMBER: R0034759-002-DWP
ISSUE DATE: 11/10/84
REPORT GROUP: 11/10/84
WAFR SITE NO.: 14595
DISCHARGE: 11/10/84
ADDRESS: 11/10/84
DATE: 11/10/84

Parameter	Sample	Quality or Concentration	Units	No. of Samples	Frequency of Analysis	Sample Type
STREET NO. 6040 6	Front	Report Surface		1		Grab
STREET NO. 6040 6	Mid-Depth	Report		1		Grab
STREET NO. 6040 6	Bottom	Report Bottom		1		Grab
STREET NO. 6040 6	Front	Report Surface		1		Grab
STREET NO. 6040 6	Mid-Depth	Report		1		Grab
STREET NO. 6040 6	Bottom	Report Bottom		1		Grab
STREET NO. 6040 6	Front	Report Surface		1		Grab
STREET NO. 6040 6	Mid-Depth	Report		1		Grab
STREET NO. 6040 6	Bottom	Report Bottom		1		Grab
STREET NO. 6040 6	Front	Report Surface		1		Grab
STREET NO. 6040 6	Mid-Depth	Report		1		Grab
STREET NO. 6040 6	Bottom	Report Bottom		1		Grab
STREET NO. 6040 6	Front	Report Surface		1		Grab
STREET NO. 6040 6	Mid-Depth	Report		1		Grab
STREET NO. 6040 6	Bottom	Report Bottom		1		Grab
STREET NO. 6040 6	Front	Report Surface		1		Grab
STREET NO. 6040 6	Mid-Depth	Report		1		Grab
STREET NO. 6040 6	Bottom	Report Bottom		1		Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my knowledge of those facts and the possibility of their falsification, I believe the 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. I believe the information is true, accurate and complete.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Winkler
ADDRESS OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 11/10/84
PHONE NO. DATE (MM/DD/YY): 287-2978 11/21/84

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Facility Name: MFC County SWTP
 Report Number: F1002788-002-DW1P
 Discharge Point Number: 8004 - Ambient Monitoring Downstream
 WAPR Site No.: 1495

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. of Samples	Frequency of Sampling	Sample Type
CHLOROPHYLL-a					1		Grab
STREET NO. 1220 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL SUSPENDED SOLIDS					1		Grab
STREET NO. 0526 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
BOD, CARBONACEOUS					1		Grab
STREET NO. 0510 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL PHOSPHORUS					1		Grab
STREET NO. 0025 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
NITRATE-NITRATE					1		Grab
STREET NO. 0010 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL AMMONIA					1		Grab
STREET NO. 0010 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL PHOSPHORUS					1		Grab
STREET NO. 0015 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL PHOSPHORUS					1		Grab
STREET NO. 0015 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL PHOSPHORUS					1		Grab
STREET NO. 0010 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL PHOSPHORUS					1		Grab
STREET NO. 0010 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL PHOSPHORUS					1		Grab
STREET NO. 0010 6					1		Grab
MON. S/N NO. SWD-01-0315					1		Grab
TOTAL PHOSPHORUS					1		Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

NOV 04

DAILY SAMPLE RESULTS - PART B

Formik Number: _____
Month/Year: _____

FLA0814789-002-DW/1P

Facility Name: M&C County WWTP

Three-month Average Daily Flow: 711
Daily Flow % of Permitted Capacity: 67%

	Flow (MGID)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (2.0-12.0)	Fecal Coliforms Bacteria (#/100ml)	TBC (For Disinfect.) (mg/L)	TBC (For Decolorizat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50030	50062	00230	00230	4-12	24026	74053	30060	90060	00608	00608	00200	50042
Mon. Sam	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01	EFD-01
1	696	22	22	22	7.5-7.2	1	2.03	<0.01	2.9	1.68	7.1		
2	642				7.5-7.3	<1	1.33	<0.01			6.9		
3	668				7.5-7.2	<1	1.65	<0.01			7.0	170	170
4	653				7.5-6.3	<1	2.35	<0.01			6.9		
5	592				7.4-7.1	<1	2.15	<0.01			6.9		
6	647				7.5-7.2		1.83	<0.01			7.3		
7	567				7.5-7.2		1.70	<0.01			7.4		
8	630	6.0	2.2	2.2	7.5-7.2	<1	1.67	<0.01	1.69	1.81	7.2		
9	633				7.5-7.1	<1	2.22	<0.01			7.1		
10	585				7.6-7.2	<1	2.27	<0.01			7.0		
11	605				7.5-7.2	1	2.26	<0.01			6.7		
12	649				7.7-7.4	<1	1.91	<0.01			6.8		
13	615				7.6-7.2		1.57	<0.01			7.0		
14	667				7.5-7.2		1.98	<0.01			7.0		
15	639	2.2	2.2	2.2	7.5-7.2	<1	1.50	<0.01	2.1	1.68	7.0		
16	612				7.5-7.3	<1	1.20	<0.01			7.0		
17	560				7.5-7.2	<1	3.25	<0.01			6.3		
18	589				7.5-7.2	<1	3.10	<0.01			6.7		
19	548				7.4-7.2	<1	1.98	<0.01			7.0		
20	629				7.4-7.0		1.80	<0.01			6.8		
21	612				7.5-7.2		1.48	<0.01			7.1		
22	613	2.2	2.2	2.2	7.6-7.2	<1	2.25	<0.01	3.6	1.28	7.1		
23	610				7.4-7.2	<1	2.56	<0.01			6.4		
24	661				7.5-7.2	<1	2.37	<0.01			6.5		
25	657				7.5-7.2	<1	2.04	<0.01			6.8		
26	594				7.5-7.1	<1	1.82	<0.01			6.9		
27	673				7.5-7.1		1.60	<0.01			7.1		
28	624				7.4-7.2		1.41	<0.01			6.7		
29	643	2.2	2.2	2.2	7.5-7.1	<1	1.65	<0.01	7.7	1.41	6.9		
30	632				7.4-7.1	<1	2.07	<0.01			7.2		
31	593				7.3-7.0	<1	1.52	<0.01			6.8		

PLANT STAFFING

Day Shift Operator: Check: B+C Certificate No: B-1208 + C1382 Name: DAVID Winkler Jay Hahn
 Evening Shift Operator: Check: _____ Certificate No: _____ Name: _____
 Night Shift Operator: Check: A+J Certificate No: A 512 9 2772 Name: Salah Abbas Matt Guether
 Lead Operator: Check: 8 Certificate No: B-1208 Name: DAVID Winkler
 Type of Effluent Disposal or Recycled Water Reuse: Surface water to Curlew Creek
 Limited Wet Weather Discharge Activated: Yes: No Not Applicable: If yes, consecutive days of wet weather discharge: _____

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

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Watershed Facilities Management Section, MS 181, 2600 Blair Stone Road, Tallahassee, FL 32309-6400

PERMITTEE NAME: Mid-County Services, Inc.
200 Woodlandsfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FL003670-002-DWIP
MONITORING PERIOD FROM: 12-1-81
TO: 12-31-81
CLASS SIZE: 12-1-81
PLANT SIZE/TREATMENT TYPE: DOME
DISCHARGE POINT NUMBER: 14095

FACILITY: Mid-County Sewer
LOCATION: 2299 Spanish Vista Dr.
Palm Harbor, FL 34688
COUNTY: Pasco

REPORT GROUP: 12-31-81
WATER SITE NO: 14095
CAPACITY: 1.003
DIAR date: 3/80

THREE MONTH ROLLING AVERAGE: 2.0% OF PERMITTED

Parameter	Sample Measurement	Quantity or Loading	Units	Quality of Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				Rolling Average	(Max.)				
CE01	Sample Measurement			1.98			0	Continuous	Rolling Average
ST001 No. 80002 Y	Permit			5.0 (Max.)			0	Continuous	Rolling Average
ST001 No. 80002 Y	Measurement			2.8 (Max.)	100 (Max.)		0	Weekly	Rolling Average
ST001 No. 80002 Y	Permit			2.04 (Max.)	30 (Max.)		0	Continuous	Rolling Average
ST001 No. 80002 Y	Measurement			2.0 (Max.)	300 (Max.)		0	Weekly	Rolling Average
ST001 No. 80002 Y	Permit			6.3 (Max.)			0	Weekly	Rolling Average
ST001 No. 80002 Y	Measurement			6.3 (Max.)			0	5 Days per Week	Rolling Average
ST001 No. 80002 Y	Permit			7.7 (Max.)			0	Continuous	Rolling Average
ST001 No. 80002 Y	Measurement			4.0 (Max.)			0	Continuous	Rolling Average

Rolling Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my knowledge of these 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 furnishing false information including the possibility of fines and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: DAVID WINKER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
TELEPHONE NO: 787-7928
DATE (YYYYMMDD): 05/01/20

COMMENT AND EXPLANATIONS OF ANY VIOLATIONS (reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: MIA-County WWTP
Mun. Site No. EFD-01-36118

PERMIT NUMBER: F100495-001-DW17

DISCHARGE POINT NUMBER: D08

WAPA #ID# 1425

Parameter	Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Bx.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			98% (25/26)		0	5 D/Wk	Grabs
STORY No. 31615 1 Mun. Site No. EFD-01-36118	Permit Measurement			Nm Detachable (75 Percent)	25 (Max.)		5 Days/Week	Grabs
TIC for distribution	Sample Measurement			1.03		0	Continuous	meter
STORY No. 5000 A Mun. Site No. EFD-01-36118	Permit Measurement			1.0 (Max.)			Continuous	meter
TIC for distribution	Sample Measurement				20.01	0	Hourly	Grabs
STORY No. 3800 1 Mun. Site No. EFD-01-36118	Permit Measurement				6.01 (Max.)		Hourly	Grabs
Nitrogen	Sample Measurement			2.55		0	calculator	RAP
STORY No. 0000 Y Mun. Site No. EFD-01-36118	Permit Measurement			3.0 (Max.)			Calculator	Rolling Annual Avg.
Nitrogen	Sample Measurement			3.37	NOTE: 9	1	Weekly	24hr FF
STORY No. 0000 1 Mun. Site No. EFD-01-36118	Permit Measurement			1.75 (Max.)	43 (Week Avg.)		Weekly	12-hour PPC
Phosphorus	Sample Measurement			0.50		0	calculator	24hr FF
STORY No. 0066 Y Mun. Site No. EFD-01-36118	Permit Measurement			1.0 (Max.)			Calculator	12-hour PPC
Phosphorus	Sample Measurement			0.57	NOTE: 9	0	Weekly	24hr FF
STORY No. 7007 1 Mun. Site No. EFD-01-36118	Permit Measurement			1.25 (Max.)	15 (Week Avg.)		Weekly	12-hour PPC
Oxygen, Dissolved (DO)	Sample Measurement			6.1		0	Daily	Grabs
STORY No. 0000 1 Mun. Site No. EFD-01-36118	Permit Measurement			5.0 (Min.)			Daily	Grabs

On 12/29/04 nitrogen sample exceeded 6.0, cause was due to blower out of service for repair, AIR was Diverted from another Blower within system, However nitrogen limit was exceeded before system could stabilize. The remaining 4 nitrogen samples for Dec 2004 were well within permitted limits and monthly average was not exceeded

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: New County WWTP
 MONTH/YEAR: 12/04

WATER SHEET NO.: 1495

PERMIT NUMBER: F1802789-001-DW1P

DISCHARGE POINT NUMBER: 0001

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Etc.	Frequency of Analysis	Sample Type
STORCH No. 50029 Mon/Sat No. INF-01-36119 Flow	Measurement Permit Measurement Permit Measurement Permit	0.590 Report (Mo. Avg.)	mgd mgd			0	Continuous	Flow Meter & Telemetry
STORCH No. 50030 Mon/Sat No. INF-01-36119 CH053	Measurement Permit Measurement Permit	1.683 Report (Mo. Avg.)	mgd mgd			0	Monthly Calculation	Calculation (Rating Annual AVE)
STORCH No. 50032 Mon/Sat No. INF-01-36119 755	Measurement Permit Measurement Permit			170 Report (Mo. Avg.)	mgd	0	Monthly Calculation	Calculation (Rating Annual AVE)
STORCH No. 00550 Mon/Sat No. INF-01-36119	Measurement Permit Measurement Permit			370 Report (Mo. Avg.)	mgd	0	Monthly Calculation	Calculation (Rating Annual AVE)

*Being Annual Average in the average of the current monthly average and the preceding 11 month's monthly average.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, 408 3551, 2600 West State Road, Tallahassee, FL 32399-3600

PERMITTEE NAME: **AMC County Services, Inc**
 MAILING ADDRESS: **280 Woodhurst Ave.
 Altamonte Springs, FL 32714**

PERMIT NUMBER: **PLA0347ED-002-DWIP**
 MONITORING PERIOD From: **12-1-04**
 LIMIT: **Flow**
 CLASS SIZE: **Mile**
 OF ALPHABETICALLY ORDERED PERMITS: **5**
 DISCHARGE POINT NUMBER: **D001**

To: **12-31-04**
 REPORT: **TURBIDITY**
 GROUP:
 WATER SITE NO.: **14593**

FACILITY: **AMC County WWTP**
 LOCATION: **2299 Spanish Vista Dr.
 Palm Bay, FL 34968**
 COUNTY: **Florida**

DMR date: 206

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NOEL STATE 7 DAY CHRONIC Cecidophora dubia (Routine)	Sample Measurement			NODE=9				
STORET No. TBP3B P Mon. Site No. EFD-01-3611B	Permit Measurement			100 (Min)	Percent		Bi-weekly	See Permit
NOEL STATE 7 DAY CHRONIC Cecidophora dubia (Additional)	Sample Measurement			NODE=9				
STORET No. TBP3B Q Mon. Site No. EFD-01-3611B	Permit Measurement			100 (Min)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Cecidophora dubia (Additional)	Sample Measurement			NODE=9				
STORET No. TBP3B R Mon. Site No. EFD-01-3611B	Permit Measurement			100 (Min)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Pseudomonas fluorescens (Routine)	Sample Measurement			NODE=9				
STORET No. TBP6C P Mon. Site No. EFD-01-3611B	Permit Measurement			100 (Min)	Percent		Bi-weekly	See Permit
NOEL STATE 7 DAY CHRONIC Pseudomonas fluorescens (Additional)	Sample Measurement			NODE=9				
STORET No. TBP6C Q Mon. Site No. EFD-01-3611B	Permit Measurement			100 (Min)	Percent		Additional Definitive	See Permit
NOEL STATE 7 DAY CHRONIC Pseudomonas fluorescens (Additional)	Sample Measurement			NODE=9				
STORET No. TBP6C R Mon. Site No. EFD-01-3611B	Permit Measurement			100 (Min)	Percent		Additional Definitive	See Permit

* If a second definitive test is required, enter the result in an empty row.

