

Silver Lake Oaks

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 17 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00983 JAN 30 8

FPSC-COMMISSION OF FRK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Silver Lake Oaks

	Tab Number	Page Number
Year: 2004		
January	1	3
February	2	7
March	3	11
April	4	15
May	5	19
June	6	23
July	7	24
August	8	28
September	9	32
October	10	36
November	11	40
December	12	44
Year: 2005		
January	1	48
February	2	52
March	3	56
April	4	60
May	5	64
June	6	68
July	7	72
August	8	76
September	9	80
October	10	84
November	11	88
December	12	92

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 01/01/2004 To: 01/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)	mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.001	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement			330		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			120		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 01/01/2004 To: 01/31/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				3.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.3	7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					2.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				0.6		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Florida Water Services	PERMIT NUMBER:	FLA011715	
MAILING ADDRESS:	P.O. Box 609520	LIMIT:	Final	REPORT: Annual
	Orlando, FL 32860-9520	CLASS SIZE:		GROUP: Domestic
FACILITY:	Silver Lake Oaks MHP	MONITORING GROUP NUMBER:	R-001	
LOCATION:	Lake Shore Drive	PLANT SIZE/TREATMENT TYPE:	IIID	
	Palatka, Florida	NO DISCHARGE FROM SITE:	[]	
COUNTY:	Putnam	MONITORING PERIOD	From: 01/01/2004	To: 01/31/2004

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			0.11	0	Annual	Grab
PARM Code 00620 - 1 Mon.Site No.EFA-1			12.0 Max		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year January-04

Three-month Average Daily Flow: 0.001
(TMSDF/Permitted Capacity)x100: 8%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.30		1.2			
2	0.001					7.30		1.6			
3											
4											
5	0.003					7.30		0.6			
6	0.001					7.40		1.0			
7	0.001	330	120	2U	1U	7.40	2.5	2.0	0.11		
8	0.001					7.40		1.0			
9	0.010					7.30		2.2			
10											
11											
12	0.004					7.30		1.4			
13	0.001					7.30		2.2			
14	0.001					7.30		2.2			
15	0.001					7.30		2.2			
16	0.001					7.40		2.2			
17											
18											
19	0.004					7.40		1.0			
20	0.001					7.40		2.2			
21	0.001					7.30		2.2			
22	0.001					7.30		2.2			
23	0.001					7.30		2.2			
24											
25											
26	0.004					7.40		2.2			
27	0.001					7.40		1.0			
28	0.001					7.40		1.0			
29	0.001					7.50		1.4			
30	0.001					7.50		1.4			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: If yes, cumulative days of wet weather discharge _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Florida Water Services	PERMIT NUMBER: FLA011715	REPORT: Monthly
MAILING ADDRESS: P.O. Box 609520 Orlando, FL 32860-9520	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 02/01/2004	To: 02/28/2004

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement 0.001	mgd		0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement 0.012 (An. Avg.)	mgd			Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement 0.001	mgd		0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement Report (Mo. Avg.)	mgd			Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement		230	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement		Report Mo. Avg.		Monthly	Grab
Solids, Total Suspended	Sample Measurement		120	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement		Report Mo. Avg.		Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul D. Thompson Lead Operator III		386-329-1122	04/03/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 02/01/2004

To: 02/28/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				3.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					4.7	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				1U		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Florida Water Services	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: P.O. Box 609520	LIMIT: Final	GROUP: Domestic
Orlando, FL 32860-9520	CLASS SIZE:	
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive	PLANT SIZE/TREATMENT TYPE: IIID	
Palatka, Florida	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 02/01/2004	To: 02/28/2004

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N				0	Annual	Grab
Sample Measurement			mg/L			
PARM Code 00620 1 Mon. Site No. EFA-1			12.0 Max mg/L		Annual	Grab
Permit Requirement						

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul D. Thompson Lead Operator III		386-329-1122	04/03/23

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year February-04

Three-month Average Daily Flow: 0.001
(TMSDF/Permitted Capacity)x100: 8%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1										
2	0.004					7.40		1.1		
3	0.002					7.40		2.0		
4	0.001	230	120	2U	1U	7.40	4.7	2.2		
5	0.002					7.20		1.4		
6	0.001					7.30		2.2		
7										
8										
9	0.004					7.40		1.0		
10	0.001					7.40		2.2		
11	0.001					7.40		2.2		
12	0.002					7.30		2.2		
13	0.001					7.30		2.0		
14										
15										
16	0.004					7.30		1.0		
17	0.001					7.30		1.4		
18	0.002					7.40		2.0		
19	0.001					7.30		2.2		
20	0.001					7.30		1.0		
21										
22										
23	0.004					7.30		2.2		
24	0.002					7.30		2.2		
25	0.001					7.30		2.0		
26	0.002					7.40		2.0		
27	0.001					7.40		2.2		
28										
29										
30										
31										

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Florida Water Services
 MAILING ADDRESS: P.O. Box 609520
 Orlando, FL 32860-9520
 FACILITY: Silver Lake Oaks MHP
 Lake Shore Drive
 Palatka, Florida
 COUNTY: Putnam
 PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE: Domestic
 REPORT: Monthly
 GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: I/D
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD From: 03/01/2004 To: 03/31/2004

