

Rosalie Oaks

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 16 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00982 JAN 30 85

EPSC COMMISSION STAFF

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Rosalie Oaks

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
Crystal River Utilities, Inc
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240
FACILITY: Rosalie Oaks WWTF
LOCATION: Camp Mack Road and Silver Oaks Drive
11 miles East of Lake Wales, FL
COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
MONITORING PERIOD: From: 1/1/04 To: 1/31/04
LIMIT: Final
CLASS SIZE: N/A
THREE MONTH AVERAGE DAILY FLOW: 0.009 60 % of capacity
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE: []
REPORT: Monthly
GROUP: Domestic
WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
Flow	Sample Measurement	0.010	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.010	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.1	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			2.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.6	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			1.6	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			6.3	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: 1/04

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			4.5		8.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement			Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			656				1	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement			200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement			0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					2.97	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			142			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement			Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			118			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement			Report Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 1/04

Three month Average Daily Flow: 0.009
 (TMADF/Permitted Capacity)x100: 60%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.015					7.1		1.5	
2	.010					6.9		3.0+	
3	.010								
4	.010								
5	.010					6.7		3.0+	
6	.014					7.0		2.2+	
7	.006					6.8		3.0+	
8	.010					6.9		2.2+	
9	.010	2.0 U	142	1.6	118	6.7	8	3.0+	2.97
10	.010								
11	.010								
12	.011					6.8		1.3	
13	.008					6.9		1.1	
14	.012					6.6		3.0+	
15	.006					7.1		2.2+	
16	.011					6.7		1.7	
17	.011								
18	.010								
19	.010					6.7		3.0+	
20	.008					7.0	1 U	2.2+	
21	.016					6.3		3.0+	
22	.005					7.1		2.2+	
23	.010					6.8		3.0+	
24	.010								
25	.010								
26	.008					7.1		2.2+	
27	.010					7.2		2.2+	
28	.014					7.1		2.2+	
29	.012					7.0		2.2+	
30	.011					7.0		2.2+	
31	.011								

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME:	Donald J. Clayton, President Crystal River Utilities, Inc	PERMIT NUMBER:	FLA011045-001-DW3P
MAILING ADDRESS:	6960 Professional Parkway East, Suite 400 Sarasota, FL 34240	MONITORING PERIOD:	From: February 1, 2004 To: February 29, 2004
FACILITY:	Rosalie Oaks WWTF	LIMIT:	Final
LOCATION:	Camp Mack Road and Silver Oaks Drive 11 miles East of Lake Wales, FL	CLASS SIZE:	N/A
COUNTY:	Polk	THREE MONTH AVERAGE DAILY FLOW:	0.011 73 % of capacity
		DISCHARGE POINT NUMBER:	R001
		PLANT SIZE/TREATMENT TYPE:	
		NO DISCHARGE FROM SITE:	[]
		REPORT:	Monthly
		GROUP:	Domestic
		WAFR NUMBER:	37258

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Flow	Sample Measurement	0.010		MGD				0	Monthly	Calculated Rolling Annual Average	
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)		MGD					Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	0.013		MGD				0	Monthly	Elapsed Time Meters	
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)		MGD					5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement				3.2			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				3.3	3.3		mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.3			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				2	2		mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)		mg/L		Monthly	Grab
pH	Sample Measurement				6.8	7.0		S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement				6.0 (Min)	8.5 (Max)		s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: February 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1		1	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement				Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				656				1	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						0.97	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: February 2004

Three month Average Daily Flow: 0.011
 (TMADF/Permitted Capacity)x100: 73%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.011								
2	.012					7.0		2.2+	
3	.011					6.9		2.2+	
4	.009					6.9		2.2+	
5	.012					6.9		2.2+	
6	.015					6.8		2.2+	
7	.015								
8	.015								
9	.012					6.9		2.2+	
10	.012					6.9		2.2+	
11	.010					6.9		2.2+	
12	.013					6.8		2.2+	
13	.013								
14	.014					6.9		2.2+	
15	.014								
16	.007					6.8		2.2+	
17	.009					6.9		2.2+	
18	.014					6.9		2.2+	
19	.012					6.9		2.2+	
20	.017					6.9		2.2+	
21	.017								
22	.013					6.9		2.2+	
23	.013								
24	.008	3.3		2		7.0	1U	2.2+	0.97
25	.008					6.9		2.2+	
26	.012					7.0		2.2+	
27	.016					7.0		2.2+	
28	.018					7.0		2.2+	
29	.018								
30									
31									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Donald J. Clayton, President
Crystal River Utilities, Inc
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240
FACILITY: Rosalie Oaks WWTF
LOCATION: Camp Mack Road and Silver Oaks Drive
11 miles East of Lake Wales, FL
COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
MONITORING PERIOD: From: March 1, 2004 To: March 31, 2004
LIMIT: Final
CLASS SIZE: N/A
THREE MONTH AVERAGE DAILY FLOW: 0.012 80 % of capacity
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE: []
REPORT: Monthly
GROUP: Domestic
WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type	
Flow	Sample Measurement	0.010	MGD			0	Monthly	Calculated Rolling Annual Average	
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	0.013	MGD			0	Monthly	Elapsed Time Meters	
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement			3.3		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			4.2	4.2	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			3	3	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			6.8	7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u		5x/Week	Grab

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

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

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Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: March 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			5		5	#100 ml	0	Monthly	Grab
PARM Code 74055 Y □δ□□□□□□□□□□□□□□□□	Permit Requirement			Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			656				1	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement			200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.32			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement			0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					20.08	mg/L	1	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			MNR			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement			Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			MNR			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement			Report Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: March 2004

