

DESOTO COUNTY

**Lake Suzy WTF
Lake Suzy WWTF**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 3 of 16**

Containing:
Monthly Operating Reports
Monthly Discharge Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER - DATE
04306 MAY 22 88
FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.	PERMIT NUMBER: FL0119644		
MAILING ADDRESS: P. O. Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly	
FACILITY: Lake Suzy WWTF	CLASS SIZE: N/A	GROUP: Domestic	
LOCATION: 12169 SW Egret Circle Lake Suzy, FL 34266-8751	MONITORING GROUP NUMBER: D-001		
	MONITORING GROUP DESC: Kingsway Golf Course		
COUNTY: DeSoto	NO DISCHARGE FROM SITE: <input type="checkbox"/>		
	MONITORING PERIOD From: 1/1/07	To: 1/31/07	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR		OCC/MONTH					0	When discharging	Visual
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)		OCC/MONTH						When discharging	Visual
Duration of Discharge	Sample Measurement	MNR		HRS/MONTH					0	Per occurrence	Estimated
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)		HRS/MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 1/1/07

To 1/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR	MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 1/1/07

PERMIT NUMBER: FL0119644
 To 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR		PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR		MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement				MNR	NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement				MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS – PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Monitoring Period From: 1/1/07

To: 1/31/07

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 1/1/07

To: 1/31/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.39	7.39		5.5			
2			7.36	7.36		5.5			
3			7.44	7.44		5.5			
4			7.43	7.43		5.5			
5			7.53	7.53		5.5			
6			7.50	7.50		5.5			
7			7.45	7.45		5.5			
8			7.44	7.44		5.5			
9			7.38	7.38		5.5			
10	2.0U	4.0	7.46	7.46	1.0U	5.5	1.86		
11			7.71	7.71		5.5			
12			7.20	7.20		5.5			
13			7.08	7.08		5.5			
14			7.55	7.55		5.5			
15			7.51	7.51		5.5			
16			7.31	7.31		4.48			
17			7.11	7.11		5.5			
18			7.27	7.27		5.5			
19			7.36	7.36		5.5			
20			7.37	7.37		5.5			
21			7.35	7.35		5.5			
22			7.43	7.43		5.5			
23			7.51	7.51		5.5			
24			7.30	7.30		5.5			
25	2.0U,J4	1.51	7.29	7.29	1.0U	5.5	0.35		
26			7.40	7.40		5.5			
27			7.16	7.16		5.5			
28			7.12	7.12		5.5			
29			7.34	7.34		5.5			
30			7.32	7.32		5.5			
31			7.01	7.01		5.5			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number:

FL0119644

Facility: Lake Suzy WWTF

Monitoring Period

From: 1/1/07

To: 1/31/07

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.039		.039			.50	0		
2	.087		.087			0	0		
3	.034		.034			0	0		
4	.053		.053			0	0		
5	.078		.078			0	0		
6	.063		.063			0	0		
7	.049		.049			0	0		
8	.082		.082			0.15	0		
9	.049		.049			0	0		
10	.062		.062			0	0	374	375
11	.055		.055			0	0		
12	.070		.070			0	0		
13	.087		.087			0	0		
14	.054		.054			0	0		
15	.098		.098			0	0		
16	.071		.071			0	0		
17	.057		.057			0	0		
18	.072		.072			0	0		
19	.089		.089			0	0		
20	.041		.041			0	0		
21	.063		.063			0	0		
22	.067		.067			0.25	0		
23	.072		.072			0.25	0		
24	.070		.070			0.25	0		
25	.066		.066			0	0	328	252
26	.145		.145			0	0		
27	.059		.059			0	0		
28	.042		.042			0	0		
29	.079		.079			0	0		
30	.046		.046			0	0		
31	.066		.066			0	0		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 1/1/07 To: 1/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16		PER-CENT				0	Annually	Grab	
	Permit Requirement	Report (Max.)		PER-CENT					Annually	Grab	
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12		PER-CENT				0	Annually	Grab	
	Permit Requirement	Report (Max.)		PER-CENT					Annually	Grab	
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52		PER-CENT				0	Annually	Grab	
	Permit Requirement	Report (Max.)		PER-CENT					Annually	Grab	
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement				0.726		MG/KG	0	Annually	Composite	
	Permit Requirement				75.0 (Max.)		MG/KG		Annually	Composite	
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement				1.68		MG/KG	0	Annually	Composite	
	Permit Requirement				85.0 (Max.)		MG/KG		Annually	Composite	
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement				263		MG/KG	0	Annually	Composite	
	Permit Requirement				4300.0 (Max.)		MG/KG		Annually	Composite	

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 1/1/07

PERMIT NUMBER: FL0119644
To 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			17.3	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			0.73	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			33.4	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			15.3	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			5.91	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			1280	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			5.27	SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
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PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2/1/07

To: 2/28/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.053	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.072	MGD			0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.2	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.63	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 2/1/07

PERMIT NUMBER: FL0119644
To 2/28/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.10		8.01	SU	0	5 Days/Week	Meter
PARM Code 00400 Mon.Site No. EFA-01	A Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				1.6			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.73	3.6	3.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Mon.Site No. EFA-01	A Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.66			MG/L	0	5 Days/Week	Meter
PARM Code 50060 Mon.Site No. EFA-01	A Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						6.50	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 Mon.Site No. EFA-01	A Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.053		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-01	P Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.072	0.064	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-01	Q Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-01	R Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-01	S Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				74%			PER- CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. FLW-01	1 Permit Requirement				Report			PER- CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 2/1/07

PERMIT NUMBER: FL0119644
 To 2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement										
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				188			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				95			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement				1			INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement				Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0.040		MTPY					0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)		MTPY						Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2/1/07

To: 2/28/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR	OCC / MONTH			0	When discharging	Visual
PARAM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	OCC / MONTH				When discharging	Visual
Duration of Discharge	Sample Measurement	MNR	HRS / MONTH			0	Per occurrence	Estimated
PARAM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	HRS / MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2/1/07

To: 2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR	MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR		MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)		MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 2/1/07

PERMIT NUMBER: FL0119644
 To: 2/28/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement			MNR		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-01	Permit Requirement			75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				MNR	#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			MNR		MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)		MG/L		Continuous	Meter
Turbidity	Sample Measurement				MNR	NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-01	Permit Requirement				Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	MG/L	0	Every Two Week	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644
 Monitoring Period From: 2/1/07

To: 2/28/07

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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28										
29										
30										
31										
Total										
Mo. Avg										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 2/1/07

To: 2/28/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.23	7.23		4.27			
2			7.30	7.30		5.5			
3			7.34	7.34		5.5			
4									
5			7.27	7.27		5.5			
6	2.0 UJ3	0.61	7.36	7.36	3.0	5.5	1.12		
7			7.32	7.32		5.5			
8			7.25	7.25		5.5			
9			7.29	7.29		5.5			
10			8.01	8.01		5.5			
11			7.25	7.25		5.5			
12			7.30	7.30		1.95			
13			7.24	7.24		5.5			
14			7.32	7.32		5.5			
15			7.21	7.21		2.67			
16			7.23	7.23		4.07			
17			7.31	7.31		4.20			
18									
19			7.30	7.30		2.75			
20			7.16	7.16		0.66			
21			7.10	7.10		5.5			
22	2.0U	1.21	7.20	7.20	1.0U	5.41	6.50		
23			7.36	7.36		5.5			
24			7.28	7.28		5.5			
25			7.28	7.28		5.5			
26			7.42	7.42		5.5			
27			7.50	7.50		5.5			
28			7.52	7.52		5.5			
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number:
Monitoring Period:

FL0119644
From:

To:

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.075		.075			0	0		
2	.108		.108			.25	0		
3	.087		.087			0	0		
4	.021		.021			0	0		
5	.071		.071			0	0		
6	.067		.067			0	0	207 J3	94
7	.058		.058			0	0		
8	.055		.055			0	0		
9	.087		.087			0	0		
10	.060		.060			0	0		
11	.020		.020			.25	0		
12	.102		.102			.50	0		
13	.067		.067			0	0		
14	.049		.049			0	0		
15	.089		.089			0	0		
16	.082		.082			0	0		
17	.068		.068			0	0		
18	.068		.068			0	0		
19	.054		.054			0	0		
20	.078		.078			0	.020		
21	.076		.076			0	.020		
22	.064		.064			0	0	169	96
23	.090		.090			0	0		
24	.074		.074			0	0		
25	.050		.050			0	0		
26	.089		.089			0	0		
27	.162		.162			0	0		
28	.054		.054			0	0		
29									
30									
31									
Total									
Mo. Avg									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From 2/1/07

To 2/28/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot. Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot. Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot. Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			0.726	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			1.68	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot. Dry Wt (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			263	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
 MONITORING PERIOD From: 2/1/07

PERMIT NUMBER: FL0119644
 To 2/28/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			17.3	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			0.73	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			33.4	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			15.3	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			5.91	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			1280	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			5.27	SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 3/1/07

To 3/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.054	MGD				5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.081	MGD				5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5		MG/L	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L	Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	3.0	MG/L	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.1		MG/L	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.5	2.4	MG/L	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hr. FPC

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

Handwritten signature/initials

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 3/1/07

PERMIT NUMBER: FL0119644
To 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement				7.21	7.82	SU	0	5 Days/Week	Meter
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.6		#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An.Avg.)		#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				1.0	1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				1.44		MGL	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)		MGL		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					1.89	MGL	0	Every Two Weeks	8-hr FPC
	Permit Requirement					12.0 (Max.)	MGL		Every Two Weeks	8-hr. FPC
Flow PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.054		MGD				0	5 Days/Week	Flow Totalizer
	Permit Requirement	.087 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.081	0.073	MGD				0	5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Flow PARM Code 50050 R Mon.Site No. FLW-01	Sample Measurement	MNR		MGD				0	5 Days/Week	Meter
	Permit Requirement	.150 (An.Avg.)		MGD					5 Days/Week	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-01	Sample Measurement	MNR	MNR	MGD				0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. FLW-01	Sample Measurement				83%		PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report		PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FL0119644

MONITORING PERIOD From:

To

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			301.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			290	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			.50	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	MNR	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 3/1/07

To 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR		OCC/ MONTH					0	When discharging	Visual
	Permit Requirement	Report (Max.)		OCC/ MONTH						When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR		HRS/ MONTH					0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)		HRS/ MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 3/1/07

To: 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 3/1/07

PERMIT NUMBER: FL0119644
 To 3/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR	PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement			MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR	MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement			MNR	NTU	0	Continuous	Meter
	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement			MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement			12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 3/1/07

To: 3/31/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No. Name:

Night Shift Operator Class: Certificate No. Name:

Lead Operator Class: C Certificate No. 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644
Monitoring Period: From: 3/1/07

To: 3/31/07

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.55	7.55		5.5			
2			7.51	7.51		5.5			
3			7.36	7.36		5.5			
4									
5			7.58	7.58		5.5			
6			7.50	7.50		5.5			
7			7.26	7.26		5.5			
8	3 I, J3, J4	2.4	7.39	7.39	1U	5.5	1.89		
9			7.35	7.35		5.5			
10			7.59	7.59		5.5			
11			7.60	7.60		5.5			
12			7.48	7.48		5.5			
13			7.30	7.30		5.5			
14			7.36	7.36		5.5			
15			7.46	7.46		5.5			
16			7.59	7.59		5.5			
17			7.57	7.57		5.28			
18									
19			7.23	7.23		4.5			
20			7.57	7.57		15.5			
21			7.6	7.6		5.6			
22			7.58	7.58		5.5			
23	3 I, J4	0.6 U	7.71	7.71	1U	5.5	0.39		
24			7.82	7.82		5.5			
25			7.61	7.61		1.5			
26			7.75	7.75		5.5			
27			7.72	7.72		3.82			
28			7.74	7.74		1.44			
29			7.50	7.50		5.5			
30			7.38	7.38		5.5			
31			7.21	7.21		4.28			
Total									
Mo. Avg									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No. Name:

Night Shift Operator Class: Certificate No. Name:

Lead Operator Class: C Certificate No. 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS – PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number:
Monitoring Period

FL0119644
From:

To:

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.178		.178			0	0		
2	.135		.135			0	0		
3	.071		.071			0	0		
4	.071		.071			0	0		
5	.075		.075			0	0		
6	.070		.070			0	0		
7	.067		.067			0	0		
8	.078		.078			0	0	370 J3	196
9	.082		.082			0	0		
10	.054		.054			0	0		
11	.041		.041			0	0		
12	.057		.057			0	0		
13	.075		.075			0	0		
14	.080		.080			0	0		
15	.129		.129			0	0		
16	.084		.084			.50	0		
17	.080		.080			0	0		
18	.081		.081			0	0		
19	.075		.075			0	0		
20	.125		.125			0	0		
21	.070		.070			0	0		
22	.079		.079			0	0		
23	.119		.119			0	0	233	384
24	.067		.067			0	0		
25	.034		.034			0	0		
26	.116		.116			0	0		
27	.011		.011			0	0		
28	.087		.087			0	0		
29	.067		.067			0	0		
30	.069		.069			0	0		
31	.076		.076			0	0		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 1/1/07 To: 1/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-03	Sample Measurement	0.053		MGD				0	5 Days/Week	Calculated
	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow PARM Code 50050 I Mon.Site No. FLW-03	Sample Measurement	0.067		MGD				0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo. Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				2.6		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-01	Sample Measurement				2.0	2.0	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement				2.4		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-01	Sample Measurement				2.75	4.0	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DOCUMENT NUMBER-DATE

PA File No. FL0119644-006-DW2P
 DEP Form 62-620 910(10) Effective November 29, 1994

04306 MAY 22 08

Sent out per Johnny em

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 1/1/07

PERMIT NUMBER: FL0119644
 To: 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH	Sample Measurement			7.01		7.53	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement			1.6			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			4.48			MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.86	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement					12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.053	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	.087 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.067	MGD	0.057				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD	Report (3-Mo.Avg.)					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	.150 (An.Avg.)	MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MGD	MNR				0	5 Days/Week	Meter
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD	Report (3-Mo.Avg.)					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			65%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement			Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 1/1/07

PERMIT NUMBER: FL0119644
 To 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			351	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			312	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MGL		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			0.037	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	MNR	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 3/1/07 To: 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement				0.726			MG/KG	0	Annually	Composite
	Permit Requirement				75.0 (Max.)			MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement				1.68			MG/KG	0	Annually	Composite
	Permit Requirement				85.0 (Max.)			MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement				263			MG/KG	0	Annually	Composite
	Permit Requirement				4300.0 (Max.)			MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 3/1/07

PERMIT NUMBER: FL0119644
To: 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement				17.3			MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement				840.0 (Max.)			MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement				0.73			MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement				57.0 (Max.)			MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement				33.4			MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement				75.0 (Max.)			MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement				15.3			MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement				420.0 (Max.)			MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement				5.91			MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement				100.0 (Max.)			MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement				1280			MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement				7500.0 (Max.)			MG/KG		Annually	Composite
pH	Sample Measurement				5.27			SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement				Report (Max.)			SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement				1.34			PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement				Report (Max.)			PER-CENT		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTP
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 4/1/07 To 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.056	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.084	MGD			0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.1	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			5.5	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MGL		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 4/1/07

PERMIT NUMBER: FL0119644
To 4/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0		7.6	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				1.6			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.12			MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.84	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.056		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.084	0.079	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				91%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 4/1/07

To PERMIT NUMBER: FL0119644
 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement									
	Permit Requirement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			212.5			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			283			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			2.75			INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	MNR	MTPY					0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY						Monthly	Calculated
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 4/1/07 To 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR	OCC / MONTH			0	When discharging	Visual
	Permit Requirement	Report (Max.)	OCC / MONTH				When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR	HRS / MONTH			0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)	HRS / MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 4/1/07 To 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement				MG/L		4 Days/Week	Grab
pH	Sample Measurement			MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 4/1/07

To PERMIT NUMBER: FL0119644
 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR		PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR		MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement				MNR	NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement				MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS – PART B (Public Access Effluent, R-002)

Permit Number: FL0119644 Facility: Lake Suzy WWTF
 Monitoring Period: From: 4/1/07 To: 4/30/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:
 Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington
 Evening Shift Operator Class: Certificate No: Name:
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644
Monitoring Period: From: 4/1/07

To: 4/30/07
Facility: Lake Suzy WWTF

	CEOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.35	7.35		5.5			
2			7.22	7.22		3.81			
3			7.45	7.45		4.62			
4			7.19	7.19		5.45			
5			7.27	7.27		5.5			
6			7.5	7.5		1.92			
7			7.25	7.25		5.5			
8			7.45	7.45		1.95			
9			7.52	7.52		5.5			
10									
11	<2.0	6.3	7.5	7.5	<1.0	1.12	4.35		
12			7.3	7.3		1.58			
13			7.28	7.28		1.45			
14			7.34	7.34		5.0			
15			7.34	7.34		5.0			
16			7.5	7.5		2.1			
17			7.3	7.3		5.0			
18			7.2	7.2		4.3			
19			7.0	7.0		5.0			
20			7.2	7.2		5.0			
21			7.46	7.46		2.1			
22			7.35	7.35		1.95			
23			7.5	7.5		2.7			
24			7.4	7.4		2.1			
25			7.3	7.3		2.5			
26	5.33	4.733	7.2	7.2	<1.0	3.4	4.84		
27			7.6	7.6		5.5			
28			7.5	7.5		5.0			
29			7.4	7.4		5.0			
30			7.5	7.5		5.5			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

 Permit Number: FL0119644
 Monitoring Period: From: 4/1/07

To: 4/30/07

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	5C050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.108		.108			0	0		
2	.071		.071			0	0		
3	.159		.159			0	0		
4	.132		.132			0	0		
5	.055		.055			0	0		
6	.110		.110			0	0		
7	.161		.161			0	0		
8	.075		.075			0	0		
9	.110		.110			0	0		
10	.043		.043			2.0	0		
11	.043		.043			0	0	221	302
12	.067		.067			0	0		
13	.067		.067			0	0		
14	.071		.071			0	0		
15	.093		.093			.75	0		
16	.038		.038			0	0		
17	.146		.146			0	0		
18	.019		.019			0	0		
19	.056		.056			0	0		
20	.069		.069			0	0		
21	.078		.078			0	0		
22	.132		.132			0	0		
23	.056		.056			0	0		
24	.048		.048			0	0		
25	.108		.108			0	0		
26	.092		.092			0	0	204J3	264J3
27	.092		.092			0	0		
28	.049		.049			0	0		
29	.029		.029			0	0		
30	.135		.135			0	0		
31									
Total									
Mo. Avg									