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	mgd		0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	(An.Avg.)			Continuous	Flow-meter/ Totalizer
	Sample Measurement	mgd		0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No. INF-1	Permit Requirement	(Mo.Avg.)			Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement	mg/L		0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Monthly	Grab
Solids, Total Suspended	Sample Measurement	mg/L		0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/M/MD)
Paul D. Thompson Lead Operator III		386-329-1122	04/04/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 03/01/2004 To: 03/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min		S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				3.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			0.6		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Florida Water Services	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: P.O. Box 609520 Orlando, FL 32860-9520	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 03/01/2004	To: 03/31/2004

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			mg/L	0	Annual	Grab
PARM Code 00620 1 Mon. Site No. EFA-1			12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year March-04

Three-month Average Daily Flow: 0.001
(TMSDF/Permitted Capacity)x100: 11%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.005					7.40		2.0			
2	0.001					7.40		2.0			
3	0.002					7.40		2.2			
4	0.001					7.40		2.2			
5	0.001					7.40		2.2			
6											
7											
8	0.004					7.30		1.2			
9	0.002					7.30		1.0			
10	0.001					7.30		1.1			
11	0.001					7.30		1.8			
12	0.002					7.30		2.2			
13											
14											
15	0.005					7.20		0.7			
16	0.001					7.20		1.4			
17	0.002	270	78	2U	1U	7.20	3.4	1.0			
18	0.001					7.20		0.6			
19	0.002					7.20		2.2			
20											
21											
22	0.006					7.30		1.0			
23	0.001					7.30		2.0			
24	0.001					7.30		1.6			
25	0.002					7.30		2.2			
26	0.002					7.30		1.6			
27											
28											
29	0.005					7.20		1.0			
30	0.001					7.20		2.2			
31	0.002					7.20		2.0			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 04/01/2004 To: 04/30/2004

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Eclipse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	Eclipse time meter
PARM Code 50050 H Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				330		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				180		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 04/01/2004

To: 04/30/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					2.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.0		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 04/01/2004 To: 04/30/2004

Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement						mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year April-04

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 14%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.3		2.2			
2	0.001					7.3		2.2			
3											
4											
5	0.006					7.4		2.0			
6	0.001					7.4		2.2			
7	0.002					7.3		2.2			
8	0.001					7.3		2.2			
9	0.001					7.4		2.2			
10											
11											
12	0.004					7.3		2.2			
13	0.002					7.3		2.2			
14	0.001					7.3		2.2			
15	0.002					7.3		2.2			
16	0.001					7.4		2.2			
17											
18											
19	0.004					7.2		2.2			
20	0.002					7.2		2.2			
21	0.002	330	180	2U	1U	7.3	2.5	2.2			
22	0.001					7.2		2.2			
23	0.002					7.2		2.2			
24											
25											
26	0.005					7.3		2.2			
27	0.002					7.3		2.2			
28	0.001					7.4		2.2			
29	0.002					7.3		2.2			
30	0.001					7.3		2.2			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Florida Water Services	PERMIT NUMBER: FLA011715	REPORT: Monthly
MAILING ADDRESS: P.O. Box 609520 Orlando, FL 32860-9520	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	CLASS SIZE:	
LOCATION: Lake Shore Drive Palatka, Florida	MONITORING GROUP NUMBER: R-001	
	PLANT SIZE/TREATMENT TYPE: I11D	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 05/01/2004	To: 05/31/2004

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.001								
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				280		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				140		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 05/01/2004 To: 05/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	2.2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min		S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					3.5 mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max) mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			1.5		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Florida Water Services	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: P.O. Box 609520 Orlando, FL 32860-9520	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 05/01/2004	To: 05/31/2004

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement		mg/L	0	Annual	Grab
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement		12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year May-04

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 14%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1											
2											
3	0.005					7.3		2.2			
4	0.001					7.3		2.0			
5	0.002					7.2		2.0			
6	0.001					7.2		2.2			
7	0.001					7.2		2.2			
8											
9											
10	0.005					7.2		2.2			
11	0.001					7.2		2.2			
12	0.001	280	140	2.2	1U	7.3	3.5	2.2			
13	0.002					7.2		2.2			
14	0.001					7.2		2.2			
15											
16											
17	0.004					7.3		2.0			
18	0.002					7.3		2.0			
19	0.001					7.3		1.6			
20	0.002					7.3		1.5			
21	0.001					7.2		1.9			
22											
23											
24	0.004					7.3		2.2			
25	0.002					7.3		2.2			
26	0.002					7.3		2.2			
27	0.001					7.3		2.2			
28	0.001					7.3		2.2			
29											
30											
31	0.004					7.3		2.2			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

Docket No. 060368-WS

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

Florida

Report Missing: Silver Lake Oaks

Month/Year
June-04

Aqua Utilities Florida, Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 07/01/2004 To: 07/31/2004

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.001								
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				230		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				76		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael V. Fitzgerald, Operations Superintendent		352-732-6027	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 07/01/2004 To: 07/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	2.7	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.3	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				3.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA011715		
MAILING ADDRESS:	1343 NE 17th Road Ocala, FL 34470	LIMIT:	Final	REPORT:	Annual
		CLASS SIZE:		GROUP:	Domestic
FACILITY:	Silver Lake Oaks MHP	MONITORING GROUP NUMBER:	R-001		
LOCATION:	Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE:	IIID		
		NO DISCHARGE FROM SITE:	[]		
COUNTY:	Putnam	MONITORING PERIOD	From:	07/01/2004	To: 07/31/2004