Three month Average Daily Flow: 0.012
 (TMADF/Permitted Capacity)x100: 80%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.016					6.9		2.2+	
2	.009					6.9		2.2+	
3	.015					6.9		2.0+	
4	.011					7.3		5.5	
5	.021					7.2		2.2+	
6	.021								
7	.021								
8	.011					7.1		2.2+	
9	.013					7.0		2.2+	
10	.011					7.2		2.2+	
11	.014					7.3		2.2+	
12	.011					7.0		2.2+	
13	.011								
14	.011								
15	.012					6.9		3.55	
16	.019					7.0		4.05	
17	.013					7.0		1.32	
18	.014					6.8		2.2+	
19	.012					7.0		2.2+	
20	.012								
21	.012								
22	.013	4.2		3		7.0		2.2+	20.08
23	.015					6.8	5	2.2+	
24	.013					7.0		2.2+	
25	.006					7.1		2.2+	
26	.013					7.1		2.2+	
27	.013								
28	.013								
29	.011					7.2		2.2+	
30	.013					7.1		2.2+	0.34
31	.013					6.9		2.2+	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME:	Donald J. Clayton, President Crystal River Utilities, Inc	PERMIT NUMBER:	FLA011045-001-DW3P
MAILING ADDRESS:	6960 Professional Parkway East, Suite 400 Sarasota, FL 34240	MONITORING PERIOD:	From: 4/1/04 Final N/A
FACILITY:	Rosalie Oaks WWTF	THREE MONTH AVERAGE DAILY FLOW:	.012 80% of capacity
LOCATION:	Camp Mack Road and Silver Oaks Drive 11 miles East of Lake Wales, FL	DISCHARGE POINT NUMBER:	R001
COUNTY:	Polk	PLANT SIZE/TREATMENT TYPE:	
		NO DISCHARGE FROM SITE: []	
		REPORT:	Monthly
		GROUP:	Domestic
		WAFR NUMBER:	37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
Flow	Sample Measurement	0.010	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.009	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.0	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			4.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			3.0	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			6.8	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: 4/2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type	
Coliform, Fecal	Sample Measurement			1	1	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement		Report Mo. Geo. Mean	800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			643			0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I	Permit Requirement		200 (An Avg.)				Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement		0.5 (Min)		mg/L		5x/Week	Grab
Nitrate	Sample Measurement				2.10	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I	Permit Requirement			12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			MNR		mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G	Permit Requirement		Report Annual Sample		mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			MNR		mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G	Permit Requirement		Report Annual Sample		mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 4/2004

Three month Average Daily Flow: .012
 (TMADF/Permitted Capacity)x100: 80%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.016					7.1		2.2+	
2	.007					7.2		2.2+	
3	.007								
4	.007								
5	.008					7.3		2.2+	
6	.007					7.2		2.2+	
7	.011					7.2		2.2+	
8	.008					7.2		2.2+	
9	.008					7.1		2.2+	
10	.008								
11	.008								
12	.013					7.2		2.2+	
13	.011					7.1		2.2+	
14	.013					7.0		2.2+	
15	.012					7.2		2.2+	
16	.008					7.1		2.2+	
17	.008								
18	.008								
19	.008					7.0		2.2+	
20	.007	4.0		3		7.0	1U	2.2+	2.10
21	.008					7.1		2.2+	
22	.008					7.0		2.2+	
23	.008					6.9		2.2+	
24	.008								
25	.008								
26	.008					6.9		2.2+	
27	.007					6.8		2.2+	
28	.008					6.9		2.2+	
29	.006					7.0		2.2+	
30	.008					7.3		2.2+	
31									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: Certificate No: Name:
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
Crystal River Utilities, Inc
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

PERMIT NUMBER: FLA011045-001-DW3P

MONITORING PERIOD From: May 1, 2004 To: May 31, 2004

LIMIT: Final
CLASS SIZE: N/A
THREE MONTH AVERAGE DAILY FLOW: 0.009 62 % of capacity
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE: []

REPORT: Monthly
GROUP: Domestic
WAFR NUMBER: 37258

FACILITY: Rosalie Oaks WWTF
LOCATION: Camp Mack Road and Silver Oaks Drive
11 miles East of Lake Wales, FL
COUNTY: Polk

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type
Flow	Sample Measurement	0.011	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.006	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.4		0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)			Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			3.5	3.5	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.6		0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)			Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)		Monthly	Grab
pH	Sample Measurement			6.9	7.2	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	8.5 (Max)		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: May 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement			Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			697				1	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement			200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement			0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					0.04	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			MNR			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement			Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			MNR			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement			Report Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: May 2004

Three month Average Daily Flow: 0.009
 (TMADF/Permitted Capacity)x100: 62%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.008								
2	.002								
3	.006					7.2		2.2+	
4	.004					7.1		2.2+	
5	.006					7.0		2.2+	
6	.007					7.0		2.2+	
7	.006					7.0		2.2+	
8	.006					7.0		2.2+	
9	.006								
10	.008					7.1		2.2+	
11	.006					7.1		2.2+	
12	.007					7.0		2.2+	
13	.006					7.0		2.2+	
14	.007					7.0		2.2+	
15	.007								
16	.007								
17	.004					7.1		2.2+	
18	.002					7.1		2.2+	
19	.005					7.0		2.2+	
20	.006					7.0		2.2+	
21	.006					6.9		2.2+	
22	.006								
23	.006								
24	.006					7.0		2.2+	
25	.004	3.5		2		7.1	1U	2.2+	0.04
26	.004					7.1		2.2+	
27	.006					7.1		2.2+	
28	.005					7.1		2.2+	
29	.005								
30	.005								
31	.006					7.1		2.2+	

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
 Crystal River Utilities, Inc
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240
 FACILITY: Rosalie Oaks WWTF
 LOCATION: Camp Mack Road and Silver Oaks Drive
 11 miles East of Lake Wales, FL
 COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
 MONITORING PERIOD: From: 6/1/04 To: 6/30/04
 LIMIT: Final
 CLASS SIZE: N/A
 THREE MONTH AVERAGE DAILY FLOW: 0.007 48 % of capacity
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE:
 NO DISCHARGE FROM SITE: []
 REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
Flow	Sample Measurement	0.010	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.007	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.5	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			3.7	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.6	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			1.0	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.0	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: June 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Coliform, Fecal	Sample Measurement			1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement			Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			697				1	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement			200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement			0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					0.08	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			MNR			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement			Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			MNR			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement			Report Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 6/2004

Three month Average Daily Flow: 0.007
 (TMADF/Permitted Capacity)x100: 48

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.006					7.1		2.2+	
2	.004	3.7		1U		7.1	1U	2.2+	0.08
3	.004					7.0		2.2+	
4	.004					7.0		2.2+	
5	.004								
6	.004								
7	.005					7.0		2.2+	
8	.004					7.0		2.2+	
9	.004					7.0		2.2+	
10	.004					7.1		2.2+	
11	.007					7.1		2.2+	
12	.007								
13	.007								
14	.004					7.2		2.2+	
15	.004					7.2		2.2+	
16	.006					7.1		2.2+	
17	.004					7.1		2.2+	
18	.006					7.0		2.2+	
19	.006								
20	.006								
21	.009					7.1		2.2+	
22	.010					7.1		2.2+	
23	.012					7.2		2.2+	
24	.013					7.2		2.2+	
25	.011					7.1		2.2+	
26	.011								
27	.011								
28	.013					7.2		2.2+	
29	.015					7.1		2.2+	
30	.015					7.1		2.2+	
31									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 11993 Name: Al Gerardo