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>7484</u>	Name: <u>Randy Farrington</u>
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>9465</u>	Name: <u>Johnny Chamberlain</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 4/1/07 To: 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot. Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot. Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot. Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			0.726	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			1.68	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot. Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			263	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 4/1/07

To PERMIT NUMBER: FL0119644
4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			17.3	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			0.73	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			33.4	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			15.3	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			5.91	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			1280	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			5.27	SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5/1/07 To: 5/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-03	Sample Measurement	0.056		MGD				0	5 Days/Week	Calculated
	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow PARM Code 50050 I Mon.Site No. FLW-03	Sample Measurement	0.045		MGD				0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				2.7		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-01	Sample Measurement				4.3	6.0	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement				2.1		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-01	Sample Measurement				2.96	3.6	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY-MM-DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). * REVISED ON 7/26/07 DUE TO MISSING DATA ON THE PREVIOUS ONE SENT IN CMM

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 5/1/07

PERMIT NUMBER: FL0119644
To: 5/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2		7.9	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				1.6			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						5.39	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.056		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.045	0.070	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity (TMADF/Permitted Capacity) x 100	Sample Measurement				80%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 5/1/07

PERMIT NUMBER: FL0119644
 To: 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement								
	Permit Requirement								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			234		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo. Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			261.3		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo. Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			2.7		INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo. Avg.)		INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	MNR	MTPY				0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo. Avg.)	MTPY					Monthly	Calculated
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From 5/1/07 To 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR	OCC / MONTH			0	When discharging	Visual
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	OCC / MONTH				When discharging	Visual
Duration of Discharge	Sample Measurement	MNR	HRS / MONTH			0	Per occurrence	Estimated
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	HRS / MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5/1/07

To: 5/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-02	Y Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-02	I Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Mon.Site No. EFA-01	Y Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR	MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Mon.Site No. EFA-01	A Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 Mon.Site No. EFB-01	B Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-01	A Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 5/1/07

PERMIT NUMBER: FL0119644
 To 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR		PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR		MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement				MNR	NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement				MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 5/1/07

To: 5/31/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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17										
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19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644
 Monitoring Period: From: 5/1/07

To: 5/31/07
 Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.6	7.6		5.5			
2			7.6	7.6		5.5			
3	5 J4	3.6	7.5	7.5	<1.0	5.5	2.79		
4			7.6	7.6		5.5			
5			7.6	7.6		5.5			
6			7.6	7.6		5.5			
7			7.5	7.5		5.5			
8			7.6	7.6		5.5			
9			7.7	7.7		5.5			
10			7.5	7.5		5.5			
11			7.5	7.5		5.5			
12			7.4	7.4		5.5			
13			7.3	7.3		5.0			
14			7.5	7.5		5.0			
15			7.6	7.6		5.0			
16			7.3	7.3		5.0			
17	6 J4	3.4	7.9	7.9	<1.0	5.0	0.26		
18			7.6	7.6		5.0			
19			7.5	7.5		5.0			
20			7.4	7.4		5.5			
21			7.6	7.6		5.5			
22			7.7	7.7		5.5			
23			7.8	7.8		5.5			
24			7.5	7.5		5.5			
25			7.5	7.5		5.5			
26			7.6	7.6		5.5			
27			7.5	7.5		5.5			
28			7.3	7.3		5.5			
29			7.2	7.2		5.5			
30			7.2	7.2		5.5			
31	<2.0	1.9	7.6	7.6	<1.0	5.5	5.39		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period

From: 5/1/07

To: 5/31/07

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.135		.135			0	0		
2	.040		.040			0	0		
3	.044		.044			0	0	242	256
4	.051		.051			0	0		
5	.056		.056			1.9	0		
6	.065		.065			0	0		
7	.043		.043			0	0		
8	.055		.055			0	0		
9	.025		.025			0	0		
10	.064		.064			0	0		
11	.045		.045			0	0		
12	.047		.047			0	0		
13	.046		.046			0	0		
14	.055		.055			0	0		
15	.047		.047			0	0		
16	.022		.022			0	0		
17	.044		.044			0	0	251	308
18	.041		.041			0.8	0		
19	.040		.040			0	0		
20	.054		.054			0	0		
21	.024		.024			0	0		
22	.036		.036			0	0		
23	.027		.027			0	0		
24	.065		.065			0	0		
25	.035		.035			0	0		
26	.040		.040			0	0		
27	.042		.042			0	0		
28	.012		.012			0	0		
29	.036		.036			0	0		
30	.029		.029			0	0		
31	.036		.036			0	0	209	220
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5/1/07

To 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			0.726	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			1.68	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			263	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 5/1/07

PERMIT NUMBER: FL0119644
To 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement			17.3	MG/KG	0	Annually	Composite
	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement			0.73	MG/KG	0	Annually	Composite
	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement			33.4	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement			15.3	MG/KG	0	Annually	Composite
	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement			5.91	MG/KG	0	Annually	Composite
	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement			1280	MG/KG	0	Annually	Composite
	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement			5.27	SU	0	Annually	Grab
	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6/1/07 To: 6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.056	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.045	MGD			0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.9	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.9	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 6/1/07

PERMIT NUMBER: FL0119644
To 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
pH						7.21		7.7	SU	0	5 Days/Week	Meter
PARM Code 00400 A	Sample Measurement											
Mon.Site No. EFA-01	Permit Requirement					6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal												
PARM Code 74055 Y	Sample Measurement					1.6			#/100ML	0	Every Two Weeks	Grab
Mon.Site No. EFA-01	Permit Requirement								#/100ML		Every Two Weeks	Grab
Coliform, Fecal												
PARM Code 74055 A	Sample Measurement					<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
Mon.Site No. EFA-01	Permit Requirement					Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)												
PARM Code 50060 A	Sample Measurement					1.0			MG/L	0	5 Days/Week	Meter
Mon.Site No. EFA-01	Permit Requirement					0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)												
PARM Code 00620 A	Sample Measurement							4.59	MG/L	0	Every Two Weeks	8-hr. FPC
Mon.Site No. EFA-01	Permit Requirement							12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow												
PARM Code 50050 P	Sample Measurement	0.056		MGD						0	5 Days/Week	Flow Totalizer
Mon.Site No. FLW-01	Permit Requirement	.087 (An.Avg.)		MGD							5 Days/Week	Flow Totalizer
Flow												
PARM Code 50050 Q	Sample Measurement	0.045	0.058	MGD						0	5 Days/Week	Flow Totalizer
Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD							5 Days/Week	Flow Totalizer
Flow												
PARM Code 50050 R	Sample Measurement	MNR		MGD						0	5 Days/Week	Meter
Mon.Site No. FLW-01	Permit Requirement	.150 (An.Avg.)		MGD							5 Days/Week	Meter
Flow												
PARM Code 50050 S	Sample Measurement	MNR	MNR	MGD						0	5 Days/Week	Meter
Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD							5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100												
PARM Code 00180 I	Sample Measurement					66%			PER-CENT	0	Monthly	Calculated
Mon.Site No. FLW-01	Permit Requirement					Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 6/1/07

PERMIT NUMBER: FL0119644
 To 6/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement									
	Permit Requirement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			192			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			228			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			5.25			INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0	MTPY					0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY						Monthly	Calculated
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6/1/07 To: 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR		OCC/ MONTH					0	When discharging	Visual
	Permit Requirement	Report (Max.)		OCC/ MONTH						When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR		HRS/ MONTH					0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)		HRS/ MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6/1/07 To: 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR	MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 6/1/07

PERMIT NUMBER: FL0119644
 To 6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR			PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				MNR		#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR			MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement				MNR		NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement				MNR		MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)		MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644
 Monitoring Period From: 6/1/07

To: 6/30/07

Facility: Lake Suzy WWTF

	CODS (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 6/1/07

To: 6/30/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.3	7.3		5.5			
2			7.57	7.57		4.8			
3			7.21	7.21		1.0			
4			7.3	7.3		5.5			
5			7.6	7.6		5.5			
6			7.7	7.7		5.5			
7			7.7	7.7		5.5			
8			7.37	7.37		5.5			
9			7.48	7.48		5.5			
10			7.55	7.55		5.5			
11			7.6	7.6		5.5			
12			7.5	7.5		5.0			
13			7.4	7.4		5.5			
14	7.0	3.2	7.4	7.4	<1.0	5.5	1.39		
15			7.5	7.5		5.5			
16			7.5	7.5		5.5			
17			7.35	7.35		3.22			
18			7.2	7.2		4.9			
19			7.3	7.3		3.6			
20			7.4	7.4		3.8			
21			7.3	7.3		3.1			
22			7.3	7.3		3.1			
23			7.3	7.3		5.0			
24			7.3	7.3		5.0			
25			7.4	7.4		5.0			
26			7.4	7.4		5.5			
27			7.4	7.4		1.9			
28	<2.0	<0.6	7.3	7.3	<1.0	4.3	4.59		
29			7.3	7.3		5.0			
30			7.4	7.4		5.0			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644
 Monitoring Period: From: 6/1/07

To: 6/30/07

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.042		.042			2.25	0		
2	.069		.069			0	0		
3	.029		.029			0	0		
4	.050		.050			0	0		
5	.041		.041			0	0		
6	.046		.046			0	0		
7	.065		.065			0	0		
8	.030		.030			0	0		
9	.072		.072			0	0		
10	.041		.041			0	0		
11	.022		.022			0	0		
12	.043		.043			0	0		
13	.041		.041			.25	0		
14	.031		.031			0	0	206	272
15	.027		.027			0	0		
16	.067		.067			0	0		
17	.055		.055			0	0		
18	.031		.031			0	0		
19	.031		.031			0	0		
20	.021		.021			.75	0		
21	.072		.072			0	0		
22	.025		.025			.5	0		
23	.047		.047			0	0		
24	.067		.067			0	0		
25	.026		.026			0	0		
26	.032		.032			0	0		
27	.037		.037			0	0		
28	.056		.056			.25	0	178	184
29	.025		.025			0	0		
30	.100		.100			1.25	0		
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6/1/07 To: 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16		PER-CENT				0	Annually	Grab	
	Permit Requirement	Report (Max.)		PER-CENT					Annually	Grab	
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12		PER-CENT				0	Annually	Grab	
	Permit Requirement	Report (Max.)		PER-CENT					Annually	Grab	
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon Site No. RMP-B	Sample Measurement	0.52		PER-CENT				0	Annually	Grab	
	Permit Requirement	Report (Max.)		PER-CENT					Annually	Grab	
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement				0.726		MG/KG	0	Annually	Composite	
	Permit Requirement				75.0 (Max.)		MG/KG		Annually	Composite	
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement				1.68		MG/KG	0	Annually	Composite	
	Permit Requirement				85.0 (Max.)		MG/KG		Annually	Composite	
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement				263		MG/KG	0	Annually	Composite	
	Permit Requirement				4300.0 (Max.)		MG/KG		Annually	Composite	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 6/1/07

To PERMIT NUMBER: FL0119644
6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement				17.3			MG/KG	0	Annually	Composite
	Permit Requirement				840.0 (Max.)			MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement				0.73			MG/KG	0	Annually	Composite
	Permit Requirement				57.0 (Max.)			MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement				33.4			MG/KG	0	Annually	Composite
	Permit Requirement				75.0 (Max.)			MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement				15.3			MG/KG	0	Annually	Composite
	Permit Requirement				420.0 (Max.)			MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement				5.91			MG/KG	0	Annually	Composite
	Permit Requirement				100.0 (Max.)			MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement				1280			MG/KG	0	Annually	Composite
	Permit Requirement				7500.0 (Max.)			MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement				5.27			SU	0	Annually	Grab
	Permit Requirement				Report (Max.)			SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement				1.34			PER-CENT	0	Annually	Grab
	Permit Requirement				Report (Max.)			PER-CENT		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/07

To 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.056	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.045	MGD			0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.25	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 7/1/07

PERMIT NUMBER: FL0119644
 To 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement				7.3		7.7	SU	0	5 Days/Week	Meter
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.2			#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				<1.0	1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				0.5			MG/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement						7.44	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.056		MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.045	0.045	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 R Mon.Site No. FLW-01	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-01	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				52%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 7/1/07

PERMIT NUMBER: FL0119644
 To 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement									
	Permit Requirement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			166.5			MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
Mon.Site No. INF-01	Sample Measurement			158			MGL	0	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
PARM Code 00530 G	Sample Measurement			13.6			INCHES	0	5 Days/Week	Calculated
Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Rainfall	Sample Measurement									
PARM Code 46529 P	Permit Requirement									
Mon.Site No. OTH-01	Sample Measurement	MNR	MTPY					0	Monthly	Calculated
Annual Sludge Production, Total	Permit Requirement	Report (Mo.Avg.)	MTPY						Monthly	Calculated
PARM Code 49019 P	Sample Measurement									
Mon.Site No. OTH-02	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/07 To: 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR		OCC/ MONTH					0	When discharging	Visual
	Permit Requirement	Report (Max.)		OCC/ MONTH						When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR		HRS/ MONTH					0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)		HRS/ MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/07 To: 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-02	Sample Measurement	MNR		MGD				0		5 Days/Week	Flow Totalizer
	Permit Requirement	0.15 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 I Mon.Site No. FLW-02	Sample Measurement	MNR		MGD				0		5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				MNR			MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-01	Sample Measurement				MNR	MNR		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 B Mon.Site No. EFB-01	Sample Measurement					MNR		MG/L	0	4 Days/Week	Grab
	Permit Requirement					5.0 (Max.)		MG/L		4 Days/Week	Grab
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement				MNR	MNR		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 7/1/07

PERMIT NUMBER: FL0119644
 To 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement			MNR	PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-01	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			MNR	#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			MNR	MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity	Sample Measurement			MNR	NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-01	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	0	Every Two Week	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644
 Monitoring Period: From: 7/1/07

To: 7/31/07

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
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27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644
Monitoring Period: From: 7/1/07

To: 7/31/07

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.34	7.34		5.5			
2			7.4	7.4		5.5			
3			7.4	7.4		5.5			
4			7.3	7.3		5.5			
5			7.3	7.3		5.5			
6			7.3	7.3		5.5			
7			7.3	7.3		5.5			
8			7.4	7.4		5.5			
9			7.5	7.5		5.5			
10			7.3	7.3		5.5			
11			7.6	7.6		5.5			
12	2.0 U,J4	2.0	7.5	7.5	<1.0	5.5	3.74		
13			7.5	7.5		5.5			
14			7.32	7.32		5.5			
15			7.42	7.42		5.5			
16			7.6	7.6		5.0			
17			7.7	7.7		5.5			
18			7.6	7.6		5.5			
19			7.5	7.5		5.5			
20			7.6	7.6		5.5			
21			7.4	7.4		5.5			
22			7.5	7.5		5.5			
23			7.5	7.5		5.5			
24			7.5	7.5		5.5			
25			7.6	7.6		5.5			
26			7.5	7.5		2.1			
27	2.0 U,J4	2.5	7.6	7.6	<1.0	2.8	7.44		
28			7.4	7.4		5.0			
29			7.4	7.4		5.0			
30			7.5	7.5		5.0			
31			7.3	7.3		5.0			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644
 Monitoring Period: From: 7/1/07

To: 7/31/07

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.038		.038			0	0		
2	.034		.034			.50	0		
3	.029		.029			0	0		
4	.051		.051			1.0	0		
5	.052		.052			.25	0		
6	.028		.028			.75	0		
7	.058		.058			0	0		
8	.042		.042			0	0		
9	.027		.027			1.0	0		
10	.027		.027			0	0		
11	.028		.028			0	0		
12	.009		.009			0	0	157	196
13	.057		.057			0	0		
14	.029		.029			0	0		
15	.054		.054			0	0		
16	.024		.024			0	0		
17	.022		.022			0	0		
18	.034		.034			0	0		
19	.033		.033			0	0		
20	.033		.033			.5	0		
21	.193		.193			.55	0		
22	.050		.050			.20	0		
23	.029		.029			.75	0		
24	.028		.028			.5	0		
25	.051		.051			1.0	0		
26	.019		.019			1.0	0		
27	.070		.070			2.0	0	176	120
28	.122		.122			2.1	0		
29	.022		.022			0	0		
30	.048		.048			.5	0		
31	.039		.039			1.0	0		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/07

To 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
PARM Code 78470 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
PARM Code 78478 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
PARM Code 78472 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge	Sample Measurement			0.726	MG/KG	0	Annually	Composite
PARM Code 49565 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd)	Sample Measurement			1.68	MG/KG	0	Annually	Composite
PARM Code 78476 + Mon.Site No. RMP-B	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement			263	MG/KG	0	Annually	Composite
PARM Code 78475 + Mon.Site No. RMP-B	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 7/1/07

PERMIT NUMBER: FL0119644
To 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement			17.3	MG/KG	0	Annually	Composite
	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement			0.73	MG/KG	0	Annually	Composite
	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement			33.4	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement			15.3	MG/KG	0	Annually	Composite
	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement			5.91	MG/KG	0	Annually	Composite
	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement			1280	MG/KG	0	Annually	Composite
	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement			5.27	SU	0	Annually	Grab
	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

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

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 8/1/07 To: 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.057		MGD				0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow	Sample Measurement	0.046		MGD				0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.5	7.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.9		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.6	0.6	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 8/1/07

PERMIT NUMBER: FL0119644
To 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement				7.07		7.5	SU	0	5 Days/Week	Meter
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.2			#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				<1.0	<1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				3.95			MG/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement						13.0	MG/L	1	Every Two Weeks	8-hr. FPC
	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.057		MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.046	0.045	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 R Mon.Site No. FLW-01	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-01	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				52%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 8/1/07