** Enter NODE=9 in the results column if no discharge occurred during the reporting period. Enter NODE=9 in the results column if no definitive tests are required.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TEL. PHONE NO.	DATE (YYMMDD)
DAVID Winkler	<i>David Winkler</i>	727 787-7158	09/02/20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Water Quality Management Section, 245 S.W. 1, 2450 South Street E., Tallahassee, FL 32309-3400

PERMITTEE NAME: Mid-County Services, Inc
MAILING ADDRESS: 2403 Westchase Blvd.
 Altamonte Springs, FL 32714

CITY: Mid-County Services, Inc
LOCATION: 2289 Spanish Vista Drive
 Palm Harbor, FL 34608

COUNTY: Pinellas

PERMIT NUMBER: PLW01989-002-00971P
MONITORING PERIOD FROM: 12-1-04
TO: 12-31-04
CLASS: Ambient Monitoring
PLANT TREATMENT TYPE: B
DISCHARGE POINT NUMBER: 0001: Ambient Monitoring at Outlet

TK REPORT: (2-31-04)
WATER RTB No.: Ambient Monitoring
 14655
DATE: Date: 02/09

Parameter	Sample Measurement Permit	Quality or Concentration	Units	No. of Analy.	Frequency of Analysis	Sample Type
pH	Measurement Permit					
STORST No. 00100 5 Mon. Site No. SWA-01-36134 INSON, VED OXYGEN	Measurement Permit	NOPE-A Report	mg/L		Quarterly	Grab
STORST No. 00100 5 Mon. Site No. SWA-01-36134 TEMPERATURE	Measurement Permit	NOPE-A Report	mg/L		Quarterly	Grab
STORST No. 00100 5 Mon. Site No. SWA-01-36134 SALINITY	Measurement Permit	NOPE-A Report	mg/L		Quarterly	Grab
STORST No. 00488 5 Mon. Site No. SWA-01-36134 Total Chlorine	Measurement Permit	NOPE-A Report	mg/L		Quarterly	Grab
STORST No. 31615 5 Mon. Site No. SWA-01-36134 Total Chlorine	Measurement Permit	NOPE-A Report	mg/L		Quarterly	Grab
STORST No. 31591 5 Mon. Site No. SWA-01-36134 Yieldability	Measurement Permit	NOPE-A Report	mg/L		Quarterly	Grab
STORST No. 32078 5 Mon. Site No. SWA-01-36134	Measurement Permit	NOPE-A Report	mg/L		Quarterly	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: DAVID WINKLER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *David Winkler*
TELEPHONE NO: 727 7978
DATE (MM/DD/YYYY): 02/10/04

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Waterwater Pollution Management Section, MS 2311, 2600 North Shores Rd, Tallahassee, 32309-2400
 FACILITY NAME: Mill County WWTP PERMIT NUMBER: FL00-1789-002-CW1P DISCHARGE POINT NUMBER: DB61 - Ambient Monitoring at Outlet
 MONTH/YEAR: 12/04

WAFR #TB No.: 14995

Parameter	Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. of Samples	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement			NDDE=9				
STORET No. 00530 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
BOD ₅ , CARBONACEOUS	Sample Measurement			NDDE=9				
STORET No. 00310 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement			NDDE=9				
STORET No. 00625 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
NITRITE-NITRATE	Sample Measurement			NDDE=9				
STORET No. 00630 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL AMMONIA	Sample Measurement			NDDE=9				
STORET No. 00610 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement			NDDE=9				
STORET No. 00665 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
ORTHO-PHOSPHORUS	Sample Measurement			NDDE=9				
STORET No. 00600 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to Department of Environmental Protection, Waterkeeper For Miles Management Section, MS 3311, 2000 State Street Rd, Tallahassee, 32309-2400
 FACILITY NAME: WTP - County W-WTP PERMIT NUMBER: FL0004789-003-0741P DISCHARGE POINT NUMBER: 0001 - Ambient Monitoring Station
 MONTH/YEAR: 11/04 WAPP SITE NO: 1093

Parameter	Measurement	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
CHLOROPHYTIN							
STORET No. 02209 5	Measurement						
Mon. Site No. 81979-01-36033	Partial						
TOTAL SUSPENDED SOLIDS	Measurement					Quarterly	Grab
	Sample			NDDE = 9			
	Measurement						
STORET No. 00530 5	Partial						
Mon. Site No. 81979-01-36033	Measurement						
NO ₃ -NITRATE	Measurement					Quarterly	Grab
	Sample			NDDE = 5			
	Measurement						
STORET No. 00623 5	Partial						
Mon. Site No. 81979-01-36033	Measurement						
NITRITE-NITRATE	Measurement					Quarterly	Grab
	Sample			NDDE = 5			
	Measurement						
STORET No. 00570 5	Partial						
Mon. Site No. 81979-01-36033	Measurement						
TOTAL AMMONIA	Measurement					Quarterly	Grab
	Sample			NDDE = 5			
	Measurement						
STORET No. 00410 5	Partial						
Mon. Site No. 81979-01-36033	Measurement						
TOTAL PHOSPHORUS	Measurement					Quarterly	Grab
	Sample			NDDE = 9			
	Measurement						
STORET No. 00569 5	Partial						
Mon. Site No. 81979-01-36033	Measurement						
CRUIC-HYDROPERONE	Measurement					Quarterly	Grab
	Sample			NDDE = 9			
	Measurement						
STORET No. 00560 5	Partial						
Mon. Site No. 81979-01-36033	Measurement						
	Sample			NDDE = 9			

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to Department of Environmental Protection, Waterkeeper Practices Management Section, MS-3511, 2600 Blk Stone Rd, Tallahassee, 32309-3990

PERMIT NUMBER: FL004798-000-DW17
 MONITORING PERIOD: 12-1-04
 CLASIS CODE: Minor
 PLANT IDENTIFICATION TYPE: B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring Downstream

Permittee Name: Mid-County Services, Inc.
 200 Westfield Ave.
 Altamonte Springs, FL 32714

Facility: Mid-County Services, Inc.
 2875 Highway 17
 Palm Bay, FL 34909

County: Polk

12-31-04
 Ambient Monitoring
 Downstream
 37400

DATE: 02/06

Parameter	Sample	Quality or Concentration	Units	No. Ex.	Frequency of Sampling	Sample Type
pH	Sample Measurement	Report Surface				
STORST No. 00900 6 Mon. Site No. SWD-01-36333 THANNOVED OXYGEN	Permit Measurement Sample	Report Bottom Mid-Depth	S.U.		Quarterly	Grab
STORST No. 00900 6 Mon. Site No. SWD-01-36333 TEMPERATURE	Permit Measurement Sample	Report Bottom Mid-Depth	mg/L		Quarterly	Grab
STORST No. 00910 6 Mon. Site No. SWD-01-36333 SALINITY	Permit Measurement Sample	Report Bottom Mid-Depth	°C		Quarterly	Grab
STORST No. 00480 6 Mon. Site No. SWD-01-36333 Total Chlorine	Permit Measurement Sample	Report Bottom Mid-Depth	mg/L		Quarterly	Grab
STORST No. 31615 6 Mon. Site No. SWD-01-36333 Total Chlorine	Permit Measurement Sample	Report Bottom Mid-Depth	mg/L		Quarterly	Grab
STORST No. 31591 6 Mon. Site No. SWD-01-36333 Total Chlorine	Permit Measurement Sample	Report Bottom Mid-Depth	mg/L		Quarterly	Grab
STORST No. 00078 6 Mon. Site No. SWD-01-36333	Permit Measurement Sample	Report Bottom Mid-Depth	NTU s		Quarterly	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 that 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: DAVID WINKER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE NO: 777-787-7978
 DATE (Y/M/D): 05/01/20

DAILY SAMPLE RESULTS - PART B

Plant Number: FL0884789-003-DWIP
 Month/Year:

Facility Name: Mid-County WWTP

Three-month Average Daily Flow: 435
 Daily Flow % of Permitted Capacity: 70%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (p.u.)	Fecal Coliform Bacteria (#/100ml)	TSC (For Disinfect) (mg/L)	TSC (For Disinfect) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	6.61	2.2	2.2	2.2	7.4-7.1	<1	1.75	20.01	2.8	0.68	6.5	170	376
2	5.96				7.3-7.1	<1	2.18	20.01			7.1		
3	5.61				7.2-6.8	<1	1.45	20.01			6.1		
4	5.71				7.2-6.5		1.30	20.01			6.2		
5	6.29				7.4-7.1		1.50	20.01			7.0		
6	6.01				7.1-7.1	<1	1.06	20.01			6.5		
7	6.24	6.0	2.2	2.2	7.6-7.2	<1	2.36	20.01	0.169	0.81	6.3		
8	6.79				7.6-7.2	<1	1.69	20.01			6.7		
9	6.24				7.1-7.2		2.02	20.01			6.6		
10	6.66				7.6-7.2	<1	2.41	20.01			6.1		
11	5.83				7.5-7.0		1.30	20.01			6.2		
12	5.51				7.4-7.2		1.03	20.01			6.1		
13	6.01				7.4-7.2	<1	1.64	20.01			7.0		
14	5.01				7.2-7.0	<1	1.07	20.01			6.8		
15	5.08	2.2	2.2	2.2	7.4-7.0	<1	1.69	20.01	2.1	0.68	6.6		
16	5.64				7.4-7.1	<1	1.10	20.01			7.0		
17	5.87				7.3-7.1	<1	1.75	20.01			6.7		
18	5.75				7.3-7.0		1.10	20.01			6.7		
19	5.54				7.5-7.1		1.10	20.01			7.0		
20	4.92				7.5-7.2	<1	1.39	20.01			6.4		
21	5.42				7.5-7.2	<1	1.24	20.01			6.6		
22	6.03	2.2	2.2	2.2	7.7-7.1	<1	1.56	20.01	3.6	0.28	6.6		
23	5.77				7.5-7.1	<1	1.77	20.01			6.8		
24	5.51				7.4-7.0	<1	1.46	20.01			6.6		
25	5.46				7.5-7.0		1.48	20.01			6.8		
26	5.55				7.4-7.1		1.10	20.01			6.5		
27	5.56				7.4-7.1	<1	1.64	20.01			6.8		
28	5.91				7.4-7.0	<1	1.11	20.01			6.5		
29	5.52	2.2	2.2	2.2	7.4-7.0	<1	1.18	20.01	7.7	0.41	6.6		
30	6.06				7.3-6.9	<1	1.10	20.01			6.7		
31	6.11				7.4-6.9		2.41	20.01			6.8		

PLANT STAFFING:
 Day Shift Operator: Class: C Certificate No: C-13832 Name: Jay Hahn
 Evening Shift Operator: Class: Certificate No: Name:
 Night Shift Operator: Class: B+B Certificate No: A-512 + A-272 Name: Ralph James F. Matt Gunter
 Lead Operator: Class: B Certificate No: B-13018 Name: Daveo Alexander
 Type of Effluent Disposal or Recycled Water Reuse: Surface water to carbon forest
 Limited Flow Weather Discharge Activated: Yes No Not Applicable: If yes, consecutive days of wet weather discharge: _____

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

Mid County Dec '04

645

Month _____
Year _____

Calibration for Hand Held CL2 Meter using High Secondary Standard Kit

Date	MTR READ	Flow MFD
1	339 456888	1.611
2	340 062882	1.596
3	340659136	1.566
4	341225260	1.571
5	341797682	1.629
6	342426367	1.601
7	343029196	1.624
8	343651914	1.679
9	344 331216	1.674
10	344956189	1.606
11	345622389	1.583
12	346206036	1.551
13	346757936	1.661
14	347359329	1.504
15	347964091	1.508
16	348372808	1.564
17	348932841	1.587
18	349523964	1.575
19	350099828	1.554
20	350602771	1.492
21	351144905	1.546
22	351685262	1.613
23	352299031	1.577
24	352875993	1.518
25	353434386	1.546
26	353981238	1.555
27	354536051	1.556
28	355091988	1.596
29	355682575	1.552
30	356235051	1.606
31	356841935	1.611

170 155
370
2.8 1.68
1.69 1.81
2.1 1.68
3.6 1.28
7.7 1.41

1.590

12-27 2300 GAD
12-9 Recs. 1
12-31 Recs. 2

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

645

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: David Winkler

Date: 10/20/2004 14:11 PM

Company: Mid-County Services, Inc.

Fax #: 727-787-2565

From: Jackie Tappan

Pages: 12 including this cover page.

Subject:

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested **Please Comment** via U.S. Mail



Messages:

David,
Here is a clean copy of the DMR form for your future use. The one you have been using is so black, it's hard to make out the information.