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME:	Donald J. Clayton, President Crystal River Utilities, Inc	PERMIT NUMBER:	FLA011045-001-DW3P
MAILING ADDRESS:	6960 Professional Parkway East, Suite 400 Sarasota, FL 34240	MONITORING PERIOD:	From: 7/1/04 To: 7/31/04
FACILITY:	Rosalie Oaks WWTF	LIMIT:	Final
LOCATION:	Camp Mack Road and Silver Oaks Drive 11 miles East of Lake Wales, FL	CLASS SIZE:	N/A
COUNTY:	Polk	THREE MONTH AVERAGE DAILY FLOW:	0.007 48 % of capacity
		DISCHARGE POINT NUMBER:	R001
		PLANT SIZE/TREATMENT TYPE:	
		NO DISCHARGE FROM SITE:	[]
		REPORT:	Monthly
		GROUP:	Domestic
		WAFR NUMBER:	37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type
Flow		0.010	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Y	Permit Requirement 0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow		0.007	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	I	Permit Requirement Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5				3.5	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y	Permit Requirement		20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5				2.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab
Solids, Total Suspended				2.5	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y	Permit Requirement		20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended				1.2	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab
pH				7.1	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I	Permit Requirement		6.0 (Min)	8.5 (Max)	s.u	5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139 Chief Operator		863-858-2504	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: July 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement			3.0	3.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement			Report Mo. Geo. Mean	800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			55			0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement			200 (An Avg.)				Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6		mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement			0.5 (Min)		mg/L		5x/Week	Grab
Nitrate	Sample Measurement				26.0	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement				12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			MNR		mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement			Report Annual Sample		mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			MNR		mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement			Report Annual Sample		mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 7/2004

Three month Average Daily Flow: 0.007
 (TMADF/Permitted Capacity)x100: 46

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.004					7.3		1.6	
2	.007					7.2		2.2	
3	.008								
4	.008								
5	.008					7.4		1.4	
6	.010					7.3		1.2	
7	.005					7.1		1.5	
8	.010					7.5		0.8	
9	.010					7.3		0.8	
10	.010								
11	.007								
12	.007					7.5		0.8	
13	.007					7.3		0.6	
14	.008	2.0		1.2		7.3	3.0	0.7	23.0
15	.006					7.4		1.2	
16	.010					7.5		1.5	
17	.006								
18	.007								
19	.008					7.5		1.6	
20	.008					7.4		1.2	26.0
21	.007					7.5		1.5	
22	.008					7.5		1.6	
23	.009					7.5		1.5	
24	.010								
25	.008								
26	.008					7.1		3.5	
27	.008					7.3		3.5	
28	.006					7.2		2.5	3.1
29	.008					7.4		2.5	
30	.007					7.5		1.6	
31	.008								

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Evening Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Donald J. Clayton, President
 Crystal River Utilities, Inc
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240
 FACILITY: Rosalie Oaks WWTF
 LOCATION: Camp Mack Road and Silver Oaks Drive
 11 miles East of Lake Wales, FL
 COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
 MONITORING PERIOD: From: 8/1/04 To: 8/31/04
 LIMIT: Final
 CLASS SIZE: N/A
 THREE MONTH AVERAGE DAILY FLOW: 0.009 60 % of capacity
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE:
 NO DISCHARGE FROM SITE: []

REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
Flow	Sample Measurement	0.011	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.013	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.3	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			2.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			2.5	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.1	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: August 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			5.0		5.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement		Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			56				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I	Permit Requirement		200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement		0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					3.7	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I	Permit Requirement				12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			142.0			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G	Permit Requirement		Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			118.0			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G	Permit Requirement		Report Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 8/2004

Three month Average Daily Flow: 0.009
 (TMADF/Permitted Capacity)x100: 60%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1									
2	.020					7.5		1.7	
3	.005					7.4		1.0	
4	.005					7.4		0.7	
5	.006					7.6		0.7	
6	.007					7.5		0.9	
7									
8									
9	.020					7.6		0.6	
10	.007	2.0		2.5		7.5	5.0	0.6	3.7
11	.011					7.6		0.7	
12	.007					7.3		0.7	
13	.007					7.2		0.8	
14									
15									
16	.015					7.1		0.7	
17	.006					7.1		0.6	
18	.078					7.3		0.9	
19	.022					7.4		1.0	
20	.018					7.5		0.6	
21									
22									
23	.053					7.5		0.7	
24	.018					7.5		0.6	
25	.017					7.4		0.6	
26	.020					7.4		0.7	
27	.017					7.4		0.7	
28									
29									
30	.085					7.3		0.8	
31	.018					7.4		0.6	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
Crystal River Utilities, Inc
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240
FACILITY: Rosalie Oaks WWTF
LOCATION: Camp Mack Road and Silver Oaks Drive
11 miles East of Lake Wales, FL
COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
MONITORING PERIOD: From: 9/1/04 To: 9/30/04
LIMIT: Final
CLASS SIZE: N/A
THREE MONTH AVERAGE DAILY FLOW: 0.017 113 % of capacity
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE: []

REPORT: Monthly
GROUP: Domestic
WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type	
Flow	Sample Measurement	0.013	MGD			0	Monthly	Calculated Rolling Annual Average	
PARAM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	0.031	MGD			0	Monthly	Elapsed Time Meters	
PARAM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement			3.5		mg/L	0	Monthly	Calculated Rolling Annual Average
PARAM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			2.0	2.0	mg/L	0	Monthly	Grab
PARAM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.7		mg/L	0	Monthly	Calculated Rolling Annual Average
PARAM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			4.6	4.6	mg/L	0	Monthly	Grab
PARAM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.2	7.6	S.U.	0	5X/Week	Grab
PARAM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: 9/2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement			Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			56				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement			200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement			0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					2.8	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			142.0			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement			Report (FEB) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			118.0			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement			Report (FEB) Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B
 Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 9/2004

