

The Woods

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 20 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE

00986 JAN 30 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

The Woods

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: AquaSource Utility, Inc.
 MAILING ADDRESS: 200 Corporate Center Dr.
 Corapolis, PA 15108

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

MONITORING PERIOD From: 1/1/04 To: 1/31/04
 THREE MONTH ROLLING ADF: 0.011 % OF PERMITTED CAPACITY 73%

COUNTY: Sumter

DMR DATE: 2/16/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			2.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			1.82	1.82	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.2		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			2.5	2.5	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.8	7.9	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 1/04

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1		1	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo. Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						1.9	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.011	0.011	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo. Avg.)	mgd						5 Day/Week	Elapsed Time Meter
	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann. Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement						128	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement						105	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 1/04

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.011
 Daily Flow % Permitted Capacity: 73%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.027			7.9		>2.2			
2	.033			7.9		>2.2			
3	.010			7.9		>2.2			
4	.010			7.9		>2.2			
5	.010			7.8		>2.2			
6	.009			7.9		>2.2			
7	.010			7.9		>2.2			
8	.005			7.9		>2.2			
9	.004								
10	.010			7.9		>2.2			
11	.010								
12	.024			7.8		>2.2			
13	.008			7.9		>2.2			
14	.021	1.82	2.5	7.9	<1	>2.2	1.9	128	105
15	.025			7.8		>2.2			
16	.010			7.9		>2.2			
17	.011			7.9		>2.2			
18	.011								
19	.011			7.9		>2.2			
20	.006			7.9		>2.2			
21	.007			7.8		>2.2			
22	.006			7.9		>2.2			
23	.006			7.9		>2.2			
24	.008			7.9		>2.2			
25	.008								
26	.004			7.9		>2.2			
27	.009			7.8		>2.2			
28	.008			7.8		>2.2			
29	.005			7.9		>2.2			
30	.009			7.9		>2.2			
31	.008			7.9		>2.2			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: AquaSource Utility, Inc.
 MAILING ADDRESS: 200 Corporate Center Dr.
 Corapolis, PA 15108

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: February 1,2004 To: February 29,2004
 THREE MONTH ROLLING ADF: .011
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825
 % OF PERMITTED CAPACITY 73

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: March 24,2004

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5				2.8		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement		20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5				5.58	5.58	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS				2.3		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement		20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS				3	3	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH				7.7	7.9	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I	Permit Requirement		6.0 (Min)	8.5 (Max)	S.U.		5 days/Week	Grab
Fecal Coliform Bacteria				1		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement		200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: February 2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1		1	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.3			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.12	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.011	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
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DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: February 2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: .011
 Daily Flow % Permitted Capacity: 73%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.008								
2	.016			7.9		>2.2			
3	.008			7.8		>2.2			
4	.008			7.8		>2.2			
5	.008	5.58	3.0	7.9	<1	>2.2	0.12		
6	.007			7.9		>2.2			
7	.007			7.8		>2.2			
8	.007								
9	.011			7.8		1.3			
10	.007			7.9		>2.2			
11	.007			7.8		>2.2			
12	.008			7.9		>2.2			
13	.010			7.9		>2.2			
14	.008			7.7		>2.2			
15	.008								
16	.008			7.8		>2.2			
17	.005			7.9		>2.2			
18	.009			7.9		>2.2			
19	.019			7.8		>2.2			
20	.026			7.9		>2.2			
21	.009			7.9		>2.2			
22	.009								
23	.009			7.8		>2.2			
24	.011			7.8		>2.2			
25	.008			7.9		>2.2			
26	.007			7.9		>2.2			
27	.009			7.9		>2.2			
28	.008			7.7		>2.2			
29	.008								
30									
31									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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PERMITEE NAME: AquaSource Utility, Inc.
 MAILING ADDRESS: 200 Corporate Center Dr.
 Corapolis, PA 15108

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: March 1,2004 To: March 31,2004
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: April 20, 2004

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			2.9		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				3.13 3.13	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.2		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1 1	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.7		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: March 2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1	1	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo-Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					0.10	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.008	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann. Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					MNR	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: March 2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009
 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.008			7.8		>2.2			
2	.007			7.9		>2.2			
3	.008	3.13	1.0	7.8	<1	>2.2	<0.10		
4	.008			7.9		>2.2			
5	.007			7.9		>2.2			
6	.008			7.8		>2.2			
7	.008								
8	.007			7.9		>2.2			
9	.007			7.9		>2.2			
10	.007			7.8		>2.2			
11	.005			7.9		>2.2			
12	.006			7.9		>2.2			
13	.007			7.7		>2.2			
14	.008			7.8		>2.2			
15	.010			7.9		>2.2			
16	.009			7.8		>2.2			
17	.010			7.9		>2.2			
18	.009			7.9		>2.2			
19	.009			7.9		>2.2			
20	.009			7.8		>2.2			
21	.009								
22	.007			7.9		>2.2			
23	.006			7.9		>2.2			
24	.010			7.8		>2.2			
25	.007			7.9		>2.2			
26	.008			7.9		>2.2			
27	.008			7.7		>2.2			
28	.008								
29	.008			7.8		>2.2			
30	.007			7.8		>2.2			
31	.012			7.8		>2.2			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: Certificate No: Name:
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