PERMIT NUMBER: FL0119644
 To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			284	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			676	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			10.73"	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/07 To 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR		OCC/ MONTH				0		When discharging	Visual
	Permit Requirement	Report (Max.)		OCC/ MONTH						When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR		HRS/ MONTH				0		Per occurrence	Estimated
	Permit Requirement	Report (Max.)		HRS/ MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 8/1/07 To: 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR	MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 8/1/07

PERMIT NUMBER: FL0119644
 To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement			MNR	PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-01	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			MNR	#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			MNR	MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity	Sample Measurement			MNR	NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-01	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	0	Every Two Week	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 8/1/07

To: 8/31/07

	COD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
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27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS – PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 8/1/07

To: 8/31/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon: Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.4	7.4		5.5			
2			7.3	7.3		4.9			
3			7.3	7.3		5.0			
4			7.3	7.3		5.0			
5			7.3	7.3		5.0			
6			7.4	7.4		4.9			
7			7.4	7.4		5.0			
8			7.4	7.4		4.8			
9	7J3	<0.6	7.3	7.3	<1.0	5.0	10.5		
10			7.4	7.4		5.5			
11			7.3	7.3		5.5			
12			7.39	7.39		3.95			
13			7.4	7.4		4.0			
14			7.3	7.3		5.0			
15			7.4	7.4		4.3			
16			7.4	7.4		4.9			
17			7.4	7.4		5.0			
18			7.3	7.3		5.0			
19			7.3	7.3		5.0			
20			7.4	7.4		5.0			
21			7.4	7.4		5.1			
22			7.3	7.3		5.5			
23	<2,J3J4	<0.6	7.4	7.4	<1.0	5.5	13.0		
24			7.4	7.4		5.5			
25			7.07	7.07		5.5			
26			7.2	7.2		5.5			
27			7.1	7.1		5.5			
28			7.3	7.3		5.5			
29			7.3	7.3		5.5			
30			7.5	7.5		5.5			
31			7.5	7.5		5.5			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8946</u>	Name: <u>Robert Paver</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>7484</u>	Name: <u>Randy Farrington</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>9465</u>	Name: <u>Johnny Chamberlain</u>

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644
Monitoring Period: From: 8/1/07

Facility: Lake Suzy WWTF

To: 8/31/07

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.045		.045			0	0		
2	.039		.039			.5	0		
3	.046		.046			.3	0		
4	.024		.024			0	0		
5	.037		.037			0	0		
6	.028		.028			.5	0		
7	.017		.017			.5	0		
8	.027		.027			0	0		
9	.034		.034			.5	0	169 J3	436
10	.031		.031			0	0		
11	.053		.053			2.0	0		
12	.042		.042			0	0		
13	.048		.048			1.0	0		
14	.048		.048			.75	0		
15	.044		.044			.25	0		
16	.039		.039			.5	0		
17	.039		.039			.5	0		
18	.075		.075			.08	0		
19	.052		.052			0	0		
20	.014		.014			0	0		
21	.038		.038			.25	0		
22	.035		.035			0	0		
23	.035		.035			0	0	399 J3	916 J3
24	.032		.032			0	0		
25	.037		.037			0	0		
26	.033		.033			.6	0		
27	.076		.076			0	0		
28	.113		.113			2.0	0		
29	.144		.144			0	0		
30	.056		.056			0	0		
31	.035		.035			.5	0		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/07

To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
PARM Code 78470 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
PARM Code 78478 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
PARM Code 78472 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge	Sample Measurement			0.726	MG/KG	0	Annually	Composite
PARM Code 49565 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd)	Sample Measurement			1.68	MG/KG	0	Annually	Composite
PARM Code 78476 + Mon.Site No. RMP-B	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement			263	MG/KG	0	Annually	Composite
PARM Code 78475 + Mon.Site No. RMP-B	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
 MONITORING PERIOD From: 8/1/07

PERMIT NUMBER: FL0119644
 To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			17.3	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			0.73	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			33.4	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			15.3	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			5.91	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			1280	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			5.27	SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9/1/07

To 9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.056	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.040	MGD			0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.25	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-377-9456	07-10-05

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 9/1/07

PERMIT NUMBER: FL0119644
To 9/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3		7.86	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1 U	1 U	1 U	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						6.15	MG/L	1	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.056		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	.087 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.040	0.044	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 R Mon. Site No. FLW-01	Permit Requirement	.150 (An. Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 S Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				51			PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculated

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AUF - Fruitville

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 8/1/07

PERMIT NUMBER: FL0119644
To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			142	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			81	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MGL		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			0.22	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0.036	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon. Site No. OTH-02	Permit Requirement	Report (Mo. Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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9413783554

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTP
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9/1/07 To: 9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR	OCC/ MONTH			0	When discharging	Visual
	Permit Requirement	Report (Max.)	OCC/ MONTH				When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR	HRS/ MONTH			0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)	HRS/ MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-377-9456	10-10-07

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

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AUF - Fruitville

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DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644 Facility: Lake Suzy WWTF
 Monitoring Period From: 9/1/07 To: 9/30/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Loc. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

LANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver
 Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 9/1/07

To: 9/30/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.3	7.3		5.0			
2			7.4	7.4		5.0			
3			7.4	7.4		5.0			
4			7.3	7.3		4.9			
5			7.3	7.3		4.9			
6	7.13, 14	1.5	7.4	7.4	1 U	5.0	5.19		
7			7.4	7.4		4.3			
8			7.05	7.05		5.5			
9			7.09	7.09		1.5			
10			7.3	7.3		2.8			
11			7.7	7.7		3.2			
12			7.7	7.7		2.8			
13			7.7	7.7		5.5			
14			7.6	7.6		5.5			
15			7.6	7.6		5.5			
16			7.6	7.6		5.5			
17			7.6	7.6		5.5			
18			7.6	7.6		5.5			
19			7.7	7.7		5.5			
20			7.6	7.6		5.5			
21	2.0	1.0	7.6	7.6	1 U	5.5	6.15		
22			7.86	7.86		5.5			
23			7.40	7.40		5.5			
24			7.5	7.5		5.5			
25			7.7	7.7		5.5			
26			7.6	7.6		5.5			
27			7.5	7.5		5.5			
28			7.5	7.5		5.5			
29			7.5	7.5		5.5			
30			7.5	7.5		5.5			
31									
Total	9.0	2.5	225	225	1 U	148.9	11.34		
Mo. Avg	4.5	1.25	7.5	7.5	1 U	4.96	5.67		

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number:

FL0119644

Facility: Lake Suzy WWTF

Monitoring Period

From: 9/1/07

To: 9/30/07

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBODS (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	0.022	0	0.022	0	0	0	0		
2	0.050	0	0.050	0	0	0	0		
3	0.043	0	0.043	0	0	0	0		
4	0.075	0	0.075	0	0	0.75	0		
5	0.043	0	0.043	0	0	0.50	0		
6	0.031	0	0.031	0	0	0	0	165 J3	98.0 J3
7	0.037	0	0.037	0	0	0.25	0		
8	0.042	0	0.042	0	0	0.50	0		
9	0.031	0	0.031	0	0	0	0		
10	0.031	0	0.031	0	0	0	0		
11	0.043	0	0.043	0	0	0.25	0		
12	0.029	0	0.029	0	0	0.25	0		
13	0.039	0	0.039	0	0	0.25	0		
14	0.049	0	0.049	0	0	0.70	0.036		
15	0.037	0	0.037	0	0	0.35	0		
16	0.045	0	0.045	0	0	0	0		
17	0.036	0	0.036	0	0	0.5	0		
18	0.020	0	0.020	0	0	0	0		
19	0.033	0	0.033	0	0	0	0		
20	0.027	0	0.027	0	0	0	0		
21	0.032	0	0.032	0	0	1.5	0	119	64
22	0.043	0	0.043	0	0	0	0		
23	0.047	0	0.047	0	0	0	0		
24	0.041	0	0.041	0	0	0	0		
25	0.026	0	0.026	0	0	0.5	0		
26	0.043	0	0.043	0	0	0.5	0		
27	0.040	0	0.040	0	0	0	0		
28	0.025	0	0.025	0	0	0	0		
29	0.080	0	0.080	0	0	0	0		
30	0.056	0	0.056	0	0	0	0		
31									
Total	1.196	0	1.196	0	0	6.8	0	284	162
Mo. Avg	0.040	0	0.040	0	0	0.22	0	142	81

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 8946	Name: Robert Paver
Evening Shift Operator	Class: C	Certificate No: 7484	Name: Randy Farrington
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 9465	Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9/1/07

To 9/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon. Site No. RMP-B	Sample Measurement	6.33		PER-CENT				0		Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon. Site No. RMP-B	Sample Measurement	2.25		PER-CENT				0		Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon. Site No. RMP-B	Sample Measurement	0.55		PER-CENT				0		Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon. Site No. RMP-B	Sample Measurement				2.40			MG/KG	0	Annually	Composite
	Permit Requirement				75.0 (Max.)			MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon. Site No. RMP-B	Sample Measurement				3.99			MG/KG	0	Annually	Composite
	Permit Requirement				85.0 (Max.)			MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon. Site No. RMP-B	Sample Measurement				257			MG/KG	0	Annually	Composite
	Permit Requirement				4300.0 (Max.)			MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-377-9456	07-10-05

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

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 9/1/07

PERMIT NUMBER: FL0119644
To 9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			18.8	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon. Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			0.71	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon. Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			64.3	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon. Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			19.7	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon. Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			10.3	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon. Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			1590	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon. Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			5.63	SU	0	Annually	Grab
PARM Code 00400 + Mon. Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			1.38	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon. Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/07 To 10/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-03	Sample Measurement	0.056		MGD				0	5 Days/Week	Calculated
	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow PARM Code 50050 I Mon.Site No. FLW-03	Sample Measurement	0.044		MGD				0	5 Days/Week	Calculated
	Permit Requirement	Report: (Mo.Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EPA-01	Sample Measurement				3.1		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EPA-01	Sample Measurement				3.0	5.0	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EPA-01	Sample Measurement				2.0		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EPA-01	Sample Measurement				1.33	2.3	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-377-9456	07/11/07

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

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 10/1/07

PERMIT NUMBER: FL0119644
 To: 10/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.7	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				1.1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)		#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1 U	1 U	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.3		MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)		MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.48	MG/L	1	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement					12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.056		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	.087 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.044	0.043	MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Meter
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	.150 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD				0	5 Days/Week	Meter
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				49.8		PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report		PER-CENT		Monthly	Calculated

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FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 10/1/07

PERMIT NUMBER: FL0119644
 To 10/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement										
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INP-01	Sample Measurement				171.66			MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INP-01	Sample Measurement				122.33			MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Rainfall PARM Code 46529 P Mon. Site No. OTH-01	Sample Measurement				0.19			INCHES	0	5 Days/Week	Calculated
	Permit Requirement				Report (Mo. Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total PARM Code 49019 P Mon. Site No. OTH-02	Sample Measurement	0.000		MTPY					0	Monthly	Calculated
	Permit Requirement	Report (Mo. Avg.)		MTPY						Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/07

To: 10/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR		OCC/ MONTH					0	When discharging	Visual
	Permit Requirement	Report (Max.)		OCC/ MONTH						When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR		HRS/ MONTH					0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)		HRS/ MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-377-9456	07/11/07

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

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

COUNTY: DeSoto

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 10/1/07 To 10/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. FLW-02	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
	Permit Requirement	0.15 (An. Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow PARM Code 50050 I Mon. Site No. FLW-02	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo. Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-01	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An. Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-01	Sample Measurement				MNR	MNR	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 B Mon. Site No. EFB-01	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH PARM Code 00400 A Mon. Site No. EFA-01	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-377-9456	07/11/27

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

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 10/1/07

PERMIT NUMBER: FL0119644
 To 10/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement				MNR						
	Permit Requirement				75 (Min.)		PER-CENT	0	4 Days/Week	Grab	
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement						MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement						25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				MNR			MG/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement						MNR	NTU	0	Continuous	Meter
	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement						MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Monitoring Period From: 10/1/07

To: 10/31/07

Facility: Lake Suzy WWTF

	CBODS (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
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26										
27										
28										
29										
30										
31										
Total										
Avg.										

NT STAFFING:

Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

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

Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644
Monitoring Period From: 10/1/07

To: 10/31/07

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.5	7.5		5.5			
2			7.6	7.6		5.5			
3			7.7	7.7		5.5			
4	2.0	2.3	7.8	7.8	1 U	5.5	4.25		
5			7.7	7.7		5.5			
6			7.6	7.6		5.5			
7			7.3	7.3		2.4			
8			7.3	7.3		5.5			
9			7.3	7.3		5.5			
10	2.0 U	0.9	7.6	7.6	1 U	5.0	1.41		
11			7.5	7.5		5.5			
12			7.0	7.0		5.5			
13			7.0	7.0		2.3			
14			7.1	7.1		5.1			
15			7.2	7.2		5.3			
16			7.2	7.2		5.5			
17	5.0	0.8	7.2	7.2	1 U, Q	5.5	6.48		
18			7.5	7.5		5.5			
19			7.4	7.4		5.0			
20			7.5	7.5		4.4			
21			7.6	7.6		5.5			
22			7.5	7.5		5.0			
23			7.5	7.5		5.0			
24			7.4	7.4		5.0			
25			7.3	7.3		5.0			
26			7.3	7.3	1 U	5.5			
27			7.3	7.3		5.0			
28			7.3	7.3		2.8			
29			7.5	7.5		3.3			
30			7.5	7.5		2.7			
31			7.5	7.5		5.5			
Total	9.0	4.0	229.7	229.7	1 U	151.3	12.14		
o. Avg.	3.0	1.33	7.4	7.4	1 U	4.88	4.04		

NT STAFFING:

Shift Operator Class: C Certificate No: 8946 Name: Robert Paver
 ing Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington
 II Shift Operator Class: _____ Certificate No: _____ Name: _____
 Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)
 Permit Number: FL0119644
 Monitoring Period: From: 10/1/07 To: 10/31/07
 Facility: Lake Suzy WWTf

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MGL)	TSS (MGL)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	0.039	0	0.039	0	0	0	0		
2	0.035	0	0.035	0	0	0	0		
3	0.029	0	0.029	0	0	.5	0		
4	0.043	0	0.043	0	0	.5	0		
5	0.035	0	0.035	0	0	0	0	127 J3	107
6	0.096	0	0.096	0	0	0	0		
7	0.034	0	0.034	0	0	.75	0		
8	0.050	0	0.050	0	0	0	0		
9	0.057	0	0.057	0	0	.5	0		
10	0.023	0	0.023	0	0	0	0		
11	0.026	0	0.026	0	0	0	0	160	80
12	0.046	0	0.046	0	0	0	0		
13	0.059	0	0.059	0	0	0	0		
14	0.048	0	0.048	0	0	0	0		
15	0.026	0	0.026	0	0	0	0		
16	0.049	0	0.049	0	0	0	0		
17	0.033	0	0.033	0	0	0	0		
18	0.036	0	0.036	0	0	0	0		
19	0.044	0	0.044	0	0	0	0		
20	0.050	0	0.050	0	0	1.75	0	228	180
21	0.050	0	0.050	0	0	.25	0		
22	0.007	0	0.007	0	0	0	0		
23	0.033	0	0.033	0	0	0	0		
24	0.047	0	0.047	0	0	0	0		
25	0.068	0	0.068	0	0	.75	0		
26	0.024	0	0.024	0	0	.25	0		
27	0.053	0	0.053	0	0	0	0		
28	0.055	0	0.055	0	0	0	0		
29	0.056	0	0.056	0	0	0	0		
30	0.071	0	0.071	0	0	0	0		
31	0.029	0	0.029	0	0	.25	0		
total	1.351	0	1.351	0	0	6.0	0	515	367
Avg	0.044	0	0.044	0	0	0.19	0	171.66	122.33

IT STAFFING:

Shift Operator Class: C Certificate No: 8946 Name: Robert Paver
 Night Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington
 Shift Operator Class: _____ Certificate No: _____ Name: _____
 Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

WASTEWATER TREATMENT PLANT DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Annually Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/07

To 10/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement	6.33	PER-CENT			0	Annually	Grab
PARM Code 78470 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement	2.25	PER-CENT			0	Annually	Grab
PARM Code 78478 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement	0.55	PER-CENT			0	Annually	Grab
PARM Code 78472 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge	Sample Measurement			2.40	MG/KG	0	Annually	Composite
PARM Code 49565 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd)	Sample Measurement			3.99	MG/KG	0	Annually	Composite
PARM Code 78476 + Mon.Site No. RMP-B	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement			257	MG/KG	0	Annually	Composite
PARM Code 78475 + Mon.Site No. RMP-B	Permit Requirement			4380.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-377-9456	07/11/07

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

May 01 08 02:03p

AUF - Fruitville

9413783554

p.15

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
 MONITORING PERIOD From: 10/1/07

PERMIT NUMBER: FL0119644
 To 10/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon. Site No. RMP-B	Sample Measurement			18.8			MG/KG	0	Annually	Composite
	Permit Requirement			840.0 (Max.)			MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon. Site No. RMP-B	Sample Measurement			0.71			MG/KG	0	Annually	Composite
	Permit Requirement			57.0 (Max.)			MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon. Site No. RMP-B	Sample Measurement			64.3			MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)			MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon. Site No. RMP-B	Sample Measurement			19.7			MG/KG	0	Annually	Composite
	Permit Requirement			420.0 (Max.)			MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon. Site No. RMP-B	Sample Measurement			10.3			MG/KG	0	Annually	Composite
	Permit Requirement			100.0 (Max.)			MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon. Site No. RMP-B	Sample Measurement			1590			MG/KG	0	Annually	Composite
	Permit Requirement			7500.0 (Max.)			MG/KG		Annually	Composite
pH PARM Code 00400 + Mon. Site No. RMP-B	Sample Measurement			5.63			SU	0	Annually	Grab
	Permit Requirement			Report (Max.)			SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon. Site No. RMP-B	Sample Measurement			1.38			PER-CENT	0	Annually	Grab
	Permit Requirement			Report (Max.)			PER-CENT		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