 Three month Average Daily Flow: 0.017
 (TMADF/Permitted Capacity)x100: 113%
Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.026					7.5		0.7	
2	.029					7.4		1.0	
3	.027					7.5		1.2	
4									
5									
6	.150					7.4		0.9	
7	.066					7.3		0.6	
8	.035					7.2		0.5	
9	.031					7.4		0.6	
10	.037					7.4		0.8	
11									
12									
13	.084					7.3		0.7	
14	.028					7.5		0.8	
15	.018	2.0		4.6		7.5	1.0	0.9	2.8
16	.029					7.6		0.8	
17	.021					7.5		1.0	
18									
19									
20	.059					7.4		0.7	
21	.052					7.3		0.9	
22	.021					7.4		3.5	
23	.032					7.3		1.8	
24	.025					7.3		2.9	
25									
26									
27	.040					7.4		0.6	
28	.010					7.2		0.5	
29	.078					7.3		1.9	
30	.030					7.5		1.0	
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>8937</u>	Name: <u>Steve Fuller</u>
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>9139</u>	Name: <u>David Rodriguez</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
 Crystal River Utilities, Inc
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240
 FACILITY: Rosalie Oaks WWTF
 LOCATION: Camp Mack Road and Silver Oaks Drive
 11 miles East of Lake Wales, FL
 COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
 MONITORING PERIOD: From: 10/1/04 To: 10/31/04
 LIMIT: Final
 CLASS SIZE: N/A
 THREE MONTH AVERAGE DAILY FLOW: 0.022 146 % of capacity
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE:
 NO DISCHARGE FROM SITE: []
 REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type
Flow	Sample Measurement	0.014	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.022	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.6	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			3.1	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.8	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			3.8	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	Permit Requirement			6.0 (Min)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: 10/2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement		Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			56				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I	Permit Requirement		200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement		0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					11.0	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I	Permit Requirement				12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			142.0			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G	Permit Requirement		Report (FEB) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			118.0			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G	Permit Requirement		Report (FEB) Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 10/2004

Three month Average Daily Flow: 0.022
 (TMADF/Permitted Capacity)x100: 146%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.045					7.5		0.9	
2									
3									
4	.082					7.4		1.0	
5	.033					7.3		1.0	
6	.020					7.3		1.1	
7	.030					7.3		1.3	
8	.017					7.4		1.1	
9									
10									
11	.072					7.5		0.5	
12	.014	3.1		3.8		7.5	1.0U	2.5	11.0
13	.027					7.5		2.5	
14	.047					7.3		2.5	
15	.020					7.4		3.0	
16									
17									
18	.062					7.6		2.5	
19	.021					7.5		2.5	
20	.021					7.6		2.5	
21	.022					7.4		2.2	
22	.021					7.5		2.0	
23									
24									
25	.068					7.5		1.3	
26	.015					7.6		1.6	
27	.020					7.4		1.0	
28	.022					7.3		0.9	
29	.015					7.5		0.9	
30									
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 10/2004

Three month Average Daily Flow: 0.023
 (TMADF/Permitted Capacity)x100: 153%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.060					7.6		0.9	
2	.017					7.4		0.9	
3	.014					7.4		0.9	
4	.020					7.4		3.0	
5	.020					7.4		2.0	
6									
7									
8	.050					7.5		1.0	
9	.011	2.0		5.9		7.6	72.0	0.6	11.0
10	.021					7.4		1.3	
11	.018					7.4		1.3	
12	.017					7.6		1.7	
13									
14									
15	.045					7.6		1.7	
16	.016					7.3		1.0	
17	.017					7.4		0.8	
18	.015					7.3		0.9	
19	.012					7.3		1.0	
20									
21									
22	.048					7.3		0.6	
23	.017					7.4		0.7	
24	.015					7.4		0.7	
25	.017					7.3		0.9	
26	.015					7.3		0.9	
27									
28									
29	.045					7.3		0.6	
30	.015					7.4		0.8	
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
Crystal River Utilities, Inc
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240
FACILITY: Rosalie Oaks WWTF
LOCATION: Camp Mack Road and Silver Oaks Drive
11 miles East of Lake Wales, FL
COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
MONITORING PERIOD: From: 11/1/2004 To: 11/30/04
LIMIT: Final
CLASS SIZE: N/A
THREE MONTH AVERAGE DAILY FLOW: 0.023 153 % of capacity
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE: []

REPORT: Monthly
GROUP: Domestic
WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type
Flow	Sample Measurement	0.014	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.017	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.3	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			2.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.8	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			5.9	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	S.U.		5x/Week	Grab
								8.5 (Max)

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: 11/2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				72.0	72.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement				Report Mo. Geo. Mean	800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				61			0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement				200 (An Avg.)				Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6		mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement				0.5 (Min)		mg/L		5x/Week	Grab
Nitrate	Sample Measurement					11.0	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				142.0		mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement				Report (FEB) Annual Sample		mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				118.0		mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement				Report (FEB) Annual Sample		mg/L		Annual (February)	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
 Crystal River Utilities, Inc
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240
 FACILITY: Rosalie Oaks WWTF
 LOCATION: Camp Mack Road and Silver Oaks Drive
 11 miles East of Lake Wales, FL
 COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
 MONITORING PERIOD: From: 12/1/04 To: 12/31/04
 LIMIT: Final
 CLASS SIZE: N/A
 THREE MONTH AVERAGE DAILY FLOW: 0.019 126 % of capacity
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE:
 NO DISCHARGE FROM SITE: []
 REPORT: Monthly
 WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type
Flow	Sample Measurement	.015	MGD			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	.018	MGD			0	Monthly	Elapsed Time Meters
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.3	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			4.3	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.3	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			6.8	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.1	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	05/01/05

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
MONTH/YEAR: 12/04

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			4.0		3.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement		Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			62				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I	Permit Requirement		200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement		0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					1.5	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I	Permit Requirement				12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			142.0			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G	Permit Requirement		Report (Feb) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			118.0			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G	Permit Requirement		Report (Feb) Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 12/04

Three month Average Daily Flow: .018
 (TMADF/Permitted Capacity)x100: 126%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.013					7.4			.8
2	.011					7.1			3.5
3	.020					7.3			3.5
4									
5									
6	.048					7.5			2.2
7	.012					7.6			1.6
8	.015	4.3		6.8		7.4	4.0		1.51.5
9	.020					7.4			1.2
10	.013					7.5			1.2
11									
12									
13	.048					7.6			3.0
14	.015					7.5			2.2
15	.013					7.4			1.9
16	.015					7.4			1.8
17	.013					7.3			1.8
18									
19									
20	.045					7.4			1.1
21	.015					7.3			1.7
22	.016					7.3			1.8
23	.015					7.3			1.8
24	.015					7.4			1.8
25									
26									
27	.090					7.5			.7
28	.021					7.6			1.8
29	.029					7.6			1.7
30	.024					7.6			2.5
31	.032					7.6			2.2

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Day Shift Operator Class _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