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When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: AquaSource Utility, Inc.
 MAILING ADDRESS: 200 Corporate Center Dr.
 Corapolis, PA 15108

PERMIT NUMBER: FLA013500
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: Minor GROUP: Domestic
 DISCHARGE POINT NUMBER: R001 (RIBS) WAFR SITE NO: 34825
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD From: 4/1/04 To: 4/30/04
 THREE MONTH ROLLING ADF: 0.008 % OF PERMITTED CAPACITY 53

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: 5/24/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
COD5				3.0		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement		20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
COD5				□□□δ□□□	3.44	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS				2.3		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement		20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS				2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH				7.6	7.9	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I	Permit Requirement		6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria				1		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement		200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 4/2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1		1	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						3.9	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.008	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 4/2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.00
 Daily Flow % Permitted Capacity: 53%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.005			7.9		>2.2			
2	.007			7.9		>2.2			
3	.007			7.9		>2.2			
4	.007								
5	.009			7.8		>2.2			
6	.007			7.9		>2.2			
7	.009	3.44	2.0	7.9	<1	>2.2	3.9		
8	.007			7.8		>2.2			
9	.009			7.9		>2.2			
10	.006			7.6		>2.2			
11	.006								
12	.008			7.7		>2.2			
13	.005			7.8		>2.2			
14	.010			7.7		>2.2			
15	.007			7.8		>2.2			
16	.006			7.8		>2.2			
17	.007			7.8		>2.2			
18	.007								
19	.008			7.8		>2.2			
20	.009			7.7		>2.2			
21	.009			7.8		>2.2			
22	.009			7.7		>2.2			
23	.009			7.6		>2.2			
24	.008			7.6		>2.2			
25	.008								
26	.008			7.7		>2.2			
27	.009			7.7		>2.2			
28	.009			7.8		>2.2			
29	.007			7.8		>2.2			
30	.009			7.7		>2.2			
31									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: AquaSource Utility, Inc.
 MAILING ADDRESS: 200 Corporate Center Dr.
 Corapolis, PA 15108

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IID
 MONITORING PERIOD: From: May 1,2004 To: May 31,2004
 THREE MONTH ROLLING ADF: 0.008 % OF PERMITTED CAPACITY 51
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: June 23, 2004

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			3.3		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				3.1 3.14	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			3.0		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				8.0 8.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.6		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.0		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: May 2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						1.4	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.007	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3-month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: May 2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.00
 Daily Flow % Permitted Capacity: 51

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.007			7.7		>2.2			
2	.007								
3	.008			7.8		>2.2			
4	.006			7.8		>2.2			
5	.007	3.14	8.0	7.8	<1	>2.2	1.4		
6	.007			7.7		>2.2			
7	.007			7.7		>2.2			
8	.007			7.6		>2.2			
9	.007								
10	.008			7.7		>2.2			
11	.007			7.7		>2.2			
12	.008			7.8		>2.2			
13	.006			7.7		>2.2			
14	.007			7.7		>2.2			
15	.007			7.8		>2.2			
16	.007								
17	.008			7.7		>2.2			
18	.006			7.8		>2.2			
19	.008			7.8		>2.2			
20	.007			7.8		>2.2			
21	.007			7.8		>2.2			
22	.010			7.8		>2.2			
23	.010								
24	.007			7.7		>2.2			
25	.006			7.8		1.4			
26	.008			7.8		1.5			
27	.006			7.8		1.2			
28	.008			7.7		>2.2			
29	.007			7.8		>2.2			
30	.007								
31	.008			7.8		>2.2			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: AquaSource Utility, Inc.
 MAILING ADDRESS: 200 Corporate Center Dr.
 Corapolis, PA 15108

PERMIT NUMBER: FLA013500
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: Minor GROUP: Domestic
 DISCHARGE POINT NUMBER: R001 (RIBs) WAFR SITE NO: 34825
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD From: 6/1/04 To: 6/30/04
 THREE MONTH ROLLING ADF: 0.007 % OF PERMITTED CAPACITY 46

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: 7/22/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			3.4		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.4 2.4	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			3.0		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.0 1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.7		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.0		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 6/2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.0			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.52	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.007	0.007	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 6/2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.00
 Daily Flow % Permitted Capacity: 46