May 01 08 02:04p

AUF - Fruitville

9413783554

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 11/1/07 To: 11/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.056		MGD				0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow	Sample Measurement	0.048		MGD				0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0	5.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.0		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.67	2.7	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 11/1/07

PERMIT NUMBER: FL0119644
 To 11/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement				7.0		7.7	SU	0	5 Days/Week	Meter
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.1			#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				2.1			MG/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement						5.34	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.056		MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.048	0.044	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 R Mon.Site No. FLW-01	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-01	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				51%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 11/1/07

PERMIT NUMBER: FL0119644
 To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			274	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			389	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			0	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/07

To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR	OCC/ MONTH			0	When discharging	Visual
	Permit Requirement	Report (Max.)	OCC/ MONTH				When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR	HRS/ MONTH			0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)	HRS/ MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/07 To: 11/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR	MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 11/1/07

PERMIT NUMBER: FL0119644
 To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement			MNR	PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-01	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			MNR	#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			MNR	MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity	Sample Measurement			MNR	NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-01	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR	MG/L	0	Every Two Week	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period

From: 11/1/07

To: 11/30/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
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26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 11/1/07

To: 11/30/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	<2.14	1.533	7.4	7.4	<1	5.0	3.0		
2			7.6	7.6		4.5			
3			7.7	7.7		3.0			
4			7.0	7.0		3.0			
5			7.2	7.2		2.1			
6			7.3	7.3		4.2			
7			7.3	7.3		5.5			
8			7.3	7.3		5.5			
9			7.3	7.3		5.5			
10			7.3	7.3		5.5			
11			7.3	7.3		5.5			
12			7.4	7.4		5.5			
13			7.4	7.4		5.0			
14			7.4	7.4		5.0			
15			7.5	7.5		4.4			
16	5.0	2.733	7.7	7.7	<1	5.5	0.31		
17			7.6	7.6		5.5			
18			7.6	7.6		5.5			
19			7.6	7.6		5.5			
20			7.5	7.5		5.0			
21			7.5	7.5		5.5			
22			7.5	7.5		5.5			
23			7.6	7.6		5.5			
24			7.6	7.6		5.5			
25			7.5	7.5		5.0			
26			7.5	7.5		5.0			
27			7.5	7.5		5.5			
28			7.5	7.5		5.5			
29	<2.0	0.8	7.5	7.5	<1	5.5	5.34		
30			7.16	7.16		5.5			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 11/1/07

To: 11/30/07

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.092		.092			0	0	268	496
2	.025		.025			0	0		
3	.048		.048			0	0		
4	.037		.037			0	0		
5	.050		.050			0	0		
6	.060		.060			0	0		
7	.028		.028			0	0		
8	.060		.060			0	0		
9	.023		.023			0	0		
10	.058		.058			0	0		
11	.057		.057			0	0		
12	.020		.020			0	0		
13	.071		.071			0	0		
14	.034		.034			0	0		
15	.057		.057			0	0		
16	.045		.045			0	0	267	390 J3
17	.138		.138			0	0		
18	.017		.017			0	0		
19	.023		.023			0	0		
20	.068		.068			0	0		
21	.072		.072			0	0		
22	.063		.063			0	0		
23	.026		.026			0	0		
24	.055		.055			0	0		
25	.055		.055			0	0		
26	.037		.037			0	0		
27	.064		.064			0	0		
28	.024		.024			0	0		
29	.061		.061			0	0	286	282
30	.039		.039			0	0		
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

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

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/07

To: 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.33	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.25	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.55	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			2.40	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			3.99	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			257	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 11/1/07

PERMIT NUMBER: FL0119644
To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement			18.8			MG/KG	0	Annually	Composite
	Permit Requirement			840.0 (Max.)			MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement			0.71			MG/KG	0	Annually	Composite
	Permit Requirement			57.0 (Max.)			MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement			64.3			MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)			MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement			19.7			MG/KG	0	Annually	Composite
	Permit Requirement			420.0 (Max.)			MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement			10.3			MG/KG	0	Annually	Composite
	Permit Requirement			100.0 (Max.)			MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement			1590			MG/KG	0	Annually	Composite
	Permit Requirement			7500.0 (Max.)			MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement			5.63			SU	0	Annually	Grab
	Permit Requirement			Report (Max.)			SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement			1.38			PER-CENT	0	Annually	Grab
	Permit Requirement			Report (Max.)			PER-CENT		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12/1/07 To: 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-03	Sample Measurement	0.056		MGD				0	5 Days/Week	Calculated
	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow PARM Code 50050 I Mon.Site No. FLW-03	Sample Measurement	0.049		MGD				0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				3.4		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-01	Sample Measurement				4.0	6.0	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement				2.2		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-01	Sample Measurement				3.4	4.4	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 12/1/07

PERMIT NUMBER: FL0119644
To 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement				7.01		7.7	SU	0	5 Days/Week	Meter
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.1			#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				<1.0	1.0	<1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				1.21			MG/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement						3.70	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.056		MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.049	0.047	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 R Mon.Site No. FLW-01	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-01	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				84%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 12/1/07

PERMIT NUMBER: FL0119644
 To 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			322	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			468	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			1.05	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/1/07

To 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR	OCC/ MONTH			0	When discharging	Visual
PARAM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	OCC/ MONTH				When discharging	Visual
Duration of Discharge	Sample Measurement	MNR	HRS/ MONTH			0	Per occurrence	Estimated
PARAM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	HRS/ MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12/1/07 To: 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 12/1/07

PERMIT NUMBER: FL0119644
 To 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement				MNR			PER-CENT	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement					MNR		#/100ML	0	4 Days/Week	Grab
	Permit Requirement					25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				MNR			MG/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement					MNR		NTU	0	Continuous	Meter
	Permit Requirement					Report (Max.)		NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					MNR		MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement					12.0 (Max.)		MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644
 Monitoring Period: From: 12/1/07

To: 12/31/07

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS – PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 12/1/07

To: 12/31/07

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.21	7.21		5.5			
2			7.40	7.40		4.61			
3			7.5	7.5		5.5			
4			7.4	7.4		5.1			
5			7.5	7.5		5.5			
6			7.5	7.5		5.5			
7			7.01	7.01		5.5			
8			7.2	7.2		1.21			
9			7.2	7.2		3.4			
10			7.3	7.3		3.25			
11			7.3	7.3		4.0			
12			7.7	7.7		1.86			
13	<2.0	2.4	7.3	7.3	<1.0	5.5	3.70		
14			7.15	7.15		4.4			
15			7.21	7.21		5.5			
16			7.6	7.6		5.5			
17			7.6	7.6		5.5			
18			7.5	7.5		5.5			
19			7.5	7.5		5.5			
20			7.5	7.5		5.5			
21			7.2	7.2		5.5			
22			7.3	7.3		5.5			
23			7.2	7.2		5.5			
24			7.3	7.3		5.5			
25			7.2	7.2		5.5			
26			7.4	7.4		5.5			
27	6.14	4.4	7.4	7.4	<1.0	2.6	0.11		
28			7.6	7.6		5.5			
29			7.5	7.5		5.5			
30			7.6	7.6		5.5			
31			7.6	7.6		5.5			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 12/1/07

To: 12/31/07

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.036		.036			0	0		
2	.042		.042			0	0		
3	.045		.045			0	0		
4	.020		.020			0	0		
5	.057		.057			0	0		
6	.042		.042			0	0		
7	.040		.040			0	0		
8	.040		.040			0	0		
9	.042		.042			0	0		
10	.074		.074			0	0		
11	.049		.049			0	0		
12	.030		.030			0	0		
13	.057		.057			0	0	226	476
14	.037		.037			.3	0		
15	.053		.053			.5	0		
16	.107		.107			0	0		
17	.047		.047			0	0		
18	.048		.048			0	0		
19	.021		.021			0	0		
20	.058		.058			.25	0		
21	.029		.029			0	0		
22	.053		.053			0	0		
23	.079		.079			0	0		
24	.047		.047			0	0		
25	.037		.037			0	0		
26	.046		.046			0	0		
27	.046		.046			0	0	418	460
28	.056		.056			0	0		
29	.056		.056			0	0		
30	.054		.054			0	0		
31	.071		.071			0	0		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8946 Name: Robert Paver

Evening Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/1/07

To 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.33	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.25	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.55	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			2.40	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			3.99	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			257	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator		941-377-9456	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 12/1/07

PERMIT NUMBER: FL0119644
To 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement			18.8	MG/KG	0	Annually	Composite
	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement			0.71	MG/KG	0	Annually	Composite
	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement			64.3	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement			19.7	MG/KG	0	Annually	Composite
	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement			10.3	MG/KG	0	Annually	Composite
	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement			1590	MG/KG	0	Annually	Composite
	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement			5.63	SU	0	Annually	Grab
	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement			1.38	PER-CENT	0	Annually	Grab
	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED, MAIL THIS REPORT TO: Department of Environmental Protection, Wastewater Facilities Regulation Section, Mail Station 3551
Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Lake Suzy Utility, Inc.
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA011964-02 **DMR Issued:** 06/26/00
MONITORING PERIOD--From: 1/1/06 **To:** 2/1/06
THREE MONTH ROLLING ADF: 0.059 **39% OF PERMITTED CAPACITY**
LIMIT: Final **REPORT:** Monthly
CLASS SIZE: N/A
FACILITY ID: FLA011964
DISCHARGE POINT NUMBER: R001
SIZE/TREATMENT TYPE: 3C

FACILITY: Lake Suzy Wastewater Treatment Plant
LOCATION: 12169 S.W Egret Circle
Lake Suzy, FL 33821
COUNTY: DESOTO COUNTY

GROUP: DW
WAFR SITE NO.: 35616
No Discharge From Site

Please read instructions before completing this form.

Parameter		Quantity or Loadings			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units			Maximum	Units			
Flow WWTP PARM Code 50050 I Mon Site No. FLOW (35615)	Sample Measurement	0.062	0.059	MGD	.....	.....	.....	.....	0	DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
	Permit Requirement	REPORT MoAvg	0.150 3 MoAvg	mgd	.....	.....	.....	.....		DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
Flow R001 PARM Code 50050 Y Mon Site No. FLOW (35615)	Sample Measurement	0.062	0.064	MGD	.....	.....	.....	.....	0	DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
	Permit Requirement	REPORT MoAvg	0.087 Annual Avg	mgd	.....	.....	.....	.....		DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
CBOD5, Effluent PARM Code 80082 I Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	4.0	6.0	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	45.0 Wkly Avg	30.0 MoAvg	60.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
CBOD5, Effluent PARM Code 80082 Y Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	3.1	.....	mg/L	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
	Permit Requirement	.....	.....	.....	.....	20.0 Annual Avg	.....	mg/L		REPORT MONTHLY	CALC-ROLLING ANN AVG
TSS Effluent PARM Code 00530 I Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	1.1	1.4	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	45.0 Wkly Avg	30.0 MoAvg	60.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.

Y - Annual Average Sample

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Johnny Chamberlain, Lead Operator		(941) 915-7688	06/02/06 approved

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

p.1

9413783554

AUF - Fruitville

May 01 08 04:18p

Please read instructions before completing this form

Parameter		Quantity or Loadings			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units		Maximum	Units				
TSS EFFLUENT PARM Code 00530 Y Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	2.4	.....	mg/L	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
	Permit Requirement	.....	.....	.....	.....	20.0 AnnualAvg	.....	mg/L		REPORT MONTHLY	CALC-ROLLING ANN AVG
COLIFORM, FECAL PARM Code 31616 I Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	3.76	200	#/100mL	0	EVERY TWO WEEKS	GRAB
	Permit Requirement	.....	.....	.....	.....	200 MoGeoMean	800 Max	#/100mL		EVERY TWO WEEKS	GRAB
COLIFORM, FECAL PARM Code 31616 Y Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	14.3	.....	#/100mL	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
	Permit Requirement	.....	.....	.....	.....	200 AnnualAvg	.....	#/100mL		REPORT MONTHLY	CALC-ROLLING ANN AVG
CHLORINE, TOTAL RESIDUAL PARM Code 50060 I Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	1.21	.....	mg/L	0	DAILY, 5 PER WEEK	GRAB
	Permit Requirement	.....	.....	.....	.....	0.5 DailyMin	.....	mg/L		DAILY, 5 PER WEEK	GRAB
pH PARM Code 00400 I Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	6.8	.....	SU	0	DAILY, 5 PER WEEK	GRAB
	Permit Requirement	.....	.....	.....	.....	6.0 DailyMin	8.5 DailyMax	SU		DAILY, 5 PER WEEK	GRAB
NITRATE PARM Code 00620 I Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	.....	4.34	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	.....	.....	12.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
CBOD, INFLUENT PARM Code 80082 G Mon Site No. ING (24794)	Sample Measurement	.....	.....	.....	.....	202.5	.....	mg/L	0	MONTHLY	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	.....	REPORT MoAvg	.....	ug/L		MONTHLY	8 HOUR FLOW PRO COMPOS.
TSS INFLUENT PARM Code 00530 G Mon Site No. ING (24794)	Sample Measurement	.....	.....	.....	.....	64.7	.....	mg/L	0	MONTHLY	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	.....	REPORT MoAvg	.....	mg/L		MONTHLY	8 HOUR FLOW PRO COMPOS.
PARM Code I Mon Site No.	Sample Measurement										
	Permit Requirement										

Y - Annual Average Sample
G - Influent Sample

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

p.2

9413783554

AUF - Fruitville

May 01 08 04:19p

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA011964 R001
 Month/Year: 1/2006

Three month Average Daily Flow: 0.059
 (TMADF/Permitted Capacity)x100: 39%

Flow (mgd) Plant/R001	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH Max (std units)	pH Min (std units)	TRC (for Disinfect.) (mg/L)	Nitrate (mg/L)			CBOD ₅ (mg/L) Influent	TSS (mg/L) Influent
PARM 50050	80082	00530	31616	00400	00400	50060	00620			80082	00530
Mon Site FLOW 35613	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795			INF 24794	INF 24794
1	.060			7.3	7.3	5.5					
2	.059			7.4	7.4	5.5					
3	.059	6	1.4	1U,Q	7.5	7.5	5.5	0.18		202	61.4
4	.059			7.7	7.7	5.5					
5	.052			7.6	7.6	5.5					
6	.138			7.3	7.3	5.5					
7	.042			7.3	7.3	5.5					
8	.042										
9	.031			7.4	7.4	5.5					
10	.071			7.3	7.3	5.5					
11	.084			7.4	7.4	5.5					
12	.071			1U	7.1	7.1	5.5				
13	.078			6.8	6.8	3.97					
14	.053			7.3	7.3	5.5					
15	.053										
16	.077			7.5	7.5	5.5					
17	.035			7.9	7.9	5.5					
18	.041			7.9	7.9	5.5					
19	.090			7.3	7.3	4.02					
20	.033	2	0.8	>200Z	7.1	7.1	5.5	4.34		203	68.0
21	.062			7.2	7.2	3.38					
22	.062										
23	.075			7.2	7.2	1.21					
24	.063			7.3	7.3	2.22					
25	.052			7.3	7.3	5.00					
26	.071			1U	7.2	7.2	5.33				
27	.072			7.3	7.3	5.5					
28	.063			7.0	7.0	5.5					
29	.063										
30	.072			7.5	7.5	5.5					
31	.054			7.2	7.2	5.5					

PLANT STAFFING: Day Shift Operator Class: C Certificate No: 8737 Name: Randy Farrington
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

Type of Effluent Disposal or Reclaimed: _____
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather _____
 *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED, MAIL THIS REPORT TO: Department of Environmental Protection, Wastewater Facilities Regulation Section, Mail Station 3551
Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Lake Suzy Utility, Inc.
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

PERMIT NUMBER: FLA011964-02
MONITORING PERIOD--From: 2/1/06
THREE MONTH ROLLING ADF: 0.065
LIMIT: Final
CLASS SIZE: N/A
FACILITY ID: FLA011964
DISCHARGE POINT NUMBER: R001
SIZE/TREATMENT TYPE: 3C

DMR Issued: 06/26/00
To: 2/28/06
43% OF PERMITTED CAPACITY
REPORT: Monthly
GROUP: DW
WAFR SITE NO.: 35616
No Discharge From Site

FACILITY: Lake Suzy Wastewater Treatment Plant
LOCATION: 12169 S.W Egret Circle
Lake Suzy, FL 33821
COUNTY: DESOTO COUNTY

Please read instructions before completing this form.

Parameter		Quantity or Loadings			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units			Maximum	Units			
Flow WWTP	Sample Measurement	0.073	0.065	MGD	*****	*****	*****	*****	0	DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
PARM Code 50050 1 Mon Site No. FLOW (35615)	Permit Requirement	REPORT MoAvg	0.150 3 MoAvg	mgd	*****	*****	*****	*****		DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
Flow R001	Sample Measurement	0.073	0.062	MGD	*****	*****	*****	*****	0	DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
PARM Code 50050 Y Mon Site No. FLOW (35615)	Permit Requirement	REPORT MoAvg	0.087 Annual Avg	mgd	*****	*****	*****	*****		DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
CBOD5, Effluent	Sample Measurement	*****	*****	*****		2.0	2.0	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
PARM Code 80082 1 Mon Site No. EFF (24795)	Permit Requirement	*****	*****	*****	45.0 WklyAvg	30.0 MoAvg	60.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
CBOD5, Effluent	Sample Measurement	*****	*****	*****		3.0	*****	mg/L	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
PARM Code 80082 Y Mon Site No. EFF (24795)	Permit Requirement	*****	*****	*****	*****	20.0 AnnualAvg	*****	mg/L		REPORT MONTHLY	CALC-ROLLING ANN AVG
TSS Effluent	Sample Measurement	*****	*****	*****		2.85	3.6	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
PARM Code 00530 1 Mon Site No. EFF (24795)	Permit Requirement	*****	*****	*****	45.0 WklyAvg	30.0 MoAvg	60.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.