Version 07/9/99

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
Crystal River Utilities, Inc
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240
FACILITY: Rosalie Oaks WWTF
LOCATION: Camp Mack Road and Silver Oaks Drive
11 miles East of Lake Wales, FL
COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
MONITORING PERIOD: From: 1/1/05 To: 1/31/05
LIMIT: Final
CLASS SIZE: N/A
THREE MONTH AVERAGE DAILY FLOW: 0.020 133 % of capacity
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE: []
REPORT: Monthly
WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type	
Flow	Sample Measurement	.016	MGD			0	Monthly	Calculated Rolling Annual Average	
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	.025	MGD			0	Monthly	Elapsed Time Meters	
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement			3.3	mg/L	0	Monthly	Calculated Rolling Annual Average	
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.	
CBOD5	Sample Measurement			2.0	mg/L	0	Monthly	Grab	
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab	
Solids, Total Suspended	Sample Measurement			3.5	mg/L	0	Monthly	Calculated Rolling Annual Average	
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)	mg/L		Report Monthly	Calculated-Roll-An Avg.	
Solids, Total Suspended	Sample Measurement			2.8	mg/L	0	Monthly	Grab	
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab	
pH	Sample Measurement			6.8	7.6	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u	5x/Week	Grab	

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Senior Facility Operator		863-858-2504	05/02/03

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: 1/05

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			14.0		14.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement			Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			121				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement			200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement			0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					1.3	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			142.0			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement			Report (Feb) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			118.0			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement			Report (Feb) Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 1/05

Three month Average Daily Flow: .020
 (TMADF/Permitted Capacity)x100: 133%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1									
2									
3	.069					7.3		2.2	
4	.021	2.0U		2.8		7.4	14.0	2.0	1.3
5	.024					7.3		1.4	
6	.032					7.4		2.8	
7	.027					7.4		2.5	
8									
9									
10	.069					7.6		2.5	
11	.018					7.5		2.0	
12	.031					7.4		1.7	
13	.015					7.4		1.0	
14	.031					7.4		1.2	
15									
16									
17	.100					7.5		1.3	
18	.032					7.4		1.1	
19	.032					7.4		1.6	
20	.025					7.4		1.0	
21	.029					7.3		0.8	
22									
23									
24	.074					7.3		0.7	
25	.025					6.8		0.6	
26	.029					7.2		1.9	
27	.018					6.8		3.0	
28	.023					7.2		2.2	
29									
30									
31	.072					7.3		1.9	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
 Crystal River Utilities, Inc
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240
 FACILITY: Rosalie Oaks WWTF
 LOCATION: Camp Mack Road and Silver Oaks Drive
 11 miles East of Lake Wales, FL
 COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
 MONITORING PERIOD: From: 2/1/05 To: 2/28/05
 LIMIT: Final
 CLASS SIZE: N/A
 THREE MONTH AVERAGE DAILY FLOW: 0.021 140 % of capacity GROUP: Domestic
 DISCHARGE POINT NUMBER: R001 REPORT: Monthly
 PLANT SIZE/TREATMENT TYPE: WAFR NUMBER: 37258
 NO DISCHARGE FROM SITE: []

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type	
Flow	Sample Measurement	.016	MGD			0	Monthly	Calculated Rolling Annual Average	
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	.021	MGD			0	Monthly	Elapsed Time Meters	
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement			3.1		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			3.2	3.2	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.5		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			3.5	3.5	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.0	7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Senior Facility Operator		863-858-2504	04/08/28

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
MONTH/YEAR: 2/05

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0	1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement				Report Mo. Geo. Mean	800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				9.0			0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement				200 (An Avg.)				Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5		mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement				0.5 (Min)		mg/L		5x/Week	Grab
Nitrate	Sample Measurement					0.19	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				130.0		mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement				Report (Feb) Annual Sample		mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				100.0		mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement				Report (Feb) Annual Sample		mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 2/05

Three month Average Daily Flow: .021
 (TMADF/Permitted Capacity)x100: 140%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	0.019	3.2	130.0	3.5	100.0	7.1	1.0U	1.5	0.19
2	0.021					7.0		1.9	
3	0.024					7.1		2.5	
4	0.022					7.2		2.2	
5									
6									
7	0.074					7.3		1.9	
8	0.017					7.4		2.5	
9	0.024					7.4		3.0	
10	0.019					7.3		3.0	
11	0.021					7.1		2.5	
12									
13									
14	0.067					7.3		1.9	
15	0.019					7.0		2.5	
16	0.022					7.2		2.2	
17	0.019					7.0		2.7	
18	0.018					7.2		2.2	
19									
20									
21	0.057					7.3		1.8	
22	0.013					7.0		2.6	
23	0.016					7.2		1.9	
24	0.015					7.0		2.8	
25	0.020					7.0		2.5	
26									
27									
28	0.085					7.1		1.8	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
 Crystal River Utilities, Inc
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240
 FACILITY: Rosalie Oaks WWTF
 LOCATION: Camp Mack Road and Silver Oaks Drive
 11 miles East of Lake Wales, FL
 COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
 MONITORING PERIOD: From: 3/1/05 To: 3/31/05
 LIMIT: Final
 CLASS SIZE: N/A
 THREE MONTH AVERAGE DAILY FLOW: 0.025 166% of capacity
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE:
 NO DISCHARGE FROM SITE: []
 REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type	
Flow	Sample Measurement	.018	MGD			0	Monthly	Calculated Rolling Annual Average	
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	.030	MGD			0	Monthly	Elapsed Time Meters	
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement			3.3		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			4.5	4.5	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.1		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			10.0	10.0	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			6.8	7.5	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	05/04/06

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: 3/05

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement		Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			62.0				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I	Permit Requirement		200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement		0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					0.15	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I	Permit Requirement				12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			130.0			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G	Permit Requirement		Report (Feb) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			100.0			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G	Permit Requirement		Report (Feb) Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 3/05

Three month Average Daily Flow: .025
 (TMADF/Permitted Capacity)x100: 166%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	0.024	4.5	130.0	10.0	100.0	7.3	1.0U	2.4	0.15
2	0.029					7.4		1.8	
3	0.029					7.0		2.6	
4	0.031					7.3		2.5	
5									
6									
7	0.071					7.5		2.2	
8	0.020					7.0		2.0	
9	0.024					7.3		1.7	
10	0.031					7.4		1.8	
11	0.030					7.2		1.8	
12									
13									
14	0.071					7.5		0.7	
15	0.017					6.8		0.7	
16	0.032					7.1		0.8	
17	0.019					7.0		2.0	
18	0.064					7.4		3.0	
19									
20									
21	0.095					7.4		0.9	
22	0.044					6.8		0.7	
23	0.044					7.2		0.9	
24	0.029					6.8		0.6	
25	0.043					7.0		0.7	
26									
27									
28	0.089					7.2		1.2	
29	0.018					7.0		0.7	
30	0.032					7.4		0.8	
31	0.017					7.0		1.0	