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.007			7.8		>2.2			
2	.007	2.4	<1	7.7	<1	>2.2	0.52		
3	.006			7.8		>2.2			
4	.007			7.8		>2.2			
5	.005			7.9		>2.2			
6	.005								
7	.008			7.8		>2.2			
8	.006			7.9		>2.2			
9	.005			7.8		>2.2			
10	.006			7.8		>2.2			
11	.006			7.9		>2.2			
12	.006			7.8		>2.2			
13	.006								
14	.009			7.8		>2.2			
15	.004			7.8		>2.2			
16	.007			7.9		>2.2			
17	.008			7.8		>2.2			
18	.007			7.8		>2.2			
19	.008			7.7		2.0			
20	.008								
21	.008			7.8		>2.2			
22	.008			7.8		>2.2			
23	.007			7.8		>2.2			
24	.007			7.8		>2.2			
25	.004			7.8		>2.2			
26	.008			7.8		>2.2			
27	.008								
28	.008			7.9		>2.2			
29	.008			7.8		>2.2			
30	.008			7.8		>2.2			
31									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IID
 MONITORING PERIOD: From: 7/1/04 To: 7/31/04
 THREE MONTH ROLLING ADF: 0.007 % OF PERMITTED CAPACITY 49%

COUNTY: Sumter

DMR DATE: 8/25/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5						Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement				mg/L		Monthly	Rolling Annual Avg.
CBOD5				5.1	5.1	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS						Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement				mg/L		Monthly	Rolling Annual Avg.
TSS				1.0	1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH				7.8	7.9	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I	Permit Requirement		6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria						#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement		200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 7/2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.8			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.33	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.007	0.008	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 7/2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.00
 Daily Flow % Permitted Capacity: 49%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.008			7.8		>2.2			
2	.008			7.8		>2.2			
3	.007			7.8		>2.2			
4	.007								
5	.008			7.8		>2.2			
6	.008			7.8		>2.2			
7	.011			7.8		>2.2			
8	.007			7.8		>2.2			
9	.010			7.8		>2.2			
10	.007			7.8		>2.2			
11	.007								
12	.006			7.8		1.8			
13	.009			7.8		>2.2			
14	.009	5.05	1.0	7.8	<1	>2.2	0.33		
15	.008			7.9		>2.2			
16	.009			7.8		>2.2			
17	.007			7.8		>2.2			
18	.007								
19	.008			7.8		>2.2			
20	.007			7.8		>2.2			
21	.008			7.8		>2.2			
22	.009			7.8		>2.2			
23	.008			7.8		>2.2			
24	.009			7.8		>2.2			
25	.009								
26	.011			7.8		>2.2			
27	.007			7.8		>2.2			
28	.008			7.8		>2.2			
29	.008			7.8		>2.2			
30	.008			7.8		>2.2			
31	.008			7.8		>2.2			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 8/1/04 To: 8/31/04
 THREE MONTH ROLLING ADF: 0.010 % OF PERMITTED CAPACITY 66%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 9/28/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement					Mg/L		Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement					Mg/L		Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)		Monthly	Grab
TSS	Sample Measurement					Mg/L		Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement					Mg/L		Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		Monthly	Grab
pH	Sample Measurement			7.2		7.8	S.U.	0	5 days/Week
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		8.5 (Max)	S.U.		5 days/Week
Fecal Coliform Bacteria	Sample Measurement							Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)			#100mL	Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 8/2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement							#100mL		Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.7			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement							Mg/L		Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.010	0.015	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement							Mg/L		Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement							Mg/L		Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 8/2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.01
 Daily Flow % Permitted Capacity: 66%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.017								
2	.018			7.8		2.0			
3	.010			7.8		2.0			
4	.011			7.8		>2.2			
5	.010			7.8		>2.2			
6	.009			7.8		>2.2			
7	.014			7.8		>2.2			
8	.014								
9	.015			7.8		>2.2			
10	.010			7.9		1.7			
11	.010			7.8		2.0			
12	.010			7.8		>2.2			
13	.008			7.8		>2.2			
14	.025			7.8		>2.2			
15	.036								
16	.036			7.5		2.0			
17	.016			7.6		2.2			
18	.013			7.4		2.2			
19	.038			7.3		2.2			
20	.038			7.3		2.2			
21	.012			7.4		2.2			
22	.012								
23	.012			7.4		2.2			
24	.008			7.4		0.7			
25	.024			7.4		2.2			
26	.014			7.3		2.2			
27	.004			7.3		2.2			
28	.010			7.3		2.2			
29	.007								
30	.007			7.3		2.2			
31	.010			7.2		2.2			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: Certificate No: Name:
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 9/1/04 To: 9/30/04
 THREE MONTH ROLLING ADF: 0.011 % OF PERMITTED CAPACITY 73%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 10/27/04

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
CBOD5				3.9		Mg/L	0	Monthly	Rolling Annual Average	
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement		20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.	
CBOD5					6.3	6.3	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab	
TSS				2.8			Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement		20.0 (An Avg.)			mg/L	Monthly	Rolling Annual Avg.	
TSS					1.0	1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab	
pH				7.3		7.6	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I	Permit Requirement		6.0 (Min)		8.5 (Max)	s.u.	5 days/Week	Grab	
Fecal Coliform Bacteria				1.0			#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement		200 (An Avg.)			#100mL	Monthly	Rolling Annual Avg.	