Thanks
Jackie

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

Document1

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: _____
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: **D001**

To: _____
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

THREE MONTH ROLLING ADF: _____ **% OF PERMITTED** **CAPACITY:** _____

WAFR SITE NO.: 14595

DMR date: 3/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No.Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80082 Y Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			5.0 (An.Avg.)		mg/L	Calculated	Rolling Annual Avg. ¹
CBOD5 STORET No. 80082 1 Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			6.25 (Mo.Avg.)	7.5 (Week.Avg.)	10.0 (Max.)	mg/L	Weekly
TSS STORET No. 00530 Y Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			5.0 (An.Avg.)			mg/L	Calculated
TSS STORET No. 00530 1 Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			6.25 (Mo.Avg.)	7.5 (Week.Avg.)	10.0 (Max.)	mg/L	Weekly
TSS STORET No. 00530 1 Mon.Site No. EFB-01-36383	Sample Measurement							
	Permit Measurement					5.0 (Max.)	mg/L	5 Days/Week
pH STORET No. 00400 1 Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.	Continuous

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP

PERMIT NUMBER: FL0034789-002-DWIP

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 14595

Month/Year:

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria STORET No. 31615 1 Mon.Site No. EFD-01-36118	Sample Measurement									
	Permit Measurement			Non Detectable (75 Percentile)		25 (Max.)	#/100mL		5 Days/Week	Grab
TRC for disinfection STORET No. 50060 A Mon.Site No. EFA-01-36356	Sample Measurement									
	Permit Measurement			1.0 (Min.)			mg/L		Continuous	Meter
TRC for dechlorination STORET No. 50060 1 Mon.Site No. EFD-01-36118	Sample Measurement									
	Permit Measurement					0.01 (Max.)	mg/L		Hourly	Grab
Nitrogen STORET No. 00600 Y Mon.Site No. EFD-01-36118	Sample Measurement									
	Permit Measurement			3.0 (An.Avg.)			mg/L as N		Calculated	Rolling Annual Avg. ¹
Nitrogen STORET No. 00600 1 Mon.Site No. EFD-01-36118	Sample Measurement									
	Permit Measurement			3.75 (Mo.Avg.)	4.5 (Week.Avg.)	6.0 (Max.)	mg/L as N		Weekly	16-hour FPC
Phosphorus STORET No. 00665 y Mon.Site No. EFD-01-36118	Sample Measurement									
	Permit Measurement			1.0 (An.Avg.)			mg/L as P		Calculated	16-hour FPC
Phosphorus STORET No. 70507 1 Mon.Site No. EFD-01-36118	Sample Measurement									
	Permit Measurement			1.25 (Mo.Avg.)	1.5 (Week.Avg.)	2.0 (Max.)	mg/L as P		Weekly	16-hour FPC
Oxygen, Dissolved (DO) STORET No. 00300 1 Mon.Site No. EFD-01-36118	Sample Measurement									
	Permit Measurement			5.0 (Min.)			mg/L		Daily	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Mid-County WWTP
 MONTH/YEAR: _____

PERMIT NUMBER: FL0034789-002-DW1P

DISCHARGE POINT NUMBER: **D001**

WAFR SITE No.: 14595

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow STORET No. 50050 I Mon.Site No. EFD-01-36118	Sample Measurement										
	Permit Measurement	0.900 (AADF ²)	Report (Mo.Avg.)	mgd						Continuous	Flow Meters & Totalizers
Flow STORET No. 50050 Y Mon.Site No. EFD-01-36118	Sample Measurement										
	Permit Measurement		Report (Ann.Avg.)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg. ¹)
CBOD5 STORET No. 80082 G Mon.Site No. INF-01-36119	Sample Measurement										
	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC
TSS STORET No. 00530 G Mon.Site No. INF-01-36119	Sample Measurement										
	Permit Measurement				Report (Mo.Avg.)			mg/L		Monthly	16-hour FPC
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

¹Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

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: Mid-County Services, Inc.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: _____
 LIMIT: Final
 CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: D001

To: _____
 REPORT: **TOXICITY**
 GROUP: _____
 WAFR SITE NO.: 14595

FACILITY: Mid-County WWTP
 LOCATION: 2299 Spanish Vista Dr.
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DMR date: 2/00

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No.Ex.	Frequency of Analysis	Sample Type
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Routine) STORET No. TBP3B P Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			100 (Min.)		Percent	Bi-monthly	See Permit
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional) STORET No. TBP3B Q Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			100 (Min.)		Percent	Additional Definitive	See Permit
NOEL STATRE 7 DAY CHRONIC Ceriodaphnia dubia (Additional) STORET No. TBP3B R Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			100 (Min.)		Percent	Additional Definitive	See Permit
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Routine) STORET No. TBP6C P Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			100 (Min.)		Percent	Bi-monthly	See Permit
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional) STORET No. TBP6C Q Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			100 (Min.)		Percent	Additional Definitive	See Permit
NOEL STATRE 7 DAY CHRONIC Pimephales promelas (Additional) STORET No. TBP6C R Mon.Site No. EFD-01-36118	Sample Measurement							
	Permit Measurement			100 (Min.)		Percent	Additional Definitive	See Permit

* If a second definitive test is required, enter the result in an empty row.

** Enter NODI=9 in the results column if no discharge occurred during the reporting period. Enter NODI=9 in the results column if no definitive tests are required.

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

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

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, In.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DWIP
 MONITORING PERIOD From: _____
 LIMIT: Final
 Minor
 CLASS SIZE: B
 PLANT SIZE/TREATMENT TYPE B
 DISCHARGE POINT NUMBER: D001: Ambient Monitoring

To: _____
 REPORT: **Ambient Monitoring**
 GROUP: Domestic
 WAFR SITE No.: 14595

FACILITY: Mid-County Services, In.
 LOCATION: 2299 Spanish Vista Dr.nue
 Palm Harbor, FL 34668
 COUNTY: Pinellas

DMR Date: 02/00

Parameter				Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH STORET No. 00400 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement			Report	S.U.		Quarterly	Grab
DISSOLVED OXYGEN STORET No. 00300 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement			Report	mg/L		Quarterly	Grab
TEMPERATURE STORET No. 00010 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement			Report	°C		Quarterly	Grab
SALINITY STORET No. 00480 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement			Report	ug/L		Quarterly	Grab
Fecal Coliform STORET No. 31615 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement			Report	-	#/100mL	Quarterly	Grab
Total Coliform STORET No. 31501 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement			Report	-	#/100mL	Quarterly	Grab
Turbidity STORET No. 82078 5 Mon. Site No. SWA-01-36334	Sample Measurement							
	Permit Measurement			Report	-	NTU's	Quarterly	Grab

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

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

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
FACILITY NAME: Mid-County WWTP **PERMIT NUMBER:** FL0034789-002-DW1P **DISCHARGE POINT NUMBER:** D001 – Ambient Monitoring at Outfall
MONTH/YEAR: _____

WAFR SITE No.: 14595

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TOTAL SUSPENDED SOLIDS	Sample Measurement							
STORET No. 00530 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
BOD ₅ , CARBONACEOUS	Sample Measurement							
STORET No. 00310 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement							
STORET No. 00625 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
NITRITE-NITRATE	Sample Measurement							
STORET No. 00630 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL AMMONIA	Sample Measurement							
STORET No. 00610 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement							
STORET No. 00665 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab
ORTHO-PHOSPHORUS	Sample Measurement							
STORET No. 00660 5 Mon. Site No. SWA-01-36334	Permit Measurement			Report	mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITEE NAME: Mid-County Services, In.
 MAILING ADDRESS: 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
 MONITORING PERIOD From: _____
 LIMIT: Final

To: _____
 REPORT: **Ambient Monitoring**
 Domestic
 GROUP: _____
 WAFR SITE No.: 14595

FACILITY: Mid-County Services, In.
 LOCATION: 2299 Spanish Vista Dr.nue
 Palm Harbor, FL 34668
 COUNTY: Pinellas

CLASS SIZE: Minor
 PLANT SIZE/TREATMENT TYPE: B
 DISCHARGE POINT NUMBER: **D001: Ambient Monitoring Upstream**

DMR Date: 02/00

Parameter				Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
STORET No. 00400 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	S.U.		Quarterly	Grab
DISSOLVED OXYGEN	Sample Measurement									
STORET No. 00300 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	mg/L		Quarterly	Grab
TEMPERATURE	Sample Measurement									
STORET No. 00010 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	°C		Quarterly	Grab
SALINITY	Sample Measurement									
STORET No. 00480 5 Mon. Site No. SWB-01-36333	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	ug/L		Quarterly	Grab
Fecal Coliform	Sample Measurement									
STORET No. 31615 5 Mon. Site No. SWB-01-36333	Permit Measurement			-	Report Mid-Depth	-	#/100 mL		Quarterly	Grab
Total Coliform	Sample Measurement									
STORET No. 31501 5 Mon. Site No. SWB-01-36333	Permit Measurement			-	Report Mid-Depth	-	#/100 mL		Quarterly	Grab
Turbidity	Sample Measurement									
STORET No. 82078 5 Mon. Site No. SWB-01-36333	Permit Measurement			-	Report Mid-Depth	-	NTUs		Quarterly	Grab

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

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

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DWIP DISCHARGE POINT NUMBER: **D001- Ambient Monitoring Upstream**
 MONTH/YEAR: _____

WAFR SITE No.: 14595

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a STORET No. 32230 5 Mon. Site No. SWB-01-36333	Sample Measurement										
	Permit Measurement				-	Report Mid-Depth	-	ug/L		Quarterly	Grab
TOTAL SUSPENDED SOLIDS STORET No. 00530 5 Mon. Site No. SWB-01-36333	Sample Measurement				-		-				
	Permit Measurement					Report Mid-Depth		mg/L		Quarterly	Grab
BOD ₅ , CARBONACEOUS STORET No. 00310 5 Mon. Site No. SWB-01-36333	Sample Measurement				-		-				
	Permit Measurement					Report Mid-Depth		mg/L		Quarterly	Grab
TOTAL KJELDAHL NITROGEN STORET No. 00625 5 Mon. Site No. SWB-01-36333	Sample Measurement				-		-				
	Permit Measurement					Report Mid-Depth		mg/L		Quarterly	Grab
NITRITE-NITRATE STORET No. 00630 5 Mon. Site No. SWB-01-36333	Sample Measurement				-		-				
	Permit Measurement					Report Mid-Depth		mg/L		Quarterly	Grab
TOTAL AMMONIA STORET No. 00610 5 Mon. Site No. SWB-01-36333	Sample Measurement				-		-				
	Permit Measurement					Report Mid-Depth		mg/L		Quarterly	Grab
TOTAL PHOSPHORUS STORET No. 00665 5 Mon. Site No. SWB-01-36333	Sample Measurement				-		-				
	Permit Measurement					Report Mid-Depth		mg/L		Quarterly	Grab
ORTHO-PHOSPHORUS STORET No. 00660 5 Mon. Site No. SWB-01-36333	Sample Measurement				-		-				
	Permit Measurement					Report Mid-Depth		mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400

PERMITTEE NAME: Mid-County Services, In.
MAILING ADDRESS: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FL0034789-002-DW1P
MONITORING PERIOD From:
LIMIT:
CLASS SIZE:
PLANT SIZE/TREATMENT TYPE
DISCHARGE POINT NUMBER:

Final
Minor
B

To: REPORT: **Ambient Monitoring**
GROUP: Domestic
WAFR SITE No.: 14595

FACILITY: Mid-County Services, In.
LOCATION: 2299 Spanish Vista Dr.nue
Palm Harbor, FL 34668
COUNTY: Pinellas

D001: Ambient Monitoring Downstream

DMR Date: 02/00

Parameter				Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
				Report Surface	Report Mid-Depth	Report Bottom				
pH STORET No. 00400 6 Mon. Site No. SWD-01-36335	Sample Measurement									
	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	S.U.		Quarterly	Grab
DISSOLVED OXYGEN STORET No. 00300 6 Mon. Site No. SWD-01-36335	Sample Measurement									
	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	mg/L		Quarterly	Grab
TEMPERATURE STORET No. 00010 6 Mon. Site No. SWD-01-36335	Sample Measurement									
	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	°C		Quarterly	Grab
SALINITY STORET No. 00480 6 Mon. Site No. SWD-01-36335	Sample Measurement									
	Permit Measurement			Report Surface	Report Mid-Depth	Report Bottom	ug/L		Quarterly	Grab
Fecal Coliform STORET No. 31615 6 Mon. Site No. SWD-01-36335	Sample Measurement									
	Permit Measurement			-	Report Mid-Depth	-	#/100mL		Quarterly	Grab
Total Coliform STORET No. 31501 6 Mon. Site No. SWD-01-36335	Sample Measurement									
	Permit Measurement			-	Report Mid-Depth	-	#/100mL		Quarterly	Grab
Turbidity STORET No. 82078 6 Mon. Site No. SWD-01-36335	Sample Measurement									
	Permit Measurement			-	Report Mid-Depth	-	NTU s		Quarterly	Grab

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

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

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 3511, 2600 Blair Stone Rd, Tallahassee, 32399-2400
 FACILITY NAME: Mid-County WWTP PERMIT NUMBER: FL0034789-002-DW1P DISCHARGE POINT NUMBER: D001- Ambient Monitoring Downstream WAFR SITE No.: 14595
 MONTH/YEAR: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CHLOROPHYLL-a	Sample Measurement									
STORET No. 32230 6 Mon. Site No. SWD-01-36335	Permit Measurement			-	Report Mid-Depth	-	ug/L		Quarterly	Grab
TOTAL SUSPENDED SOLIDS	Sample Measurement			-		-				
STORET No. 00530 6 Mon. Site No. SWD-01-36335	Permit Measurement				Report Mid-Depth		mg/L		Quarterly	Grab
BOD ₅ , CARBONACEOUS	Sample Measurement			-		-				
STORET No. 00310 6 Mon. Site No. SWD-01-36335	Permit Measurement				Report Mid-Depth		mg/L		Quarterly	Grab
TOTAL KJELDAHL NITROGEN	Sample Measurement			-		-				
STORET No. 00625 6 Mon. Site No. SWD-01-36335	Permit Measurement				Report Mid-Depth		mg/L		Quarterly	Grab
NITRITE-NITRATE	Sample Measurement			-		-				
STORET No. 00630 6 Mon. Site No. SWD-01-36335	Permit Measurement				Report Mid-Depth		mg/L		Quarterly	Grab
TOTAL AMMONIA	Sample Measurement			-		-				
STORET No. 00610 6 Mon. Site No. SWD-01-36335	Permit Measurement				Report Mid-Depth		mg/L		Quarterly	Grab
TOTAL PHOSPHORUS	Sample Measurement			-		-				
STORET No. 00665 6 Mon. Site No. SWD-01-36335	Permit Measurement				Report Mid-Depth		mg/L		Quarterly	Grab
ORTHO-PHOSPHORUS	Sample Measurement			-		-				
STORET No. 00660 6 Mon. Site No. SWD-01-36335	Permit Measurement				Report Mid-Depth		mg/L		Quarterly	Grab

A CHAIN OF CUSTODY MUST BE SUBMITTED WITH THE REPORT.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA0034789-002-DW1P
 Month/Year:

Facility Name: Mid-County WWTP

Three-month Average Daily Flow:
 Daily Flow % of Permitted Capacity:

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	TRC (For Dechlorinat.) (mg/L)	Nitrogen (as N) (mg/L)	Phosphorus (as P) (mg/L)	Dissolved Oxygen (DO) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00530	00400	74055	50060	50060	00600	00665	00300	80082	00530
Mon. Site	EFD-01	EFD-01	EFB-01	EFD-01	EFD-01	EFD-01	EFA-01	EFD-01	EFD-01	EFD-01	EFD-01	INF-01	INF-01
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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: _____