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITEE NAME: Donald J. Clayton, President
 Crystal River Utilities, Inc
 MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240
 FACILITY: Rosalie Oaks WWTF
 LOCATION: Camp Mack Road and Silver Oaks Drive
 11 miles East of Lake Wales, FL
 COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
 MONITORING PERIOD: From: 4/1/05 To: 4/30/05
 LIMIT: Final
 CLASS SIZE: N/A
 THREE MONTH AVERAGE DAILY FLOW: 0.025 166% of capacity
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE:
 NO DISCHARGE FROM SITE: []
 REPORT: Monthly
 GROUP: Domestic
 WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type	
Flow	Sample Measurement	.018	MGD			0	Monthly	Calculated Rolling Annual Average	
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	.018	MGD			0	Monthly	Elapsed Time Meters	
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement			3.4		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			5.0	5.0	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.6		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			6.9	6.9	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.0	7.6	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	05/04/06

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
MONTH/YEAR: 4/05

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type		
Coliform, Fecal	Sample Measurement			8.0		8.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement			Report Mo. Geo. Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			9.0				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement			200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement			0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					1.9	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			130.0			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement			Report (Feb) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement			100.0			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement			Report (Feb) Annual Sample			mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 4/05

Three month Average Daily Flow: .023
 (TMADF/Permitted Capacity)x100: 153%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	0.033					7.3		1.0	
2									
3									
4	0.069					7.5		0.9	
5	0.020	5.0		6.9		7.4	8.0	0.9	1.9
6	0.024					7.2		0.8	
7	0.026					7.5		0.8	
8	0.021					7.3		0.7	
9									
10									
11	0.060					7.4		2.0	
12	0.017					7.2		0.7	
13	0.022					7.0		0.8	
14	0.014					7.3		0.9	
15	0.017					7.4		0.8	
16									
17									
18	0.058					7.6		1.0	
19	0.014					7.0		0.9	
20	0.015					7.3		1.0	
21	0.013					7.0		0.6	
22	0.020					7.4		0.7	
23									
24									
25	0.053					7.3		1.1	
26	0.011					7.0		1.5	
27	0.018					7.2		1.4	
28	0.019					7.5		2.0	
29	0.020					7.3		1.7	
30									
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011045

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: two percolation, including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5/1/05 To 5/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.019	MGD			1	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.019	MGD			0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0		0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.5		0	Monthly	Calculated
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculated
Solids, Total Suspended	Sample Measurement			5.6		0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David Rodriguez, A-9139, Senior Facility Operator		(863)585-2504	05/06/01

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 5/1/05

PERMIT NUMBER: FLA011045
To 5/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			6.8	7.5	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			9.2		#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)		#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement			1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8			0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			5.7		MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)		MG/L		Monthly	Grab
Flow	Sample Measurement	0.022	MGD				1	Monthly	Calculated
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)	MGD					Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			146%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Total)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report		MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			MNR		MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report		MG/L		Annual Each January	Grab
Sludge Production, Total	Sample Measurement	0				Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)				Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045
 Monitoring Period From: 5/1/05

To: 5/31/05

Facility: Rosalie Oaks WWTP
 R-001

	Flow (MGD)	CBOD5 (MGL)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1								
2	0.053				7.2	1.6		0
3	0.016	2.0U	5.6	1.0U	7.4	1.2	5.7	0
4	0.019				7.5	1.4		0
5	0.038				7.0	1.5		0
6	0.026				7.2	2.0		0
7								
8								
9	0.064				7.0	1.4		0
10	0.013				7.0	1.0		0
11	0.025				7.3	1.3		0
12	0.013				7.0	1.0		0
13	0.019				7.2	0.8		0
14								
15								
16	0.052				7.1	1.0		0
17	0.012				7.0	1.3		0
18	0.018				7.3	1.4		0
19	0.012				7.0	1.0		0
20	0.016				7.4	1.6		0
21								
22								
23	0.040				7.1	2.0		0
24	0.024				7.0	2.5		0
25	0.015				7.2	2.2		0
26	0.023				6.8	1.3		0
27	0.019				7.1	1.5		0
28								
29								
30	0.056				7.2	1.8		0
31	0.016				7.0	0.9		0
Total	0.0589				157.0	31.7		0
Mo. Avg.	0.019				7.1	1.4		0

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller

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

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

Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Donald J. Clayton, President
Crystal River Utilities, Inc
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240
FACILITY: Rosalie Oaks WWTF
LOCATION: Camp Mack Road and Silver Oaks Drive
11 miles East of Lake Wales, FL
COUNTY: Polk

PERMIT NUMBER: FLA011045-001-DW3P
MONITORING PERIOD: From: 6/1/05 To: 6/30/05
LIMIT: Final
CLASS SIZE: N/A
THREE MONTH AVERAGE DAILY FLOW: 0.025 166 % of capacity
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE: []

REPORT: Monthly
GROUP: Domestic
WAFR NUMBER: 37258

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type	
Flow	Sample Measurement	0.022	MGD			0	Monthly	Calculated Rolling Annual Average	
PARM Code 50050 Mon Site No INF-01-06645	Y Permit Requirement	0.015 (An Avg.)	MGD				Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	0.039	MGD			0	Monthly	Elapsed Time Meters	
PARM Code 50050 Mon Site No INF-01-06645	I Permit Requirement	Report (Mo Avg.)	MGD				5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement			3.2		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Mon Site No EFA-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement			6.3	6.3	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.9		mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Mon Site No EFB-01-06646	Y Permit Requirement			20.0 (An Avg.)		mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFB-01-06646	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			6.8	7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 Mon Site No EFA-01-06646	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u		5x/Week	Grab

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	

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

Version 07/9/99

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF
 MONTH/YEAR: 6/2005

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR – 37258

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0	3.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y Permit Requirement				Report Mo. Geo. Mean	800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				9.2			0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I Permit Requirement				200 (An Avg.)				Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8		mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I Permit Requirement				0.5 (Min)		mg/L		5x/Week	Grab
Nitrate	Sample Measurement					2.8	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				130.0		mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G Permit Requirement				Report (FEB) Annual Sample		mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				100.0		mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G Permit Requirement				Report (FEB) Annual Sample		mg/L		Annual (February)	Grab