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 9/2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.8			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.10	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.011	0.010	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report: annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report: annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 9/2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.01
 Daily Flow % Permitted Capacity: 73%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.010			7.2		2.2			
2	.010			7.3		2.2			
3	.010			7.3		2.2			
4	.010			7.3		2.2			
5	.010			7.3		1.6			
6	.010								
7	.010			7.4		1.0			
8	.010								
9	.010			7.5		0.7			
10	.010			7.6		0.8			
11	.010			7.5		2.0			
12	.010								
13	.010			7.6		2.2			
14	.010			7.3		2.2			
15	.010			7.3		2.2			
16	.010			7.3		2.2			
17	.010			7.3		2.2			
18	.010								
19	.010								
20	.010			7.3		2.2			
21	.010			7.3		2.2			
22	.010			7.3		2.2			
23	.010			7.3		2.2+			
24	.010			7.3		2.2			
25	.010			7.4		2.2			
26	.010								
27	.010			7.6		0.8			
28	.010			7.5					
29	.010			7.6					
30	.010	6.3	1	7.6	1U	2.2	0.10U		
31									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IID
 MONITORING PERIOD: From: 10/1/04 To: 10/31/04
 THREE MONTH ROLLING ADF: 0.012 % OF PERMITTED CAPACITY 80%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 11/2004

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			3.9		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				3.3 3.28	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.8		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.0 1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.3	7.4	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.0		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 10/2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.89	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.012	0.011	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
	Sample Measurement		0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 10/2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.01
 Daily Flow % Permitted Capacity: 80%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.011			2.2		7.4			
2	.011			2.2		7.3			
3	.011								
4	.011			2.2		7.3			
5	.011			2.2		7.2			
6	.011			2.2		7.2			
7	.011			2.2		7.2			
8	.011			2.2		7.3			
9	.011			2.2		7.3			
10	.011								
11	.011			2.2		7.3			
12	.011			2.2		7.3			
13	.011			2.2		7.5			
14	.011	3.28	<1	2.2	<1	7.4	0.89		
15	.011			2.2		7.5			
16	.011			2.2		7.4			
17	.011			2.2					
18	.011			2.2		7.5			
19	.011					7.4			
20	.011			2.2		7.3			
21	.011			2.2		7.2			
22	.011			2.2+		7.3			
23	.011			2.2+					
24	.011								
25	.011			2.2+		7.3			
26	.011			2.2+		7.4			
27	.011			2.2+		7.3			
28	.011			2.2+		7.3			
29	.011			2.2+		7.3			
30	.011			2.2+		7.4			
31	.011								

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 11/1/04 To: 11/30/04
 THREE MONTH ROLLING ADF: 0.024 % OF PERMITTED CAPACITY 157%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 12-21-04

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			3.6		Mg/L	0	Monthly Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly Rolling Annual Avg.
CBOD5	Sample Measurement			4.0	3.95	Mg/L	0	Monthly Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly Grab
TSS	Sample Measurement			2.1		Mg/L	0	Monthly Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly Rolling Annual Avg.
TSS	Sample Measurement			1.5	1.5	Mg/L	0	Monthly Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly Grab
pH	Sample Measurement			7.2	7.4	S.U.	0	5 days/Week Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week Grab
Fecal Coliform Bacteria	Sample Measurement			1.0		#100mL	0	Monthly Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 11/2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						5.5	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.006	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
			3 month rolling avg.								
Flow	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 11/2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.02
 Daily Flow % Permitted Capacity: 157%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.006			7.3		2.2+			
2	.006			7.3		2.2+			
3	.006			7.2		2.2+			
4	.006			7.2		2.2+			
5	.006			7.2		2.2+			
6	.006					2.0			
7	.006								
8	.006			7.3		1.8			
9	.006			7.2		2.2			
10	.006			7.3		1.5			
11	.006	3.95	1.5	7.3	<1	2.2+	5.5		
12	.006			7.2		2.2+			
13	.006			7.2		2.2+			
14	.005								
15	.005			7.3		1.5			
16	.008			7.3		2.2+			
17	.010			7.2		1.2			
18	.005			7.3		2.2			
19	.006			7.3		2.2+			
20	.006								
21	.006			7.3		2.0			
22	.005			7.3		2.2+			
23	.009			7.2		2.2+			
24	.010			7.2		2.2+			
25	.007			7.3		2.2+			
26	.011			7.3		2.2+			
27	.005			7.2		2.2+			
28	.005					2.2+			
29	.007			7.3		2.2+			
30	.006			7.4		2.0			
31									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8466 Name: Mike Gorski
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 8466 Name: Mike Gorski