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

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

TIER TWO	REPORTING YEAR JAN. 1 TO DEC. 31, 2005	Florida S•E•R•C Page <u>1</u> of <u>2</u> pages																				
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Mid-County Wastewater Treatment Plant</u> Street <u>2299 Spanish Vista Drive</u> City <u>Dunedin</u> County <u>Pinellas</u> State <u>FL</u> Zip <u>34698</u> SIC Code <u>4941</u> Dun & Brad Number <u>07-758-0785</u> F.E.I. # <u>59-1229-280</u>	Owner/Operator Name Name <u>Utilities. Inc. of Florida</u> Phone <u>(407) 869-1919</u> Mail Address <u>200 Weathersfield Ave., Altamonte Spr., FL 32714</u> Emergency Contact Name <u>Operator on call</u> Title _____ Phone <u>(407) 869-1919</u> 24 Hr. Phone <u>(407) 869-1919</u> Name <u>Rick Retz</u> Title <u>Regional Manager</u> Phone <u>(407) 869-1919</u> 24 Hr. Phone <u>(407) 869-1919</u>																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Chemical Description</th> <th style="width: 15%;">Physical and Health Hazards (check all that apply)</th> <th style="width: 15%;">Inventory in Pounds</th> <th style="width: 10%;">Container Type Pressure Temperature</th> <th style="width: 25%;">Storage Codes and Locations (Non-Confidential) <i>Storage Locations - Description, not address</i></th> </tr> </thead> <tbody> <tr> <td> CAS <input type="checkbox"/>1<input type="checkbox"/>0<input type="checkbox"/>0<input type="checkbox"/>2<input type="checkbox"/>8<input type="checkbox"/>-<input type="checkbox"/>2<input type="checkbox"/>2<input type="checkbox"/>-<input type="checkbox"/>5 Trade Secret <input type="checkbox"/> Chem. Name <u>Ferric Sulfate</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>Ferric Sulfate</u> </td> <td> <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) </td> <td> <u>49,500</u> Maximum Daily Amount <u>04</u> Average Daily Amount <u>365</u> Days on Site </td> <td> <u>A14</u> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </td> <td> <u>Southwest corner of plant</u> </td> </tr> <tr> <td> CAS <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>6<input type="checkbox"/>7<input type="checkbox"/>-<input type="checkbox"/>5<input type="checkbox"/>6<input type="checkbox"/>-<input type="checkbox"/>1 Trade Secret <input type="checkbox"/> Chem. Name <u>Methanol</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>Methanol</u> </td> <td> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic) </td> <td> <u>60,000</u> Maximum Daily Amount <u>04</u> Average Daily Amount <u>365</u> Days on Site </td> <td> <u>A14</u> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </td> <td> <u>Southwest corner of plant</u> </td> </tr> <tr> <td> CAS <input type="checkbox"/><input type="checkbox"/>7<input type="checkbox"/>6<input type="checkbox"/>8<input type="checkbox"/>1<input type="checkbox"/>-<input type="checkbox"/>5<input type="checkbox"/>2<input type="checkbox"/>-<input type="checkbox"/>9 Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium hypochlorite</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>Sodium hypochlorite</u> </td> <td> <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic) </td> <td> <u>18,518</u> Maximum Daily Amount <u>04</u> Average Daily Amount <u>365</u> Days on Site </td> <td> <u>A14</u> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </td> <td> <u>South end of chlorine contact tank</u> </td> </tr> </tbody> </table>	Chemical Description	Physical and Health Hazards (check all that apply)	Inventory in Pounds	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations - Description, not address</i>	CAS <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> - <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> - <input type="checkbox"/> 5 Trade Secret <input type="checkbox"/> Chem. Name <u>Ferric Sulfate</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>Ferric Sulfate</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>49,500</u> Maximum Daily Amount <u>04</u> Average Daily Amount <u>365</u> Days on Site	<u>A14</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Southwest corner of plant</u> 	CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> - <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> - <input type="checkbox"/> 1 Trade Secret <input type="checkbox"/> Chem. Name <u>Methanol</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>Methanol</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>60,000</u> Maximum Daily Amount <u>04</u> Average Daily Amount <u>365</u> Days on Site	<u>A14</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Southwest corner of plant</u> 	CAS <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 1 <input type="checkbox"/> - <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> - <input type="checkbox"/> 9 Trade Secret <input type="checkbox"/> Chem. 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E-Mail address of representative who prepared Tier Two Form (optional): <u>l.n.wright@utilitiesinc-usa.com</u> Patrick C. Flynn, Regional Director Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____
Chemical Description	Physical and Health Hazards (check all that apply)	Inventory in Pounds	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) <i>Storage Locations - Description, not address</i>																		
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CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> - <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> - <input type="checkbox"/> 1 Trade Secret <input type="checkbox"/> Chem. Name <u>Methanol</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>Methanol</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>60,000</u> Maximum Daily Amount <u>04</u> Average Daily Amount <u>365</u> Days on Site	<u>A14</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Southwest corner of plant</u> 																		
CAS <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 1 <input type="checkbox"/> - <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> - <input type="checkbox"/> 9 Trade Secret <input type="checkbox"/> Chem. Name <u>Sodium hypochlorite</u> Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>Sodium hypochlorite</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>18,518</u> Maximum Daily Amount <u>04</u> Average Daily Amount <u>365</u> Days on Site	<u>A14</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>South end of chlorine contact tank</u> 																		

TIER TWO	REPORTING YEAR JAN. 1 TO DEC. 31, 2005	Florida S●E●R●C Page <u>2</u> of <u>2</u> pages
EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name <u>Mid-County Wastewater Treatment Plant</u> Street <u>2299 Spanish Vista Drive</u> City <u>Dunedin</u> County <u>Pinellas</u> State <u>FL</u> Zip <u>34698</u> SIC Code <u>4941</u> Dun & Brad Number <u>07-758-0785</u> F.E.I. # <u>59-1229-280</u>	Owner/Operator Name Name <u>Utilities, Inc. of Florida</u> Phone <u>(407) 869-1919</u> Mail Address <u>200 Weathersfield Ave., Altamonte Spr., FL 32714</u>
	Emergency Contact Name <u>Operator on call</u> Title _____ Phone <u>(407) 869-1919</u> 24 Hr. Phone <u>(407) 869-1919</u> Name <u>Rick Retz</u> Title <u>Regional Manager</u> Phone <u>(407) 869-1919</u> 24 Hr. Phone <u>(407) 869-1919</u>	

Chemical Description	Physical and Health Hazards <small>(check all that apply)</small>	Inventory in Pounds	Container Type Pressure Temperature	Storage Codes and Locations <small>(Non-Confidential)</small> <i>Storage Locations - Description, not address</i>
CAS <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 6 <input type="checkbox"/> - <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> - <input type="checkbox"/> 6 Trade Secret <input type="checkbox"/> Chem. Name <u>Diesel</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name <u>Diesel</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>11,100</u> Maximum Daily Amount <u>04</u> Average Daily Amount <u>365</u> Days on Site	<input type="checkbox"/> A <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Storage tank with containment</u>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ Maximum Daily Amount <input type="checkbox"/> <input type="checkbox"/> Average Daily Amount _____ Days on Site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all that apply: <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	_____ Maximum Daily Amount <input type="checkbox"/> <input type="checkbox"/> Average Daily Amount _____ Days on Site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Certification <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through <u>2</u> and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. E-Mail address of representative who prepared Tier Two Form (optional): <u>l.n.wright@utilitiesinc-usa.com</u> <u>Patrick C. Flynn, Regional Director</u> <small>Name and official title of owner/operator OR owner/operator's authorized representative</small>	Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguard measures
_____ <small>Signature</small>	_____ <small>Date signed</small>

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (5)
Inspection Reports

Test Year Ended December 31, 2005

SAMPLING

Influent and effluent sampling locations and procedures were reviewed. No deficiencies were noted.

RECORDS AND REPORTS

1. *The Department is in the process of upgrading its data management system to better provide timely data processing and entry. While the Department incorporates these changes, you are requested to submit all future Discharge Monitoring Reports (DMRs) to both the Tallahassee Self-Monitoring Subsection, as you are now doing, and the Southwest District Domestic Wastewater Section at the addresses below. The completed DMRs should be postmarked by the 28th of the month following the monitoring period.

Originals to:

Department of Environmental Protection
Wastewater Compliance Evaluation Section
Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Copies to:

Department of Environmental Protection
Domestic Wastewater Section
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Furthermore, only DMR Parts A and B should be sent to the Tallahassee address. All other required reports, including toxicity reports, ambient monitoring reports, residuals analyses and monthly SSO reports should be sent directly to the Temple Terrace address.

2. Pursuant to a request from the certified operator, Mr. Steve Szczepkowski, please note that under the current permit, the fecal coliform non-detectable criterion is the 75th percentile. To report the fecal coliform 75th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 75th percentile. For example, for 30 samples, report the corresponding fecal coliform value for the 23rd value of ascending order. Please note that, under the new permit, you will be required to report the percent non-detectable. To report the percent non-detectable, 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%, rounding to the nearest integer.

FACILITY SITE REVIEW

Facility grounds appeared well maintained. A slight odor was emanating from the south treatment train. This odor was not detected within the Doral Mobile Home Park and appeared confined to the facility grounds.

FLOW MEASUREMENT

A v-notch weir to sonic meter with totalizer at the end of the dechlorination tank measures effluent flow. The flow measurement calibration was dated May 2005 and was, therefore, current.

OPERATION AND MAINTENANCE

1. No deficiencies were noted. The facility appeared well operated and maintained. The replacement of the flow splitter box and the clarifier flights was observed.
2. *There was an exterior wall leak around the pipe elbow from the dechlorination tank to the out-fall box. This leak should be sealed.
3. *A conversation with Mr. Szczepkowski indicated that the meter that paces the methanol feed may be malfunctioning, causing an early-morning drop in the total chlorine residual. Please investigate.

EFFLUENT QUALITY

1. *A review of Discharge Monitoring Reports (DMRs) submitted for the 20-month period of April 2004 through November 2005 indicated that the effluent permit limit for Total Nitrogen single sample maximum was exceeded once in May 2004, once in December 2004, twice in July 2005 and twice in August 2005.
2. *A review of DMRs submitted for the 20-month period of April 2004 through November 2005 indicated that the effluent permit limit for Total Nitrogen monthly average was exceeded once in July and August 2005.
3. *A review of DMRs submitted for the 20-month period of April 2004 through November 2005 indicated that the effluent permit limit for fecal coliform bacteria single sample maximum was exceeded once in June 2005.
4. *A review of DMRs submitted for the 20-month period of April 2004 through November 2005 indicated that the effluent permit limit for total Phosphorus single sample maximum was exceeded once in June and once in November 2005.
5. *A review of DMRs and toxicity test reports submitted for the 21-month period of March 2004 through November 2005 indicated that the effluent was chronically toxic to both *Ceriodaphnia dubia* and *Pimephales promelas* in the March 2004 second additional test, and to *Ceriodaphnia dubia* in the April and September 2005 routine tests and the September 2005 first additional test.

EFFLUENT DISPOSAL

Effluent is disposed of by permitted discharge to Curlew Creek. No deficiencies were noted.

RESIDUALS/SLUDGE

Residuals are transported to AMS, Inc. RMF for further treatment. No deficiencies were noted.

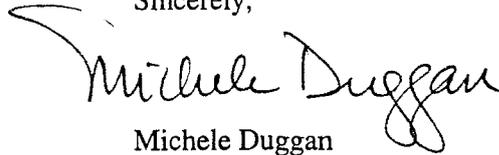
GROUNDWATER

There is no ground water monitoring requirement for this facility.

Mr. Patrick Flynn
Mid-County WWTF
FL0034789 – Pinellas County
Page 4 of 4

The type of inspection conducted was a Compliance Evaluation Inspection and, overall, the facility was Significantly Out of Compliance, due to Effluent Quality issues. A copy of the inspection report is attached. The Department requests a response within twenty days of receipt of this letter outlining action taken to correct the outstanding items indicated by an asterisk. Please direct any questions to the undersigned at (813) 632-7600, extension 335, or via e-mail: michele.duggan@dep.state.fl.us.

Sincerely,



Michele Duggan
Environmental Specialist
Domestic Wastewater Section

MD/mdd

Attachment

cc: Shannan Bogdanov, FDEP with attachment
Jeff Hilton, P.E., FDEP via e-mail
Richard Retz, Utilities, Inc. via e-mail
Steve Szczepkowski, Utilities, Inc. via e-mail

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
 FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION @ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
		Phone	@ Exit Date/Time

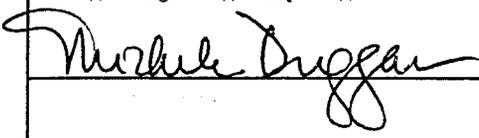
Name(s) of Field Representatives(s)	Title	Phone
Steve Szepekowski, lead operator Jay Hostetler, Shift operator	Rick Retz, Area Supervisor	

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Mr. Patrick Flynn, Regional Manager Mid County Services Inc 300 Weathersfield Ave Aetamonte Spung, Fl. 32714			

Inspection Type	Samples Taken(Y/N):	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	N		
Were Photos Taken(Y/N):	@ Log book Volume :	@ Page	
N			

FACILITY COMPLIANCE AREAS EVALUATED			
IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE or Blank = Not Evaluated Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"			
PERMITS/ORDERS	SELF-MONITORING PROGRAM	FACILITY OPERATIONS	EFFLUENT/DISPOSAL
IC 1. ♦ Permit	NE 3. Laboratory	IC 6. Facility Site Review	SC 9. ♦ Effluent Quality
NC 2. ♦ Compliance Schedules	IC 4. Sampling	IC 7. Flow Measurement	IC 10. ♦ Effluent Disposal
	IC 5. ♦ Records & Reports	IC 8. ♦ Operation & Maintenance	IC 11. Residuals/Sludge
13. Other:		NA	12. Groundwater

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: letter			

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
 Michele Duggan	(813) 744-6100, ext. 335	01/24/06
@ Signature of Reviewer	District Office/Phone Number	Date
 Thomas Gucciardo	(813) 744-6100, ext. 392	01-24-06

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N 5				2	3
ADDITIONAL NPDES COMMENTS					

Inspection Type (Field 1) A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
 Inspection Code (Field 2): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local Program
 Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3= Agricultural, 4=Federal
 Every other field is self explanatory

