

Holiday Haven

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 5 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER DATE

00971 JAN 30 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Holiday Haven

	Tab Number	Page Number
Year: 2004		
January	1	3
February	2	6
March	3	9
April	4	12
May	5	15
June	6	18
July	7	21
August	8	24
September	9	27
October	10	30
November	11	33
December	12	36
Year: 2005		
January	1	39
February	2	42
March	3	45
April	4	48
May	5	51
June	6	54
July	7	57
August	8	60
September	9	63
October	10	66
November	11	69
December	12	72

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Florida Water Services	PERMIT NUMBER: FLA010655	
MAILING ADDRESS: P.O. Box 609520	LIMIT: Final	REPORT: Monthly
Orlando, FL 32860-9520	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Holiday Haven WWTF	MONITORING GROUP NUMBER: R-001, R002 and Influent	
LOCATION: Pearl & Lisa Streets, Astor	NO DISCHARE FROM SITE: <input type="checkbox"/>	
Astor, FL		
COUNTY: Lake	MONITORING PERIOD--From: 01/01/04	To: 01/31/04

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.014	mgd				5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)	mgd				5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.011	0.012	mgd			5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd			5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.015	0.002	mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)	mgd				5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.009		mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd			5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.002		mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0054 (An.Avg.)		mgd			5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.003		mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd			5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson Lead Operator		386-329-1122	04/02/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

01/01/04

To:

01/31/04

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.2			Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.6	8.6		Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3			Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0	3.0		Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
Coliform, Fecal	Sample Measurement				28		#/100ml	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml	Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml	Monthly	Grab
pH	Sample Measurement			7.2		7.4	s.u.	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.	5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	5 Days/Week	Grab
PARM Code 50050 I Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						mg/L	Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L	Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				48%		%	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Requirement				Report		%	Monthly	Calculated
Solids, Total Suspended	Sample Measurement				580.0		mg/L	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L	Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				380.0		mg/L	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L	Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 01/01/04 To: 01/31/04

Three-month Average Daily Flow: 0.012
(TMSDF/Permitted Capacity)x100: 48%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.010		0.010			7.20		2.20			
2	0.013		0.013			7.20		2.20			
3	0.014		0.014								
4	0.014		0.014								
5	0.014		0.014			7.30		2.20			
6	0.010		0.010			7.30		2.20			
7	0.012		0.012			7.20		2.20			
8	0.011		0.011			7.20		2.20			
9	0.008		0.008			7.30		2.20			
10	0.012	0.014									
11	0.012	0.014									
12	0.012	0.014				7.30		2.20			
13	0.011	0.013				7.30		2.20			
14	0.014	0.016		3.0	1U	7.30	8.60	2.20			
15	0.010	0.011				7.40		2.20			
16	0.013	0.016				7.40		2.20			
17	0.012	0.014									
18	0.012	0.014									
19	0.012	0.014				7.40		2.20			
20	0.012	0.013				7.40		2.20			
21	0.012	0.014				7.30		2.20			
22	0.012	0.013				7.30		2.20			
23	0.012	0.014				7.30		2.20			
24	0.011	0.013									
25	0.011	0.013									
26	0.011	0.013				7.30		2.20			
27	0.011	0.013				7.30		2.20			
28	0.011	0.011				7.40		2.20			
29	0.011	0.013				7.40		2.20			
30	0.014	0.016				7.40		2.20			
31											

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 8173 Name: Grant Newlin
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Florida Water Services	PERMIT NUMBER: FLA010655	
MAILING ADDRESS: P.O. Box 609520	LIMIT: Final	REPORT: Monthly
Orlando, FL 32860-9520	CLASS SIZE: N/A	GROUP: Domestic

FACILITY: Holiday Haven WWTF	MONITORING GROUP NUMBER: R-001, R002 and Influent	
LOCATION: Pearl & Lisa Streets, Astor	NO DISCHARE FROM SITE: <input type="checkbox"/>	
Astor, FL		
COUNTY: Lake	MONITORING PERIOD--From: 02/01/04	To: 02/29/04

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.014		mgd						5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.014	0.013	mgd						5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.015	0.002	mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.016		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.002		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement			mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson Lead Operator		386-329-1122	04/03/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

02/01/04

To:

02/29/04

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6.8			Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3	5.3		Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U		Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
Coliform, Fecal	Sample Measurement				28			Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U		Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)		Monthly	Grab
pH	Sample Measurement			7.3		7.4	s.u.	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.	5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0				5 Days/Week	Grab
PARM Code 50050 I Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)				5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				51%		%	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Requirement				Report		%	Monthly	Calculated
Solids, Total Suspended	Sample Measurement							Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: **FLA010655**

Monitoring Period From: 02/01/04 To: 02/29/04

Three-month Average Daily Flow: 0.013
 (TMSDF/Permitted Capacity)x100: 51%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)		
Code	50050	50050	50050	80082	74055	00400	00530	50060		
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1		
1	0.022	0								
2	0.022	0				7.4		2.2		
3	0.012	0				7.4		2.2		
4	0.014	0				7.3		2.2		
5	0.015	0				7.3		2.2		
6	0.012	0				7.3		2.2		
7	0.013	0								
8	0.013	0								
9	0.013	0				7.3		2.2		
10	0.014	0				7.3		2.2		
11	0.013	0				7.3		2.2		
12	0.012	0				7.4		2.2		
13	0.008	0				7.4		2.2		
14	0.014	0								
15	0.014	0								
16	0.014	0				7.3		2.2		
17	0.015	0				7.3		2.2		
18	0.016	0		2U	1U	7.3	5.3	2.2		
19	0.013	0				7.4		2.2		
20	0.013	0				7.3		2.2		
21	0.013	0								
22	0.013	0								
23	0.013	0				7.3		2.2		
24	0.015	0				7.3		2.2		
25	0.020	0				7.4		2		
26	0.026	0				7.3		2.2		
27	0.018	0	0			7.3		2.2		
28										
29										
30										
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>8173</u>	Name: <u>Grant Newlin</u>
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Florida Water Services
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.013		mgd					5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.017	0.014	mgd					5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.015	0.001	mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.020		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement			mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson Lead Operator		386-329-1122	04/04/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From: 03/01/04

To: 03/31/04

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6.9		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0	3.0	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				22		#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100mt		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.2		7.4	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0			mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				56%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement						mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 03/01/04 To: 03/31/04

Three-month Average Daily Flow: 0.014
(TMSDF/Permitted Capacity)x100: 56%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.054	0.059				7.3		2.2			
2	0.012	0.015				7.4		2.2			
3	0.015	0.017				7.4		2.2			
4	0.011	0.014				7.4		2.2			
5	0.013	0.015				7.3		2.2			
6	0.016	0.019									
7	0.016	0.019									
8	0.016	0.019				7.4		2.2			
9	0.014	0.016				7.4		2.2			
10	0.012	0.013				7.4		2.2			
11	0.013	0.014				7.3		2.2			
12	0.012	0.012				7.3		2.2			
13	0.014	0.016									
14	0.014	0.016									
15	0.014	0.016				7.3		2.2			
16	0.030	0.036				7.3		2.2			
17	0.027	0.033				7.4		2.2			
18	0.021	0.025				7.4		2.2			
19	0.015	0.018				7.3		2.2			
20	0.017	0.022									
21	0.017	0.022									
22	0.017	0.022				7.3		2.2			
23	0.017	0.020				7.3		2.2			
24	0.013	0.014		2U	1U	7.3	3.0	2.2			
25	0.014	0.017				7.3		2.2			
26	0.012	0.015				7.3		2.2			
27	0.015	0.019									
28	0.015	0.019									
29	0.015	0.019				7.2		2.0			
30	0.014	0.016				7.2		2.0			
31	0.012	0.017				7.2		2.0			