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 12/1/04 To: 12/31/04
 THREE MONTH ROLLING ADF: 0.023 % OF PERMITTED CAPACITY 153%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 1/19/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement			3.7		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			2.7	2.7	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.2		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.3	8.0	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.0		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 12/2004

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo-Geo Mean)		800. (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						8.4	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.008	MGD					1	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
	Sample Measurement		0.013	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann. Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					95		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					160		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 12/2004

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.02
 Daily Flow % Permitted Capacity: 153%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.007			7.6		2.2			
2	.006			7.6		2.2			
3	.007			7.6		2.2			
4	.009					2.2			
5	.014					2.2			
6	.016			7.6		2.2			
7	.011			7.3		2.2			
8	.012			7.4		2.2			
9	.016			7.6		2.2			
10	.009			7.6		2.2			
11	.011					2.2			
12	.011								
13	.012			7.8		2.2			
14	.008			7.5		2.2			
15	.005			7.6		2.2			
16	.005	2.7	2.0	7.6	1.0U	2.2	8.4	95	160
17	.018			7.8		2.2			
18	.006					2.2			
19	.006								
20	.007			7.6		2.2			
21	.006			7.6		2.2			
22	.005			7.8		2.2			
23	.006			7.8		2.2			
24	.005			7.6		2.2			
25	.006								
26	.007			7.6		2.2			
27	.008			7.6		2.2			
28	.006			7.8		2.2			
29	.007			8.0		2.2			
30	.008			7.7		2.2			
31	.014			7.8		2.2			

PLANT STAFFING:

Day Shift Operator Class: B_ Certificate No: 7243_ Name: John Worrell
 Evening Shift Operator Class: C_ Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B_ Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 NE 17th Road
 Ocala, FL 34470
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 1/1/05 To: 1/31/05
 THREE MONTH ROLLING ADF: 0.022 % OF PERMITTED CAPACITY 144%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 2/23/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement			3.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				4.4 4.4	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 60.0 (Mo Avg.) (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.9		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.1 1.1	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 60.0 (Mo Avg.) (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.0		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

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

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 2/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.4			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						1.4	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.007	0.007	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
	Sample Measurement		0.012	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					120		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					78		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 2/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.02
 Daily Flow % Permitted Capacity: 144%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.016					2.2			
2	.012								
3	.012			7.8		2.2			
4	.006			7.6		2.2			
5	.004			7.6		2.2			
6	.007	4.4	1.1U	7.6	1.0U	2.2	1.4	120	78
7	.006			7.6		2.2			
8	.003					2.2			
9	.008								
10	.009			7.4		1.4			
11	.006			7.8		2.2			
12	.004			7.9		2.2			
13	.005			7.8		2.2			
14	.004			7.9		2.2			
15	.004								
16	.004					2.2			
17	.004			7.8		2.2			
18	.031			7.7		2.2			
19	.013			7.8		2.2			
20	.002			7.6		2.2			
21	.005			7.7		2.2			
22	.004					2.2			
23	.004								
24	.005			7.8		2.2			
25	.007			7.8		2.2			
26	.004			7.9		2.2			
27	.005			7.9		2.2			
28	.005			7.8		2.2			
29	.004					2.2			
30	.006								
31	.006			7.9		2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

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

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IID
 MONITORING PERIOD: From: 2/1/05 To: 2/28/05
 THREE MONTH ROLLING ADF: 0.007 % OF PERMITTED CAPACITY 49%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: 3/23/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			3.3		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.7		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.5		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			0.9		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 2/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.0			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						3.7	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.007	0.007	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.012	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					200		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					86		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 2/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.00
 Daily Flow % Permitted Capacity: 49%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.005			7.8		2.2			
2	.004			7.8		2.2			
3	.003	2.0U	1.0U	7.8	1.0U	2.2	3.7	200	86
4	.004			7.7		2.2			
5	.010					2.2			
6	.007								
7	.008			7.6		2.2			
8	.009			7.9		2.2			
9	.004			7.8		2.2			
10	.006			7.8		2.2			
11	.007			7.8		2.2			
12	.006					2.2			
13	.011								
14	.012			7.6		2.0			
15	.015			7.7		2.2			
16	.005			7.7		2.2			
17	.005			7.5		2.2			
18	.005			7.6		2.2			
19	.006					2.2			
20	.007								
21	.007			7.6		2.2			
22	.006			7.8		2.2			
23	.007			7.8		2.2			
24	.006			7.9		2.2			
25	.005			7.8		2.2			
26	.004					2.2			
27	.006								
28	.006			7.7		2.2			
29									
30									
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IHD
 MONITORING PERIOD: From: 3/1/05 To: 3/31/05
 THREE MONTH ROLLING ADF: 0.0066 % OF PERMITTED CAPACITY 44%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 4/21/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			5.0		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				23	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab
TSS	Sample Measurement			1.8		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.8	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab
pH	Sample Measurement			7.6		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		8.5 (Max)	s.u.	5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			0.9		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 3/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo. Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					0.67	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.0066	0.006	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.012	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					170	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					72	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year:

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.00
 Daily Flow % Permitted Capacity: 44%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009			7.8		2.2			
2	.003			7.8		2.2			
3	.007			7.7		2.2			
4	.006			7.9		2.2			
5	.004					2.2			
6	.008								
7	.009			7.7		2.2			
8	.005			7.8		2.2			
9	.005			7.8		2.2			
10	.006	23	1.8	7.8	1.0U	2.2	0.67	170	72
11	.005			7.8		2.2			
12	.008					2.2			
13	.008								
14	.009			7.8		2.2			
15	.006			7.8		2.2			
16	.003			7.9		2.2			
17	.003			7.8		2.2			
18	.008			7.8		2.2			
19	.007			7.8		2.2			
20	.006								
21	.006			7.6		2.2			
22	.005			7.6		2.2			
23	.005			7.6		2.2			
24	.006			7.7		2.2			
25	.005			7.8		2.2			
26	.007					2.2			
27	.006								
28	.006			7.6		2.2			
29	.009			7.6		2.2			
30	.001			7.7		2.2			
31	.001			7.8		2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 4/1/05 To: 4/30/05
 THREE MONTH ROLLING ADF: 0.007 % OF PERMITTED CAPACITY 48%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 5/19/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			5.0		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				3.6 3.6	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.7		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.1 1.1	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.6		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			0.9		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 4/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.64	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.007	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
	Sample Measurement		0.012	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement						150	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement						74	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 4/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.007
 Daily Flow % Permitted Capacity: 48%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
50050	80082	00530	00400	74055	50060	00620	80082	00530	
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.007			7.7		2.2			
2	.006					2.2			
3	.025								
4	.024			7.6		2.2			
5	.012			7.6		2.2			
6	.004			7.6		2.2			
7	.005			7.8		2.2			
8	.005			7.8		2.2			
9	.004					2.2			
10	.014								
11	.015			7.6		2.2			
12	.011			7.8		2.2			
13	.006			7.8		2.2			
14	.006	3.6	1.1U	7.8	1.0U	2.2	0.64	150 74	
15	.006			7.8		2.2			
16	.005					2.2			
17	.006								
18	.006			7.7		2.2			
19	.006			7.9		2.2			
20	.006			7.8		2.2			
21	.009			7.8		2.2			
22	.006			7.9		2.2			
23	.007					2.2			
24	.007								
25	.006			7.7		2.2			
26	.009			7.8		2.2			
27	.008			7.8		2.2			
28	.007			7.8		2.2			
29	.008			7.8		2.2			
30	.006			7.8		2.2			
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 5/1/05 To: 5/31/05
 THREE MONTH ROLLING ADF: 0.008 % OF PERMITTED CAPACITY 51%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 6/21/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			4.9		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.0 2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 60.0 (Mo Avg.) (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.1		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.0 1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 60.0 (Mo Avg.) (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.5	7.8	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			0.9		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 5/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.27	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.008	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement						210	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement						82	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 5/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.008
 Daily Flow % Permitted Capacity: 51%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.007								
2	.008			7.8		2.2			
3	.013			7.8		2.2			
4	.006			7.5		2.2			
5	.010			7.7		2.2			
6	.009			7.8		2.2			
7	.005					2.2			
8	.008								
9	.008			7.6		2.2			
10	.008			7.7		2.2			
11	.007			7.6		2.2			
12	.007	2.0U	1.0U	7.7	1.0U	2.2	0.27	210	92
13	.008			7.8		2.2			
14	.005					2.2			
15	.007								
16	.008			7.7		2.2			
17	.010			7.7		2.2			
18	.010			7.6		2.2			
19	.009			7.8		2.2			
20	.007			7.6		2.2			
21	.008					2.2			
22	.008								
23	.009			7.6		2.2			
24	.008			7.6		2.2			
25	.007			7.8		2.2			
26	.007			7.7		2.2			
27	.009			7.8		2.2			
28	.008					2.2			
29	.009								
30	.009			7.8		2.2			
31	.011			7.7		2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 6/1/05 To: 6/30/05
 THREE MONTH ROLLING ADF: 0.008 % OF PERMITTED CAPACITY 55%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 7/11/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			4.9		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.1		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.5		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 6/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				8.0		8.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						4.2	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.008	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					99		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					54		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 6/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.008
 Daily Flow % Permitted Capacity: 55%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.010			7.7		2.2			
2	.007			7.8		2.2			
3	.008			7.8		2.2			
4	.008					2.2			
5	.007								
6	.007			7.5		2.2			
7	.011			7.6		2.2			
8	.008			7.5		2.2			
9	.010	2.0U	1.0U	7.5	8.0	2.2	4.2	99	54
10	.011			7.8		2.2			
11	.005					2.2			
12	.008								
13	.008			7.4		2.2			
14	.009			7.4		2.2			
15	.009			7.7		2.2			
16	.006			7.7		2.2			
17	.010			7.5		2.2			
18	.007					2.2			
19	.010								
20	.010			7.7		2.2			
21	.007			7.7		2.2			
22	.007			7.6		2.2			
23	.011			7.7		2.2			
24	.009			7.8		2.2			
25	.005					2.2			
26	.007								
27	.007			7.7		2.2			
28	.008			7.8		2.2			
29	.009			7.8		2.2			
30	.011			7.6		2.2			
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: I/II
 MONITORING PERIOD: From: 7/1/05 To: 7/31/05
 THREE MONTH ROLLING ADF: 0.008 % OF PERMITTED CAPACITY 55%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 8/15/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
COD5	Sample Measurement			4.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
COD5	Sample Measurement				2.4 2.4	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab
TSS	Sample Measurement			1.1		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.1 1.1	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
pH	Sample Measurement			7.5		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		8.5 (Max)	s.u.	5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.5		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 7/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo-Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						1.0	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					120		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					44		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 7/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.008
 Daily Flow % Permitted Capacity: 55%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.007			7.6		2.2			
2	.010					2.2			
3	.009								
4	.009			7.8		2.2			
5	.009			7.8		2.2			
6	.008			7.7		2.2			
7	.009			7.9		2.2			
8	.007			7.8		2.2			
9	.011					2.2			
10	.012								
11	.012			7.6		2.2			
12	.010			7.5		2.2			
13	.007			7.7		2.2			
14	.010	2.4Y	1.1U	7.8	1.0U	2.2	1.0	120	44
15	.008			7.9		2.2			
16	.008					2.2			
17	.009								
18	.010			7.8		2.2			
19	.006			7.8		2.2			
20	.008			7.9		2.2			
21	.013			7.7		2.2			
22	.007			7.8		2.2			
23	.006					2.2			
24	.007								
25	.008			7.6		2.2			
26	.008			7.7		2.2			
27	.009			7.8		2.2			
28	.009			7.8		2.2			
29	.010			7.8		2.2			
30	.016					2.2			
31	.010								