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			mg/L	0	Annual	Grab
PARM Code 00620-1 Mon. Site No. EFA-1	Permit Requirement		12.0 Max mg/L		Annual	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael V. Fitzgerald, Operations Superintendent		352-732-6027	

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year July-04

Three-month Average Daily Flow: 0.001
(TMSDF/Permitted Capacity)x100: 6%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.001					7.4		2.2			
2	0.001					7.4		2.2			
3											
4											
5	0.005					7.4		2.2			
6	0.001					7.4		2.2			
7	0.001	230	76	2.7	1U	7.4	3.4	2.2			
8	0.002					7.4		2.2			
9	0.002					7.3		2.2			
10											
11											
12	0.004					7.3		2.2			
13	0.002					7.3		2.2			
14	0.001					7.4		2.2			
15	0.002					7.4		2.2			
16	0.002					7.3		2.2			
17											
18											
19	0.005					7.3		2.2			
20	0.002					7.4		2.2			
21	0.002					7.4		2.2			
22	0.002					7.4		2.2			
23	0.002					7.3		2.2			
24											
25											
26	0.004					7.4		2.2			
27	0.001					7.4		2.2			
28	0.002					7.3		2.2			
29	0.002					7.4		2.2			
30	0.002					7.4		2.2			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 08/01/2004 To: 08/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An Avg.)	mgd					Continuous	Flow meter/ Totalizer
Flow	Sample Measurement	0.002	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					Continuous	Flow meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement			220		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			180		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 08/01/2004 To: 08/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	2.9	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.3	7.6	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				4.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 08/01/2004 To: 08/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement						mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year August-04

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 17%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002										
2	0.002					7.4		2.2			
3	0.001					7.4		2.2			
4	0.002	220	180	2.9	1U	7.3	4.4	2.2			
5	0.002					7.4		2.2			
6	0.002					7.5		2.2			
7	0.002										
8	0.002										
9	0.002					7.3		2.2			
10	0.002					7.3		2.2			
11	0.002					7.4		2.2			
12	0.002					7.4		2.2			
13	0.002					7.3		2.2			
14	0.002										
15	0.003										
16	0.003					7.4		2.2			
17	0.004					7.4		2.2			
18	0.004					7.6		2.2			
19	0.003					7.4		2.2			
20	0.003					7.4		2.2			
21	0.003										
22	0.003										
23	0.003					7.3		2.2			
24	0.004					7.3		2.2			
25	0.003					7.4		2.2			
26	0.002					7.4		2.2			
27	0.002					7.3		2.2			
28	0.002										
29	0.002										
30	0.002					7.3		2.2			
31	0.002					7.3		2.2			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 09/01/2004 To: 09/30/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				290		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				70		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 09/01/2004 To: 09/30/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.5	5.5	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.6		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.0	2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.1		S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min		S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				6.2	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			1.0		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA011715
MAILING ADDRESS:	1343 NE 17th Road Ocala, FL 34470	LIMIT:	Final
		CLASS SIZE:	
FACILITY:	Silver Lake Oaks MHP	MONITORING GROUP NUMBER:	R-001
LOCATION:	Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE:	IIID
		NO DISCHARGE FROM SITE:	[]
COUNTY:	Putnam	MONITORING PERIOD	From: 09/01/2004 To: 10/01/2004

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			mg/L	0	Annual	Grab
PARM Code 00620 1 Mon. Site No. EFA-1			12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year September-04

Three-month Average Daily Flow: 0.003
(TMSDF/Permitted Capacity)x100: 25%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002	290	70	5.5	2.00	7.3	6.2	2.0			
2	0.002					7.3		2.2			
3	0.002					7.3		1.0			
4	0.007										
5	0.007										
6	0.007					7.3		2.2			
7	0.006					7.3		2.2			
8	0.007					7.3		2.0			
9	0.005					7.3		1.0			
10	0.005					7.3		2.2			
11	0.005										
12	0.005										
13	0.005					7.3		2.2			
14	0.005					7.3		2.2			
15	0.005					7.4		2.2+			
16	0.004					7.3		1.8			
17	0.002					7.3		2.2+			
18	0.002										
19	0.003										
20	0.003					7.3		2.2			
21	0.006					7.1		2.2+			
22	0.005					7.2		2.2+			
23	0.004					7.1		2.2+			
24	0.003					7.3		2.2+			
25	0.008										
26	0.009										
27	0.009					7.2		2.2+			
28	0.006					7.2		2.2+			
29	0.003					7.3		2.2+			
30	0.004					7.3		2.2+			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 10/01/2004 To: 10/31/2004

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.001								
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.003		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				140		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				46		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 10/01/2004 To: 10/31/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.1		S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min		S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					1.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 10/01/2004 To: 10/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement						mg/L	0	Annual	Grab
PARM Code 00620 1 Mon Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year October-04