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)
 Month/Year: 6/2005

Three month Average Daily Flow: 0.025
 (TMADF/Permitted Capacity)x100: 166%

Rosalie Oaks WWTF

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.021					7.0		1.0	
2	.036					7.0		0.8	
3	.028					7.2		0.9	
4									
5									
6	.169					7.3		0.8	
7	.025	6.3		4.8		7.0	1.0	2.0	2.8
8	.095					7.1		2.0	
9	.034					7.2		1.8	
10	.055					7.0		1.8	
11									
12									
13	.153					6.9		1.0	
14	.036					7.0		1.0	
15	.048					6.9		1.0	
16	.031					6.8		1.1	
17	.047					6.9		0.9	
18									
19									
20	.090					6.9		0.8	
21	.022					7.0		0.8	
22	.030					7.0		0.7	
23	.036					7.1		1.7	
24	.040					6.9		1.8	
25									
26									
27	.092					7.0		1.5	
28	.027					7.1		1.2	
29	.031					7.3		1.0	
30	.026					7.0		1.0	
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011045

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: two percolation, including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/05 To 7/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023		MGD					1	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)		MGD						Monthly	Calculated
Flow	Sample Measurement	0.023		MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.6	7.6		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3			MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				6.4	6.4		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David Rodriguez Senior Facility Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 7/1/05

PERMIT NUMBER: FLA011045
To 7/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			6.8	7.3	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			31.6		#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)		#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement			270		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6			0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.11		MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)		MG/L		Monthly	Grab
Flow	Sample Measurement	0.027	MGD				1	Monthly	Calculated
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)	MGD					Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			180		PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Total)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report		MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			MNR		MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report		MG/L		Annual Each January	Grab
Sludge Production, Total	Sample Measurement	0				Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)				Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045
 Monitoring Period From: 7/1/05

To: 7/31/05

Facility: Rosalie Oaks WWTP
 R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	.038				7.0	1.0		0
2								
3								
4	.116				7.1	0.9		0
5	.021	7.6	6.4	270.0	7.0	1.2	0.11	0
6	.033				6.9	1.2		0
7	.023				7.0	1.0		0
8	.020				7.0	1.0		0
9								
10								
11	.084				7.1	0.7		0
12	.023				7.0	0.7		0
13	.028				7.1	2.0		0
14	.025				7.0	1.5		0
15	.023				6.9	1.6		0
16								
17								
18	.068				7.1	1.8		0
19	.021				7.0	1.5		0
20	.023				7.1	1.5		0
21	.018				7.0	1.7		0
22	.020				6.9	1.8		0
23								
24								
25	.062				6.8	1.3		0
26	.019				7.0	1.1		0
27	.017				7.1	1.2		0
28	.020				7.3	1.0		0
29	.018				7.1	0.7		0
30								
31								
Total	0.720							
Mo. Avg.	0.023				7.0	1.2		0

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011045

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: two percolation, including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/05 To 8/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.024	MGD			0	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.028	MGD			0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0U	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.4	MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			3.6	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David Rodriguez, Senior Facility Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 8/1/05

PERMIT NUMBER: FLA011045
To 8/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.0	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			31.5			#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement			4.0			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6				0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			7.8			MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	0.023	MGD					1	Monthly	Calculated
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)	MGD						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			153%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Sludge Production, Total	Sample Measurement	0					Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045
 Monitoring Period: From: 8/1/05

To: 8/31/05

Facility: Rosalie Oaks WWTP
 R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	.057				7.4	1.4		0
2	.014	2.0U	3.6	4.0	7.3	1.5	7.8	0
3	.019				7.2	1.3		0
4	.019				7.2	1.8		0
5	.034				7.3	1.5		0
6								
7								
8	.089				7.0	1.0		0
9	.038				7.1	1.2		0
10	.026				7.1	0.9		0
11	.047				7.3	0.8		0
12	.025				7.3	0.8		0
13								
14								
15	.083				7.5	0.7		0
16	.032				7.3	0.7		0
17	.028				7.2	0.6		0
18	.020				7.3	1.7		0
19	.022				7.3	1.8		0
20								
21								
22	.061				7.1	1.5		0
23	.020				7.1	0.8		0
24	.020				7.2	1.0		0
25	.018				7.0	1.3		0
26	.023				7.2	1.2		0
27								
28								
29	.095				7.0	1.3		0
30	.035				7.2	1.0		0
31	.028				7.3	1.8		0
Total	0.873							
Mo. Avg.	0.028				7.2	1.0		0

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller

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

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

Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011045

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: two percolation, including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9/1/05 To 9/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023	MGD			1	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.016	MGD			1	5 Days/Week	Elapsed Time Meters
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7		0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.8	3.8	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.5		0	Monthly	Calculated
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculated
Solids, Total Suspended	Sample Measurement			6.2	6.2	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David Rodriguez, Senior Facility Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 9/1/05

PERMIT NUMBER: FLA011045
To 9/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.8	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			103.5			#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement	1500+230*1/2=	>>>>>>>>	865			#/100ML	1	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7				0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			7.1			MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	0.022	MGD					1	Monthly	Calculated
PARM Code 50050 P Mon.Site No. ELW-01	Permit Requirement	0.015 (3-Mo.Avg.)	MGD						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			146%			PER-CENT	1	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Sludge Production, Total	Sample Measurement	0					Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045
Monitoring Period From: 9/1/05

To: 9/30/05

Facility: Rosalie Oaks WWTP
R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	.022				6.8	1.0		0
2	.028				6.9	1.0		0
3								
4								
5	.068				7.1	1.4		0
6	.014				7.0	1.2		0
7	.024				7.2	0.7		0
8	.013				7.3	0.9		0
9	.019				7.0	0.9		0
10								
11								
12	.045				6.9	0.7		0
13	.010	3.8	6.2	865(average)	7.1	0.9	7.1	0
14	.018				7.0	1.2		0
15	.012				7.0	1.5		0
16	.013				6.9	2.0		0
17								
18								
19	.039				6.9	0.8		0
20	.010				7.1	0.8		0
21	.014				7.0	0.8		0
22	.015				7.0	0.8		0
23	.017				6.9	0.9		0
24								
25								
26	.045				7.0	0.7		0
27	.007				7.3	2.5		0
28	.014				7.2	2.5		0
29	.017				7.0	2.5		0
30	.020				7.3	2.0		0
31								
Total	0.484							
Mo. Avg.	0.016							