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 8/1/05 To: 8/31/05
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 9/19/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			5.2		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			7.3	7.3	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.2		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			1.0	1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.7	7.9	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 8/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo. Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						2.8	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.010	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo. Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.008	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann. Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					170		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					80		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 8/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009
 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.010			7.7		2.2			
2	.009			7.9		2.2			
3	.010			7.8		2.2			
4	.011			7.8		2.2			
5	.008			7.8		2.2			
6	.007					2.2			
7	.008								
8	.008			7.9		2.2			
9	.012			7.8		2.2			
10	.008			7.9		2.2			
11	.010	7.3	1.0U	7.8	1.0U	2.2	2.8	170	80
12	.010			7.9		2.2			
13	.010					2.2			
14	.008								
15	.008			7.9		2.2			
16	.010			7.9		2.2			
17	.009			7.8		2.2			
18	.010			7.9		2.2			
19	.010			7.9		2.2			
20	.007					2.2			
21	.008								
22	.008			7.8		2.2			
23	.008			7.8		2.2			
24	.010			7.8		2.2			
25	.008			7.8		2.2			
26	.012			7.8		2.2			
27	.011					2.2			
28	.013								
29	.014			7.9		2.2			
30	.011			7.9		2.2			
31	.012			7.8		2.2			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 9/1/05 To: 9/30/05
 THREE MONTH ROLLING ADF: 0.010 % OF PERMITTED CAPACITY 64%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 10/10/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement			4.9		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.0 2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.2		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.0 1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.6		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 9/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						1.4	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.010	0.010	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.008	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					170		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					110		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 9/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.010
 Daily Flow % Permitted Capacity: 64%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.028			7.7		1.8			
2	.023			7.8		2.2			
3	.013					2.2			
4	.013								
5	.014			7.8		2.2			
6	.011			7.9		2.2			
7	.012			7.8		2.2			
8	.010			7.8		2.2			
9	.008			7.7		2.2			
10	.011					1.9			
11	.013								
12	.013			7.7		2.2			
13	.014			7.7		2.2			
14	.011			7.7		2.0			
15	.007	2.0U	1.0U	7.7	1.0U	2.1	1.4	170	110
16	.008			7.7		2.2			
17	.006					2.2			
18	.008								
19	.009			7.6		2.0			
20	.008			7.8		2.2			
21	.007			7.6		1.2			
22	.006			7.7		1.9			
23	.010			7.7		1.8			
24	.008					2.0			
25	.006								
26	.006			7.6		2.1			
27	.008			7.7		1.8			
28	.006			7.7		2.2			
29	.009			7.7		2.2			
30	.007			7.6		2.0			
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelsen
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 10/1/05 To: 10/31/05
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 64%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 11/14/05