Mid-Col. as review 01-12-06

Plant/D001	0.900	5.00	6.25	7.50	10.00	5.00	6.25	7.50	10.00	5.00	6.00	8.50			
Mon/Yr	Flow aadf	Flow 3madf	Flow madf	% Cap	CBOD aa	CBOD ma	CBOD wa	CBOD max	TSS aa	TSS ma	TSS wa	TSS max	TSS-CI2	pH min	pH max
Apr-04	0.742	0.668	0.638	70.0	2.25	2.00	nod=9	2.00	2.00	2.00	nod=9	2.05	2.00	6.8	7.7
May-04	0.733		0.623		2.25	2.00	nod=9	2.00	2.05	2.00	nod=9	2.00	2.00	6.8	7.6
Jun-04	0.717		0.646		2.24	2.00	nod=9	2.00	2.05	2.00	nod=9	2.00	2.00	6.4	7.5
Jul-04	0.700	0.670	0.742	74.0	2.00	2.00	nod=9	2.00	2.04	2.01	nod=9	2.00	2.40	6.2	7.5
Aug-04	0.697	0.737	0.823	81.0	1.95	2.00	nod=9	2.00	2.04	2.00	nod=9	2.20	2.20	6.8	7.5
Sep-04	0.700	0.699	0.816	77.0	1.95	2.00	nod=9	2.00	2.04	2.00	nod=9	2.00	2.00	6.7	7.4
Oct-04	0.687	0.784	0.714	87.0	1.95	2.00	nod=9	2.00	2.04	2.00	nod=9	2.00	2.00	6.4	7.6
Nov-04	0.683	0.711	0.603	67.0	1.95	2.00	nod=9	2.00	2.04	2.00	nod=9	2.00	2.00	6.3	7.6
Dec-04	0.683	0.635	0.590	70.0	1.98	2.80	nod=9	6.00	2.04	2.00	nod=9	2.00	2.00	6.8	7.7
Jan-05	0.678	0.588	0.570	65.0	2.07	2.00	nod=9	2.00	2.00	2.00	nod=9	2.00	2.00	6.8	7.6
Feb-05	0.670	0.583	0.590	64.0	2.06	2.00	nod=9	2.40	2.00	2.00	nod=9	2.00	2.00	6.8	7.4
Mar-05	0.667	0.604	0.653	67.0	2.06	2.00	nod=9	2.00	2.00	2.00	nod=9	2.00	2.00	6.8	7.6
Apr-05	0.666	0.625	0.632	69.0	2.08	2.18	nod=9	2.70	2.00	2.00	nod=9	2.00	2.00	6.7	7.5
May-05	0.668		0.637		2.08	2.00	nod=9	2.00	2.00	2.00	nod=9	2.00	2.00	6.8	7.7
Jun-05	0.676	0.671	0.746	75.0	2.18	3.18	nod=9	7.40	2.00	2.00	nod=9	2.00	2.00	6.8	7.6
Jul-05	0.680	0.723	0.786	80.0	2.18	2.00	nod=9	2.40	2.00	2.00	nod=9	2.00	3.60	6.7	7.6
Aug-05	0.670	0.771	0.783	85.0	2.28	3.22	nod=9	4.50	2.00	2.00	nod=9	2.00	2.00	7	7.6
Sep-05	0.667	0.755	0.667	83.0	2.28	2.00	nod=9	2.00	2.00	2.00	nod=9	2.00	2.00	6.8	7.8
Oct-05	0.6620	0.7140	0.6610	79.0	2.24	2.52	nod=9	4.10	1.83	2.00	nod=9	2.00	2.00	6.4	7.8
Nov-05	0.6630	0.6470	0.6130	72.0	2.13	2.00	nod=9	2.00	1.75	2.00	nod=9	2.00	2.00	6.6	7.7
Dec-05															
Total	13.709	11.585	13.533	1265.000	42.160	43.900		55.500	39.920	40.010		40.250			
Average	0.685	0.681	0.677	74.412	2.108	2.195		2.775	1.996	2.001		2.013			

Plant/D001	75% nc	25	1.00	0.01	3.00	3.75	4.50	6.00	1.00	1.25	1.50	2.00	5.00	influent	E2mo
Mon/Yr	FC ma	FC max	TRC min	TRC max	TN aa	TN ma	TN wa	TN max	TP aa	TP ma	TP wa	TP max	DO min	cbod/tss	WET
Apr-04	100.0	0.0	1.00	0.010	2.78	2.70	nod=9	3.50	0.44	0.65	nod=9	0.77	6.7	210/330	>100x2
May-04	100.0	0.0	1.00	0.010	2.74	2.74	nod=9	6.4 (1)	0.46	0.37	nod=9	0.57	6.5	220/380	nod=9
Jun-04	100.0	0.0	1.60	0.010	2.66	1.86	nod=9	2.60	0.47	0.49	nod=9	0.94	5.8	180/460	nod=9
Jul-04	100.0	1.0	1.00	0.010	2.79	3.10	nod=9	5.40	0.46	0.45	nod=9	0.70	6.4	160/400	nod=9
Aug-04	100.0	0.0	1.10	0.010	2.72	1.20	nod=9	2.00	0.45	0.32	nod=9	0.51	6	130/260	nod=9
Sep-04	100.0	0.0	1.17	0.010	2.64	1.23	nod=9	3.40	0.47	0.51	nod=9	0.59	6.2	150/220	nod=9
Oct-04	100.0	0.0	1.51	0.010	2.53	1.01	nod=9	1.50	0.47	0.54	nod=9	0.76	6.7	120/230	>100x2
Nov-04	100.0	0.0	1.33	0.010	2.42	1.50	nod=9	1.70	0.49	0.46	nod=9	0.59	6.3	220/300	nod=9
Dec-04	98.0	1.0	1.03	0.010	2.55	3.37	nod=9	7.7 (1)	0.50	0.57	nod=9	0.81	6.1	170/370	nod=9
Jan-05	100.0	0.0	1.03	0.010	2.31	1.25	nod=9	2.20	0.49	0.35	nod=9	0.47	6.1	140/200	nod=9
Feb-05	100.0	0.0	1.30	0.010	2.18	1.36	nod=9	2.60	0.49	0.46	nod=9	0.52	6.2	170/260	nod=9
Mar-05	100.0	0.0	11.07	0.010	1.82	0.55	nod=9	0.76	0.47	0.54	nod=9	0.75	6.1	270/330	nod=9
Apr-05	100.0	0.0	1.10	0.010	1.67	0.84	nod=9	1.10	0.49	0.84	nod=9	0.93	6.2	180/230	<100cd
May-05	100.0	0.0	1.97	0.010	1.49	0.58	nod=9	0.93	0.46	0.50	nod=9	0.92	6	190/240	nod=9
Jun-05	100.0	37 (1)	1.36	0.010	1.61	3.28	nod=9	5.90	0.55	1.05		2.1 (1)	6	120/210	nod=9
Jul-05	100.0	2.0	1.14	0.010	2.25	10.82	nod=9	20 (2)	0.57	0.73	nod=9	0.84	5.5	240/210	nod=9
Aug-05	100.0	1.0	1.34	0.010	2.55	4.86	nod=9	9.3 (2)	0.62	0.96	nod=9	1.10	5.7	150/220	nod=9
Sep-05	100.0	1.0	1.60	0.010	2.62	2.00	nod=9	2.90	0.64	0.78	nod=9	1.30	5.5	210/250	<100x2
Oct-05	100.0	1.0	1.27	0.010	2.74	2.42	nod=9	3.60	0.65	0.59	nod=9	0.80	5.20	150/190	nod=9
Nov-05	100.0	0.0	1.00	0.010	2.88	3.24	nod=9	4.70	0.74	1.47	nod=9	4.6 (1)	5.60	140/200	nod=9
Dec-05															
Total	1998.000	7.000			47.950	49.910		44.790	10.380	12.630		13.870			
Average	99.900	0.368			2.398	2.496		2.799	0.519	0.632		0.771			

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (6)
Permits

Test Year Ended December 31, 2005



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

In the Matter of an
Application for Permit by:

February 7, 2006

Mid-County Services, Inc.
Mr. Patrick Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PA File No. FL0034789-008-DW1P
Mid County WWTF
Pinellas County

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FL0034789 to operate an existing 0.90 mgd Annual Average Daily Flow (AADF), Type I, advanced wastewater treatment plant consisting of two separate treatment trains as follow: the flow is directed through one static screen, followed by a flow equalization basin of 200,000 gallons total volume and through a flow splitter box which separates the flow into a 0.30 mgd stream and 0.60 mgd stream. The 0.30 mgd treatment train consists of one aeration basin of 349,000 gallons total volume and one clarifier of 92,000 gallons and 1025 square feet of total surface area. The 0.60 mgd treatment train consists of one aeration basin of 600,000 gallons total volume and one clarifier of 98,000 gallons and 1086 square feet of total surface area. The flow from the two trains are combined into one effluent holding tank of 16,000 gallons total volume, to three denitrification filters of 1,100,000 gallons total volume and 367 square feet of total surface area, to one chlorination/dechlorination chamber of 37,000 gallons total volume, one aerobic digester of 41,000 gallons total volume and one sludge holding tank of 43,500 gallons total volume. This facility is operated to provide advanced wastewater treatment and high level disinfection., issued under Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

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.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3),

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

PA File No.: FL0034789-008-DW1P

Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for enlargement of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (i.e., the applicant, the Department, and any person who has filed a timely and sufficient petition for a hearing). The agreement must contain all the information required by Rule 28-106.404, Florida Administrative Code. The agreement must be received by the clerk in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect their substantial interests that would be affected by such a modified final decision must file their petitions within fourteen days of receipt of this notice, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57, Florida Statutes. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

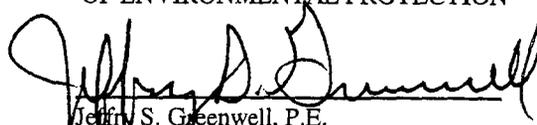
PA File No.: FL0034789-008-DW1P

This permit is final and effective on the date filed with the clerk of the Department unless a petition (or request for enlargement of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for enlargement of time) this permit will not be effective until further order of the Department.

Any party to this permit has the right to seek judicial review under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit is filed with the clerk of the Department.

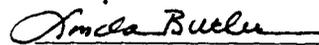
Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Jeffrey S. Greenwell, P.E.
Water Facilities Administrator
Southwest District

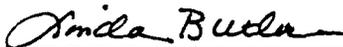
FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated deputy clerk, receipt of which is hereby acknowledged.

 2/7/06
Clerk Date

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on Feb. 7, 2006 to the listed persons.


Name

Feb. 7, 2006
Date

Copies Furnished To:

Michele Duggan, FDEP
George McDonald, P.E.
Water Facilities Regulation - Tallahassee



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Mid-County Services, Inc.

PERMIT NUMBER: FL0034789
PA FILE NUMBER: FL0034789-008-DW1P
ISSUANCE DATE: February 7, 2006
EXPIRATION DATE: February 6, 2011

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

(407) 869-1919

FACILITY:

Mid County WWTF
2299 Spanish Vista Drive
Dunedin, FL 34698-9438
Pinellas County
Latitude: 28° 02' 15" N Longitude: 82° 44' 33" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.) and constitutes authorization to discharge to waters of the state under the National Pollutant Discharge Elimination System. 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:

An existing 0.90 mgd Annual Average Daily Flow (AADF), Type I, advanced wastewater treatment plant consisting of two separate treatment trains as follow: the flow is directed through one static screen, followed by a flow equalization basin of 200,000 gallons total volume and through a flow splitter box which separates the flow into a 0.30 mgd stream and 0.60 mgd stream. The 0.30 mgd treatment train consists of one aeration basin of 349,000 gallons total volume and one clarifier of 92,000 gallons and 1025 square feet of total surface area. The 0.60 mgd treatment train consists of one aeration basin of 600,000 gallons total volume and one clarifier of 98,000 gallons and 1086 square feet of total surface area. The flow from the two trains are combined into one effluent holding tank of 16,000 gallons total volume, to three denitrification filters of 1,100,000 gallons total volume and 367 square feet of total surface area, to one chlorination/dechlorination chamber of 37,000 gallons total volume, one aerobic digester of 41,000 gallons total volume and one sludge holding tank of 43,500 gallons total volume. This facility is operated to provide advanced wastewater treatment and high level disinfection.

DISPOSAL:

Surface Water Discharge: An existing 0.9 MGD annual average daily flow (AADF) permitted discharge to Curlew Creek (Class III fresh water) and then to St. Joseph Sound (Outstanding Florida Water) at Discharge Location (D-001). The point of discharge is located approximately at latitude 28° 02' 20" N, longitude 82° 45' 20" W.

"More Protection, Less Process"

Printed on recycled paper.

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

PERMIT NUMBER: FL0034789

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 17 of this permit.

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Surface Water Discharges

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to discharge effluent from Outfall D-001 to Curlew Creek (Class III fresh water) and then to St. Joseph Sound (Outstanding Florida Water). Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

Parameter	Units	Max/Min	Effluent Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.9	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	5.0	6.25	7.5	10.0	Weekly	16-hour flow proportioned composite	EFD-01	
Solids, Total Suspended	MG/L	Maximum	5.0	6.25	7.5	10.0	Weekly	16-hour flow proportioned composite	EFD-01	
Solids, Total Suspended	MG/L	Maximum				5.0	5 Days/Week	Grab	EFD-01	
Nitrogen, Total (as N)	MG/L	Maximum	3.0	3.75	4.5	6.0	Weekly	16-hour flow proportioned composite	EFD-01	
Phosphorus, Total (as P)	MG/L	Maximum	1.0	1.25	1.5	2.0	Weekly	16-hour flow proportioned composite	EFD-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Meter	EFD-01	
Coliform, Fecal. % less than detection	PERCENT	Minimum	See Permit Condition I.A.4.				Monthly	Calculation	EFA-01	
Coliform, Fecal	#/100ML	Maximum	See Permit Condition I.A.4.				5 Days/Week	Grab	EFA-01	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	1.0	5 Days/Week	Meter	EFA-01	See Cond.I.A.5
Total Residual Chlorine (For Dechlorination)	MG/L	Maximum	-	-	-	0.01	5 Days/Week	Grab	EFD-01	
Oxygen, Dissolved (DO)	MG/L	Minimum	-	-	-	5.0	5 Days/Week	Grab	EFD-01	
Chloroform	UG/L	Maximum	Report	Report	-	-	Weekly	Grab	EFD-01	
Whole Effluent Toxicity (Chronic)	See Permit Condition I.A.6								EFD-01	

2. Effluent 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
EFA-01	After disinfection and before dechlorination.
EFD-01	After dechlorination and prior to discharge to Curlew Creek.
FLW-01	Flow meter prior to discharge to Curlew Creek.