PLANT STAFFING:

Day Shift Operator Class: C Certification No.: 8173 Name: Grant Newlin
 Evening Shift Operator Class: Certification No.: Name:
 Night Shift Operator Class: Certification No.: Name:
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Magulre Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Florida Water Services
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: **FLA010655**
 LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: **R-001, R002 and Influent**
 NO DISCHARE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.013		mgd						5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.012	0.014	mgd						5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.015	0.001	mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.015		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.001		mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement			mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson Lead Operator		386-329-1122	04/05/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

04/01/04

To:

04/30/04

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.4		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				12.0	12.0	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2.5	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				22		#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.2		7.4	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	I	Permit Requirement		6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5			mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	I	Permit Requirement		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	I	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				57%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	I	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement						mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 04/01/04 To: 04/30/04

Three-month Average Daily Flow:	0.014
(TMSDF/Permitted Capacity)x100:	57%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1
1	0.011	0.014				7.4		2.2
2	0.011	0.014				7.4		2.2
3	0.012	0.016						
4	0.012	0.016						
5	0.012	0.016				7.4		2.0
6	0.011	0.014				7.4		2.0
7	0.012	0.015				7.4		2.0
8	0.011	0.016				7.3		2.2
9	0.011	0.016				7.3		2.2
10	0.012	0.016						
11	0.012	0.016						
12	0.012	0.016				7.3		2.2
13	0.014	0.018				7.3		2.2
14	0.013	0.015				7.3		2.2
15	0.013	0.014				7.3		2.2
16	0.014	0.015				7.3		2.2
17	0.013	0.014						
18	0.013	0.014						
19	0.013	0.014				7.2		1.5
20	0.010	0.011				7.2		2.0
21	0.011	0.013		2.5	1U	7.2	12.0	2.0
22	0.010	0.015				7.2		2.0
23	0.011	0.014				7.2		2.0
24	0.011	0.014						
25	0.011	0.014						
26	0.011	0.014				7.3		2.0
27	0.013	0.017				7.3		2.1
28	0.010	0.011				7.3		2.0
29	0.011	0.014				7.3		2.0
30	0.010	0.015				7.3		2.0
31								

PLANT STAFFING:

Day Shift Operator	Class: C	Certification No.: 8173	Name: Grant Newlin
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Florida Water Services
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520

PERMIT NUMBER: **FLA010655**
 LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: **R-001, R002 and Influent**
 NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: 05/01/04 To: 05/31/04

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 P Mon.Site No. EFF-1	Sample Measurement	0.014		mgd						5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant PARM Code 50050 I Mon.Site No. EFF-1	Sample Measurement	0.016	0.015	mgd						5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Y Mon.Site No. EFF-2	Sample Measurement	0.016	0.001	mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 I Mon.Site No. EFF-2	Sample Measurement	0.019		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No. EFF-3	Sample Measurement	0.001		mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon.Site No. EFF-3	Sample Measurement	0.000		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson Lead Operator		386-329-1122	04/06/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From: 05/01/04 To: 05/31/04

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			7.1		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.1	5.1	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	2.1	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			22		#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.2	7.4	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.2		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			60%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement					mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 05/01/04 To: 05/31/04

Three-month Average Daily Flow:	0.015
(TMSDF/Permitted Capacity)x100:	60%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.032	0.034									
2	0.032	0.034									
3	0.032	0.034				7.2		1.5			
4	0.029	0.035				7.2		2.0			
5	0.021	0.024				7.2		2.0			
6	0.017	0.021				7.2		2.2			
7	0.014	0.016				7.3		0.2			
8	0.016	0.020									
9	0.016	0.020									
10	0.016	0.020				7.3		2.0			
11	0.012	0.016				7.2		2.0			
12	0.016	0.021		2.1	1U	7.2	5.1	2.0			
13	0.015	0.019				7.2		2.0			
14	0.014	0.017				7.3		2.2			
15	0.013	0.017									
16	0.013	0.017									
17	0.013	0.017				7.3		2.0			
18	0.014	0.016				7.3		2.0			
19	0.011	0.016				7.3		2.0			
20	0.012	0.015				7.2		2.0			
21	0.011	0.014				7.2		1.6			
22	0.012	0.015									
23	0.012	0.015									
24	0.012	0.015				7.3		2.0			
25	0.011	0.015				7.3		2.2			
26	0.014	0.017				7.3		2.2			
27	0.011	0.013				7.3		2.2			
28	0.011	0.012				7.3		2.2			
29	0.013	0.016									
30	0.013	0.016									
31	0.013	0.016				7.4		2.0			

PLANT STAFFING:

Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 8173 </u>	Name: <u> Grant Newlin </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD-From:

06/01/04

To:

07/01/04

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.0		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.9	3.9	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				814		#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				9,502	19,000	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.2		7.4	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				56%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement						mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 06/01/04 To: 07/01/04

Three-month Average Daily Flow:	0.014
(TMSDF/Permitted Capacity)x100:	56%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)		
Code	50050	50050	50050	80082	74055	00400	00530	50060		
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1		
1	0.012	0.014				7.4		2.0		
2	0.010	0.013				7.4		2.0		
3	0.011	0.012				7.3		2.2		
4	0.009	0.011				7.3		2.2		
5	0.013	0.015								
6	0.013	0.015								
7	0.013	0.015				7.2		2.2		
8	0.011	0.014				7.2		2.2		
9	0.009	0.013		2U	19,000	7.2	3.9	2.2		
10	0.014	0.018				7.2		2.0		
11	0.013	0.017				7.3		2.2		
12	0.013	0.016								
13	0.013	0.016								
14	0.013	0.016				7.2		2.2		
15	0.016	0.018				7.2		1.5		
16	0.016	0.019				7.2		1.5		
17	0.011	0.012				7.3		2.2		
18	0.011	0.015				7.3		2.2		
19	0.015	0.018								
20	0.015	0.018								
21	0.015	0.018				7.2		2.2		
22	0.009	0.012				7.2		2.2		
23	0.012	0.014			4	7.2		1.5		
24	0.016	0.019				7.3		2.0		
25	0.011	0.014				7.2		2.0		
26	0.015	0.016								
27	0.015	0.016								
28	0.015	0.016				7.2		2.2		
29	0.013	0.015				7.2		2.0		
30	0.016	0.020				7.3		2.2		
31										

PLANT STAFFING:

Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 8173 </u>	Name: <u> Grant Newlin </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470
FACILITY: Holiday Haven WWTF
LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
NO DISCHARGE FROM SITE:

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

PERMIT NUMBER: FLA010655
LIMIT: Final
REPORT: Monthly
GROUP: Domestic

Parameter	Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	0.014	mgd				5 Days/week	Meter
PARM Code 50050	0.025	mgd				5 Days/week	Meter
Mon. Site No. EFF-1							
Flow, total through plant	0.013	mgd				5 Days/week	Meter
PARM Code 50050	0.004	mgd				5 Days/week	Meter
Mon. Site No. EFF-1							
Flow, to sprayfield	0.015	mgd				5 Days/week	Flow Meter
PARM Code 50050	0.0186	(An. Avg.)				5 Days/week	Flow Meter
Mon. Site No. EFF-2							
Flow, to sprayfield	0.000	mgd				5 Days/week	Flow Meter
PARM Code 50050						5 Days/week	Flow Meter
Mon. Site No. EFF-2							
Flow, in conduit or thru treatment plant	0.002	mgd				5 Days/week	Flow Meter
PARM Code 50050	0.0064	(An. Avg.)				5 Days/week	Flow Meter
Mon. Site No. EFF-3							
Flow, in conduit or thru treatment plant	0.013	mgd				5 Days/week	Flow Meter
PARM Code 50050						5 Days/week	Flow Meter
Mon. Site No. EFF-3							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		386-937-1143
Paul Thompson, Lead Operator		
TELEPHONE NO.	DATE (YY/MM/DD)	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

07/01/04

To:

07/31/04

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6.4		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				802		#/100ml	1	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement				7.2	7.5	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	I	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	I	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	I	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				17%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	I	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 07/01/04 To: 07/31/04

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 17%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.014		0.014			7.4		2.2			
2	0.013		0.013			7.4		2.2			
3	0.015		0.015								
4	0.015		0.015								
5	0.015		0.015			7.2		1.4			
6	0.016		0.016			7.3		2.0			
7	0.015		0.015			7.3		2.2			
8	0.015		0.015			7.3		2.2			
9	0.014		0.014			7.3		2.2			
10	0.015		0.015								
11	0.015		0.015								
12	0.015		0.015			7.3		2.2			
13	0.011		0.011			7.4		2.2			
14	0.009		0.009	2U	1U	7.4	4.0	1.0			
15	0.015		0.015			7.4		2.0			
16	0.013		0.013			7.3		2.2			
17	0.015		0.015								
18	0.015		0.015								
19	0.015		0.015			7.3		2.2			
20	0.013		0.013			7.4		1.6			
21	0.013		0.013			7.4		1.6			
22	0.013		0.013			7.4		2.2			
23	0.011		0.011			7.4		2.2			
24	0.013		0.013								
25	0.013		0.013								
26	0.013		0.013			7.5		2.2			
27	0.012		0.012			7.4		2.2			
28	0.011		0.011			7.4		2.2			
29	0.011		0.011			7.4		2.2			
30	0.014		0.014			7.3		2.2			
31											

PLANT STAFFING:

Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.014		mgd					5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.021	0.016	mgd					5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.016	0.002	mgd					5 Days/week	Flow Meter
	Permit Requirement	0.0186 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.022		mgd					5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.002		mgd					5 Days/week	Flow Meter
	Permit Requirement	0.0064 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.002		mgd					5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From: 08/01/04

To: 08/31/04

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6.7		mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.8	5.8	mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0		mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	2.6	mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				802		#/100ml	1	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Y	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.3		7.5	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EFA-1	I	Permit Requirement		6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			mg/L		5 Days/Week	Grab
PARM Code 50050 Mon. Site No. EFA-1	I	Permit Requirement		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 Mon. Site No. EFA-1	I	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				63%		%		Monthly	Calculated
PARM Code 00180 Mon. Site No. EFF-1	I	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 08/01/04 To: 08/31/04

Three-month Average Daily Flow: 0.016
(TMSDF/Permitted Capacity)x100: 63%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.019	0.023									
2	0.019	0.023				7.4		1.0			
3	0.012	0.015				7.3		2.2			
4	0.014	0.017				7.3		1.0			
5	0.011	0.013				7.4		2.2			
6	0.010	0.012				7.4		2.2			
7	0.018	0.022									
8	0.018	0.022									
9	0.018	0.022				7.3		2.2			
10	0.014	0.016				7.4		2.2			
11	0.014	0.017		2.6	1U	7.4	5.8	2.2			
12	0.025	0.029				7.4		2.2			
13	0.016	0.018				7.4		2.2			
14	0.040	0.041									
15	0.040	0.041									
16	0.040	0.041				7.4		2.2			
17	0.020	0.018	0.002			7.4		2.2			
18	0.019	0.016	0.004			7.3		2.2			
19	0.018	0.017	0.001			7.3		2.2			
20	0.018	0.022				7.4		2.2			
21	0.022	0.019	0.003								
22	0.022	0.019	0.003								
23	0.022	0.019	0.003			7.5		2.2			
24	0.034	0.003	0.031			7.4		2.2			
25	0.019	0.023				7.4		2.0			
26	0.019	0.023				7.4		2.2			
27	0.034	0.040				7.4		2.2			
28	0.022	0.027									
29	0.022	0.027									
30	0.022	0.027				7.4		2.2			
31	0.015	0.019				7.4		2.0			

PLANT STAFFING:

Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: **FLA010655**
 LIMIT: **Final** REPORT: **Monthly**
 CLASS SIZE: **N/A** GROUP: **Domestic**

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: **R-001, R002 and Influent**
 NO DISCHARE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.015		mgd						5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.024	0.019	mgd						5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.016	0.003	mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.017		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.003		mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.011		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From: 09/01/04

To: 09/30/04

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type	
Solids, Total Suspended	Sample Measurement			6.9	mg/L		Monthly	Grab	
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20 (An. Avg.)	mg/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement			6.0	6.0	mg/L	Monthly	Grab	
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60 (Max.)	mg/L	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		mg/L	Monthly	Grab	
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20 (An. Avg.)		mg/L	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	Monthly	Grab	
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60 (Max.)	mg/L	Monthly	Grab	
Coliform, Fecal	Sample Measurement			802		#/100ml	1	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			15	15	#/100ml		Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement		7.0		7.3	s.u.		5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement		6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					mg/L		5 Days/Week	Grab
PARM Code 50050 I Mon. Site No. EFA-1	Permit Requirement		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L		Annually	Grab
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			77%		%		Monthly	Calculated
PARM Code 00180 I Mon. Site No. EFF-1	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			MNR		mg/L		Annually	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		mg/L		Annually	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 09/01/04 To: 09/30/04

Three-month Average Daily Flow: 0.019
(TMSDF/Permitted Capacity)x100: 77%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.018	0.013	0.005	2U	15		6.0				
2	0.018	0.013	0.005								
3	0.018	0.013	0.005			7.2		2.2			
4	0.018	0.013	0.005								
5	0.018	0.013	0.005								
6	0.018	0.013	0.005								
7	0.018	0.013	0.005			7.2		1.0			
8	0.029	0.004	0.025			7.2		2.2			
9	0.037	0.033	0.004			7.2		2.0			
10	0.015	0.031	0.016			7.3		2.2			
11	0.021	0.025	0.004								
12	0.021	0.025	0.004								
13	0.021	0.025	0.004			7.2		2.2			
14	0.023	0.028	0.005			7.1		2.2			
15	0.018	0.022	0.004			7.1		2.2			
16	0.022	0.027	0.005			7.1		2.2			
17	0.018	0.021	0.003			7.2		1.9			
18	0.017	0.003	0.014								
19	0.017	0.003	0.014								
20	0.017	0.003	0.014			7.1		2.2+			
21	0.022	0.002	0.021			7.1		2.2+			
22	0.018	0.024	0.006			7.2		2.0			
23	0.026	0.032	0.006			7.1		1.2			
24	0.014	0.017	0.003			7.2		1.4			
25	0.018	0.013	0.005								
26	0.018	0.013	0.005								
27	0.018	0.013	0.005								
28	0.018	0.013	0.005			7.0		0.5			
29	0.074	0.036	0.037			7.0		0.8			
30	0.120	0.034	0.086			7.0		0.8			
31											