Y - Annual Average Sample

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Johnny Chamberlain, Lead Operator		(941) 915-7688	

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

DOCUMENT NUMBER-DATE

04306 MAY 22 08

FPSC-COMMISSION CLERK

Part A continued
Month/Year 2/2006

Facility Name: Lake Suzy WWTP
Final Limits

Facility ID No.: FLA011964
Discharge Point No: R001 WAFR Site No. 35616

Please read instructions before completing this form

Parameter		Quantity or Loadings			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units		Maximum	Units				
TSS EFFLUENT PARM Code 00530 Y Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	2.3	.....	mg/L	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
	Permit Requirement	.....	.....	.....	.....	20.0 AnnualAvg	.....	mg/L		REPORT MONTHLY	CALC-ROLLING ANN AVG
COLIFORM, FECAL PARM Code 31616 1 Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	1.0	1.0	#/100mL	0	EVERY TWO WEEKS	GRAB
	Permit Requirement	.....	.....	.....	.....	200 MoGeoMean	.800 Max	#/100mL		EVERY TWO WEEKS	GRAB
COLIFORM, FECAL PARM Code 31616 Y Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	14.3	.....	#/100mL	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
	Permit Requirement	.....	.....	.....	.....	200 AnnualAvg	.....	#/100mL		REPORT MONTHLY	CALC-ROLLING ANN AVG
CHLORINE, TOTAL RESIDUAL PARM Code 50060 1 Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	0.65	.....	mg/L	0	DAILY, 5 PER WEEK	GRAB
	Permit Requirement	.....	.....	.....	.....	0.5 DailyMin	.....	mg/L		DAILY, 5 PER WEEK	GRAB
pH PARM Code 00400 1 Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	6.9	.....	SU	0	DAILY, 5 PER WEEK	GRAB
	Permit Requirement	.....	.....	.....	.....	6.0 DailyMin	.....	8.5 DailyMax SU		DAILY, 5 PER WEEK	GRAB
NITRATE PARM Code 00620 1 Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	.....	8.71	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	.....	.....	12.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
CBOD, INFLUENT PARM Code 80082 G Mon Site No. ING (24794)	Sample Measurement	.....	.....	.....	.....	226	.....	mg/L	0	MONTHLY	8 HOUR FLOW PRO COMPOS
	Permit Requirement	.....	.....	.....	.....	REPORT MoAvg	.....	mg/L		MONTHLY	8 HOUR FLOW PRO COMPOS
TSS INFLUENT PARM Code 00530 G Mon Site No. ING (24794)	Sample Measurement	.....	.....	.....	.....	394	.....	mg/L	0	MONTHLY	8 HOUR FLOW PRO COMPOS
	Permit Requirement	.....	.....	.....	.....	REPORT MoAvg	.....	mg/L		MONTHLY	8 HOUR FLOW PRO COMPOS
PARM Code 1 Mon Site No.	Sample Measurement										
	Permit Requirement										

Y - Annual Average Sample
G - Influent Sample

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

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA011964 R001
 Month/Year: 2/2006

Three month Average Daily Flow: 0.065
 (TMADF/Permitted Capacity)x100: 43%

PARAM	Flow (mgd) Plant/R001	CBODs (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH Max (std units)	pH Min (std units)	TRC (for Disinfect.) (mg/L)	Nitrate (mg/L)				CBODs (mg/L) Influent	TSS (mg/L) Influent
	50050	80082	00530	31616	00400	00400	50060	00620				80082	00530
Mon Site	FLOW 35615	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795				INF 24794	INF 24794
1	.060				7.4	7.4	5.5						
2	.070				7.3	7.3	5.5						
3	.152	2.0U	2.1	1.0U	7.4	7.4	5.5	2.20			360	220	
4	.075				7.3	7.3	5.5						
5	.076				7.1	7.1	5.5						
6	.072				7.1	7.1	4.82						
7	.067				7.12	7.12	5.5						
8	.073				7.00	7.00	5.5						
9	.042				7.11	7.11	2.62						
10	.082				7.4	7.4	4.78						
11	.058				7.12	7.12	2.68						
12	.058												
13	.063				7.34	7.34	5.5						
14	.054				7.16	7.16	4.98						
15	.078				6.9	6.9	0.65						
16	.070				7.6	7.6	4.47						
17	.079	2.0U	3.6	1.0U	7.3	7.3	5.5	8.71			428	232	
18	.061				7.0	7.0	2.94						
19	.065												
20	.082				7.6	7.6	5.19						
21	.063				7.2	7.2	5.5						
22	.097				7.3	7.3	5.5						
23	.088				7.5	7.5	5.5						
24	.090				7.4	7.4	5.5						
25	.073				7.5	7.5	3.98						
26	.073			1.0U									
27	.075				7.5	7.5	5.5						
28	.052				7.3	7.3	4.71						
29													
30													
31													

PLANT STAFFING: Day Shift Operator Class: C Certificate No: 8737 Name: Randy Farrington
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

Type of Effluent Disposal or Reclaimed: _____
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather _____
 *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED, MAIL THIS REPORT TO: Department of Environmental Protection, Wastewater Facilities Regulation Section, Mail Station 3551
Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Lake Suzy Utility, Inc.
MAILING ADDRESS: 6960 Professional Parkway East
Sarasota, FL 34240

PERMIT NUMBER: FLA011964-02
MONITORING PERIOD--From: 1/1/06
THREE MONTH ROLLING ADF: 0.059
LIMIT: Final
CLASS SIZE: N/A
FACILITY ID: FLA011964
DISCHARGE POINT NUMBER: R001
SIZE/TREATMENT TYPE: 3C

DMR Issued: 06/26/00
To: 2/1/06
39% OF PERMITTED CAPACITY
REPORT: Monthly

FACILITY: Lake Suzy Wastewater Treatment Plant
LOCATION: 12169 S.W Egret Circle
Lake Suzy, FL 33821
COUNTY: DESOTO COUNTY

GROUP: DW
WAFR SITE NO.: 35616
No Discharge From Site

Please read instructions before completing this form.

Parameter		Quantity or Loadings			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units			Maximum	Units			
Flow WWTP	Sample Measurement	0.062	0.059	MGD	.....	.....	.....	.....	0	DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
PARM Code 50050 1 Mon Site No. FLOW (35615)	Permit Requirement	REPORT MoAvg	0.150 3 MoAvg	mgd	.....	.....	.....	.....		DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
Flow R001	Sample Measurement	0.062	0.064	MGD	.....	.....	.....	.....	0	DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
PARM Code 50050 Y Mon Site No. FLOW (35615)	Permit Requirement	REPORT MoAvg	0.087 Annual Avg	mgd	.....	.....	.....	.....		DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
CBOD5, Effluent	Sample Measurement	.....	.....	.....	.....	4.0	6.0	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
PARM Code 80082 1 Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	45.0 WldyAvg	30.0 MoAvg	60.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
CBOD5, Effluent	Sample Measurement	.....	.....	.....	.....	3.1	.....	mg/L	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
PARM Code 80082 Y Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	.....	20.0 AnnualAvg	.....	mg/L		REPORT MONTHLY	CALC-ROLLING ANN AVG
TSS Effluent	Sample Measurement	.....	.....	.....	.....	1.1	1.4	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
PARM Code 00530 1 Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	45.0 WldyAvg	30.0 MoAvg	60.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.

Y - Annual Average Sample

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Johnny Chamberlain, Lead Operator		(941) 915-7688	

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

Went out on 2/27
Per Johnny
2/28

Part A continued
Month/Year

Facility Name: Lake Suzy WWTP
Final Limits

Facility ID No.: FLA011964
Discharge Point No: R001 WAFR Site No. 35616

Please read instructions before completing this form

Parameter		Quantity or Loadings			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units		Maximum	Units				
TSS EFFLUENT	Sample Measurement	.....	.....	.....	.....	2.4	.....	mg/L	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
PARM Code 00530 Y Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	.....	20.0 AnnualAvg	.....	mg/L		REPORT MONTHLY	CALC-ROLLING ANN AVG
COLIFORM, FECAL	Sample Measurement	.....	.....	.....	.....	3.76	200	#/100mL	0	EVERY TWO WEEKS	GRAB
PARM Code 31616 1 Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	.....	200 MoGeoMean	800 Max	#/100mL		EVERY TWO WEEKS	GRAB
COLIFORM, FECAL	Sample Measurement	.....	.....	.....	.....	14.3	.....	#/100mL	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
PARM Code 31616 Y Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	.....	200 AnnualAvg	.....	#/100mL		REPORT MONTHLY	CALC-ROLLING ANN AVG
CHLORINE, TOTAL RESIDUAL	Sample Measurement	.....	.....	.....	.....	1.21	.....	mg/L	0	DAILY, 5 PER WEEK	GRAB
PARM Code 50060 1 Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	.....	0.5 DailyMin	.....	mg/L		DAILY, 5 PER WEEK	GRAB
pH	Sample Measurement	.....	.....	.....	.....	6.8	7.9	SU	0	DAILY, 5 PER WEEK	GRAB
PARM Code 00400 1 Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	.....	6.0 DailyMin	8.5 DailyMax	SU		DAILY, 5 PER WEEK	GRAB
NITRATE	Sample Measurement	.....	.....	.....	.....	.....	4.34	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS
PARM Code 00620 1 Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	.....	.....	12.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS
CBOD, INFLUENT	Sample Measurement	.....	.....	.....	.....	202.5	.....	mg/L	0	MONTHLY	8 HOUR FLOW PRO COMPOS
PARM Code 80082 G Mon Site No. ING (24794)	Permit Requirement	.....	.....	.....	.....	REPORT MoAvg	.....	mg/L		MONTHLY	8 HOUR FLOW PRO COMPOS
TSS INFLUENT	Sample Measurement	.....	.....	.....	.....	64.7	.....	mg/L	0	MONTHLY	8 HOUR FLOW PRO COMPOS
PARM Code 00530 G Mon Site No. ING (24794)	Permit Requirement	.....	.....	.....	.....	REPORT MoAvg	.....	mg/L		MONTHLY	8 HOUR FLOW PRO COMPOS
PARM Code 1 Mon Site No.	Sample Measurement										
	Permit Requirement										

Y - Annual Average Sample
G - Influent Sample

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

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA011964 R001
 Month/Year: 1/2006

Three month Average Daily Flow: 0.059
 (TMADF/Permitted Capacity)x100: 39%

PARM	Flow (mgd) Plan/R001	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH Max (std units)	pH Min (std units)	TRC (for Disinfect.) (mg/L)	Nitrate (mg/L)				CBOD ₅ (mg/L) Influent	TSS (mg/L) Influent
50050		80082	00530	31616	00400	00400	50060	00620				80082	00530
Mon Site	FLOW 35615	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795				INF 24794	INF 24794
1	.060				7.3	7.3	5.5						
2	.059				7.4	7.4	5.5						
3	.059	6	1.4	1U,Q	7.5	7.5	5.5	0.18				202	61.4
4	.059				7.7	7.7	5.5						
5	.052				7.6	7.6	5.5						
6	.138				7.3	7.3	5.5						
7	.042				7.3	7.3	5.5						
8	.042												
9	.031				7.4	7.4	5.5						
10	.071				7.3	7.3	5.5						
11	.084				7.4	7.4	5.5						
12	.071			1U	7.1	7.1	5.5						
13	.078				6.8	6.8	3.97						
14	.053				7.3	7.3	5.5						
15	.053												
16	.077				7.5	7.5	5.5						
17	.035				7.9	7.9	5.5						
18	.041				7.9	7.9	5.5						
19	.090				7.3	7.3	4.02						
20	.033	2	0.8	>200Z	7.1	7.1	5.5	4.34				203	68.0
21	.062				7.2	7.2	3.38						
22	.062												
23	.075				7.2	7.2	1.21						
24	.063				7.3	7.3	2.22						
25	.052				7.3	7.3	5.00						
26	.071			1U	7.2	7.2	5.33						
27	.072				7.3	7.3	5.5						
28	.063				7.0	7.0	5.5						
29	.063												
30	.072				7.5	7.5	5.5						
31	.054				7.2	7.2	5.5						

PLANT STAFFING: Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: C Certificate No: 8737
 Class: _____ Certificate No: _____
 Class: _____ Certificate No: _____
 Class: C Certificate No: 9465

Name: Randy Farrington
 Name: _____
 Name: _____
 Name: Johnny Chamberlain

Type of Effluent Disposal or Reclaimed: _____
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather _____
 *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED, MAIL THIS REPORT TO: Department of Environmental Protection, Wastewater Facilities Regulation Section, Mail Station 3551
Twin Towers Office Building, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITEE NAME: Lake Suzy Utility, Inc.
MAILING ADDRESS: 6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

PERMIT NUMBER: FLA011964-02
MONITORING PERIOD--From: 3/1/06 To: 3/31/06
THREE MONTH ROLLING ADF: 0.069 46% OF PERMITTED CAPACITY
LIMIT: Final REPORT: Monthly

FACILITY: Lake Suzy Wastewater Treatment Plant
LOCATION: 12169 S.W Egret Circle
Lake Suzy, FL 33821
COUNTY: DESOTO COUNTY

CLASS SIZE: N/A
FACILITY ID: FLA011964
DISCHARGE POINT NUMBER: R001
SIZE/TREATMENT TYPE: 3C
GROUP: DW
WAFR SITE NO.: 35616
No Discharge From Site

Please read instructions before completing this form.

Parameter		Quantity or Loadings			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units			Maximum	Units			
Flow WWTP	Sample Measurement	0.073	0.069	MGD	.....	.....	.....	.....	0	DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
PARM Code 50050 1 Mon Site No. FLOW (35615)	Permit Requirement	REPORT MoAvg	0.150 3 MoAvg	mgd	.....	.....	.....	.....		DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
Flow R001	Sample Measurement	0.073	0.060	MGD	.....	.....	.....	.....	0	DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
PARM Code 50050 Y Mon Site No. FLOW (35615)	Permit Requirement	REPORT MoAvg	0.087 Annual Avg	mgd	.....	.....	.....	.....		DAILY, 5 PER WEEK, RPT MONTHLY	CALC-ROLLING 3 MO AVG
CBOD5, Effluent	Sample Measurement	.....	.....	.....		3.6	6.0	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
PARM Code 80082 1 Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	45.0 WklyAvg	30.0 MoAvg	60.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
CBOD5, Effluent	Sample Measurement	.....	.....	.....	.....	2.9	.....	mg/L	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
PARM Code 80082 Y Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	.....	20.0 AnnualAvg	.....	mg/L		REPORT MONTHLY	CALC-ROLLING ANN AVG
TSS Effluent	Sample Measurement	.....	.....	.....		3.1	4.7	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
PARM Code 00530 1 Mon Site No. EFF (24795)	Permit Requirement	.....	.....	.....	45.0 WklyAvg	30.0 MoAvg	60.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.

Y - Annual Average Sample

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Johnny Chamberlain, Lead Operator		(941) 915-7688	

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

Part A continued
Month/Year 3/2006

Facility Name: Lake Suzy WWTP
Final Limits

Facility ID No.: FLA011964
Discharge Point No: R001

WAFR Site No. 35616

Please read instructions before completing this form

Parameter		Quantity or Loadings			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units		Maximum	Units				
TSS EFFLUENT PARM Code 00530 Y Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	2.0	.....	mg/L	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
	Permit Requirement	.....	.....	.....	.....	20.0 AnnualAvg	.....	mg/L		REPORT MONTHLY	CALC-ROLLING ANN AVG
COLIFORM, FECAL PARM Code 31616 1 Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	1.0	1.0	#/100mL	0	EVERY TWO WEEKS	GRAB
	Permit Requirement	.....	.....	.....	.....	200 MoGeoMean	800 Max.	#/100mL		EVERY TWO WEEKS	GRAB
COLIFORM, FECAL PARM Code 31616 Y Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	6.0	.....	#/100mL	0	REPORT MONTHLY	CALC-ROLLING ANN AVG
	Permit Requirement	.....	.....	.....	.....	200 AnnualAvg	.....	#/100mL		REPORT MONTHLY	CALC-ROLLING ANN AVG
CHLORINE, TOTAL RESIDUAL PARM Code 50060 1 Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	0.68	.....	.....	mg/L	0	DAILY, 5 PER WEEK	GRAB
	Permit Requirement	.....	.....	.....	0.5 DailyMin	.....	.....	mg/L		DAILY, 5 PER WEEK	GRAB
pH PARM Code 00400 1 Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	6.9	.....	7.8	SU	0	DAILY, 5 PER WEEK	GRAB
	Permit Requirement	.....	.....	.....	6.0 DailyMin	.....	8.5 DailyMax	SU		DAILY, 5 PER WEEK	GRAB
NITRATE PARM Code 00620 1 Mon Site No. EFF (24795)	Sample Measurement	.....	.....	.....	.....	.....	4.96	mg/L	0	EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	.....	.....	12.0 Max	mg/L		EVERY TWO WEEKS	8 HOUR FLOW PRO COMPOS.
CBOD, INFLUENT PARM Code 80082 G Mon Site No. ING (24794)	Sample Measurement	.....	.....	.....	.....	277	.....	mg/L	0	MONTHLY	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	.....	REPORT MoAvg	.....	mg/L		MONTHLY	8 HOUR FLOW PRO COMPOS.
TSS INFLUENT PARM Code 00530 G Mon Site No. ING (24794)	Sample Measurement	.....	.....	.....	.....	279	.....	mg/L	0	MONTHLY	8 HOUR FLOW PRO COMPOS.
	Permit Requirement	.....	.....	.....	.....	REPORT MoAvg	.....	mg/L		MONTHLY	8 HOUR FLOW PRO COMPOS.
PARM Code 1 Mon Site No.	Sample Measurement										
	Permit Requirement										

Y - Annual Average Sample
G - Influent Sample

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

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA011964 R001
 Month/Year: 3/2006