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. A minimum of 1.0 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-600.440(5)(b) and (6)(b)]

6. Chronic Whole Effluent Toxicity Testing

The permittee shall comply with the following whole effluent toxicity testing requirements and initiate the series of tests described below within 60 days of permit issuance, unless otherwise directed by the Department in writing, to evaluate chronic whole effluent toxicity of the discharge from outfall D-001 to Curlew Creek.

a. Effluent Limitation

1. A No Observed Effect Concentration (NOEC) of greater than or equal to 100% effluent in any routine test or any additional test shall constitute compliance with these permit conditions and Rule 62-302.530(62), F.A.C.
2. A NOEC of less than 100% effluent in any routine test or additional test shall constitute non-compliance with these permit conditions and Rule 62-302.530(62), F.A.C. The permittee shall notify the Department via telephone or e-mail within 24 hours of notification that a routine or additional test failed.

b. Monitoring Frequency

The "routine" toxicity tests specified shall be conducted *once every three months*.

c. Routine Test Requirements

1. The permittee shall conduct a daphnid, Ceriodaphnia dubia, Survival and Reproduction Test and a fathead minnow, Pimephales promelas, Larval Survival and Growth Test, concurrently.
2. All test species, procedures and quality assurance criteria used shall be in accordance with Short-term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms, 4th ed., EPA-821-R-02-013, or the most current edition. Any deviation of the toxicity procedures outlined herein shall be submitted in writing to the Department for review and approval prior to use.
3. The control water and dilution water used shall be moderately hard water as described in EPA-821-R-02-013, Section 7, or the most current edition.
4. All routine tests shall be conducted using a control (0% effluent) and a minimum of five test concentrations: 100%, 50%, 25%, 12.5%, and 6.25% final effluent.

d. Sampling Requirements

1. For each routine test or additional test required, a total of three 24-hour, flow-proportioned composite samples of final effluent shall be collected and used per the sampling protocol discussed in EPA-821-R-02-013, Section 8, or the most current edition. The first sample shall be used to initiate the test. The remaining two composite samples shall be collected according to the protocol and used as renewal solutions on Day 3 (48 hours) and Day 5 (96 hours) of the test. If the duration of the discharge is less than 24-hours, the duration of discharge shall be documented on the chain of custody.

e. Additional Testing Requirements, if required

1. If chronic toxicity (an NOEC of less than 100% effluent) is found in any routine test, the permittee shall conduct two valid additional definitive tests on each species indicating an NOEC of less than 100% effluent.
2. Each valid additional test shall be conducted using a control (0% effluent) and a minimum of five dilutions: 100%, 50%, 25%, 12.5% and 6.25% effluent. The dilution series may be modified in the second test to more accurately bracket the toxicity, such that at least two dilutions above (not to exceed 100% effluent) and two dilutions below the target concentration and a control (0% effluent) are run. All test results shall be statistically analyzed according to the Appendices in EPA-821-R-02-013, or the most current edition.
3. The first valid additional test shall be initiated within two weeks of the end of the failed routine test. The second valid additional test shall be conducted one week thereafter. The additional tests will be used to evaluate the persistence of the observed toxicity.

f. Quality Assurance Requirements

1. A standard reference toxicant quality assurance chronic toxicity test (SRT-QA) shall be conducted with each species used in the toxicity tests, either concurrently or no more than 30 days before the date of each routine or additional test conducted. The SRT-QA data shall be submitted with each companion routine or additional test required.
2. A test, routine or additional, will be considered valid only if control mortality does not exceed 20% for either test species and all test acceptability criteria are met as described in 3 and 6. The results of any invalid test shall be submitted to the Department in conjunction with the results of the repeat test.
3. Test acceptability criteria for each species are defined in EPA-821-R-02-013, Section 13.12 (C. dubia) and Section 11.12 (P. promelas) or the most current edition.
4. If the mortality in the control (0% effluent) exceeds 20% for either species in any test, the test for that species (including the control) shall be invalidated and the test repeated.
5. If, in any test, 100% mortality occurs in any test concentration prior to the end of the seven days, and control mortality is less than 20% at that time, that test (including the control) shall be terminated with the conclusion that the test constitutes non-compliance with these permit conditions.
6. Routine and additional tests shall be evaluated for acceptability based on the observed dose-response relationship and the percent minimum significant difference (PMSD) as required by EPA-821-R-02-013, Sections 10.2.6 and 10.2.8, respectively.

g. Reporting Requirements

1. Results from all tests shall be reported and submitted on the Discharge Monitoring Report (DMR) in the following manner:
 - Routine Test Results: If the NOEC of a test species is less than 100% effluent, "<100%" should be entered on the DMR for that species. If the NOEC of a test species is greater than or equal to 100% effluent, ">100%" should be entered.
 - Additional Test Results: Report the % effluent determined to be the NOEC endpoint of the test.
2. A toxicity laboratory report for each routine test shall be prepared according to EPA-821-R-02-013, Section 10, Report Preparation and Test Review (or the most current edition) and mailed to the Department at the address in 7d. within 30 days of the completion of the test.
3. For additional tests, a single toxicity report shall be prepared according to EPA-821-R-02-013, Section 10, or the most current edition, and mailed within 45 days of completion of the second additional, valid test. If the routine test and any additional test fail to meet the criteria listed in "Effluent Limitations", the permittee shall submit a plan to the Department within 60 days of completion of the additional test report as to the cause of the chronic toxicity and a plan to remedy the observed chronic toxicity.
4. All toxicity reports shall be submitted to:
 - Department of Environmental Protection
 - Domestic Wastewater Program
 - Southwest District Office
 - 13051 N. Telecom Parkway
 - Temple Terrace, FL 33637-0926

7. Ambient Monitoring

The Permittee shall conduct an ambient monitoring program to evaluate the potential impacts of the discharge on the water quality of the receiving waters. The monitoring described below shall be conducted on a semi-annually basis for the life of the permit beginning no later than 90 days after permit issuance.

a. Sampling Locations:

1. Test site 1 shall be located 300 feet upstream of the outfall to Curlew Creek.
2. Test site 2 shall be located 300 feet downstream of the outfall to Curlew Creek.
3. Outfall D001 (effluent): At the outfall (effluent shall be collected just prior to mixing with the surface waters).

b. Regime: Each monitoring event shall be conducted during a discharge event from the outfall.

c. Sampling Depths: Top-depth, mid-depth and bottom depth samples shall be collected at all ambient monitoring sites.

d. Sampling Parameters:

1. Surface (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity and specific conductance shall be measured at 0.1 meter below the surface of the water.
2. Mid-depth (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity, specific conductivity, total suspended solids, CBOD₅, total Kjeldahl nitrogen, nitrite-nitrate, total ammonia nitrogen, total phosphorous, ortho-phosphorus, chlorophyll a corrected, fecal coliform bacteria, total coliform bacteria and turbidity.
3. Outfall (effluent): pH, dissolved oxygen, temperature, specific conductivity, total suspended solids, CBOD₅, total Kjeldahl nitrogen, nitrite-nitrate, total ammonia nitrogen, total phosphorus, ortho-phosphorus, fecal coliform bacteria and total coliform bacteria.
4. Bottom (at upstream and downstream sites): pH, dissolved oxygen, temperature, salinity and specific conductivity shall be measured at 0.1 meter above the bottom.

e. Secchi Depth: Shall be measured at all ambient sites.

f. Ambient Conditions: The following ambient conditions shall be recorded at each location during sampling: air temperature, antecedent weather, rainfall, cloud cover and tidal flow. A local tide chart on the day of the sampling event shall be included in each report.

g. Chain of Custody: Times and dates of sampling as well as the samplers' names should be noted on the Chain of Custody (COC).

h. Report: A quarterly report shall be submitted to the FDEP's Southwest District (in printed formats) presenting the results and interpretations of the sampling events. The report shall also include all chain of custody forms, laboratory results as reported by the laboratory and the physiochemical raw data sheets. [62-302.300]

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 and reported in accordance with condition I.B.8:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow Total Plant	MGD	Maximum	0.9	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.B.4	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	-	-	Monthly	Calculation	FLW-01		
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	16-hour flow proportioned composite	INF-01	See Cond.I.B.3	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Monthly	16-hour flow proportioned composite	INF-01	See Cond.I.B.3	
Rainfall	INCHES	Maximum	-	Report	-	-	Daily	Calculation	OTH-01		
Annual Sludge Production, Total	Gallons	Maximum	-	Report	-	-	Monthly	Calculation	OTH-02	See Cond.II.2	

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
FLW-01	Flow meter prior to discharge to Curlew Creek
INF-01	Influent, prior to treatment or RAS.
OTH-01	Rain gauge.
OTH-02	Volume of residuals hauled off-site.

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. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
6. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "Florida Department of Environmental Protection Table as Required By Rule 62-4.246(4) Testing Methods for Discharges to Surface Water" is available at <http://www.dep.state.fl.us/labs/guidance/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
- a) The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - b) The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide a MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - c) If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is in accordance with 40 CFR 136. [62-4.246, 62-160]

7. 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)]
8. 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 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.

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

PERMIT NUMBER: FL0034789

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

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 postmarked by the twenty-eighth (28th) of the month following the month of operation at the addresses specified below:

Originals to:

Florida Department of Environmental Protection
Wastewater Compliance Evaluation Section, Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Copies to:

Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

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

9. 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 Southwest District Office at the address specified below:

Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Phone Number - 813-632-7600

FAX Number - 813-632-7662

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 transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall report the volume of residuals transported. *[62-640.650(3)]*

3. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
5. 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]
6. 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)]
7. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

1. Date and Time Shipped
2. Amount of Residuals Shipped
3. Degree of Treatment (if applicable)
4. Name and ID Number of Residuals Management Facility or Treatment Facility
5. Signature of Responsible Party at Source Facility
6. Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility

1. Date and Time Received
2. Amount of Residuals Received
3. Name and ID Number of Source Facility
4. Signature of Hauler
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

8. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

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 I, Class B facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 16 hours/day for 7 days/week. The lead operator must be a Class B operator, or higher.

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

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

PERMIT NUMBER: FL0034789

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. 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)]
4. 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)]
5. 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 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. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in

FACILITY: Mid County WWTF
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- Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
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. [62-620.320(9) and 62-302.500(2)(e)]
 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)]
 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 the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.[62-604.130(5)]
 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 verbal notice to the Department 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 in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
 10. 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

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- 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)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

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PERMIT NUMBER: FL0034789

- b. Have access to and copy any records that shall be kept under the conditions of this permit;
- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may 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)]

FACILITY: Mid County WWTF
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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), or as specified elsewhere in the permit.
 - 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. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with 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:

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

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- a) Name, address, and telephone number of person reporting;
 - 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. 17., 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.
- 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)]

FACILITY: Mid County WWTF
PERMITTEE: Mid-County Services, Inc.

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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 Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Jeffrey S. Greenwell, P.E.
Water Facilities Administrator
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (7)
Notices

Test Year Ended December 31, 2005

MID-COUNTY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

April 6, 2005

Ms. Michele Duggan
FDEP-Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619

Re: Warning Letter No. WL05-0011DW52SWD
Mid-County WWTF
Facility ID No. FL0034789
Pinellas County

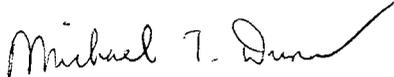
Dear Ms. Duggan:

The purpose of this letter is to respond to the warning letter dated 3/29/05 received from the department. Items are addressed using the same numbering system presented in that document.

1. The static screen has been enclosed and a drop pipe added to reduce splashing and associated hydrogen sulfide emissions from that source in November 2004. This action has been helpful in reducing odor emissions from the screen. A flexible drop pipe has been attached from the static screen to the dumpster to reduce exposure of the screenings to the atmosphere. This appears to have produced a positive result since the odor scale numbers have decreased after these improvements were implemented.
2. Pinellas County has inspected the facility numerous times and odors are not always present as alleged in the department's letter. When odors were identified, it appears that the source of the odors is from the dumpster area as stated. These odors are intensified when the dumpster is emptied. We have been using Histosol to reduce odors from this source but a different product may be more appropriate. Chemical suppliers will be contacted to determine what can be used to provide more odor reduction.

The table presented in the letter is informative. Please identify the criteria used to determine the odor scale. This would assist us in developing a more effective strategy to treat the odors. We are amenable to meeting with the department to determine the best way to resolve this problem. You will be contacted to set up a date and time.

Sincerely,
MID-COUNTY SERVICES, INC.



Michael T. Dunn, PE
Regional Manager



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

CC: BIKL ✓
MCK ✓

Colleen M. Castille
Secretary

March 29, 2005

Mr. Patrick Flynn, Regional Manager
Mid-County Services, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Warning Letter No. WL05-0011DW52SWD
Mid-County WWTF
Facility ID No. FL0034789
Pinellas County

Dear Mr. Flynn:

The purpose of this letter is to advise Mid-County Services, Inc. of possible violations of law for which it may be responsible, and to seek its cooperation in resolving the matter. A file review conducted on March 11, 2005 of Mid-County WWTF indicates that a violation of Florida Statutes and Rules may exist at the facility. Department of Environmental Protection personnel observed the following:

1. The Mid-County WWTF was inspected on June 21, 2004. There was a very noticeable and persistent odor around the Doral Mobile Home Park clubhouse to the east and downwind of the facility. The treatment facility headworks and dumpster appeared to be the source. Although the dumpster was emptied during the inspection, the odor persisted for at least an hour after.
2. Between February 2004 and February 2005, the Pinellas County Environmental Management, Division of Air Quality received 58 complaints of odor from the residents of Doral Mobile Home Park in Palm Harbor. Representatives from the Pinellas County Environmental Management, Division of Air Quality inspected the Mid-County WWTF 20 times between February 2004 and February 2005 in response to continuing odor complaints. Odor was detected during all 20 inspections. From the continued complaints, it appears that current operational controls are not sufficient to control the odors produced.

"More Protection, Less Process"

Printed on recycled paper.

Inspection Date	Odor verified	Odor Scale	Number of complaints
02/10/04	yes	3	1
03/15/04	yes	1	1
05/20/04	yes	4	4
06/03/04	yes	4	1
06/21/04	yes	7	4
07/15/04	yes	2	9
07/27/04	yes	8	5
08/11/04	yes	2	1
08/23/04	yes	2	1
09/01/04	yes	3	1
09/23/04	yes	3	1
10/04/04	yes	2	4
10/20/04	yes	1	2
12/09/04	yes	2	6
12/17/04	yes	1	5
01/04/05	yes	1	1
01/06/05	yes	3	2
01/13/05	yes	1	3
01/25/05	yes	2	5
02/04/05	yes	1	1
total # inspections			20
total # complaints			58
average odor scale		2.65	

Rule 62-600.400(2)(a), Florida Administrative Code, provides that the permittee shall give reasonable assurances that the treatment plant or modifications to an existing plant shall not cause odor, noise, aerosol drift or lighting in such amounts or at such levels that they adversely affect neighboring residents, in commercial or residential areas, so as to be potentially harmful or injurious to human health or welfare or unreasonably interfere with the enjoyment of life or property, including outdoor recreation.

Rule 62-600.410(6), Florida Administrative Code, provides 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.