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 19%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.003					7.3		2.2+			
2	0.003										
3	0.003										
4	0.003					7.3		2.2+			
5	0.004					7.3		2.2+			
6	0.002	140	46	2U	1U	7.3	1.4	2.2+			
7	0.003					7.3		2.2			
8	0.003					7.3		2.2+			
9	0.003										
10	0.003										
11	0.003					7.1		2.2+			
12	0.005					7.2		2.2+			
13	0.002					7.2		2.2+			
14	0.003					7.2		2.2+			
15	0.002					7.2		2.2+			
16	0.002										
17	0.003										
18	0.003					7.2		2.2+			
19	0.002					7.2		2.2+			
20	0.003					7.1		2.2+			
21	0.002					7.1		2.2+			
22	0.002					7.2		2.2+			
23	0.002										
24	0.002										
25	0.002					7.2		2.2+			
26	0.002					7.2		2.2+			
27	0.001					7.2		2.2+			
28	0.003					7.2		2.2+			
29	0.002					7.2		2.2+			
30	0.001										
31	0.002					7.2		2.2+			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 11/01/2004 To: 11/30/2004

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.001								
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		mgd					Continuous	Flow-meter/Totalizer
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					Continuous	Flow-meter/Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				120		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				55		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 11/01/2004 To: 11/30/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9	3.9	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					25.0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				1.7		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 11/01/2004 To: 11/30/2004

Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement						mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year November-04

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 17%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.2		2.2+			
2	0.002					7.2		1.7			
3	0.002	120	55	3.9	1U	7.2	25.0	2.2+			
4	0.002					7.2		2.2+			
5	0.002					7.2		2.2+			
6	0.002										
7	0.002										
8	0.001					7.5		2.2+			
9	0.002					7.4		2.2+			
10	0.002					7.5	6.2	2.2+			
11	0.002					7.4		2.2+			
12	0.002					7.2		2.2+			
13	0.002										
14	0.002										
15	0.002					7.2		2.2+			
16	0.002					7.3		2.2+			
17	0.002					7.3		2.2+			
18	0.002					7.2		2.2+			
19	0.002					7.3		2.2+			
20	0.002										
21	0.002										
22	0.001					7.3		2.2+			
23	0.002					7.4		2.0			
24	0.001					7.4		2.2+			
25	0.002					7.3		2.2+			
26	0.002					7.3		2.2+			
27	0.002										
28	0.002										
29	0.002					7.3		2.2+			
30	0.002					7.2		2.2+			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 12/01/2004 To: 12/31/2004

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow-meter Totalizer
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow-meter Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				180		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				66		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 12/01/2004 To: 12/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				9.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			1.5		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 12/01/2004 To: 12/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement						mg/L	0	Annual	Grab
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year December-04

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 17%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.2		2.2+			
2	0.002					7.2		2.2+			
3	0.002					7.3		2.2+			
4	0.001										
5	0.002										
6	0.002					7.2		2.2+			
7	0.022					7.2		2.2+			
8	0.002	180	66	2.4	1U	7.4	9.8	2.2+			
9	0.001					7.3		2.2+			
10	0.002					7.3		2.2+			
11	0.001										
12	0.002										
13	0.002					7.2		2.2+			
14	0.002					7.3		2.2+			
15	0.002					7.2		2.2+			
16	0.001					7.2		2.2+			
17	0.002					7.2		2.2+			
18	0.001										
19	0.002										
20	0.002					7.3		2.2+			
21	0.001					7.2		2.2+			
22	0.002					7.2		2.2+			
23	0.002					7.2		1.5			
24	0.001					7.2		2.2+			
25	0.002										
26	0.003										
27	0.003					7.2		2.2+			
28	0.002					7.2		2.2			
29	0.002					7.2		2.2+			
30	0.002					7.2		2.2+			
31	0.002					7.2		2.2+			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 01/01/2005 To: 01/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No INF-1	Permit Requirement	0.012 (An.Avg.)	mgd					Continuous	Flow meter/ Totalizer
Flow	Sample Measurement	0.002	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					Continuous	Flow meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement			570		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement			Report Mo.Avg		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			305		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement			Report Mo.Avg		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 01/01/2005 To: 01/31/2005

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.0	10.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				6.9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				65.6	4300.0	#/100mL	1	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2		7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					11.0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min			mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA011715
MAILING ADDRESS:	1343 NE 17th Road Ocala, FL 34470	LIMIT:	Final
		CLASS SIZE:	
FACILITY:	Silver Lake Oaks MHP	MONITORING GROUP NUMBER:	R-001
LOCATION:	Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE:	IIID
		NO DISCHARGE FROM SITE:	[]
COUNTY:	Putnam	MONITORING PERIOD	From: 01/01/2005 To: 01/31/2005

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			0.1 mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1			12.0 Max mg/L		Annual	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Field Coordinator		386-937-1143	