Three month Average Daily Flow: 0.069
 (TMADF/Permitted Capacity)x100: 46%

	Flow (mgd) Plant/R001	CBODs (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100 mL)	pH Max (std units)	pH Min (std units)	TRC (for Disinfect.) (mg/L)	Nitrate (mg/L)				CBODs (mg/L) Influent	TSS (mg/L) Influent
PARM	50050	80082	00530	31616	00400	00400	50060	00620				80082	00530
Mon Site	FLOW 35615	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795	EFF 24795				INF 24794	INF 24794
1	.071				7.5	7.5	5.5						
2	.078				7.5	7.5	5.5						
3	.075	6J4	4.7	1U	7.5	7.5	5.5	0.10				408	476
4	.090				7.6	7.6	0.68						
5	.071												
6	.046				7.4	7.4	3.96						
7	.059				7.7	7.7	5.5						
8	.072				7.5	7.5	4.32						
9	.079				7.5	7.5	5.5						
10	.092				7.3	7.3	5.5						
11	.061				7.1	7.1	5.5						
12	.020				7.07	7.07	5.5						
13	.096				7.1	7.1	5.5						
14	.053				7.3	7.3	5.5						
15	.069				7.5	7.5	5.5						
16	.026				7.4	7.4	5.5						
17	.075	3J4	3.1	1U	7.4	7.4	5.5	0.47				208	88.0
18	.091				7.4	7.4	5.5						
19	.088				7.7	7.7	5.5						
20	.049				7.8	7.8	5.5						
21	.064				7.8	7.8	5.5						
22	.095				7.6	7.6	5.5						
23	.117				7.3	7.3	5.5						
24	.089				7.2	7.2	5.5						
25	.125				6.9	6.9	5.5						
26	.063				7.0	7.0	5.5						
27	.070				7.1	7.1	5.5						
28	.052				7.4	7.4	5.5						
29	.042				7.6	7.6	5.5						
30	.066				7.3	7.3	5.5						
31	.104	2U	1.6	1U	7.1	7.1	5.5	4.96				216	274

PLANT STAFFING: Day Shift Operator Class: C Certificate No: 8737 Name: Randy Farrington
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

Type of Effluent Disposal or Reclaimed: _____
 Limited Wet Weather Discharge Activated: Yes: No: X Not Applicable: If yes, cumulative days of wet weather _____
 *Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 4/1/06 To: 4/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.059		MGD				0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow	Sample Measurement	0.059		MGD				0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.2		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				5.45	8.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 4/1/06

PERMIT NUMBER: FL0119644
To 4/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.8	SU	0	5 Days/Week	Meter
PARM Code 00400 Mon.Site No. EFA-01	A Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				6.0		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y Permit Requirement				200 (An.Avg.)		#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Mon.Site No. EFA-01	A Permit Requirement				Report (Mo.Geo.Mean)	400 (90%) 800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5		MG/L	0	5 Days/Week	Meter
PARM Code 50060 Mon.Site No. EFA-01	A Permit Requirement				0.5 (Min.)		MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.01	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 Mon.Site No. EFA-01	A Permit Requirement					12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.059		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-01	P Permit Requirement	.087 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.059	0.068	MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-01	Q Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-01	R Permit Requirement	.150 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-01	S Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				79%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. FLW-01	1 Permit Requirement				Report		PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 4/1/06

PERMIT NUMBER: FL0119644
 To 4/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			220.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			273	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			.02	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	MNR	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 4/1/06 To: 4/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR		OCC/ MONTH					0	When discharging	Visual
	Permit Requirement	Report (Max.)		OCC/ MONTH						When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR		HRS/ MONTH					0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)		HRS/ MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 4/1/06 To: 4/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: 4/1/06

PERMIT NUMBER: FL0119644
To 4/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR		PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR		MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement				MNR	NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement				MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS – PART B (Public Access Effluent, R-002)

Permit Number:
Monitoring Period

FL0119644
From: 4/1/06

To: 4/30/06

Facility: Lake Suzy WWTF

	CODS (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	FFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 4/1/06

To: 4/30/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.2	7.2		5.5			
2									
3			7.4	7.4		4.07			
4			7.4	7.4		0.5			
5			7.5	7.5		5.5			
6			7.2	7.2		5.5			
7			7.1	7.1		5.5			
8			7.0	7.0		5.5			
9			7.0	7.0		5.5			
10			7.4	7.4		5.5			
11			7.8	7.8		5.5			
12			7.1	7.1		5.21			
13			7.1	7.1		5.34			
14	2.0 U	2.4	7.3	7.3	1.0 U	5.5	6.01		
15			7.6	7.6		5.5			
16									
17			7.4	7.4		5.5			
18			7.2	7.2		5.5			
19			7.51	7.51		5.5			
20			7.7	7.7		5.5			
21			7.4	7.4		5.5			
22			7.6	7.6		5.5			
23			7.2	7.2		5.5			
24			7.6	7.6		5.5			
25			7.4	7.4		5.5			
26			7.4	7.4		5.5			
27	2.0 U,J3	8.5	7.5	7.5	1.0 U	4.77	2.11		
28			7.4	7.4		5.5			
29			7.2	7.2		5.5			
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS – PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 4/1/06

To: 4/30/06

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 – FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MGL)	TSS (MGL)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.030					0			
2	.059					0			
3	.069					0			
4	.067					0			
5	.057					0			
6	.060					0			
7	.094					0			
8	.065					0			
9	.065					0			
10	.049					0			
11	.054					0			
12	.058					0			
13	.041					0			
14	.069					0		180 J3	184
15	.042					0			
16	.042					0			
17	.062					0			
18	.062					0			
19	.054					0			
20	.062					.02			
21	.076					0			
22	.124					0			
23	.041					0			
24	.048					0			
25	.030					0			
26	.068					0			
27	.056					0		180 J3	184
28	.091					0			
29	.035					0			
30	.035					0			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 4/1/06 To: 4/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	MNR	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	MNR	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	MNR	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			MNR	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			MNR	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			MNR	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 4/1/06

PERMIT NUMBER: FL0119644
To 4/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			MNR	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			MNR	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			MNR	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			MNR	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			MNR	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			MNR	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			MNR	SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			MNR	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 5/1/06 To: 5/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.058	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.040	MGD			0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.3	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.35	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 5/1/06

PERMIT NUMBER: FL0119644
To 5/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.7		7.5	SU	0	5 Days/Week	Meter
PARM Code 00400 Mon.Site No. EFA-01	A Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				5.1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Mon.Site No. EFA-01	Y Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Mon.Site No. EFA-01	A Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			MG/L	0	5 Days/Week	Meter
PARM Code 50060 Mon.Site No. EFA-01	A Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						6.23	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 Mon.Site No. EFA-01	A Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.058		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-01	P Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.040	0.057	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-01	Q Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-01	R Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-01	S Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				70%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. FLW-01	1 Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 5/1/06

PERMIT NUMBER: FL0119644
To 5/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement										
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				195			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				258			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement				1.45			INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement				Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	MNR		MTPY					0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)		MTPY						Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 5/1/06 To 5/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR	OCC/ MONTH			0	When discharging	Visual
	Permit Requirement	Report (Max.)	OCC/ MONTH				When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR	HRS/ MONTH			0	Per occurrence	Estimated
	Permit Requirement	Report (Max.)	HRS/ MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTP
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 5/1/06 To: 5/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 5/1/06

PERMIT NUMBER: FL0119644
 To 5/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR	PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				MNR	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)	#/100ML	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR	MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement				MNR	0	Continuous	Meter
	Permit Requirement				Report (Max.)	NTU	Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement				MNR	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)	MG/L	Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS – PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 5/1/06

To: 5/31/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 5/1/06

To: 5/31/06

	CODS (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.2	7.2		4.31			
2			7.1	7.1		3.12			
3			7.1	7.1		5.5			
4			7.0	7.0		5.5			
5			7.0	7.0		5.5			
6			7.0	7.0		5.5			
7			7.1	7.1		5.5			
8			7.0	7.0		5.5			
9			7.4	7.4		5.5			
10			7.4	7.4		5.5			
11			7.4	7.4		5.5			
12	41	1.81	7.4	7.4	1U	5.5	1.53		
13									
14									
15			7.1	7.1		1.2			
16			7.3	7.3		5.5			
17			7.4	7.4		5.5			
18			7.1	7.1		5.5			
19			7.2	7.2		5.5			
20			6.9	6.9		5.5			
21			6.7	6.7		5.5			
22			7.5	7.5		5.5			
23			7.3	7.3		5.5			
24			7.2	7.2		5.5			
25	31	2.9	7.0	7.0	1U	3.66	6.23		
26			7.1	7.1		2.65			
27			7.3	7.3		5.5			
28			7.2	7.2		5.5			
29			7.0	7.0		5.16			
30			7.0	7.0		5.5			
31			7.0	7.0		5.5			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number:
Monitoring Period

FL0119644
From: 5/1/06

To: 5/31/06

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.054		.054			0			
2	.041		.041			0			
3	.042		.042			0			
4	.042		.042			0			
5	.049		.049			0			
6	.039		.039			0			
7	.030		.030			0			
8	.038		.038			0			
9	.037		.037			.50			
10	.040		.040			0			
11	.046		.046			.20			
12	.051		.051			0		198	280
13	.031		.031			0			
14	.031		.031			0			
15	.042		.042			0			
16	.058		.058			.50			
17	.039		.039			0			
18	.037		.037			0			
19	.056		.056			0			
20	.032		.032			0			
21	.023		.023			0			
22	.028		.028			0			
23	.031		.031			0			
24	.036		.036			0			
25	.061		.061			.25		192	236
26	.041		.041			0			
27	.035		.035			0			
28	.036		.036			0			
29	.039		.039			0			
30	.034		.034			0			
31	.033		.033			0			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 5/1/06

To 5/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	MNR	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	MNR	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	MNR	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			MNR	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			MNR	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			MNR	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B

PERMIT NUMBER: FL0119644

MONITORING PERIOD From: 5/1/06

To 5/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement			MNR		MG/KG	0	Annually	Composite
	Permit Requirement			840.0 (Max.)		MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement			MNR		MG/KG	0	Annually	Composite
	Permit Requirement			57.0 (Max.)		MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement			MNR		MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)		MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement			MNR		MG/KG	0	Annually	Composite
	Permit Requirement			420.0 (Max.)		MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement			MNR		MG/KG	0	Annually	Composite
	Permit Requirement			100.0 (Max.)		MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement			MNR		MG/KG	0	Annually	Composite
	Permit Requirement			7500.0 (Max.)		MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement			MNR		SU	0	Annually	Grab
	Permit Requirement			Report (Max.)		SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement			MNR		PER-CENT	0	Annually	Grab
	Permit Requirement			Report (Max.)		PER-CENT		Annually	Grab
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 6/1/06 To 6/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.056	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.040	MGD			0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.1	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			4.1	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 6/1/06

PERMIT NUMBER: FL0119644
To: 6/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement				6.8		7.6	SU	0	5 Days/Week	Meter
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				5.1			#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				1.28			MG/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement						7.95	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.056		MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.040	0.046	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 R Mon.Site No. FLW-01	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-01	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				52%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 6/1/06

PERMIT NUMBER: FL0119644
 To 6/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement										
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement				245.5			MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement				192			MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Rainfall PARM Code 46529 P Mon.Site No. OTH-01	Sample Measurement				0.26			INCHES	0	5 Days/Week	Calculated
	Permit Requirement				Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total PARM Code 49019 P Mon.Site No. OTH-02	Sample Measurement	MNR		MTPY					0	Monthly	Calculated
	Permit Requirement	Report (Mo.Avg.)		MTPY						Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 6/1/06 To: 6/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR	OCC/MONTH			0	When discharging	Visual
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	OCC/MONTH				When discharging	Visual
Duration of Discharge	Sample Measurement	MNR	HRS/MONTH			0	Per occurrence	Estimated
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	HRS/MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6/1/06 To: 6/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: 6/1/06

PERMIT NUMBER: FL0119644
To 6/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement			MNR	PERCENT	0	4 Days/Week	Grab
PARM Code 51005 A Mon.Site No. EFA-01	Permit Requirement			75 (Min.)	PERCENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				MNR	0	4 Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				25 (Max.)	#/100ML	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			MNR	MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity	Sample Measurement				MNR	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-01	Permit Requirement				Report (Max.)	NTU	Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR	0	Every Two Week	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)	MG/L	Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 6/1/06

To: 6/30/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 6/1/06

To: 6/30/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.0	7.0		5.5			
2			7.3	7.3		5.5			
3			7.3	7.3		5.5			
4			7.4	7.4		5.5			
5			7.3	7.3		5.5			
6			7.2	7.2		5.5			
7			6.8	6.8		4.2			
8			7.0	7.0		5.5			
9	2 UJ4	2.8	7.1	7.1	1U	5.5	7.95		
10			7.2	7.2		5.5			
11			7.3	7.3		5.5			
12			7.1	7.1		5.5			
13			7.2	7.2		5.5			
14			7.1	7.1		5.5			
15			7.3	7.3		5.5			
16			7.1	7.1		5.5			
17			7.3	7.3		5.5			
18			7.2	7.2		5.5			
19			6.9	6.9		4.37			
20			6.9	6.9		5.5			
21			6.9	6.9		3.55			
22	81	5.4	7.3	7.3	1U	5.5	0.36		
23			7.5	7.5		5.5			
24			7.4	7.4		5.5			
25			7.2	7.2		5.5			
26			7.4	7.4		5.5			
27			7.6	7.6		5.5			
28			7.1	7.1		5.5			
29			7.2	7.2		5.5			
30			7.1	7.1		1.28			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644
 Monitoring Period: From: 6/1/06

To: 6/30/06

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.038		.038			.50			
2	.042		.042			0			
3	.057		.057			0			
4	.026		.026			0			
5	.039		.039			0			
6	.034		.034			.10			
7	.033		.033			.10			
8	.030		.030			0			
9	.034		.034			0		207	176
10	.039		.039			.25			
11	.038		.038			.75			
12	.053		.053			1.75			
13	.085		.085			.66			
14	.021		.021			0			
15	.054		.054			0			
16	.050		.050			0			
17	.019		.019			0			
18	.037		.037			.75			
19	.047		.047			0			
20	.031		.031			0			
21	.019		.019			.25			
22	.040		.040			0		284	208
23	.039		.039			0			
24	.039		.039			.25			
25	.061		.061			0			
26	.051		.051			0			
27	.048		.048			.25			
28	.029		.029			2.5			
29	.035		.035			0			
30	.034		.034			0			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 6/1/06 To: 6/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			0.726	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			1.68	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			263	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 6/1/06

PERMIT NUMBER: FL0119644
To 6/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			17.3	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			0.73	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			33.4	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			15.3	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			5.91	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			1280	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			5.27	SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 7/1/06 To: 7/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.055	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.045	MGD			0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.85	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 7/1/06

PERMIT NUMBER: FL0119644
To 7/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0		7.5	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				10.7			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				5.85	181.8	200	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.92			MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						7.68	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.055		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.045	0.042	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement				48%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 7/1/06

PERMIT NUMBER: FL0119644
 To 7/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement										
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				210			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Mon.Site No. INF-01	Sample Measurement				243			MG/L	0	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
PARM Code 00530 G	Sample Measurement				14.21			INCHES	0	5 Days/Week	Calculated
Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Rainfall	Sample Measurement										
PARM Code 46529 P	Permit Requirement										
Mon.Site No. OTH-01	Sample Measurement	0		MTPY					0	Monthly	Calculated
Annual Sludge Production, Total	Permit Requirement	Report (Mo.Avg.)		MTPY						Monthly	Calculated
PARM Code 49019 P	Sample Measurement										
Mon.Site No. OTH-02	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 7/1/06 To: 7/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR	OCC/ MONTH			0	When discharging	Visual
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	OCC/ MONTH				When discharging	Visual
Duration of Discharge	Sample Measurement	MNR	HRS/ MONTH			0	Per occurrence	Estimated
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	HRS/ MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 7/1/06 To: 7/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR	MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

FACILITY: Lake Suzy WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 7/1/06

PERMIT NUMBER: FL0119644
 To 7/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement				MNR			PER-CENT	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement					MNR		#/100ML	0	4 Days/Week	Grab
	Permit Requirement					25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				MNR			MG/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement					MNR		NTU	0	Continuous	Meter
	Permit Requirement					Report (Max.)		NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					MNR		MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement					12.0 (Max.)		MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS – PART B (Public Access Effluent, R-002)

Permit Number: FL0119644
 Monitoring Period From: 7/1/06

To: 7/31/06

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644
 Monitoring Period From: 7/1/06

To: 7/31/06

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1									
2			7.0	7.0		5.5			
3			7.2	7.2		5.5			
4			7.1	7.1		5.5			
5			7.4	7.4		5.5			
6	2.0U	1.11	7.3	7.3	1.0U	5.5	2.30		
7			7.5	7.5		5.5			
8			7.4	7.4		2.39			
9			7.5	7.5		5.5			
10			7.3	7.3		1.23			
11			7.2	7.2		5.5			
12			7.4	7.4		2.25			
13			7.4	7.4		5.5			
14			7.3	7.3		2.83			
15			7.4	7.4		5.0			
16			7.3	7.3		2.78			
17			7.2	7.2		2.1			
18			7.4	7.4		1.91			
19			7.3	7.3		1.65			
20			7.3	7.3		5.5			
21	2.0U	0.6U	7.2	7.2	>200Z	2.07	7.68		
22			7.2	7.2		0.92			
23									
24			7.1	7.1		2.97			
25			7.2	7.2		3.07			
26			7.2	7.2		2.79			
27			7.3	7.3		5.5			
28			7.5	7.5	1.0U	5.5			
29			7.4	7.4		5.5			
30			7.4	7.4		5.5			
31			7.4	7.4		5.5			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS – PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644
 Monitoring Period: From: 7/1/06

To: 7/31/06

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 – FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.034		.034			0			
2	.064		.064			2.0			
3	.050		.050			.20			
4	.036		.036			0			
5	.032		.032			0			
6	.035		.035			1.75		272	248
7	.062		.062			1.50			
8	.055		.055			.060			
9	.042		.042			.15			
10	.042		.042			.20			
11	.033		.033			.10			
12	.034		.034			.25			
13	.048		.048			.25			
14	.048		.048			.50			
15	.030		.030			0			
16	.030		.030			0			
17	.020		.020			0			
18	.044		.044			.25			
19	.023		.023			.25			
20	.097		.097			2.15			
21	.090		.090			1.75		148	238
22	.050		.050			0			
23	.050		.050			.50			
24	.039		.039			.25			
25	.038		.038			1.0			
26	.044		.044			.25			
27	.060		.060			0			
28	.069		.069			0.75			
29	.043		.043			0			
30	.018		.018			0			
31	.036		.036			0.10			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/06 To: 7/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement				0.726			MG/KG	0	Annually	Composite
	Permit Requirement				75.0 (Max.)			MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement				1.68			MG/KG	0	Annually	Composite
	Permit Requirement				85.0 (Max.)			MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement				263			MG/KG	0	Annually	Composite
	Permit Requirement				4300.0 (Max.)			MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
 MONITORING PERIOD From: 7/1/06