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class:	Certification No.:	Name:
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010655	
MAILING ADDRESS: 1343 NE 17th Road	LIMIT: Final	REPORT: Monthly
Ocala, FL 34470	CLASS SIZE: N/A	GROUP: Domestic

FACILITY: Holiday Haven WWTF	MONITORING GROUP NUMBER: R-001, R002 and Influent	
LOCATION: Pearl & Lisa Streets, Astor	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
Astor, FL		
COUNTY: Lake	MONITORING PERIOD--From: 10/01/04	To: 10/31/04

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.018		mgd						5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.053	0.033	mgd						5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.015	0.007	mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.008		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.007		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.044		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

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

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.1		mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.7	5.7	mg/L		Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0		mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2.5	mg/L		Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				802		#/100ml	1	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1	1	#/100ml		Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement				6.8	7.3	s.u.		5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7		mg/L		5 Days/Week	Grab
PARM Code 50050 I Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				131%		%		Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 10/01/04 To: 10/31/04

Three-month Average Daily Flow: 0.033
(TMSDF/Permitted Capacity)x100: 131%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)
Code	50050	50050	50050	80082	74055	00400	00530	50060
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1
1	0.103	0.037	0.066			6.9		1.1
2	0.098	0.032	0.066					
3	0.098	0.032	0.066					
4	0.098	0.032	0.066			6.8		0.9
5	0.078	0.025	0.053			6.9		0.7
6	0.099	0.030	0.069			6.8		0.7
7	0.101	0.031	0.070			6.9		0.9
8	0.091		0.091			6.8		0.7
9	0.080		0.080					
10	0.080		0.080					
11	0.080		0.080			6.8		0.7
12	0.065		0.065			6.8		0.7
13	0.060		0.060			6.9		2.0
14	0.058		0.058			7.0		0.9
15	0.078		0.078			7.1		1.2
16	0.025		0.025					
17	0.025		0.025					
18	0.025		0.025			7.3		2.2+
19	0.027		0.027			7.3		0.8
20	0.017		0.017	2.5	1	7.3	5.7	2.2+
21	0.031		0.031			7.3		2.2+
22	0.028		0.028			7.0		2.2+
23	0.021		0.021					
24	0.021		0.021					
25	0.021		0.021			7.0		1.8
26	0.019		0.019			7.0		2.2+
27	0.019	0.021				7.1		1.4
28	0.017	0.015	0.002			7.1		1.6
29	0.016	0.001	0.015			7.3		2.1
30	0.027		0.027					
31	0.027		0.027			7.1		1.8

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.019		mgd						5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.017	0.031	mgd						5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.014	0.008	mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.000		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.008		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.017		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

11/01/04

To:

11/30/04

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			7.7		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			10.0	10.0	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.1		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3	3.3	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			802		#/100ml	1	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.1	7.4	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			125%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			MNR		mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 11/01/04 To: 11/30/04

Three-month Average Daily Flow: 0.031
(TMSDF/Permitted Capacity)x100: 125%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.055		0.055			7.1		1.8			
2	0.015		0.015			7.2		2.2+			
3	0.011		0.011			7.2		2.2+			
4	0.018		0.018			7.2		2.2+			
5	0.015		0.015			7.2		2.2+			
6	0.018		0.018								
7	0.018		0.018								
8	0.018		0.018			7.1		1.9			
9	0.014		0.014			7.1		1.8			
10	0.013		0.013	3.3	1	7.1	10.0	2.2+			
11	0.018		0.018			7.1		2.2+			
12	0.018		0.018			7.2		1.5			
13	0.016		0.016								
14	0.016		0.016								
15	0.016		0.016			7.3		2.2+			
16	0.018		0.018			7.3		2.2+			
17	0.018		0.018			7.2		2.2+			
18	0.017		0.017			7.2		2.2+			
19	0.014		0.014			7.4		0.7			
20	0.015		0.015								
21	0.015		0.015								
22	0.015		0.015			7.3		1.6			
23	0.018		0.018			7.4		2.2+			
24	0.014		0.014			7.3		2.2+			
25	0.013		0.013			7.3		2.2+			
26	0.016		0.016			7.3		2.2+			
27	0.018		0.018								
28	0.018		0.018								
29	0.018		0.018			7.2		2.2+			
30	0.016	0.001	0.016			7.2		1.5			
31											

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class:	Certification No.:	Name:
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

12/01/04

To:

12/31/04

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type	
Solids, Total Suspended	Sample Measurement			7.0	mg/L		Monthly	Grab	
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement			15.0	15.0	mg/L	Monthly	Grab	
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0		mg/L	Monthly	Grab	
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)		mg/L	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.7	9.7	mg/L	Monthly	Grab	
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab	
Coliform, Fecal	Sample Measurement			794		#/100ml	1	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.2	7.5	s.u.		5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement					mg/L		5 Days/Week	Grab
PARM Code 50050 I Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L		Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			113%		%		Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			MNR		mg/L		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		mg/L		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: **FLA010655**

Monitoring Period From: 12/01/04 To: 12/31/04

Three-month Average Daily Flow: 0.028
 (TMSDF/Permitted Capacity)x100: 113%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)		
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1		
1	0.010	0.005	0.005			7.2		2.2+		
2	0.017	0.020				7.2		2.2+		
3	0.013	0.009	0.004			7.4		2.2+		
4	0.017	0.008	0.008							
5	0.017	0.008	0.008							
6	0.017	0.008	0.008			7.3		2.2+		
7	0.012	0.006	0.006			7.2		2.2+		
8	0.015	0.010	0.005			7.3		2.2+		
9	0.011	0.005	0.006			7.3		2.2+		
10	0.013	0.006	0.007			7.4		2.2+		
11	0.015	0.003	0.012							
12	0.015	0.003	0.012							
13	0.015	0.003	0.012			7.5		2.2+		
14	0.012	0.002	0.010			7.4		2.2+		
15	0.012	0.002	0.010			7.4		2.2+		
16	0.014	0.003	0.011	9.7	1U	7.4	15.0	2.2+		
17	0.014	0.015				7.5		2.2+		
18	0.013	0.001	0.012							
19	0.013	0.001	0.012							
20	0.013	0.001	0.012			7.5		2.2+		
21	0.014	0.001	0.013			7.5		2.2+		
22	0.016	0.012	0.004			7.4		2.2+		
23	0.008	0.006	0.002			7.5		2.2+		
24	0.021	0.006	0.015			7.5		2.2+		
25	0.018	0.001	0.017							
26	0.018	0.001	0.017							
27	0.018	0.001	0.017			7.4		1.9		
28	0.018	0.013	0.005			7.3		2.2		
29	0.018	0.015	0.003			7.3		2.2+		
30	0.017	0.009	0.008			7.3		2.2+		
31	0.012	0.010	0.003			7.3		2.2+		