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year January-05

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 17%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.001										
2	0.002										
3	0.002					7.2		2.2+			
4	0.002					7.2		2.2+			
5	0.002	570	480	10.0	4300.00	7.4	11.0	2.2+			
6	0.002					7.4		2.2+			
7	0.002					7.3		2.2+			
8	0.002										
9	0.002										
10	0.002					7.5		2.2+			
11	0.002					7.4		2.2+			
12	0.002		130		1U	7.4	7.6	2.2+	0.06U		
13	0.001					7.4		2.2+			
14	0.001					7.3		2.2+			
15	0.001										
16	0.001										
17	0.002					7.5		2.2+			
18	0.001					7.5		2.2+			
19	0.002					7.4		2.2+			
20	0.002					7.4		2.2+			
21	0.001					7.3		2.2+			
22	0.001										
23	0.002										
24	0.002					7.3		2.2+			
25	0.002					7.3		2.2+			
26	0.001					7.3		2.2+			
27	0.001					7.3		2.2+			
28	0.002					7.3		2.2+			
29	0.002										
30	0.002										
31	0.001					7.3		2.2+			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 02/01/2005 To: 02/28/2005

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.001								
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow meter/ Totalizer
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				230		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				94		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine		352-787-0980	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 02/01/2005

To: 02/28/2005

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	300 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.2	7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					3.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: 1343 NE 17th Road Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	CLASS SIZE:	
LOCATION: Lake Shore Drive Palatka, Florida	MONITORING GROUP NUMBER: R-001	
	PLANT SIZE/TREATMENT TYPE: I11D	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 02/01/2005	To: 02/28/2005

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement		mg/L	0	Annual	Grab
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement		12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year February-05

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 14%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.001					7.3		2.2+			
2	0.001	230	94	4.8	1U	7.5	3.8	2.2+			
3	0.002					7.5		2.2+			
4	0.001					7.5		2.2+			
5	0.001										
6	0.001										
7	0.002					7.5		2.2+			
8	0.002					7.5		2.2+			
9	0.001					7.5		2.2+			
10	0.001					7.5		2.2+			
11	0.002					7.5		2.2+			
12	0.002										
13	0.001										
14	0.001					7.4		2.2+			
15	0.001					7.4		2.2+			
16	0.001					7.4		2.2+			
17	0.001					7.4		2.2+			
18	0.001					7.2		2.2+			
19	0.001										
20	0.001										
21	0.002					7.2		2.2+			
22	0.002					7.3		2.2+			
23	0.001					7.3		2.2+			
24	0.002					7.4		2.2+			
25	0.001					7.3		2.2			
26	0.002										
27	0.002										
28	0.002					7.2		2.2+			
29											
30											
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 03/01/2005 To: 03/31/2005

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				230		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				220		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 03/01/2005 To: 03/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.0	9.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.0	5.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	300 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.0	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				16.0	mg/L	2	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.0		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: 1343 NE 17th Road Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 03/01/2005	To: 03/31/2005

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			mg/L	0	Annual	Grab
PARM Code 00620 1 Mon Site No. EFA-1			12.0 Max mg/l		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year March-05

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 17%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.2		2.2+			
2	0.002	230	220	9.0	5.00	7.3	16.0	2.2+			
3	0.002					7.4		2.2+			
4	0.002					7.4		2.2+			
5	0.002										
6	0.001										
7	0.001					7.4		2.2+			
8	0.002					7.4		2.2+			
9	0.001					7.2	13.0	2.2+			
10	0.001					7.2		2.2+			
11	0.002					7.2		2.2+			
12	0.002										
13	0.001										
14	0.001					7.2		2.2+			
15	0.001					7.2		2.2+			
16	0.002					7.2	5.6	2.2+			
17	0.002					7.1		2.2+			
18	0.002					7.1		2.2+			
19	0.002										
20	0.002										
21	0.001					7.2		2.2+			
22	0.001					7.2		2.2+			
23	0.002					7.0		2.2+			
24	0.002					7.1		2.0			
25	0.001					7.2		2.2+			
26	0.003										
27	0.004										
28	0.004					7.1		2.2+			
29	0.003					7.1		2.2+			
30	0.003					7.2		2.2+			
31	0.002					7.1		2.2+			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 04/01/2005 To: 04/30/2005

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow meter/totalizer
Flow	Sample Measurement	0.003		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow meter/totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				38		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				39		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 04/01/2005 To: 04/30/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			2.3		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			11.0	11.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement		7.0		7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement		6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				5.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		0.5 Min			mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 04/01/2005 To: 04/30/2005

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Nitrates, as N							mg/L	0	Annual	Grab
PARM Code 00620 1 Mon Site No. EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year April-05

Three-month Average Daily Flow: 0.002
(TMSDF/Permitted Capacity)x100: 19%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.2		2.2+			
2	0.003										
3	0.003										
4	0.004					7.0		0.9			
5	0.003					7.1		0.8			
6	0.002					7.2		2.2+			
7	0.002					7.2		2.2+			
8	0.004					7.2		2.2+			
9	0.003										
10	0.003										
11	0.002					7.2		2.2+			
12	0.002					7.2		2.2+			
13	0.002	38	39	2U	11.00	7.2	5.9	1.6			
14	0.003					7.2		2.2+			
15	0.002					7.2		2.0			
16	0.003										
17	0.003										
18	0.002					7.2		2.2+			
19	0.001					7.2		2.2+			
20	0.002					7.3		2.2+			
21	0.010					7.2		2.2+			
22	0.002					7.2		2.2+			
23	0.002										
24	0.002										
25	0.001					7.2		2.2+			
26	0.001					7.3		2.2+			
27	0.002					7.3		2.2+			
28	0.002					7.3		2.2+			
29	0.002					7.3		2.2+			
30	0.003										
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 05/01/2005 To: 05/31/2005

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	EIapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		mgd					Continuous	Flow meter/ Totalizer
Flow	Sample Measurement	0.007		mgd				0	5 Day/Week	EIapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					Continuous	Flow meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				120		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				67		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 05/01/2005 To: 05/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.6	6.6	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.2	7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				11.0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			1.6		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

TSS - was sampled on 6/11/05 and the result was 11.0.