PERMIT NUMBER: FL0119644
 To 7/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement			17.3	MG/KG	0	Annually	Composite
	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement			0.73	MG/KG	0	Annually	Composite
	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement			33.4	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement			15.3	MG/KG	0	Annually	Composite
	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement			5.91	MG/KG	0	Annually	Composite
	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement			1280	MG/KG	0	Annually	Composite
	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement			5.27	SU	0	Annually	Grab
	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34269-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/06

To 8/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.054	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03	Permit Requirement	0.087 (An.Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.044	MGD			0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-03	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.6	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.9	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

sent to Johnny via email 9/20

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 8/1/06

PERMIT NUMBER: FL0119644
To 8/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1		7.6	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				10.7			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.83			MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						5.46	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.054		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.87 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.044	0.043	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				49%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 8/1/06

PERMIT NUMBER: FL0119644
 To 8/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement										
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				186			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				391			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement				12.5			INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement				Report (Mo. Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0		MTPY					0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo. Avg.)		MTPY						Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34269-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/06

To 8/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR	OCC./ MONTH			0	When discharging	Visual
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	OCC./ MONTH				When discharging	Visual
Duration of Discharge	Sample Measurement	MNR	HRS/ MONTH			0	Per occurrence	Estimated
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	HRS/ MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34269-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/06 To 8/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				MGL	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement				5.0 (Max.)		4 Days/Week	Grab
pH	Sample Measurement			MNR	MGL	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: 8/1/06

PERMIT NUMBER: FL0119644
To 8/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-01	Sample Measurement			MNR		PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-01	Sample Measurement				MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-01	Sample Measurement			MNR		MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon. Site No. EFB-01	Sample Measurement				MNR	NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site No. EFA-01	Sample Measurement				MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number:
Monitoring Period

FL0119644
From: 8/1/06

To: 8/31/06

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 8/1/06

To: 8/31/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1.			7.3	7.3		1.29			
2			7.4	7.4		5.5			
3	2U	2.31	7.3	7.3	1U	4.98	5.46		
4			7.3	7.3		5.2			
5			7.4	7.4		5.5			
6									
7			7.5	7.5		5.5			
8			7.4	7.4		5.5			
9			7.6	7.6		5.5			
10			7.5	7.5		5.5			
11			7.2	7.2		2.44			
12			7.2	7.2		1.8			
13			7.5	7.5		1.34			
14			7.1	7.1		0.83			
15			7.2	7.2		1.56			
16			7.4	7.4		5.5			
17	3 1, J4	3.5	7.3	7.3	1U	5.5	0.10		
18			7.2	7.2		5.5			
19			7.3	7.3		5.5			
20			7.5	7.5		5.5			
21			7.3	7.3		5.5			
22			7.4	7.4		5.5			
23			7.3	7.3		5.5			
24			7.4	7.4		5.5			
25			7.3	7.3		5.5			
26			7.2	7.2		5.5			
27			7.3	7.3		5.5			
28			7.3	7.3		5.5			
29			7.5	7.5		5.5			
30			7.3	7.3		5.5			
31			7.2	7.2		3.11			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 8/1/06

To: 8/31/06

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBODS (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.033		.033			0			
2	.028		.028			0			
3	.031		.031			.15		232	464
4	.034		.034			0			
5	.036		.036			0			
6	.044		.044			.25			
7	.031		.031			.75			
8	.019		.019			0			
9	.048		.048			0			
10	.031		.031			0			
11	.083		.083			1.75			
12	.065		.065			0			
13	.024		.024			.25			
14	.059		.059			1.15			
15	.061		.061			1.0			
16	.058		.058			.5			
17	.033		.033			.25		140	318
18	.050		.050			0			
19	.029		.029			.10			
20	.041		.041			0			
21	.047		.047			.5			
22	.039		.039			0			
23	.028		.028			.5			
24	.110		.110			2.0			
25	.053		.053			.75			
26	.054		.054			0			
27	.045		.045			0			
28	.027		.027			1.0			
29	.017		.017			0			
30	.060		.060			.85			
31	.061		.061			.75			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>7484</u>	Name: <u>Randy Farrington</u>
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>9465</u>	Name: <u>Johnny Chamberlain</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34269-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/06 To: 8/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No: RMP-B	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No: RMP-B	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No: RMP-B	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No: RMP-B	Sample Measurement			0.726	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No: RMP-B	Sample Measurement			1.68	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No: RMP-B	Sample Measurement			263	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 8/1/06

PERMIT NUMBER: FL0119644
To 8/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			17.3	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			0.73	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			33.4	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			15.3	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			5.91	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			1280	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			5.27	SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9/1/06

To: 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.055	MGD			0	5 Days/Week	Calculated
PARM Code 50050 Y Mon. Site No. FLW-03	Permit Requirement	0.087 (An. Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement	0.048	MGD			0	5 Days/Week	Calculated
PARM Code 50050 I Mon. Site No. FLW-03	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.5	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.6	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

sent out by Johnny

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 9/1/06

PERMIT NUMBER: FL0119644
To 9/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement				6.7		7.6	SU	0	5 Days/Week	Meter
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				11.0			#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				2.83	8.1	8.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				0.79			MG/L	0	5 Days/Week	Meter
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement						3.18	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.055		MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	0.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.048	0.046	MGD					0	5 Days/Week	Flow Totalizer
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 R Mon.Site No. FLW-01	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
	Permit Requirement	150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-01	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				86%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 9/1/06

PERMIT NUMBER: FL0119644
 To 9/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement										
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				90			MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				105.35			MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement				10.72			INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement				Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0		MTPY					0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)		MTPY						Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9/1/06 To 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR	OCC/MONTH			0	When discharging	Visual
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	OCC/MONTH				When discharging	Visual
Duration of Discharge	Sample Measurement	MNR	HRS/MONTH			0	Per occurrence	Estimated
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	HRS/MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9/1/06 To 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MNR	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				MNR	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement				5.0 (Max.)		4 Days/Week	Grab
pH	Sample Measurement			MNR	MNR	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

FACILITY: Lake Suzy WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 9/1/06

PERMIT NUMBER: FL0119644
 To 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR				
	Permit Requirement			75 (Min.)		PERCENT	0	4 Days/Week Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement					PERCENT		4 Days/Week Grab
	Permit Requirement					MNR	0	4 Days/Week Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			25 (Max.)	#/100ML			4 Days/Week Grab
	Permit Requirement					MNR	0	4 Days/Week Grab
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement			1.0 (Min.)	MG/L			Continuous Meter
	Permit Requirement					MNR	0	Continuous Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement			Report (Max.)	NTU			Continuous Meter
	Permit Requirement					MNR	0	Every Two Week 8-hr. FPC
	Sample Measurement			12.0 (Max.)	MG/L			Every Two Weeks 8-hr. FPC
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644
 Monitoring Period From: 9/1/06

To: 9/30/06

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644
 Monitoring Period From: 9/1/06

To: 9/30/06

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1	2U,J4	0.6U	7.0	7.0	8	2.69	1.12		
2			7.2	7.2		5.5			
3									
4			7.3	7.3		5.5			
5			7.2	7.2		1.82			
6			7.1	7.1		3.25			
7			7.2	7.2		3.52			
8			7.3	7.3		5.5			
9			6.9	6.9		5.17			
10			7.3	7.3		3.66			
11			7.3	7.3		5.5			
12			7.4	7.4		1.92			
13			7.3	7.3		3.3			
14			7.4	7.4		2.73			
15			7.4	7.4		2.69			
16			7.6	7.6		1.13			
17									
18			7.2	7.2		0.89			
19			7.3	7.3		0.79			
20			7.4	7.4		1.24			
21	2I	0.6I	7.1	7.1	1U	1.35	3.18		
22			7.2	7.2		1.41			
23			7.2	7.2		5.5			
24			7.4	7.4		5.5			
25			7.0	7.0		1.86			
26			6.7	6.7		1.22			
27			7.3	7.3		5.5			
28			7.1	7.1		5.5			
29			7.2	7.2		5.5			
30			7.3	7.3		5.5			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS – PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644
 Monitoring Period: From: 9/1/06

To: 9/30/06

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 – FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.054		.054			.75	0	85	98.7
2	.049		.049			0	0		
3	.061		.061			1.5	0		
4	.024		.024			.10	0		
5	.034		.034			0	0		
6	.054		.054			0.50	0		
7	.034		.034			0	0		
8	.052		.052			0	0		
9	.036		.036			0	0		
10	.021		.021			0	0		
11	.098		.098			2.5	0		
12	.040		.040			0	0		
13	.043		.043			.25	0		
14	.046		.046			.25	0		
15	.190		.190			2.5	0		
16	.037		.037			0	0		
17	.022		.022			0	0		
18	.043		.043			.10	0		
19	.085		.085			1.75	0		
20	.059		.059			.50	0		
21	.039		.039			0	0	95	112
22	.044		.044			0	0		
23	.044		.044			0	0		
24	.021		.021			0	0		
25	.035		.035			0	0		
26	.029		.029			0.02	0		
27	.034		.034			0	0		
28	.031		.031			0	0		
29	.046		.046			0	0		
30	.023		.023			0	0		
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9/1/06 To: 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
PARM Code 78470 + Mon. Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
PARM Code 78478 + Mon. Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
PARM Code 78472 + Mon. Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge	Sample Measurement			0.726	MG/KG	0	Annually	Composite
PARM Code 49565 + Mon. Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd)	Sample Measurement			1.68	MG/KG	0	Annually	Composite
PARM Code 78476 + Mon. Site No. RMP-B	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement			263	MG/KG	0	Annually	Composite
PARM Code 78475 + Mon. Site No. RMP-B	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
 MONITORING PERIOD From: 9/1/06

PERMIT NUMBER: FL0119644
 To 9/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement			17.3	MG/KG	0	Annually	Composite
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)	MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement			0.73	MG/KG	0	Annually	Composite
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)	MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement			33.4	MG/KG	0	Annually	Composite
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement			15.3	MG/KG	0	Annually	Composite
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)	MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement			5.91	MG/KG	0	Annually	Composite
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)	MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement			1280	MG/KG	0	Annually	Composite
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)	MG/KG		Annually	Composite
pH	Sample Measurement			5.27	SU	0	Annually	Grab
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement			1.34	PER-CENT	0	Annually	Grab
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)	PER-CENT		Annually	Grab
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/06

To 10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.053		MGD				0	5 Days/Week	Calculated
PARM Code 50050 Y Mon. Site No. FLW-03	Permit Requirement	0.087 (An. Avg.)		MGD					5 Days/Week	Calculated
Flow	Sample Measurement	0.043		MGD				0	5 Days/Week	Calculated
PARM Code 50050 I Mon. Site No. FLW-03	Permit Requirement	Report (Mo. Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.3		MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.15	1.2	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MGL		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-907-7400	06/11/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 10/1/06

PERMIT NUMBER: FL0119644
To 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement			7.0		SU	0	5 Days/Week	Meter	
	Permit Requirement			6.0 (Min.)		SU		5 Days/Week	Meter	
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement			11.0		#/100ML	0	Every Two Weeks	Grab	
	Permit Requirement			200 (An.Avg.)		#/100ML		Every Two Weeks	Grab	
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement			1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			1.35		MG/L	0	5 Days/Week	Meter	
	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week	Meter	
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					8.12	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement					12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow PARM Code 50050 P Mon.Site No. FLW-01	Sample Measurement	0.053		MGD			0	5 Days/Week	Flow Totalizer	
	Permit Requirement	.087 (An.Avg.)		MGD				5 Days/Week	Flow Totalizer	
Flow PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.043	0.045	MGD			0	5 Days/Week	Flow Totalizer	
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow PARM Code 50050 R Mon.Site No. FLW-01	Sample Measurement	MNR		MGD			0	5 Days/Week	Meter	
	Permit Requirement	.150 (An.Avg.)		MGD				5 Days/Week	Meter	
Flow PARM Code 50050 S Mon.Site No. FLW-01	Sample Measurement	MNR	MNR	MGD			0	5 Days/Week	Meter	
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD				5 Days/Week	Meter	
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement					52%	PER-CENT	0	Monthly	Calculated
	Permit Requirement					Report	PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 10/1/06

PERMIT NUMBER: FL0119644
To 10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement										
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				203			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				140			MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement				2.85			INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement				Report (Mo.Avg.)			INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0		MTPY					0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)		MTPY						Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/06

To 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR	OCC/MONTH			0	When discharging	Visual
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	OCC/MONTH				When discharging	Visual
Duration of Discharge	Sample Measurement	MNR	HRS/MONTH			0	Per occurrence	Estimated
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)	HRS/MONTH				Per occurrence	Estimated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-907 7400	06-11-17

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/06 To 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-02	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon. Site No. FLW-02	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon. Site No. EFB-01	Permit Requirement				MG/L		4 Days/Week	Grab
pH	Sample Measurement			MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
								8.5 (Max.)

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-907 7400	06-11-17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 10/1/06

PERMIT NUMBER: FL0119644
 To 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR		PERCENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)		PERCENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR		MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement				MNR	NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement				MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 10/1/06

To: 10/31/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
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20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS – PART B (Percolation ponds, R-001)

Permit Number: FL0119644
 Monitoring Period From: 10/1/06

To: 10/31/06

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MGL)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1									
2			7.3	7.3		5.5			
3			7.1	7.1		5.5			
4			7.3	7.3		5.5			
5			7.0	7.0		5.5			
6			7.4	7.4		5.08			
7			7.3	7.3		5.5			
8			7.3	7.3		5.5			
9			7.0	7.0		4.07			
10	2.0U	1.11	7.2	7.2	1.0U	5.5	2.98		
11			7.3	7.3		4.34			
12			7.5	7.5		4.87			
13			7.5	7.5		5.5			
14			7.4	7.4		5.5			
15									
16			7.24	7.24		5.3			
17			7.27	7.27		3.66			
18			7.28	7.28		2.45			
19			7.3	7.3		1.35			
20			7.13	7.13		5.21			
21			7.08	7.08		5.5			
22									
23			7.24	7.24		4.2			
24			7.03	7.03		5.5			
25			7.11	7.11		5.5			
26			7.11	7.11		5.5			
27	2.0U	1.2	7.47	7.47	1.0U	5.5	8.12		
28			7.47	7.47		5.5			
29			7.5	7.5		5.5			
30			7.49	7.49		5.5			
31			7.44	7.44		5.5			
Total									
Mo. Avg.									

LANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Head Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644
 Monitoring Period From: 10/1/06

To: 10/31/06

Facility: Lake Suzy WWTF

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.037		.037			0	0		
2	.035		.035			0	0		
3	.036		.036			0	0		
4	.034		.034			0.10	0		
5	.034		.034			0	0		
6	.100		.100			0	0		
7	.042		.042			0	0		
8	.025		.025			0	0		
9	.035		.035			0	0		
10	.035		.035			0	0	196	156
11	.036		.036			0	0		
12	.045		.045			0	0		
13	.034		.034			0	0		
14	.035		.035			0	0		
15	.047		.047			0	0		
16	.027		.027			0	0		
17	.044		.044			0	0		
18	.039		.039			0	0		
19	.041		.041			0	0		
20	.054		.054			0	0		
21	.034		.034			0	0		
22	.041		.041			0	0		
23	.044		.044			0	0		
24	.040		.040			0	0		
25	.040		.040			0	0		
26	.029		.029			0	0		
27	.078		.078			0	0	210	124
28	.023		.023			2.75	0		
29	.091		.091			0	0		
30	.052		.052			0	0		
31	.047		.047			0	0		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT – PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/06 To 10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52		PER-CENT					0	Annually	Grab
	Permit Requirement	Report (Max.)		PER-CENT						Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement				0.726			MG/KG	0	Annually	Composite
	Permit Requirement				75.0 (Max.)			MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement				1.68			MG/KG	0	Annually	Composite
	Permit Requirement				85.0 (Max.)			MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement				263			MG/KG	0	Annually	Composite
	Permit Requirement				4300.0 (Max.)			MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator	<i>Johnny Chamberlain</i>	941-987 7400	06-11-17

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

FACILITY: Lake Suzy WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: RMP-B
 MONITORING PERIOD From: 10/1/06

PERMIT NUMBER: FL0119644
 To 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement			17.3		MG/KG	0	Annually	Composite
	Permit Requirement			840.0 (Max.)		MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement			0.73		MG/KG	0	Annually	Composite
	Permit Requirement			57.0 (Max.)		MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement			33.4		MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)		MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement			15.3		MG/KG	0	Annually	Composite
	Permit Requirement			420.0 (Max.)		MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement			5.91		MG/KG	0	Annually	Composite
	Permit Requirement			100.0 (Max.)		MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement			1280		MG/KG	0	Annually	Composite
	Permit Requirement			7500.0 (Max.)		MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement			5.27		SU	0	Annually	Grab
	Permit Requirement			Report (Max.)		SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement			1.34		PER-CENT	0	Annually	Grab
	Permit Requirement			Report (Max.)		PER-CENT		Annually	Grab
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/06 To: 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-03	Sample Measurement	0.053		MGD				0	5 Days/Week	Calculated
	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow PARM Code 50050 1 Mon.Site No. FLW-03	Sample Measurement	0.049		MGD				0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				2.8		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-01	Sample Measurement				2.0	2.0	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement				2.3		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-01	Sample Measurement				1.6	1.6	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