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470

PERMIT NUMBER: **FLA010655**
 LIMIT: **Final** REPORT: **Monthly**
 CLASS SIZE: **N/A** GROUP: **Domestic**

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: **R-001, R002 and Influent**
 NO DISCHARGE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 Mon. Site No. EFF-1	Sample Measurement	0.019		mgd						5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant PARM Code 50050 Mon. Site No. EFF-1	Sample Measurement	0.017	0.016	mgd						5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Mon. Site No. EFF-2	Sample Measurement	0.014	0.009	mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 Mon. Site No. EFF-2	Sample Measurement	0.016		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon. Site No. EFF-3	Sample Measurement	0.009		mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon. Site No. EFF-3	Sample Measurement	0.007		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

01/01/05

To:

01/31/05

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type	
Solids, Total Suspended	Sample Measurement				7.0			Monthly	Grab	
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				20 (An. Avg.)			Monthly	Grab	
Solids, Total Suspended	Sample Measurement				7.7	7.7		Monthly	Grab	
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60 (Max.)		Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			Monthly	Grab	
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				20 (An. Avg.)			Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2	3.2		Monthly	Grab	
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60 (Max.)		Monthly	Grab	
Coliform, Fecal	Sample Measurement				794		#100ml	1	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#100ml		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	800 (Max.)	#100ml		Monthly	Grab
pH	Sample Measurement			7.3		7.6	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			mg/L		5 Days/Week	Grab
PARM Code 50050 Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.1	mg/L		Annually	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				65%		%		Monthly	Calculated
PARM Code 00180 Mon. Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				77.0		mg/L		Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				59.0		mg/L		Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 01/01/05 To: 01/31/05

Three-month Average Daily Flow: 0.016
(TMSDF/Permitted Capacity)x100: 65%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.019	0.018	0.000								
2	0.019	0.018	0.000								
3	0.019	0.018	0.000			7.4		2.2+			
4	0.015	0.012	0.003			7.4		2.2+			
5	0.014	0.009	0.006			7.4		2.2+			
6	0.014	0.012	0.003			7.3		2.2			
7	0.014	0.013	0.001			7.4		1.8			
8	0.016	0.015	0.001								
9	0.016	0.015	0.001								
10	0.016	0.015	0.001			7.4		2.2+			
11	0.015	0.008	0.007			7.4		2.2+			
12	0.010	0.006	0.004	3.2	1U	7.4	7.7	2.2+			
13	0.017	0.020				7.4		2.2+			
14	0.014	0.035				7.4		2.2+			
15	0.021	0.056									
16	0.021	0.056									
17	0.021	0.056				7.6		2.0			
18	0.021	0.064				7.5		0.8			
19	0.017	0.003	0.015			7.4		2.2+			
20	0.014	0.001	0.013			7.5		2.2+			
21	0.022	0.003	0.019			7.4		2.2+			
22	0.018	0.006	0.013								
23	0.018	0.006	0.013								
24	0.018	0.006	0.013			7.5		0.6			
25	0.016	0.014	0.002			7.4		2.2+			
26	0.017		0.017			7.5		2.2+			
27	0.016		0.016			7.5		2.2+			
28	0.016		0.016			7.4		2.2+			
29	0.015		0.015								
30	0.015		0.015								
31	0.015		0.015			7.4		2.2+			

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class:	Certification No.:	Name:
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From: 02/01/05

To: 02/28/05

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type	
Solids, Total Suspended	Sample Measurement				8.7	mg/L		Monthly	Grab	
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)	mg/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement				26.0	26.0	mg/L	Monthly	Grab	
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4		mg/L	Monthly	Grab	
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				19.0	19.0	mg/L	Monthly	Grab	
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab	
Coliform, Fecal	Sample Measurement				794		#/100ml	1	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.3		7.7	s.u.		5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5			mg/L		5 Days/Week	Grab
PARM Code 50050 I Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				61%		%		Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: **FLA010655**

Monitoring Period From: 02/01/05 To: 02/28/05

Three-month Average Daily Flow: 0.015
 (TMSDF/Permitted Capacity)x100: 61%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)		
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1		
1	0.023		0.023			7.4		2.2+		
2	0.018		0.018			7.5		2.2+		
3	0.017	0.000	0.017			7.5		2.2+		
4	0.017		0.017			7.4		2.2+		
5	0.018		0.018							
6	0.018		0.018							
7	0.018		0.018			7.5		2.2+		
8	0.009		0.009			7.6		1.8		
9	0.018		0.018	19.0	1U	7.5	26.0	2.2+		
10	0.019		0.019			7.4		2.2+		
11	0.012		0.012			7.4		2.2+		
12	0.015	0.014	0.001							
13	0.015	0.014	0.001							
14	0.015	0.014	0.001							
15	0.016	0.015	0.001			7.4		2.2+		
16	0.014	0.015				7.4		2.2+		
17	0.016	0.010	0.006			7.4		2.2+		
18	0.013	0.013				7.4		2.2+		
19	0.013	0.013				7.3		2.2		
20	0.015	0.014	0.001							
21	0.015	0.014	0.001			7.7		2.2+		
22	0.020	0.005	0.015			7.5		2.2+		
23	0.016	0.016	0.001			7.5		2.2+		
24	0.013	0.014				7.4		2.2+		
25	0.012	0.014				7.3		2.2+		
26	0.017	0.017								
27	0.017	0.017								
28	0.017	0.017				7.6		1.5		
29										
30										
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent

NO DISCHARGE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.014		mgd						5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.020	0.016	mgd						5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.015	0.002	mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.013		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.002		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.008		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From: 03/01/05

To: 03/31/05

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.3		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.8	6.8	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2.5	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				22		#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement				7.1	7.8	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				65%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: **FLA010655**

Monitoring Period From: 03/01/05 To: 03/31/05

Three-month Average Daily Flow:	0.016
(TMSDF/Permitted Capacity)x100:	65%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1
1	0.018	0.011	0.007			7.8		1.6
2	0.020	0.015	0.005			7.5		2.2
3	0.021	0.010	0.011			7.6		2.2
4	0.017	0.002	0.015			7.4		1.8
5	0.017	0.002	0.015					
6	0.017	0.002	0.015					
7	0.017	0.002	0.015			7.3		1.8
8	0.012	0.008	0.003			7.3		1.8
9	0.013	0.010	0.003	2.5	1U	7.3	6.8	2.2
10	0.024	0.020	0.004			7.2		1.6
11	0.016	0.013	0.003			7.3		2.2
12	0.018	0.014	0.004					
13	0.018	0.014	0.004					
14	0.018	0.014	0.004			7.2		0.9
15	0.015	0.016				7.2		2.2
16	0.013	0.008	0.005			7.2		2.2
17	0.016		0.016			7.2		2.2
18	0.019		0.019			7.3		2.2
19	0.016		0.016					
20	0.016		0.016					
21	0.016		0.016			7.2		2.2
22	0.021		0.021			7.3		2.2
23	0.026		0.026			7.1		2.2
24	0.030	0.021	0.009			7.1		2.2
25	0.015	0.011	0.004			7.2		2.2
26	0.040	0.043						
27	0.040	0.043						
28	0.040	0.043				7.1		2.2
29	0.025	0.026				7.1		1.7
30	0.017	0.019				7.1		1.8
31	0.020	0.022				7.2		1.0