TSS - was resampled on 6/19/05 and the result was 4.4.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: 1343 NE 17th Road Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IHD	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 05/01/2005	To: 05/31/2005

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			mg/L	0	Annual	Grab
PARM Code 00620 1 Mon. Site No. EFA-1			12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year May-05

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 31%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.009										
2	0.008					7.3		2.2+			
3	0.006					7.3		2.2+			
4	0.003					7.3		2.2+			
5	0.008					7.3		2.2+			
6	0.006					7.4		2.2+			
7	0.013										
8	0.013										
9	0.014					7.3		2.2+			
10	0.008					7.3		2.2+			
11	0.006	120	67	6.6Y	1U	7.3	11.0	2.2+			
12	0.007					7.3		2.2+			
13	0.008					7.3		2.2+			
14	0.006										
15	0.006										
16	0.006					7.3		2.2+			
17	0.005					7.3		2.2+			
18	0.005					7.5		2.2+			
19	0.007					7.5	4.4	2.2+			
20	0.006					7.2		1.6			
21	0.007										
22	0.007										
23	0.007					7.2		2.2+			
24	0.005					7.3		2.2+			
25	0.007					7.3		2.2+			
26	0.003					7.3		2.2+			
27	0.008					7.3		2.2+			
28	0.005										
29	0.005										
30	0.005					7.4		2.2+			
31	0.005					7.4		2.2+			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida
 COUNTRY: Putnam
 PERMIT NUMBER: FLA011715
 LIMIT: Final
 REPORT: Monthly
 GROUP: Domestic
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: I/D
 NO DISCHARGE FROM SITE: []
 MONITORING PERIOD From: 06/01/2005 To: 06/30/2005

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Flow	0.002	mgd		0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement				Continuous	Flow-meter/totalizer
Flow	0.008	mgd		0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement				Continuous	Flow-meter/totalizer
BOD, Carbonaceous						
5 Day, 20C	Sample Measurement		250	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Monthly	Grab
Solids, Total Suspended	Sample Measurement		74	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 06/01/2005 To: 06/30/2005

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code: 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.1	7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					1.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.0		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: 1343 NE 17th Road Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	CLASS SIZE:	
LOCATION: Lake Shore Drive Palatka, Florida	MONITORING GROUP NUMBER: R-001	
	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 06/01/2005	To: 07/01/2005

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1			12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year June-05

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 33%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.007					7.3		2.2+			
2	0.008					7.3		2.2+			
3	0.006					7.3		2.2+			
4	0.007										
5	0.007										
6	0.007					7.3		2.2+			
7	0.003					7.3		2.2+			
8	0.006	250	74	2U	1U	7.3	1.8	2.2+			
9	0.005					7.3		2.2+			
10	0.007					7.3		2.2+			
11	0.009										
12	0.010										
13	0.010					7.3		2.2+			
14	0.009					7.3		2.2+			
15	0.009					7.3		2.2+			
16	0.021					7.2		2.0			
17	0.008					7.1		2.2+			
18	0.009										
19	0.009										
20	0.009					7.2		2.2+			
21	0.009					7.2		2.2+			
22	0.006					7.2		2.2+			
23	0.009					7.2		2.2+			
24	0.005					7.3		2.2+			
25	0.007										
26	0.007										
27	0.008					7.1		2.0			
28	0.009					7.2		2.2+			
29	0.017					7.1		2.0			
30	0.013					7.1		2.2+			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 07/01/2005 To: 07/31/2005

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.002								
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	EIapse time meter
PARM Code 50050 G Mon Site No INF-1	Permit Requirement	0.012 (An Avg.)		mgd					Continuous	Flow meter/ Totalizer
Flow	Sample Measurement	0.009		mgd				0	5 Day/Week	EIapse time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo Avg.)		mgd					Continuous	Flow meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				130		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement				Report Mo Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				50		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement				Report Mo Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 07/01/2005

To: 07/31/2005

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				18.0	18.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100ml		Monthly	Grab
pH	Sample Measurement				7.0	7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					6.6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				1.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Annual
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 07/01/2005 To: 07/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement						mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year July-05

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 36%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.023					7.0		1.2			
2	0.008										
3	0.009										
4	0.009					7.1		2.0			
5	0.012					7.1		1.5			
6	0.012					7.2		2.2+			
7	0.008					7.2		1.8			
8	0.005					7.2		2.2+			
9	0.011										
10	0.011										
11	0.012					7.2		2.0			
12	0.015					7.2		1.6			
13	0.010	130	50	18.0	1U	7.0	11.0	2.2+			
14	0.009					7.0		2.2+			
15	0.009					7.0		2.2+			
16	0.009										
17	0.009										
18	0.009					7.1		2.0			
19	0.006					7.2		2.2+			
20	0.009					7.2	2.2	2.2+			
21	0.009					7.2		2.2+			
22	0.007					7.1		2.2+			
23	0.006										
24	0.006										
25	0.006					7.2		2.2+			
26	0.004					7.1		2.2+			
27	0.004					7.1		2.2+			
28	0.005					7.0		2.2+			
29	0.005					7.1		2.2+			
30	0.005										
31	0.005										