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			4.8	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			2.5	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab
TSS	Sample Measurement			1.5	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			4.6	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L	Monthly	Grab
pH	Sample Measurement			7.5	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.	5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6	#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)	#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 10/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.9			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.087	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
	Sample Measurement		0.008	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					180		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					130		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 10/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009
 Daily Flow % Permitted Capacity: 64%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.006					2.2			
2	.008								
3	.009			7.6		0.9			
4	.007			7.7		2.2			
5	.008			7.7		2.2			
6	.007			7.7		1.9			
7	.012			7.6		1.8			
8	.016					1.4			
9	.016								
10	.016			7.6		1.0			
11	.013			7.6		1.6			
12	.006			7.8		2.2			
13	.007			7.7		2.2			
14	.008			7.7		2.2			
15	.006					2.2			
16	.007								
17	.008			7.6		1.3			
18	.007			7.9		2.2			
19	.006			7.9		2.2			
20	.008	2.5Y	4.6	7.9	1.0U	2.2	0.087	180	130
21	.008			7.8		2.2			
22	.005					2.2			
23	.008								
24	.008			7.9		2.2			
25	.009			7.9		2.2			
26	.009			7.9		2.2			
27	.009			7.8		2.2			
28	.008			7.6		1.9			
29	.005					2.0			
30	.008								
31	.009			7.5		1.9			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelsen
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD From: 11/1/05 To: 11/30/05
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 12/9/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			4.7		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)		Monthly	Grab
TSS	Sample Measurement			1.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				2.2	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)		Monthly	Grab
pH	Sample Measurement			7.5		S.U.	0	5 days/Week	Grab
STORET NO. 00406 □□□□□□□□□□□□□□□□□□□□□□	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
 I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 11/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	.	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.9			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.70	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.008	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					140		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					94		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 11/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009
 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.008			7.6		2.1			
2	.006			7.6		0.9			
3	.011			7.6		1.4			
4	.007			7.5		2.0			
5	.007					2.2			
6	.008								
7	.009			7.6		2.0			
8	.008			7.6		2.2			
9	.008			7.6		2.2			
10	.007	2.0U	2.2	7.5	1.0U	0.8	0.70	140	94
11	.010			7.6		1.9			
12	.008					2.0			
13	.010								
14	.011			7.5		1.8			
15	.011			7.5		2.1			
16	.011			7.5		2.2			
17	.007			7.6		2.2			
18	.008			7.6		2.2			
19	.012					2.2			
20	.008								
21	.008			7.6		2.2			
22	.010			7.5		1.9			
23	.012			7.5		2.0			
24	.012			7.5		2.2			
25	.008			7.5		2.2			
26	.007					2.2			
27	.011								
28	.012			7.5		1.1			
29	.011			7.5		0.9			
30	.010			7.5		1.7			
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelsen
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: I/ID
 MONITORING PERIOD: From: 12/1/05 To: 12/31/05
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 1/16/2006

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			4.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.0 2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.5		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.4 1.4	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.) 60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.3		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of 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, Field Coordinator		352-787-0980	

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

DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 12/2005

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					0.34	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.008	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					190	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					130	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS – PART B

Permit Number: FLA013500
 Month/Year: 12/2005

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009
 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	DNF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	DNF-01-24568	DNF-01-24568
1	.010			7.6		2.2			
2	.011			7.3		1.5			
3	.010					2.2			
4	.010								
5	.009			7.4		1.1			
6	.009			7.6		1.0			
7	.010			7.7		2.2			
8	.010			7.5		1.7			
9	.007					1.8			
10	.010								
11	.011			7.6		2.2			
12	.010			7.6		2.2			
13	.006			7.6		2.2			
14	.009			7.6		2.2			
15	.009	2.0U	1.4	7.6	1.0U	2.1	0.34	190	130
16	.011			7.7		2.2			
17	.006					2.2			
18	.010								
19	.010			7.5		2.2			
20	.009			7.6		2.2			
21	.009			7.5		2.0			
22	.010			7.5		2.1			
23	.007			7.6		2.2			
24	.010					2.2			
25	.007								
26	.008			7.6		2.2			
27	.011			7.6		2.2			
28	.008			7.4		2.2			
29	.007			7.6		2.2			
30	.010			7.4		1.9			
31	.009					2.1			

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Worrell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelsen
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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