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARGE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.014		mgd					5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.019	0.016	mgd					5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.016	0.001	mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.018		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From: 04/01/05

To: 04/30/05

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			7.0	mg/L		Monthly	Grab
PARM Code 00530 Y	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			3.3	3.3	mg/L	Monthly	Grab
PARM Code 00530 I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.1		mg/L	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20 (An.Avg.)		mg/L	Monthly	Grab
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2	3.2	mg/L	Monthly	Grab
PARM Code 80082 I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			22		#/100ml	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)		#/100ml	Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml	Monthly	Grab
PARM Code 74055 I	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml	Monthly	Grab
Mon.Site No. EFA-1								
pH	Sample Measurement			7.2	7.4	s.u.	5 Days/Week	Grab
PARM Code 00400 I	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.	5 Days/Week	Grab
Mon.Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8		mg/L	5 Days/Week	Grab
PARM Code 50050 I	Permit Requirement			0.5 (Min.)		mg/L	5 Days/Week	Grab
Mon.Site No. EFA-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	mg/L	Annually	Grab
PARM Code 00620 I	Permit Requirement				12.0 (Max.)	mg/L	Annually	Grab
Mon.Site No. EFA-1								
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			64%		%	Monthly	Calculated
PARM Code 00180 I	Permit Requirement			Report		%	Monthly	Calculated
Mon.Site No. EFF-1								
Solids, Total Suspended	Sample Measurement			MNR		mg/L	Annually	Grab
PARM Code 00530 G	Permit Requirement			Report		mg/L	Annually	Grab
Mon.Site No. INF-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		mg/L	Annually	Grab
PARM Code 80082 G	Permit Requirement			Report		mg/L	Annually	Grab
Mon.Site No. INF-1								

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 04/01/05 To: 04/30/05

Three-month Average Daily Flow: 0.016
(TMSDF/Permitted Capacity)x100: 64%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.021	0.024				7.2		1.9			
2	0.024	0.025									
3	0.024	0.025									
4	0.024	0.025				7.2		2.2			
5	0.020	0.022				7.2		2.2			
6	0.012	0.013		3.2	1U	7.3	3.3	2.2			
7	0.023	0.025				7.3		2.2			
8	0.031	0.022	0.009			7.3		2.2			
9	0.025	0.019	0.005								
10	0.025	0.019	0.005								
11	0.025	0.019	0.005			7.3		0.8			
12	0.025	0.026				7.3		2.2			
13	0.019	0.021				7.2		2.2			
14	0.014	0.015				7.3		1.8			
15	0.019	0.020				7.2		1.6			
16	0.018	0.019									
17	0.018	0.019									
18	0.018	0.019				7.3		2.2			
19	0.017	0.018				7.4		2.2			
20	0.017	0.019				7.3		2.2			
21	0.014	0.015				7.3		2.2			
22	0.014	0.010	0.003			7.2		1.8			
23	0.016	0.013	0.003								
24	0.016	0.013	0.003								
25	0.016	0.013	0.003			7.2		2.2			
26	0.017	0.014	0.003			7.3		2.2			
27	0.019	0.020				7.3		2.2			
28	0.020	0.021				7.3		2.2			
29	0.016	0.017				7.3		2.2			
30	0.018	0.018									
31											

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: **FLA010655**
 LIMIT: **Final** REPORT: **Monthly**
 CLASS SIZE: **N/A** GROUP: **Domestic**

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: **R-001, R002 and Influent**
 NO DISCHARE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.014		mgd					5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.017	0.015	mgd					5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.015	0.001	mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.015		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.006		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

05/01/05

To:

05/31/05

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.6		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				10.0	10.0	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4	3.4	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				47		#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				300	300	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.0		7.7	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				61%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 05/01/05 To: 05/31/05

Three-month Average Daily Flow: 0.015
(TMSDF/Permitted Capacity)x100: 61%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.007	0.029									
2	0.007	0.029				7.4		0.6			
3	0.007	0.014				7.5		2.2			
4	0.007		0.007	3.4	300B	7.4	10.0	2.2			
5	0.044		0.044			7.1		2.2			
6	0.037		0.037			7.0		1.4			
7	0.025	0.018	0.007								
8	0.025	0.018	0.007								
9	0.025	0.018	0.007			7.1		2.2			
10	0.021		0.021			7.3		2.1			
11	0.015		0.015			7.3		2.2			
12	0.018		0.018			7.7		2.2			
13	0.008		0.008			7.5		2.0			
14	0.018	0.021									
15	0.018	0.021									
16	0.018	0.021				7.6		2.2			
17	0.018	0.022				7.6		2.2			
18	0.013	0.018				7.6		2.2			
19	0.016	0.018				7.5		2.2			
20	0.016	0.020				7.5		2.2			
21	0.014	0.018									
22	0.014	0.018									
23	0.014	0.018				7.5		2.2			
24	0.016	0.020				7.5		0.8			
25	0.012	0.017				7.4		2.2			
26	0.015	0.017				7.5		2.2			
27	0.011	0.017				7.5		2.2			
28	0.022	0.022									
29	0.022	0.022									
30	0.022	0.022				7.5		2.2			
31	0.016	0.024				7.5		2.2			

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class:	Certification No.:	Name:
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.013		mgd						5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.002	0.010	mgd						5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.016	0.001	mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.017		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.001		mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.000		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

06/01/05

To:

06/30/05

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				8.3		mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				19.0	19.0	mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1		mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5	3.5	mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				43		#/100ml		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Y	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				255	500	#/100ml		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement				7.0	7.5	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EFA-1	I	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon. Site No. EFA-1	I	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 Mon. Site No. EFA-1	I	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				41%		%		Monthly	Calculated
PARM Code 00180 Mon. Site No. EFF-1	I	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 06/01/05 To: 06/30/05

Three-month Average Daily Flow: 0.010
(TMSDF/Permitted Capacity)x100: 41%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.002	0.024		3.5	500B	7.3	19.0	2.2			
2	0.002	0.019				7.3		2.2			
3	0.002	0.025				7.4		2.0			
4	0.002	0.024									
5	0.002	0.024									
6	0.002	0.024				7.4		0.6			
7	0.002	0.032				7.5		1.8			
8	0.002	0.020				7.5		1.8			
9	0.002	0.020				7.5		2.0			
10	0.002	0.021				7.5		2.2			
11	0.003	0.021									
12	0.003	0.021									
13	0.003	0.021				7.5		2.0			
14	0.002	0.001	0.002			7.0		0.8			
15	0.002	0.010			9	7.2		2.2			
16	0.002	0.013				7.1		2.2			
17	0.005	0.031				7.2		2.2			
18	0.002	0.023									
19	0.002	0.023									
20	0.002	0.023				7.2		2.0			
21	0.002	0.021				7.2		0.8			
22	0.002	0.021				7.2		1.2			
23	0.002	0.015				7.3		2.2			
24	0.002	0.012				7.3		2.2			
25	0.002	0.007									
26	0.002	0.007									
27	0.002	0.007				7.2		2.2			
28	0.002	0.010				7.1		2.2			
29	0.002	0.009				7.3		0.8			
30	0.002	0.010				7.1		2.2			
31											