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: two percolation, including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 10/1/05
 To: 10/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023	MGD			1	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.019	MGD			0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.6		0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EPA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EPA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.5		0	Monthly	Calculated
PARM Code 00530 Y Mon.Site No. EPA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculated
Solids, Total Suspended	Sample Measurement			3.6	3.6	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EPA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David Rodriguez, Senior Facility Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 10/1/05
 To

PERMIT NUMBER: FLA011045
 10/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.8	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			104.5			#/100ML	00	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement			13.0			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5				0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.1			MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	0.021	MGD					1	Monthly	Calculated
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)	MGD						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			140%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Sludge Production, Total	Sample Measurement	0					Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045
Monitoring Period From: 10/1/05

To: 10/31/05

Facility: Rosalie Oaks WWTP
R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1								
2								
3	.045				7.3	1.6		
4	.013	2.0	3.6	104.5	7.1	1.4	3.1	
5	.024				7.0	1.0		
6	.015				7.1	2.0		
7	.021				7.1	2.2		
8								
9								
10	.051				7.2	0.5		
11	.015				7.3	0.6		
12	.013				7.3	0.5		
13	.011				7.1	0.8		
14	.017				7.3	0.8		
15								
16								
17	.039				7.4	0.8		
18	.013				7.3	1.5		
19	.012				7.5	1.3		
20	.012				7.1	1.2		
21	.013				7.2	1.6		
22								
23								
24	.075				7.0	1.0		
25	.034				6.9	0.8		
26	.027				6.8	0.7		
27	.034				6.8	0.8		
28	.026				6.9	0.8		
29								
30								
31	.066				7.0	0.7		
Total	0.576							
Mo. Avg.	0.019							

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011045

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: two percolation, including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/05 To 11/30/05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023		MGD				1	Monthly	Calculated
PARM Code 50050 Y	Permit Requirement	0.015		MGD					Monthly	Calculated
Mon.Site No. FLW-01		(An.Avg.)								
Flow	Sample Measurement	0.019		MGD				0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 I	Permit Requirement	Report		MGD					5 Days/Week	Elapsed Time Meters
Mon.Site No. FLW-01		(Mo.Avg.)								
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7		MG/L	0	Monthly	Calculated
PARM Code 80082 Y	Permit Requirement				20.0		MG/L		Monthly	Calculated
Mon.Site No. EFA-01					(An.Avg.)					
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A	Permit Requirement				30.0	60.0	MG/L		Monthly	Grab
Mon.Site No. EFA-01					(Mo.Avg.)	(Max.)				
Solids, Total Suspended	Sample Measurement				5.3		MG/L	0	Monthly	Calculated
PARM Code 00530 Y	Permit Requirement				20.0		MG/L		Monthly	Calculated
Mon.Site No. EFA-01					(An.Avg.)					
Solids, Total Suspended	Sample Measurement				4.7	4.7	MG/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement				30.0	60.0	MG/L		Monthly	Grab
Mon.Site No. EFA-01					(Mo.Avg.)	(Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Fuller Operator III		863-858-2504	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 11/1/05

PERMIT NUMBER: FLA011045
To 11/30/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.0	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			137			#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement	940+1*1/5=		470			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6				0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			1.2			MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	0.019	MGD					1	Monthly	Calculated
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)	MGD						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			125%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Sludge Production, Total	Sample Measurement	0					Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011045
 Monitoring Period From: 11/1/05

To: 11/30/05

Facility: Rosalie Oaks WWTP
 R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	0.017	2.0U	4.7	940	7.2	0.6	1.2	0
2	0.027				7.0	0.8		0
3	0.030				7.5	3.5		0
4	0.023				7.6	3.1		0
5								
6								
7	0.072				7.5	1.4		0
8	0.018			1.0	7.7	3.5		0
9	0.013				7.6	3.5		0
10	0.028				7.7	2.8		0
11	0.018				7.4	0.9		0
12								
13								
14	0.048				7.5	1.9		0
15	0.022				7.6	2.0		0
16	0.015				7.4	1.4		0
17	0.019				7.6	2.1		0
18	0.015				7.5	2.2		0
19								
20								
21	0.056				7.6	2.2		0
22	0.020				7.7	2.2		0
23	0.018				7.6	2.2		0
24	0.018				7.7	2.2		0
25	0.015				7.6	2.2		0
26								
27								
28	0.055				7.6	2.2		0
29	0.015				7.7	3.5		0
30	0.019				7.6	2.2		0
31								
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13244 Name: Eddie Christmas

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: B Certificate No: 8937 Name: Steve Fuller

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA011045
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP
 LOCATION: Camp Mack Road & Silver Oaks Drive
 Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: two percolation, including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/1/05 To: 12/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023	MGD			1	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.019	MGD			0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.9		0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.0	6.0	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.8		0	Monthly	Calculated
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			Monthly	Calculated
Solids, Total Suspended	Sample Measurement			11	11	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Fuller Operator III		863-858-2504	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 12/1/05
 To

PERMIT NUMBER: FLA011045
 12/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			137			#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement			1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2				0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.14			MGL	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)			MGL		Monthly	Grab
Flow	Sample Measurement	0.019	MGD					1	Monthly	Calculated
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)	MGD						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			125%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MGL	0	Annual Each January	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report			MGL		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			MNR			MGL	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			MGL		Annual Each January	Grab
Sludge Production, Total	Sample Measurement	0					Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011045
From: 12/1/05

To: 12/31/05

Facility: Rosalie Oaks WWTP
R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	0.018				7.7	5.0		0
2	0.019				7.7	4.8		0
3								
4								
5	0.045				7.6	3.9		0
6	0.012	6.0	11	1.0U	7.6	4.2	0.14	0
7	0.017				7.7	3.0		0
8	0.019				7.8	3.4		0
9	0.024				7.5	3.0		0
10								
11								
12	0.068				7.4	3.2		0
13	0.016				7.5	2.5		0
14	0.025				7.3	3.4		0
15	0.021				7.7	2.7		0
16	0.021				7.5	3.5		0
17								
18								
19	0.067				7.4	3.2		0
20	0.024				7.7	2.8		0
21	0.026				7.5	3.0		0
22	0.022				7.8	3.1		0
23	0.025				7.4	2.8		0
24								
25								
26	0.060				7.6	3.2		0
27	0.019				7.8	2.5		0
28	0.024				7.5	2.2		0
29	0.018				7.6	2.8		0
30	0.028				7.6	2.2		0
31								
Total	0.618							
Mo. Avg.	0.019							

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13244 Name: Eddie Christmas

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: B Certificate No: 8937 Name: Steve Fuller