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 08/01/2005 To: 08/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement		7.0		7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement		6.0 Min		8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				1.7	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		0.5 Min			mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA011715	REPORT:	Annual
MAILING ADDRESS:	1343 NE 17th Road	LIMIT:	Final	GROUP:	Domestic
	Ocala, FL 34470	CLASS SIZE:			
FACILITY:	Silver Lake Oaks MHP	MONITORING GROUP NUMBER:	R-001		
LOCATION:	Lake Shore Drive	PLANT SIZE/TREATMENT TYPE:	IID		
	Palatka, Florida	NO DISCHARGE FROM SITE:	[]		
COUNTY:	Putnam	MONITORING PERIOD	From: 08/01/2005	To: 08/31/2005	

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N							mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement					12.0 Max	mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year August-05

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 31%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.008					7.1		2.2+			
2	0.009					7.1		2.2+			
3	0.009	100	63	2U	1U	7.2	1.7	2.0			
4	0.011					7.0		2.2+			
5	0.005					7.0		2.2+			
6	0.007										
7	0.007										
8	0.008					7.1		2.2+			
9	0.009					7.2		2.2+			
10	0.009					7.1		2.2+			
11	0.014					7.1		2.2+			
12	0.007					7.1		2.2+			
13	0.006										
14	0.006										
15	0.007					7.1		2.2+			
16	0.009					7.2		2.0			
17	0.004					7.1		2.2+			
18	0.005					7.1		2.2+			
19	0.008					7.0		2.2+			
20	0.004										
21	0.004										
22	0.005					7.1		2.0			
23	0.004					7.1		2.2+			
24	0.004					7.1		2.2+			
25	0.006					7.2		2.2+			
26	0.005					7.2		2.2+			
27	0.005										
28	0.006										
29	0.006					7.2		2.2+			
30	0.006					7.2		2.2+			
31	0.007					7.1		2.2+			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 09/01/2005 To: 09/30/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)	mgd					Continuous	Flow-meter/Totalizer
Flow	Sample Measurement	0.007	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					Continuous	Flow-meter/Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement			42		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			50		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 09/01/2005 To: 09/30/2005

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.1	7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.0		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 Min		mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: 1343 NE 17th Road Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	CLASS SIZE:	
LOCATION: Lake Shore Drive Palatka, Florida	MONITORING GROUP NUMBER: R-001	
COUNTY: Putnam	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
	MONITORING PERIOD From: 09/01/2005 To: 10/01/2005	

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement		mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement		12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year September-05

Three-month Average Daily Flow: 0.004
(TMSDF/Permitted Capacity)x100: 31%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.007					7.1		2.0			
2	0.008					7.2		2.2+			
3	0.006										
4	0.006										
5	0.006					7.2		2.2+			
6	0.007					7.2		2.2+			
7	0.012	42	50	2U	1U	7.2	3.0	2.2+			
8	0.015					7.2		2.2+			
9	0.009					7.2		2.2+			
10	0.007										
11	0.007										
12	0.008					7.2		2.2+			
13	0.008					7.1		2.2+			
14	0.005					7.2		2.2+			
15	0.006					7.1		2.2+			
16	0.005					7.1		2.2+			
17	0.005										
18	0.005										
19	0.006					7.1		2.2+			
20	0.005					7.1		2.2+			
21	0.005					7.1		2.2+			
22	0.012					7.2		2.2+			
23	0.010					7.1		2.2+			
24	0.007										
25	0.007										
26	0.008					7.1		2.2+			
27	0.006					7.2		2.2+			
28	0.006					7.1		2.2+			
29	0.004					7.1		2.2+			
30	0.005					7.1		2.2+			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 10/01/2005 To: 10/31/2005

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
		0.002								
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.006		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				120		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				88		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 10/01/2005 To: 10/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7	3.7	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.7		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.0	7.1	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				9.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.0		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: 1343 NE 17th Road Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IIID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 10/01/2005	To: 10/31/2005

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1			12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year October-05

Three-month Average Daily Flow: 0.003
(TMSDF/Permitted Capacity)x100: 28%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.005										
2	0.006										
3	0.006					7.1		2.2+			
4	0.008					7.1		2.0			
5	0.008	120	88	3.7	3.00	7.1	9.1	2.2+			
6	0.010					7.0		2.2+			
7	0.010					7.1		2.2+			
8	0.007										
9	0.007										
10	0.008					7.1		2.2+			
11	0.007					7.1		2.2+			
12	0.007					7.0		2.2+			
13	0.005					7.0		2.2+			
14	0.005					7.0		2.2+			
15	0.005										
16	0.005										
17	0.005					7.0		2.2+			
18	0.007					7.1		2.2+			
19	0.003					7.1		2.2+			
20	0.005					7.1		2.2+			
21	0.003					7.1		2.2+			
22	0.005										
23	0.006										
24	0.006					7.1		2.2+			
25	0.009					7.1		2.2+			
26	0.005					7.1		2.2+			
27	0.007					7.1		2.2+			
28	0.003					7.1		2.2			
29	0.005										
30	0.005										
31	0.005					7.1		2.2+			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER:
 LIMIT:
 CLASS SIZE:

FLA011715
 Final

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 11/01/2005 To: 11/30/2005

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.012 (An. Avg.)		mgd					Continuous	Flow meter/ Totalizer
Flow	Sample Measurement	0.004		mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					Continuous	Flow meter/ Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				580		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				740		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report Mo. Avg.		mg/L		Monthly	Grab

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 11/01/2005 To: 11/30/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.3	4.3	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.0	5.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.0	7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				17.0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			1.4		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA011715	REPORT: Annual
MAILING ADDRESS: 1343 NE 17th Road Ocala, FL 34470	LIMIT: Final	GROUP: Domestic
FACILITY: Silver Lake Oaks MHP	MONITORING GROUP NUMBER: R-001	
LOCATION: Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE: IID	
	NO DISCHARGE FROM SITE: []	
COUNTY: Putnam	MONITORING PERIOD From: 11/01/2005	To: 12/01/2005

Parameter	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N			mg/L	0	Annual	Grab
PARM Code 00620 - 1 Mon. Site No. EFA-1			12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year November-05

Three-month Average Daily Flow: 0.003
(TMSDF/Permitted Capacity)x100: 22%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.003					7.1		2.2+			
2	0.007					7.0		2.2+			
3	0.003					7.1		2.2+			
4	0.004					7.1		2.2+			
5	0.005										
6	0.005										
7	0.005					7.2		2.2+			
8	0.004					7.2		2.2+			
9	0.006	580	740	4.3	5.00	7.1	17.0	2.2+			
10	0.005					7.1		2.2+			
11	0.003					7.2		2.2+			
12	0.003										
13	0.004										
14	0.004					7.1		2.2+			
15	0.006					7.2		2.2+			
16	0.005					7.1	1.1U	1.4			
17	0.004					7.1		2.2+			
18	0.003					7.1		2.2+			
19	0.004										
20	0.004										
21	0.004					7.2		2.2+			
22	0.004					7.1		2.2+			
23	0.004					7.2		2.2+			
24	0.003					7.2		2.2+			
25	0.005					7.1		2.2+			
26	0.006										
27	0.006										
28	0.007					7.2		2.2+			
29	0.005					7.2		2.2+			
30	0.006					7.2		2.2+			
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: FLA011715
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic

FACILITY: Silver Lake Oaks MHP
 LOCATION: Lake Shore Drive
 Palatka, Florida

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IID
 NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD From: 12/01/2005 To: 12/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An. Avg.)	mgd					Continuous	Flow-meter/Totalizer
Flow	Sample Measurement	0.005	mgd				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					Continuous	Flow-meter/Totalizer
BOD, Carbonaceous 5 Day, 20C	Sample Measurement				320	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				330	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report Mo. Avg.	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/02/07

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 12/01/2005 To: 12/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			8.4		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			83.7	3500.0	#/100mL	1	Monthly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Report (No. Geo. Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.1	7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement			6.0 Min	8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement				4.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.2		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 Min		mg/L		5 Days/Week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA011715	REPORT:	Annual
MAILING ADDRESS:	1343 NE 17th Road Ocala, FL 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Silver Lake Oaks MHP	MONITORING GROUP NUMBER:	R-001		
LOCATION:	Lake Shore Drive Palatka, Florida	PLANT SIZE/TREATMENT TYPE:	IID		
		NO DISCHARGE FROM SITE:	[]		
COUNTY:	Putnam	MONITORING PERIOD	From: 12/01/2005	To: 12/31/2005	

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type
Nitrates, as N				mg/L	0	Annual	Grab
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement			12.0 Max mg/L		Annual	Grab

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

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

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

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011715

Month / Year December-05

Three-month Average Daily Flow: 0.003
(TMSDF/Permitted Capacity)x100: 25%

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon. Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.008					7.2		2.2+			
2	0.005					7.2		2.2+			
3	0.005										
4	0.005										
5	0.006					7.1		2.2+			
6	0.008					7.1		2.2+			
7	0.005					7.1		2.2+			
8	0.003					7.2		2.2+			
9	0.006					7.2		2.2+			
10	0.006										
11	0.006										
12	0.006					7.2		2.2+			
13	0.005					7.2		2.2+			
14	0.003					7.2		2.2+			
15	0.004					7.2		2.2			
16	0.003					7.2		2.2+			
17	0.005										
18	0.005										
19	0.005					7.2		2.2+			
20	0.006					7.2		2.2+			
21	0.005	320	330	4.8	3500.00	7.2	4.5	2.2+			
22	0.004					7.2		2.2+			
23	0.007					7.2		2.2+			
24	0.006										
25	0.006										
26	0.007					7.2		2.2+			
27	0.008				2.00	7.2		2.2+			
28	0.009					7.2		2.2+			
29	0.006					7.2		2.2+			
30	0.003					7.2		2.2+			
31	0.004					7.2		2.2+			

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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