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.013		mgd				0	5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.002	0.010	mgd				0	5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.016	0.001	mgd				0	5 Days/week	Flow Meter
	Permit Requirement	0.0186 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.017		mgd				0	5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.001		mgd				0	5 Days/week	Flow Meter
	Permit Requirement	0.0064 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.000		mgd				0	5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

07/01/05

To:

07/31/05

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.5		mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.3	9.3	mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1		mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8	2.8	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				30		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				95	95	#/100ml	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	I	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			7.0		7.2	s.u.	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	I	Permit Requirement		6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2			mg/L	0	5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	I	Permit Requirement		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L	0	Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	I	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				41%		%	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	I	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	G	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 07/01/05 To: 07/31/05

Three-month Average Daily Flow: 0.010
(TMSDF/Permitted Capacity)x100: 41%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.002	0.014				7.1		2.2			
2	0.003	0.009									
3	0.003	0.009									
4	0.003	0.009				7.1		2.2			
5	0.002	0.009				7.0		2.2			
6	0.001	0.009		2.8	95	7.1	9.3	2.2			
7	0.002	0.008				7.1		1.8			
8	0.002	0.009				7.0		2.0			
9	0.002	0.023									
10	0.002	0.023									
11	0.002	0.023				7.1		2.0			
12	0.003	0.015				7.2		1.8			
13	0.005	0.026				7.2		1.3			
14	0.003	0.024				7.1		1.3			
15	0.002	0.013				7.1		1.8			
16	0.004	0.026									
17	0.004	0.026									
18	0.004	0.026				7.2		2.0			
19	0.001	0.025				7.1		2.2			
20	0.003	0.025				7.1		1.9			
21	0.002	0.016				7.1		1.3			
22	0.002	0.020				7.2		1.2			
23	0.002	0.009									
24	0.002	0.009									
25	0.002	0.009				7.2		2.2			
26	0.001	0.009				7.1		1.8			
27	0.003	0.016				7.1		1.6			
28	0.001	0.012				7.1		1.5			
29	0.002	0.023				7.2		2.0			
30	0.002	0.023									
31	0.002	0.023									

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 12476 Name: David Haring
 Day Shift Operator Class: C Certification No.: 7605 Name: _____
 Evening Shift Operator Class: _____ Certification No.: _____ Name: _____
 Night Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: A Certification No.: 4894 Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: **FLA010655**
 LIMIT: **Final**
 CLASS SIZE: **N/A**

REPORT: **Monthly**
 GROUP: **Domestic**

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: **R-001, R002 and Influent**
 NO DISCHARGE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.013		mgd						5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An. Avg.)		mgd						5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.002	0.010	mgd						5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.016	0.001	mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0186 (An. Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.024		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo. Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0064 (An. Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.000		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	Report (Mo. Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

08/01/05

To:

08/31/05

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6.9			Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.4	2.4		Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U		Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
Coliform, Fecal	Sample Measurement				22		#/100ml	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml	Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml	Monthly	Grab
pH	Sample Measurement			7.0		7.3	s.u.	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.	5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			mg/L	5 Days/Week	Grab
PARM Code 50050 I Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						mg/L	Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L	Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				41%		%	Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Requirement				Report		%	Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L	Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L	Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: **FLA010655**

Monitoring Period From: 08/01/05 To: 08/31/05 Three-month Average Daily Flow: 0.010
 (TMSDF/Permitted Capacity)x100: 41%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)		
Code	50050	50050	50050	80082	74055	00400	00530	50060		
Mon. Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1		
1	0.004	0.030				7.0		1.4		
2	0.004	0.027				7.1		1.2		
3	0.003	0.030				7.1		1.8		
4	0.003	0.032				7.2		1.5		
5	0.002	0.024				7.2		2.0		
6	0.002	0.026								
7	0.002	0.026								
8	0.002	0.026				7.2		2.2		
9	0.003	0.034				7.2		2.2		
10	0.003	0.031		2U	1U	7.1	2.4	1.5		
11	0.003	0.026				7.3		2.2		
12	0.002	0.027				7.3		2.2		
13	0.003	0.028								
14	0.003	0.028								
15	0.003	0.028				7.2		2.2		
16	0.002	0.019				7.3		2.2		
17	0.002	0.021				7.3		2.2		
18	0.002	0.021				7.2		2.2		
19	0.002	0.021				7.2		2.0		
20	0.002	0.021								
21	0.002	0.021								
22	0.002	0.021				7.3		2.2		
23	0.001	0.013				7.3		1.0		
24	0.001	0.016				7.2		1.3		
25	0.001	0.014				7.1		1.5		
26	0.002	0.022				7.3		2.2		
27	0.002	0.027								
28	0.002	0.027								
29	0.002	0.027				7.2		2.2		
30	0.001	0.016				7.2		2.0		
31	0.002	0.021				7.3		2.2		

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>7605</u>	Name: <u>Larry White</u>
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010655	
MAILING ADDRESS: PO Box 490310	LIMIT: Final	REPORT: Monthly
Leesburg, FL 34749	CLASS SIZE: N/A	GROUP: Domestic

FACILITY: Holiday Haven WWTF	MONITORING GROUP NUMBER: R-001, R002 and Influent	
LOCATION: Pearl & Lisa Streets, Astor	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
Astor, FL		
COUNTY: Lake	MONITORING PERIOD--From: <u>09/01/05</u>	To: <u>09/30/05</u>

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.014		mgd						5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.023	0.017	mgd						5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.016	0.001	mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.026		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

09/01/05

To:

09/30/05

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.2		mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.8	5.8	mg/L		Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1		mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9	2.9	mg/L		Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				28		#/100ml		Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				68	68	#/100ml		Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			6.8		7.3	s.u.		5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8			mg/L		5 Days/Week	Grab
PARM Code 50050 I Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				69%		%		Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 09/01/05 To: 09/30/05

Three-month Average Daily Flow: 0.017
(TMSDF/Permitted Capacity)x100: 69%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.025	0.029				7.2		2.2+			
2	0.036	0.030	0.006			7.2		2.2+			
3	0.024	0.027									
4	0.024	0.027									
5	0.024	0.027				7.3		2.2+			
6	0.030	0.036				7.3		2.2+			
7	0.026	0.021	0.005	2.9	68B	7.3	5.8	2.2+			
8	0.039	0.031	0.008			7.2		2.2+			
9	0.036	0.041				7.3		2.2+			
10	0.021	0.025									
11	0.021	0.025									
12	0.021	0.025				7.2		1.8			
13	0.017	0.021				7.3		2.2+			
14	0.018	0.022				7.3		2.2+			
15	0.013	0.013				7.2		2.2+			
16	0.014	0.018				7.0		2.2+			
17	0.016	0.020									
18	0.016	0.020									
19	0.016	0.020				7.3		2.2+			
20	0.011	0.014				7.3		2.2+			
21	0.021	0.026				7.2		2.2+			
22	0.032	0.039				7.1		2.2+			
23	0.032	0.038				7.2		2.2+			
24	0.026	0.032									
25	0.026	0.032									
26	0.026	0.032				7.0		2.2+			
27	0.013	0.018				6.8		2.2+			
28	0.021	0.025				6.8		2.2+			
29	0.025	0.034				6.9		2.2+			
30	0.040	0.039	0.001			6.9		2.2+			
31											

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class: C	Certification No.: 7605	Name: Larry White
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARGE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.014		mgd					5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.025	0.017	mgd					5 Days/week	Meter
PARM Code 50050 Mon.Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.016	0.005	mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.027		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.005		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.000		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon.Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