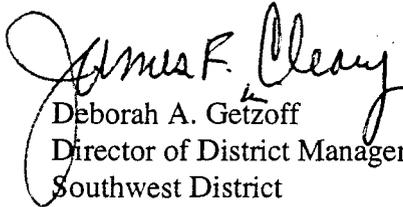
Section 403.161(1)(b), Florida Statutes, provides that it shall be a violation of this chapter, and it shall be prohibited for any person to fail to obtain any permit required by this chapter or by rule or regulation, or to violate or fail to comply with any rule, regulation, order, permit or certification adopted or issued by the Department pursuant to its lawful authority.

Any activities at the Mid-County Utilities WWTF that may be contributing to violations of the above-described statutes or rules should be ceased. 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 up to \$10,000.00 per violation per day pursuant to Sections 403.141 and 403.161, Florida Statutes.

You are requested to contact Michele Duggan at the address indicated or telephone number (813) 744-6100, extension 335, within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts Mid-County Services, Inc. may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely yours,


Deborah A. Getzoff
Director of District Management
Southwest District

DAG/mdd

cc: Shea Jackson, Pinellas County Environmental Management

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (8)
Field Employees

Test Year Ended December 31, 2005

**Employees Involved in Mid-County Services, Inc. Operations
During Test Year 2005:**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

Lee Neal, Area Manager: Supervises the day-to-day operations for the systems within the West Coast Operations area.

Field Employees:

Steve Szczepkowski, Lead Operator ("B" Wastewater License): Mr. Szczepkowski is responsible for overseeing the day-to-day operations of the Mid-County wastewater facility.

Mat Gunther, Operator Evening Shift ("A" Wastewater License): Mr. Gunther operates the Mid-County WWTP during the evening shift, five days per week.

Ralph Johns, Part Time Operator ("A" Wastewater License): Mr. Johns provides part time compliance coverage of the Mid-County WWTP.

Jay Hahn, Operator ("C" Water and "C" Wastewater License): Mr. Hahn operates and maintains the Mid-County WWTP and Collection System under the supervision of the Lead Operator.

Open, Operator position.

Facilities:

The minimum staffing requirement at the Mid-County wastewater plant is 16 hours per day, 7 days per week by a minimum Class B wastewater operator.

Duties and Responsibilities:

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (9)
Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDDT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNED13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7Y5753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke
105	01 CHEV S10	1GCCS14WX18159350	JAMES YINGLING	\$15,998.46	Utilities, Inc. of Pennbrooke
314	03 CHEV C15 FULL	1GCEC14X43Z114271	STEVEN PFOUTS	\$19,053.10	Utilities, Inc. of Pennbrooke
511	05 CHEV C15 REG CAB	1GCEC14X75Z230180	DAN ANDERSON	\$18,064.18	Utilities, Inc. of Pennbrooke

MID-COUNTY SERVICES, INC.

DOCKET NO.: 060254-SU

VOLUSIA COUNTY

25.30-440 (10)
Customer Complaints

Test Year Ended December 31, 2005

Mid County

(545) REPORT UBRSDREPORT.2 UTILITY BILLING SYSTEM
DETAIL SERVICE ORDER COMPLAINTS FOR 088

PAGE 1

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPÝÝ----- . 088
ROUTE :. 52
SERVICE ORDER# :. 908781
ACCOUNT# :. 006451144971
CUSTOMER NAME :. TRAVEL TOWNE MOBILE HOME PARK,
SERVICE ADDRESS:. 29850 N US 19
PHONE :. / -
EDATE :. 03/22/05
TYPE :. 18
FOPER :. MCS
COMMENT :. PLEASE PROVIDE INFO TO OFC: WAS THIS RV PARK LEVELED TO THE
GROUND AND
THIS SITE . IS NOW THE "COVERED BRIDGE" SITE? ARE THERE ANY BUILDINGS ON
. IS THERE ANYTHING CONNECTED TO OUR SEWER ON THIS SITE?
. MTR# 060353754 MTR# 076968738 AND MTR# 400312?
. WHAT ARE THEY CONNECTED TO? CUSTOMER SAID THERE IS "NO" SEWER
USED HERE
RESOLUTION :. CONTINUE TO FOLLOW UP ON THIS
. EC
RDATE :. 04/15/05

CORPÝÝ----- . 088
ROUTE :.
SERVICE ORDER# :. 922792
ACCOUNT# :. 006450000000
CUSTOMER NAME :.
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 05/04/05
TYPE :. 18
FOPER :. MCS
COMMENT :. JAY H.PER OUR DISCUSSION:PLEASE CALL ARLENE WITH COVERED
BRIDGE.SHE CAN
A TIME . BE REACHED AT 727-725-5544. SHE EXPECTS YOU TO CALL TO SET UP
FIND IS . TO MEET WITH JASON OR THE FIELD SUPT.THE METER THAT WE CANNOT
ENTRANCE . 6" MTR# 0400312. THE ONE THAT YOU NEED TO SEE AGAIN NEAR THE
USED FOR? . IS 6" MTR# 0403012.WHAT ARE THEY BEING USED FOR OR WILL BE
RESOLUTION :. READ 1054000 MTR# 0403012.THIS IS A 6" METER THAT WILL BE USED
FOR . THE MASTER METER FOR THE TOWN HOUSES PER JASON. JASON WALKED
THE AREA . WITH JAY H AND EXPLAINED TO HIM THE PURPOSE OF THIS METER. A
LOT OF

Mid County

CHARGED. . WATER IS BEING USED ON THIS METER NOW AND SEWER WILL BE

CONSUMPTION SHOWS . PINELLAS COUNTY HAS BEEN NOTIFIED TO BILL SEWER ONCE

. ON THE METER.

. JH/EC

RDATE :. 05/05/05

CORPY----. 088

ROUTE :.

SERVICE ORDER# :. 894194

ACCOUNT# :. 006450000000

CUSTOMER NAME :.

SERVICE ADDRESS:.

PHONE :. / -

EDATE :. 02/01/05

TYPE :. 20

FOPER :. MCS

COMMENT :. CAN WE PROVIDE SERVICE TO 2281 TWIN LANE DRIVE? CUSTOMER IS ON SEPTIC.

. SUSAN 727-643-9288

Mid County

(545) REPORT UBRSDREPORT.2 UTILITY BILLING SYSTEM
DETAIL SERVICE ORDER COMPLAINTS FOR 088

PAGE 2

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

. THANKS
. Y
RESOLUTION :. RESOLUTION PLEASE-ANN
. 3/01/05- WE CANNOT PROVIDE SERVICE HERE.
RDATE :. 02/28/05

CORPýý----. 088
ROUTE :. 52
SERVICE ORDER# :. 904912
ACCOUNT# :. 006451446190
CUSTOMER NAME :. LUBY'S CAFETERIA,
SERVICE ADDRESS:. 2222 SR 580
PHONE :. 813/724-9400
EDATE :. 03/10/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER WOULD LIKE TO KNOW WHERE SEWER LINES ARE LOCATED
HERE, IF IT'S
. A FORCE OF GRAVTIY ANYKIND OF FEES FOR CONNECTION.
. CALL MEGAN AT 407-645-5008
RESOLUTION :. TALKED TO CUSTOMER. TURNS OUT TO BE WRONG ADDRESS
. DW/EC
RDATE :. 03/14/05

CORPýý----. 088
ROUTE :.
SERVICE ORDER# :. 915756
ACCOUNT# :. 006450000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 04/13/05
TYPE :. 20
FOPER :. MCS
COMMENT :. CAN WE PROVIDE SEWER TO 2840 SUMMERDALE ?
. SUSAN DAVIS 727-849-8010
. THANKS
RESOLUTION :. WE CAN PROVIDE SEWER HERE,BUT COST WOULD BE VERY HIGH TO
CUSTOMER-WOULD
. HAVE TO BORE UNDER SUMMERDALE DRIVE. DW/ANN
. 04/22/05 ADVISED CUSTOMER WOULD CALL US BACK.-ANN
RDATE :. 04/18/05

CORPýý----. 088
ROUTE :.
SERVICE ORDER# :. 932575
ACCOUNT# :. 006450000000

Mid County

CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 06/03/05
TYPE :. 20
FOPER :. 645
COMMENT :. GEO.W/CHARLES WUTENBURG REALTY CALLED TO SEE IF WE CAN PROVIDE
SEWER AND . THE COST, IF SO, TO 3559 LAKE HIGHLAND DR. GEO. PHONE #: 727-
420-2230. . THE DIRECTIONS HE GAVE ARE: U S 19 TO CURLEW RD.WEST ON CURLEW
TO FISHER . RD. AND RIGHT ON FISHER, ETC. THERE IS A HOUSE ON THE PROPERTY
BUT WANTS . TO KNOW IF SEWER IS AVAILABLE BEFORE THEY REPLACE THE SEPTIC.
THANKS

Mid County

(545) REPORT UBRSDREPORT.2 UTILITY BILLING SYSTEM
DETAIL SERVICE ORDER COMPLAINTS FOR 088

PAGE 3

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RESOLUTION :. WE CANNOT PROVIDE SERVICE HERE. DW/ANN
 . LEFT MESSAGE ON RECORDER FOR CUSTOMER- ANN
RDATE :. 06/06/05

CORPÝÝ----- . 088
ROUTE :.
SERVICE ORDER# :. 935327
ACCOUNT# :. 006450000000
CUSTOMER NAME :. ,
SERVICE ADDRESS :.
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE SERVICE TO 2925 BELCHER RD?
 . MYRON GIBSON 727-433-3350.
 . DOES CUSTOMER NEED LIFT STATION ??
 .
 . THANKS

RESOLUTION :. YES, THEY NEED A LIFTSTATION & A CHECK VALVE. THEY NEED TO TAP
A MAIN
 . LINE. JAY H.
 . 06/15/05-I SPOKE TO JAY HAHN, HE SAID THAT HE SPOKE W/CUSTOMER
AND THAT
 . THE SEWER ISN'T READILY AVAILABLE, CUSTOMER WOULD HAVE TO PAID
FOR LINE
 . EXTENSION. OPERATOR MANAGER WOULD HAVE TO GENERATE LETTER FOR
CUSTOMER.
 . JAY SAID THAT MIKE DUNN IS AWARE OF THIS. (PER JH) ANN
RDATE :. 06/14/05

CORPÝÝ----- . 088
ROUTE :. 52
SERVICE ORDER# :. 936582
ACCOUNT# :. 006450513551
CUSTOMER NAME :. OCCUPANT,
SERVICE ADDRESS :. 3106 WINCHESTER DR
PHONE :. 727/787-4936
EDATE :. 06/15/05
TYPE :. 32
FOPER :.
COMMENT :. BAD ODOR
 . PAGED TO DAVE W-3:15PM
RESOLUTION :. TALKED WITH CUSTOMER ABOUT ODOR. WENT OUT THURSDAY MORNING, NO
 . ODOR FOUND. CUSTOMER COMPLAINED ABOUT ODOR IN BACK YARD. SEWER
LINES ARE
 . IN THE FRONT IN STREET.
 .
 . DW/EC

Mid County

RDATE :. 06/15/05

CORPýý----. 088

ROUTE :.

SERVICE ORDER# :. 920429

ACCOUNT# :. 006450000000

CUSTOMER NAME :. ,

SERVICE ADDRESS:.

PHONE :. / -

EDATE :. 04/27/05

TYPE :. 34

FOPER :.

COMMENT :. ROB G. FROM THE DEPT. OF TRANSPORTATION CALLED TO NOTIFY US
THAT A CREW

. WORKING ON CURLEW & BELCHER RD HAVE JUST DUG THROUGH OUR FORCE
MAIN.

Mid County

(545) REPORT UBRSDREPORT.2 UTILITY BILLING SYSTEM PAGE 4
DETAIL SERVICE ORDER COMPLAINTS FOR 088

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RESOLUTION . HIS CONTACT # IS 727-512-5214 PAGED TO DAVE W
MAIN AT :. PORCELL CONSTRUCTION'S SUB CONTRACTOR BORED THROUGH 8" FORCE
BUSHHOG . CURLEW AND BELCHER.SEMINOLE SEPTIC CALLED TO PUMP L/S.KEN'S
TO . CALLED TO REPAIR LINE. LINE WAS MARKED AND CONTRACTOR TALKED
 . BEFORE HE STARTED JOB WAS NOT OUR FAULT.
 .
 . DW/EC
 .
RDATE :. 04/27/05

CORPýý----. 088
ROUTE :.
SERVICE ORDER# :. 921369
ACCOUNT# :. 006450000000
CUSTOMER NAME :.
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 04/29/05
TYPE :. 35
FOPER :.
COMMENT :. SEWER BREAK @ BELCHER & CURLEW
 . BILL WHOUGH PH 813-781-8452
 . SW SIGNALS BROKE SEWER LINE
 . PAGED JAY H-3:50PM
RESOLUTION :. SW SIGNAL HIT FORCE MAIN AT CURLEW JUST WEST OF BELCHER. KEN'S
 . BUSH HOG REPAIRED.
 .
 . DW/EC
RDATE :. 05/01/05

CORPýý----. 088
ROUTE :. 51
SERVICE ORDER# :. 899774
ACCOUNT# :. 006450550191
CUSTOMER NAME :. OCCUPANT,
SERVICE ADDRESS:.. 1034 WINDING OAKS DR
PHONE :. / -
EDATE :. 02/22/05
TYPE :. 36
FOPER :.
COMMENT :. STEPHANIE DOWNS HOME OWNER CALLED DUE TO SEWER BACK UP INTO
STREET.
 . PLUMBER HAS ALREADY VISITED PROPERTY - PER CUSTOMER PROBLEM ON
OUR SIDE.
 .
 . CELL #727-804-2115

Mid County

RESOLUTION . PAGED TO DAVE W
:. PROBLEM IS ON CUSTOMER'S SIDE. LINE WAS TELEVISED

RDATE . DW/EC
:. 02/22/05

CORPÝÝ----- . 088

ROUTE :. 52
SERVICE ORDER# :. 909948
ACCOUNT# :. 006451360831
CUSTOMER NAME :. OCCUPANT,
SERVICE ADDRESS: . 2184 MARQUITA DR
PHONE :. / -
EDATE :. 03/28/05

Mid County

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

TYPE :. 36
FOPER :.
COMMENT :. MR MINOTAKIS IS RESIDENT HERE CONTACT # 727-781-5226
 . HE CALLED IN REGARDS TO A SWR BKUP IN HIS HOME
 .
 . PAGED TO SCOTT A
RESOLUTION :. 4/21/05 BACK UP WAS ON CUSTOMER'S SIDE PER DW
 .
 . DW/EC
RDATE :. 03/28/05

CORPýý----- . 088
ROUTE :. 52
SERVICE ORDER# :. 922265
ACCOUNT# :. 006450429251
CUSTOMER NAME :. OCCUPANT,
SERVICE ADDRESS: :. 2205 CURLEW AVE
PHONE :. / -
EDATE :. 05/03/05
TYPE :. 36
FOPER :.
COMMENT :. PLEASE CHECK SEWER LINE @ EASEMENT AT SEWER LATERAL. CUSTOMER
HAS
 . BEEN HAVING SEWER PROBLEM WITH THIS UNIT.
 .
 . PLEASE CALL CUSTOMER: EFFIE LAMPATHAKIS @ 1-727-447-1280
 .
RESOLUTION :. 8" MAIN BLOCKED AT CUSTOMER'S LATERAL. LINE TV'ED AND REPAIR
WILL BE
 . COMPLETED BY KEN'S BUSH HOG
 . DW/EC
 . **5/13/05 CUSTOMER HAS REQUESTED A REFUND FOR \$476.00 FOR
PLUMBER FEES
 . DUE TO WHAT SHE HAS INDICATED AS OUR PROBLEM.PLEASE PROVIDE
RESOLUTION :. SO THAT THIS REQUEST CAN BE ADDRESSED.**
 . ELISE
 . 5/24/05 8" MAIN WAS BLOCKED IN OUR LINE AT CUSTOMER'S
LATERAL.KEN'S
 . BUSH HOG REPAIRED.CUSTOMER SHOULD BE REIMBURSED. DW/EC **
5/25/05
 . CUSTOMER WILL BE REIMBURSED PER KS.REQUEST SENT TO NB 5/26/05
KS/EC
RDATE :. 05/05/05

CORPýý----- . 088
ROUTE :. 52
SERVICE ORDER# :. 928830
ACCOUNT# :. 006451346831

Mid County

CUSTOMER NAME :. BARBARA, LEILA
SERVICE ADDRESS :. 2342 WILSHIRE DR
PHONE :. 727/539-7429
EDATE :. 05/23/05
TYPE :. 37
FOPER :.
COMMENT :. CUSTOMER HAS BEEN COMPLAINING ABOUT THE L/S SMELL DAILY THE
. CUSTOMER IS REQUESTING A PERMANENT FIX FOR THIS PROBLEM.
. PLEASE CALL THE CUSTOMER: LEILA BARBARA @ 727-539-7429 EXT

#83121

RESOLUTION :. WE WILL TRY TO FIX CUSTOMER'S PROBLEM BY SEALING L/S COVER AND
APPLYING
. DEODORANT
. DW/EC
RDATE :. 05/24/05

Mid County

(545) REPORT UBRSDREPORT.2 UTILITY BILLING SYSTEM
DETAIL SERVICE ORDER COMPLAINTS FOR 088

PAGE 6

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 088

ROUTE :. 20
SERVICE ORDER# :. 934412
ACCOUNT# :. 006450700951
CUSTOMER NAME :. DORAL MOBILE HOME PARK,
SERVICE ADDRESS: :. 29250 N US 19
PHONE :. / -
EDATE :. 06/09/05
TYPE :. 37
FOPER :.
COMMENT :. CUSTOMER SAYS THEY HAVE A BAD SEWER GAS SMELL COMING FROM
DRAIN IN
 . SHOWER. PAGED JAY HAHN
RESOLUTION :. PER JAY HAHN, OUR SEWER MAINS ARE CLEAR, ANYTHING IN SIDE THE
PARK IS PR
 . IVATE PROPERTY AND A PLUMBER HAS TO BE CALLED TO CLEAN THE
TRAPS. LEFT
 .
 . THE CUSTOMER A MESSAGE REGARDING THAT.
 .
 . JH/IC
RDATE :. 06/09/05

CORPýý----. 088

ROUTE :. 645
SERVICE ORDER# :. 924156
ACCOUNT# :. 006451490900
CUSTOMER NAME :. MACARONI GRILL,
SERVICE ADDRESS: :. 28795 US 19
PHONE :. / -
EDATE :. 05/09/05
TYPE :. 38
FOPER :.
COMMENT :. JUST NEED RESOLUTION FOR THIS AFTER HRS CALL TO ANSWERING
SERVICE 5/8/05
 . 10:15PM
 . BOX IS HUMMING, MAKING LOUD NOISE ?
 .
RESOLUTION :. L/S NOT PUMPING. JAY H GOT PUMPS WORKING. WILL HAVE L/S LOOKED
AT ASAP
 .
 . DW/EC
RDATE :. 05/10/05

CORPýý----. 088

ROUTE :. 52
SERVICE ORDER# :. 926091
ACCOUNT# :. 006451346831
CUSTOMER NAME :. BARBARA, LEILA

Mid County

SERVICE ADDRESS: . 2342 WILSHIRE DR
PHONE : . 727/539-7429
EDATE : . 05/16/05
TYPE : . 41
FOPER : . MCS
COMMENT : . CUSTOMER CALLED ANS SERVICE 5/2/05 TO REPORT A POSSIBLE
SINKHOLE AND
 . BAD SEWER LEAK
 . **PLEASE PROVIDE RESOLUTION**
RESOLUTION : . SEWER BREAK AT 2342 WILSHIRE. MAN HOLE BROKE AT SEAM.
TEMPORARY REPAIR
 . MADE BY KBH GETTING BIDS TO REPAIR
 .
 . DW/EC
 .
 . **6/1/05 HAS THE PERMANENT REPAIR BEEN COMPLETED?**

Mid County

ROUTE :. 51
SERVICE ORDER# :. 910442
ACCOUNT# :. 006450550191
CUSTOMER NAME :. OCCUPANT,
SERVICE ADDRESS:. 1034 WINDING OAKS DR
PHONE :. / -
EDATE :. 03/29/05
TYPE :. 48
FOPER :.
COMMENT :. STEPHANIE @ 727-239-7239 OR 727-804-2115 CALLED IN REGARDS TO
HER SWR . LINE. CLOGGED LINE WAS RECENTLY TELEVISED, FOUND CLOG TO BE IN
HER LINE. . WHEN SHE DUG TO FIND HER CLOG SHE NOTICED A PVC PIPE GOING
STRAIGHT

Mid County

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UTILITY BILLING SYSTEM

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CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

WILL CALL . THROUGH HER SWR LINE. WHAT IS THIS? WHO'S IS THIS? DAVE W.
RESOLUTION :. CUSTOMER TO RESOLVE.
THIS :. MET WITH CUSTOMER TIME WARNER HAS CABLE PULLED THROUGH LINE.
RDATE :. PROBLEM IS ON CUSTOMER'S SIDE. INFORMED MR TO CALL THEM.
RDATE :. DW/EC
RDATE :. 03/30/05

20 records listed.

Mid County

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PAGE 1

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

CORPýý----. 088
ROUTE :.
SERVICE ORDER# :. 948426
ACCOUNT# :. 006450000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 07/18/05
TYPE :. 20
FOPER :. MCS
COMMENT :. PLEASE LOOK TO SEE IF THERE'S LINES OUT AT 29250 US HWY 19
NORTH?
. BUILDER CALLED STATED THAT THERE WAS A TRL THERE ABOUT 9
MONTHS AGO.
. COULD YOU PLEASE LET ME KNOW, ANN 407-869-6961 OPERATION FAX.
. THANK YOU.
RESOLUTION :. RESOLUTION PLEASE- ANN
. 08/02/05- TALKED WITH BUILDER, DORAL MHP IS PRIVATE SEWER, NO
TAP FEE
. LINE LOCATED-DW/ANN
RDATE :. 08/02/05

CORPýý----. 088
ROUTE :.
SERVICE ORDER# :. 961903
ACCOUNT# :. 006450000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 08/24/05
TYPE :. 20
FOPER :. MCS
COMMENT :. IS THERE HOOK-UP FOR SEWER AT SERENDIPITY MHP 29081 N US 19,
LOT 14A.
. CUSTOMER IS BUILDING A MAINTANENCE OFFICE FOR THE MHP. IS
THERE EXISTING
. TAP THERE? MICHAEL-727-781-1749.
. THANK YOU, ANN
RESOLUTION :. PRIVATE LINES INSIDES THE SERENDIPTY PARK. JH/ANN
. 8/25/05- NO FEE PER PATRICK FLYNN. ANN
. PER PATRICK - HOW MANY VACANT LOTS IN MHP? 32 VACANT LOT- JAY
H/ANN
RDATE :. 08/24/05

CORPýý----. 088
ROUTE :.
SERVICE ORDER# :. 982291

Mid County

ACCOUNT# :. 006450000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 10/21/05
TYPE :. 20
FOPER :. MCS
COMMENT :. CAN WE PROVIDE SERVICE TO LOT 16, HIGHLAND ESTATES, 2256
CURLEW RD.

. ANASTAS- 727-789-9512

. THANK YOU.

RESOLUTION :. WE CANNOT PROVIDE SERVICE TO THIS ADDRSS. ?/ANN
RDATE :. 10/27/05

CORPÝý----- . 088

Mid County

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CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

ROUTE :. 51
SERVICE ORDER# :. 984832
ACCOUNT# :. 006450531061
CUSTOMER NAME :. OCCUPANT,
SERVICE ADDRESS: :. 1904 HILL DR
PHONE :. / -
EDATE :. 10/31/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE CHECK FOR SINK HOLE BY MANHOLE ON HIGHVIEW, THIS
CUSTOMER :.
 :. CALLED DUE TO SINK HOLE A FEW MONTHS AGO.
 :. CUSTOMER'S DAME: RUTH ESTES @ 1-727-784-2045
 :.
RESOLUTION :. 11/02/05 NEED TO BE TURNED LINE WILL BE TURNED AS SOON AS
POSSIBLE :.
 :. DW/KRIS TEMP
RDATE :. 11/02/05

CORPýý----- . 088
ROUTE :.
SERVICE ORDER# :. 996468
ACCOUNT# :. 006450000000
CUSTOMER NAME :. ,
SERVICE ADDRESS: :.
PHONE :. / -
EDATE :. 12/06/05
TYPE :. 20
FOPER :. MCS
COMMENT :. CAN WE PROVIDE SERVICE TO 2847 BELCHER ROAD?
 :. JANE ANDERSON 727-771-0423.
 :.
 :. THANK YOU.
RESOLUTION :. TALKED WITH CUSTOMER & EXPLAINED OPTIONS TO HER.DW/ANN
 :. WHAT ARE THE OPTIONS? FAXED BACK TO MID COUNTY-ANN 12-13-05.
 :. CUSTOMER CALLED-WAS ADVISED BY RICK RETZ THAT SHE WOULD NEED A
PRIVATE :.
 :. LIFT STATION & TAP INTO YOUR FORCE MAIN.12-13-05 . I ADVISED
HER THAT I :.
 :. WOULD NEED TO TALK TO RICK & GET MORE INFO & TALK HER BACK.
ANN :.
 :. 12/24/05-EXPLAINED SHE NEEDS TO GET APPLICATION, PAY FEE, THEN
HIRE :.
 :. COMPANY TO INSTALL L/S & TAO OUR LINES AT HER COST, WE WILL
PROVIDE TAP. :.
 :. DW/ANN
RDATE :. 12/08/05

Mid County

CORPýý----- . 088

ROUTE :.
SERVICE ORDER# :. 997766
ACCOUNT# :. 006450000000
CUSTOMER NAME :. ,
SERVICE ADDRESS :.
PHONE :. / -
EDATE :. 12/12/05
TYPE :. 20
FOPER :. MCS
COMMENT :. CAN WE /DO WE SUPPLY SEWER TO 16259 US 19 NORTH. (SERENDIPITY
MHP) .
. IS THERE A TRAILER ON THIS LOT?
. DONALD DIEHL-(727)804-3773.
. .
. THANK YOU!
RESOLUTION :. PRIVATE PARK, WE DO SUPPLY

Mid County

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CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

RDATE :. 01/11/06

CORPÝÝ----. 088

ROUTE :.

SERVICE ORDER# :. 981145

ACCOUNT# :. 006450000000

CUSTOMER NAME :. ,

SERVICE ADDRESS:.

PHONE :. / -

EDATE :. 10/19/05

TYPE :. 27

FOPER :.

COMMENT :. RE-PURCELL CONTRACTOR CALLED DUE TO FORCEMAIN BREAK
 :. (SOUTHSIDE OF CURLEW AND WEST OF BELCHER
 :. PAGED TO DAVE W.)

 :. ROBERT BRUNSLEY @ 1-727-512-5214

RESOLUTION :. PURCELL DRILLED INTO OUR F/M AGAIN. WE CALLED K.B.H. AND
SEMINOLE SEPTIC :.

 :. OUT. K.B.H. FIXED OUR F/M AND SEMINOLE SEPTIC PUMP OUR LIFT

STATION DOWN

 :. SO WE WOULDN'T SPILL ANYTHING ON THE GROUND.

 :. JD/KRIS TEMP

RDATE :. 10/19/05

CORPÝÝ----. 088

ROUTE :. 52

SERVICE ORDER# :. 949712

ACCOUNT# :. 006451421951

CUSTOMER NAME :. HODUSA TOWERS,

SERVICE ADDRESS:.

PHONE :. / -

EDATE :. 07/20/05

TYPE :. 36

FOPER :.

COMMENT :. MANHOLE OVER FLOW -
 :. DONNA CALLED PINELLAS COUNTY DUE TO OVERFLOW @ MANHOLE
 :. CONTACT @ 727-785-1716
 :. PAGED TO DAVE W.

RESOLUTION :. 7/28/05 SENT TO FIELD FOR UPDATE. THIS SERVICE ORDER IS
INCOMPLETE.

 :. EC

 :. 7/28/05 PER FIELD TECH DW, PLUGGED SEWER WITH GREASE @ HOOSA

TOWERS.

 :. KBH WAS CALLED IN TO JET & REMOVE GREASE.

 :. DW/RB

RDATE :. 07/28/05

Mid County

CORPÝÝ----. 088

ROUTE :. 645
SERVICE ORDER# :. 992622
ACCOUNT# :. 006451495940
CUSTOMER NAME :. OCCUPANT,
SERVICE ADDRESS:. 3005 COVEWOOD PL
PHONE :. / -
EDATE :. 11/22/05
TYPE :. 36
FOPER :.
COMMENT :. 11/19/05 CUSTOMER CALLED ANS SERV APPROX 3:55PM TO REPORT A
CLOGGED
 . SEWER AND HAD PLUMBER OUT. **PLEASE PROVIDE RESOLUTION**
RESOLUTION :. 11/23/05 READ TALKED WITH CUSTOMER CLOG WAS ON HIS SIDE
EVERYTHING

Mid County

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CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/31/05

RDATE . OK.
. KB/KRIS TEMP
:. 11/23/05

9 records listed.