10/01/05

To:

10/31/05

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			10.2	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.6	6.6	mg/L	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.8	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab
Coliform, Fecal	Sample Measurement			61	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			2	2	#/100ml	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml	Monthly	Grab
pH	Sample Measurement		6.4	7.0	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement		6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	Permit Requirement		0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			67%	%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	Permit Requirement			Report	%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			MNR	mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement			Report	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement			Report	mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 10/01/05 To: 10/31/05

Three-month Average Daily Flow: 0.017
 (TMSDF/Permitted Capacity)x100: 67%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.025	0.029									
2	0.025	0.029									
3	0.025	0.029				6.9		2.2+			
4	0.023	0.027				6.9		2.2+			
5	0.042	0.050				6.9		2.2+			
6	0.031	0.038				6.9		2.2+			
7	0.036	0.041				6.8		2.2+			
8	0.030	0.035									
9	0.030	0.035									
10	0.030	0.035				6.8		2.2+			
11	0.026	0.031				6.8		2.2+			
12	0.013	0.014		2U	2	6.8	6.6	2.2+			
13	0.023	0.026				6.8		2.2+			
14	0.021	0.022				6.7		2.2+			
15	0.021	0.020	0.000								
16	0.021	0.020	0.000								
17	0.021	0.020	0.000			6.8		2.2+			
18	0.014	0.014				6.8		1.0			
19	0.015	0.015				6.9		2.2+			
20	0.012	0.012				6.9		2.2+			
21	0.018	0.020				6.9		2.2+			
22	0.032	0.035									
23	0.032	0.035									
24	0.032	0.035				6.4		1.0			
25	0.048	0.047	0.001			6.9		2.2+			
26	0.026	0.024	0.002			7.0		2.2+			
27	0.025	0.023	0.002			7.0		1.7			
28	0.023	0.023	0.000			7.0		2.2			
29	0.021	0.022									
30	0.021	0.022									
31	0.021	0.022				7.0		2.0			

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARGE FROM SITE:

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

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.015		mgd						5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.018	0.022	mgd						5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.017	0.003	mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0186 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.019		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.003		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0064 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.000		mgd						5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

11/01/05

To:

11/30/05

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				9.6		mg/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.8	3.8	mg/L		Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8		mg/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2	3.2	mg/L		Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				61		#/100ml		Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				5	5	#/100ml		Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement			6.9		7.1	s.u.		5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.3			mg/L		5 Days/Week	Grab
PARM Code 50050 I Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						mg/L		Annually	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				88%		%		Monthly	Calculated
PARM Code 00180 I Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 11/01/05 To: 11/30/05

Three-month Average Daily Flow: 0.022
(TMSDF/Permitted Capacity)x100: 88%

Code	50050	50050	50050	80082	74055	00400	00530	50060		
Mon. Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1		
1	0.019	0.019	0.000			7.0		2.2+		
2	0.018	0.019		3.2	5	7.0	3.8	1.3		
3	0.025	0.026				7.0		1.9		
4	0.020	0.019	0.001			6.9		2.2+		
5	0.020	0.020	0.001							
6	0.020	0.020	0.001							
7	0.020	0.020	0.001			6.9		2.2+		
8	0.014	0.015				7.0		2.2+		
9	0.016	0.016	0.000			7.1		2.2+		
10	0.016	0.017				7.0		2.2+		
11	0.015	0.015	0.000			7.0		2.2+		
12	0.017	0.018								
13	0.017	0.018								
14	0.017	0.018				7.1		2.2+		
15	0.014	0.014				7.1		2.0		
16	0.014	0.015				7.1		2.2+		
17	0.017	0.017				7.1		2.2+		
18	0.020	0.020				7.1		2.2+		
19	0.018	0.020								
20	0.018	0.020								
21	0.018	0.020				7.1		2.2+		
22	0.014	0.012	0.002			7.1		2.2		
23	0.022	0.023				7.0		2.2+		
24	0.016	0.020				7.1		2.2+		
25	0.021	0.018	0.003			7.1		2.2+		
26	0.019	0.021								
27	0.019	0.021								
28	0.019	0.021				7.1		2.2+		
29	0.034	0.037				6.9		2.2+		
30	0.023	0.026				7.0		2.2+		
31										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010655	REPORT: Monthly
MAILING ADDRESS: PO Box 490310	LIMIT: Final	GROUP: Domestic
Leesburg, FL 34749	CLASS SIZE: N/A	

FACILITY: Holiday Haven WWTF	MONITORING GROUP NUMBER: R-001, R002 and Influent
LOCATION: Pearl & Lisa Streets, Astor	NO DISCHARGE FROM SITE: <input type="checkbox"/>
Astor, FL	
COUNTY: Lake	MONITORING PERIOD--From: <u>12/01/05</u> To: <u>12/31/05</u>

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.015	mgd				5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An. Avg.)	mgd				5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.021	0.021	mgd			5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd			5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.018	0.003	mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0186 (An. Avg.)		mgd			5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.021		mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo. Avg.)		mgd			5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.003		mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0064 (An. Avg.)		mgd			5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.000		mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	Report (Mo. Avg.)		mgd			5 Days/week	Flow Meter

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

12/01/05

To:

12/31/05

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				8.9		mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.4	6.4	mg/L		Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3		mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4	3.4	mg/L		Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				61		#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement				7.0	7.2	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				85%		%		Monthly	Calculated
PARM Code 00180 Mon.Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 12/01/05 To: 12/31/05

Three-month Average Daily Flow: 0.021
(TMSDF/Permitted Capacity)x100: 85%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Mon.Site	50050 EFF-1	50050 EFF-2	50050 EFF-3	80082 EFA-1	74055 EFA-1	00400 EFA-1	00530 EFB-1	50060 EFA-1			
1	0.024	0.025				7.0		2.2+			
2	0.022	0.025				7.0		2.2+			
3	0.021	0.021	0.000								
4	0.021	0.021	0.000								
5	0.021	0.021	0.000			7.1		2.2+			
6	0.016	0.020				7.1		2.2+			
7	0.020	0.020				7.1		2.2+			
8	0.021	0.021	0.001			7.0		2.2+			
9	0.020	0.026				7.0		0.8			
10	0.025	0.024	0.001								
11	0.025	0.024	0.001								
12	0.025	0.024	0.001			7.1		2.2+			
13	0.023	0.023				7.1		2.0			
14	0.015	0.012	0.003	3.4	1U	7.1	6.4	2.2+			
15	0.023	0.023				7.2		2.2+			
16	0.019	0.020				7.0		2.2+			
17	0.023	0.022	0.001								
18	0.023	0.022	0.001								
19	0.023	0.022	0.001			7.1		2.2+			
20	0.019	0.018	0.001			7.1		2.2+			
21	0.025	0.025	0.000			7.2		2.2+			
22	0.022	0.023				7.1		2.2+			
23	0.021	0.020	0.001			7.1		2.0			
24	0.020	0.021									
25	0.020	0.021									
26	0.020	0.021				7.1		2.2+			
27	0.022	0.023				7.1		2.2+			
28	0.020	0.020				7.1		2.2+			
29	0.020	0.020				7.1		2.2+			
30	0.017	0.018				7.1		2.2+			
31	0.017	0.018									

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001.

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