*Out per Johnny
 JMC*

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 11/1/06

PERMIT NUMBER: FL0119644
To 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.11		7.60	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				11.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.05			MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						10.1	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.053		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.049	0.047	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				61			PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 11/1/06

PERMIT NUMBER: FL0119644
 To 11/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			247	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			219	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			0.04	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	0	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/06 To 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences	Sample Measurement	MNR		OCC/MONTH					0	When discharging	Visual
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)		OCC/MONTH						When discharging	Visual
Duration of Discharge	Sample Measurement	MNR		HRS/MONTH					0	Per occurrence	Estimated
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)		HRS/MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/06 To 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR	MNR	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR	MNR	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 11/1/06

PERMIT NUMBER: FL0119644
 To 11/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement			MNR		PER-CENT	0	4 Days/Week	Grab
	Permit Requirement			75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement				25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			MNR		MG/L	0	Continuous	Meter
	Permit Requirement			1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement				MNR	NTU	0	Continuous	Meter
	Permit Requirement				Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement				MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement				12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS – PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 11/1/06

To: 11/30/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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16										
17										
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22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 11/1/06

To: 11/30/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1			7.45	7.45		5.5			
2			7.15	7.15		5.19			
3			7.23	7.23		5.5			
4			7.32	7.32		5.5			
5			7.20	7.20		5.5			
6			7.33	7.33		5.5			
7			7.35	7.35		5.5			
8			7.38	7.38		5.5			
9			7.6	7.6		5.5			
10	2 U, J4	2.6	7.22	7.22	1 U	5.5	10.1		
11			7.13	7.13		5.5			
12									
13			7.28	7.28		5.5			
14			7.39	7.39		5.5			
15			7.4	7.4		5.5			
16			7.22	7.22		5.5			
17			7.35	7.35		5.5			
18			7.41	7.41		5.5			
19			7.06	7.06		2.05			
20			7.25	7.25		5.5			
21			7.15	7.15		5.4			
22	2 U	0.6 U	7.12	7.12	1 U	5.5	7.65		
23			7.16	7.16		5.5			
24			7.19	7.19		5.5			
25			7.27	7.27		5.5			
26			7.18	7.18		5.5			
27									
28			7.24	7.24		5.5			
29			7.11	7.11		5.5			
30			7.12	7.12		5.5			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 11/1/06

To: 11/30/06

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.047		.047			0	0		
2	.048		.048			0	0		
3	.057		.057			0	0		
4	.054		.054			0	0		
5	.042		.042			0	0		
6	.057		.057			.1	0		
7	.035		.035			0	0		
8	.041		.041			0	0		
9	.040		.040			0	0		
10	.045		.045			0	0	282	172
11	.055		.055			0	0		
12	.034		.034			0	0		
13	.042		.042			0	0		
14	.042		.042			0	0		
15	.051		.051			1.0	0		
16	.057		.057			0	0		
17	.063		.063			0	0		
18	.044		.044			0	0		
19	.035		.035			0	0		
20	.051		.051			0	0		
21	.083		.083			0	0		
22	.054		.054			0	0	212	266
23	.051		.051			0	0		
24	.058		.058			0	0		
25	.038		.038			0	0		
26	.043		.043			0	0		
27	.065		.065			0	0		
28	.049		.049			0	0		
29	.027		.027			.1	0		
30	.048		.048			0	0		
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>7484</u>	Name: <u>Randy Farrington</u>
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>9465</u>	Name: <u>Johnny Chamberlain</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/06

To 11/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52	PER-CENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			0.726	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			1.68	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			263	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 11/1/06

PERMIT NUMBER: FL0119644
To 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement				17.3			MG/KG	0	Annually	Composite
	Permit Requirement				840.0 (Max.)			MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement				0.73			MG/KG	0	Annually	Composite
	Permit Requirement				57.0 (Max.)			MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement				33.4			MG/KG	0	Annually	Composite
	Permit Requirement				75.0 (Max.)			MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement				15.3			MG/KG	0	Annually	Composite
	Permit Requirement				420.0 (Max.)			MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement				5.91			MG/KG	0	Annually	Composite
	Permit Requirement				100.0 (Max.)			MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement				1280			MG/KG	0	Annually	Composite
	Permit Requirement				7500.0 (Max.)			MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement				5.27			SU	0	Annually	Grab
	Permit Requirement				Report (Max.)			SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement				1.34			PER-CENT	0	Annually	Grab
	Permit Requirement				Report (Max.)			PER-CENT		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12/1/06 To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-03	Sample Measurement	0.053		MGD				0	5 Days/Week	Calculated
	Permit Requirement	0.087 (An.Avg.)		MGD					5 Days/Week	Calculated
Flow PARM Code 50050 I Mon.Site No. FLW-03	Sample Measurement	0.054		MGD				0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				2.7		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-01	Sample Measurement				2.0	2.0	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement				2.2		MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-01	Sample Measurement				0.76	1.0	MG/L	0	Every Two Weeks	8-hr. FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 12/1/06

PERMIT NUMBER: FL0119644
To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.03		8.26	SU	0	5 Days/Week	Meter
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement				11.0			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0	1.0	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.59			MG/L	0	5 Days/Week	Meter
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement						6.46	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement	0.053		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	.087 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.054	0.049	MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD					0	5 Days/Week	Meter
PARM Code 50050 R Mon.Site No. FLW-01	Permit Requirement	.150 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	MNR	MNR	MGD					0	5 Days/Week	Meter
PARM Code 50050 S Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				56%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 12/1/06

PERMIT NUMBER: FL0119644
 To 12/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			194	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			178	MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement			0.087	INCHES	0	5 Days/Week	Calculated
PARM Code 46529 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement	MNR	MTPY			0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-02	Permit Requirement	Report (Mo.Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12/1/06 To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Overflow Use, Occurrences PARM Code 74062 P Mon-Site No. STM-01	Sample Measurement	MNR		OCC/ MONTH				0		When discharging	Visual
	Permit Requirement	Report (Max.)		OCC/ MONTH						When discharging	Visual
Duration of Discharge PARM Code 81381 P Mon-Site No. STM-01	Sample Measurement	MNR		HRS/ MONTH				0		Per occurrence	Estimated
	Permit Requirement	Report (Max.)		HRS/ MONTH						Per occurrence	Estimated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/1/06 To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	MNR		MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		MG/L	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement					MNR	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement				MNR		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 12/1/06

PERMIT NUMBER: FL0119644
 To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 A Mon.Site No. EFA-01	Sample Measurement				MNR		PER-CENT	0	4 Days/Week	Grab
	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement					MNR	#/100ML	0	4 Days/Week	Grab
	Permit Requirement					25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				MNR		MG/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-01	Sample Measurement					MNR	NTU	0	Continuous	Meter
	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					MNR	MG/L	0	Every Two Week	8-hr. FPC
	Permit Requirement					12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 12/1/06

To: 12/31/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
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26										
27										
28										
29										
30										
31										
Total										
Mo. Avg										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 12/1/06

To: 12/31/06

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1.	2.0U	1.01	7.12	7.12	1.0U	5.5	0.71		
2			7.23	7.23		5.5			
3			7.41	7.41		5.5			
4			7.4	7.4		5.5			
5			7.31	7.31		5.5			
6			7.10	7.10		5.5			
7			7.09	7.09		5.5			
8			7.10	7.10		3.29			
9			7.14	7.14		5.5			
10									
11			7.07	7.07		5.5			
12			7.38	7.38		5.5			
13			7.20	7.20		5.5			
14			7.06	7.06		2.04			
15	2.0U,J3	0.6U	7.10	7.10	1.0U	5.25	4.90		
16			8.26	8.26		5.5			
17			7.33	7.33		5.5			
18			7.14	7.14		5.3			
19			7.03	7.03		1.59			
20			7.25	7.25		5.5			
21			7.33	7.33		5.5			
22			7.48	7.48		5.5			
23			7.38	7.38		5.5			
24			7.30	7.30		5.5			
25			7.18	7.18		5.5			
26			7.31	7.31		5.5			
27	2.0U,J3	0.71	7.15	7.15	1.0U	5.5	6.46		
28			7.35	7.35		5.5			
29			7.06	7.06		5.02			
30			7.35	7.35		4.97			
31			7.39	7.39		5.5			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DAILY SAMPLE RESULTS – PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: FL0119644

Facility: Lake Suzy WWTF

Monitoring Period From: 12/1/06

To: 12/31/06

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 – FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1	.043		.043			0	0	202	86
2	.097		.097			0	0		
3	.038		.038			0	0		
4	.052		.052			0	0		
5	.045		.045			0	0		
6	.048		.048			0	0		
7	.049		.049			0	0		
8	.054		.054			0	0		
9	.039		.039			0	0		
10	.100		.100			0	0		
11	.035		.035			0	0		
12	.047		.047			0	0		
13	.046		.046			.10	0		
14	.054		.054			0	0		
15	.071		.071			0	0	217 J3	280
16	.049		.049			0	0		
17	.031		.031			0	0		
18	.049		.049			0	0		
19	.044		.044			0	0		
20	.047		.047			0	0		
21	.048		.048			0	0		
22	.070		.070			.45	0		
23	.025		.025			0	0		
24	.063		.063			1.4	0		
25	.047		.047			0	0		
26	.083		.083			.50	0		
27	.048		.048			0	0	162 J3	168
28	.046		.046			0	0		
29	.095		.095			.25	0		
30	.046		.046			0	0		
31	.061		.061			0	0		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7484 Name: Randy Farrington

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: C Certificate No: 9465 Name: Johnny Chamberlain

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 34266-8751

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12/1/06 To 12/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot. Dry Wt (as N) PARM Code 78470 + Mon.Site No. RMP-B	Sample Measurement	6.16	PERCENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PERCENT				Annually	Grab
Phosphorus, Sludge, Tot. Dry Wt (as P) PARM Code 78478 + Mon.Site No. RMP-B	Sample Measurement	2.12	PERCENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PERCENT				Annually	Grab
Potassium, Sludge, Tot. Dry Wt (as K) PARM Code 78472 + Mon.Site No. RMP-B	Sample Measurement	0.52	PERCENT			0	Annually	Grab
	Permit Requirement	Report (Max.)	PERCENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon.Site No. RMP-B	Sample Measurement			0.726	MG/KG	0	Annually	Composite
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon.Site No. RMP-B	Sample Measurement			1.68	MG/KG	0	Annually	Composite
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot. Dry Wt. (as Cu) PARM Code 78475 + Mon.Site No. RMP-B	Sample Measurement			263	MG/KG	0	Annually	Composite
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Johnny Chamberlain, Lead Operator			

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

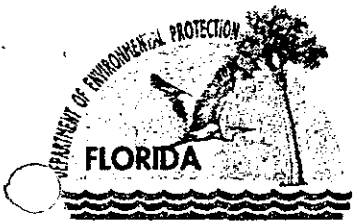
DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
MONITORING PERIOD From: 12/1/06

PERMIT NUMBER: FL0119644
To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge PARM Code 78468 + Mon.Site No. RMP-B	Sample Measurement				17.3		MG/KG	0	Annually	Composite
	Permit Requirement				840.0 (Max.)		MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge PARM Code 78471 + Mon.Site No. RMP-B	Sample Measurement				0.73		MG/KG	0	Annually	Composite
	Permit Requirement				57.0 (Max.)		MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge PARM Code 78465 + Mon.Site No. RMP-B	Sample Measurement				33.4		MG/KG	0	Annually	Composite
	Permit Requirement				75.0 (Max.)		MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge PARM Code 78469 + Mon.Site No. RMP-B	Sample Measurement				15.3		MG/KG	0	Annually	Composite
	Permit Requirement				420.0 (Max.)		MG/KG		Annually	Composite
Selenium Sludge Solid PARM Code 61518 + Mon.Site No. RMP-B	Sample Measurement				5.91		MG/KG	0	Annually	Composite
	Permit Requirement				100.0 (Max.)		MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge PARM Code 78467 + Mon.Site No. RMP-B	Sample Measurement				1280		MG/KG	0	Annually	Composite
	Permit Requirement				7500.0 (Max.)		MG/KG		Annually	Composite
pH PARM Code 00400 + Mon.Site No. RMP-B	Sample Measurement				5.27		SU	0	Annually	Grab
	Permit Requirement				Report (Max.)		SU		Annually	Grab
Solids, Total, Sludge, Percent PARM Code 61553 + Mon.Site No. RMP-B	Sample Measurement				1.34		PER-CENT	0	Annually	Grab
	Permit Requirement				Report (Max.)		PER-CENT		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									



Department of Environmental Protection

Jeb Bush
Governor

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FL0119644

PA FILE NUMBER:

FL0119644-006-DW2P

ISSUANCE DATE:

February 9, 2006

EXPIRATION DATE:

February 8, 2011

RESPONSIBLE AUTHORITY:

Mr. John M. Lihvarcik
President
PO Box 490310
Leesburg, FL 34749

(941) 907-7420

FACILITY:

Lake Suzy WWTF
12169 SW Egret Circle
Lake Suzy, FL 33821
De Soto County
Latitude: 27° 02' 46" N Longitude: 82° 03' 06" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.) and constitutes authorization to discharge to waters of the state under the National Pollutant Discharge Elimination System. The above named permittee is hereby authorized to construct and operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operation of an existing 0.087 MGD 3-Month Average Daily Flow (3MADF) extended aeration Type III waste water treatment plant. The plant is designed as three treatment trains consisting of a headworks with bar screen, one equalization tank of 34,000 gallons, a flow splitter box, four aeration basins of 147,800 gallons total volume, three clarifiers with 576 square feet total surface area, two double bed sand filters of 80 square feet total surface area, two chlorinated filter clearwells of 5,000 gallons each, one chlorine contact tank of 10,000 gallons, one effluent wet well of 10,600 gallons, and four aerobic digesters each of 10,000 gallons volume.

Construction of a new dual train chlorine contact chamber of 7,000 gallons total volume. The existing chlorine contact chamber will be converted to a wet well for distribution of reclaimed water to the new public access reuse system. Construction of the reclaimed water distribution system to include high service pumps with an 8-inch transmission line to the Kingsway Golf course storage pond. The storage pond is an intermittently discharging stormwater system as detailed below. The transmission line at the pond will be equipped with an automatic shut off valve that will close when the water elevation in the pond reaches the control elevation of the outfall structure.

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DOCUMENT NUMBER DATE

04306 MAY 22 08

FPSC-COMMISSION CLERK

PERMITTEE: Aqua Utilities Florida, Inc.

Construction is to include all proposed meters, valves, piping and appurtenances.

After construction the facility will be rerated to a permitted capacity of 0.150 MGD 3MADF.

Effluent failing to meet high-level disinfection standards is rejected to the Rapid Infiltration Basins (RIBs), R-001, described below. The RIBs will also be used for disposal of reclaimed water during wet weather conditions. Filter backwash and other plant process waters are returned to the head works. Effluent quality will continuously monitored for turbidity, as a measure of TSS, prior to disinfection and chlorine residual prior to the public access reuse system.

REUSE:

Land Application: An existing 0.087 MGD Annual Average Daily Flow (AADF) permitted capacity Part IV rapid-rate land application system (R-001). R-001 consists of two rapid infiltration basins of 73,900 and 171,225 square feet of bottom surface area. R-001 is located approximately at latitude 27° 02' 46" N, longitude 82° 03' 06" W.

Land Application: A new 0.150 MGD Annual Average Daily Flow (AADF) permitted capacity Part III slow-rate public access land application system (R-002) consisting of the Kingsway Golf Course. R-002 is located at 13625 SW Kingsway Circle, Lake Suzy, Florida, 33821.

Reclaimed water is discharged into stormwater storage lake system D-001, Kingsway Golf Course, which intermittently overflows to the following: Peace River.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 30 of this permit.

FACILITY:
PERMITTEE:

Lake Suzy WWTF
Aqua Utilities Florida, Inc.

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I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.11:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, To Percolation Ponds	MGD	Maximum	0.087	Report	-	-	5 Days/Week	Calculated	FLW-03	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	See Cond.I.A.5
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	See Cond.I.A.5
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Meter	EFA-01	See Cond.I.A.5
Coliform, Fecal	#/100M L	Maximum	See Permit Condition I.A.3.				Every Two Weeks	Grab	EFA-01	See Cond.I.A.5
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Meter	EFA-01	See Cond.I.A.4& 5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	See Cond.I.A.5

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location	Description of Monitoring Location
EFA-01	After disinfection and prior to reuse.
FLW-03	Flow to the percolation evaporation ponds calculated by subtracting Part III public access reuse water (FLW-02) from total plant flow (FLW-01).

3. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
5. The sampling protocol and reporting shall be in accordance with the approved Operating Protocol.

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6. During the period beginning upon placing the new facilities into operation and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-002. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.11:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, To Public Access Reuse System	MGD	Maximum	0.150	Report-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-02	See Cond.I.A.7
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	
Solids, Total Suspended	MG/L	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal, % less than detection	PERCENT	Minimum	See Permit Condition I.A.8.				4 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100ML	Maximum	See Permit Condition I.A.8.				4 Days/Week	Grab	EFA-01	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	1.0	Continuous	Meter	EFA-01	See Cond.I.A.9
Turbidity	NTU	Maximum	See Permit Condition I.A.10.				Continuous	Meter	EFA-01	
Giardia	CYSTS/100 L	Maximum	-	-	-	Report	five years	Filtered	EFA-01	
Cryptosporidium	OOCYSTS/100 L	Maximum	-	-	-	Report	five years	Filtered	EFA-01	

7. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. and as described below:

Monitoring Location	Description of Monitoring Location
EFA-01	After disinfection and prior to reuse.
EFB-01	Prior to disinfection and after filtration.
FLW-02	In-line flow meter downstream of the high service pump station for public access reuse.

8. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
9. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
10. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]
11. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2)]
12. Discharge of reclaimed water to the lakes listed in the table below at Kingsway Golf Course stormwater storage lake system D-001 shall only occur when the elevation of the water in each lake is less than the corresponding control elevation listed in the table below. A list of all days during a month on which discharges from each lake to the receiving water body occurred shall be attached to the DMR form. For each day on which discharge occurred, the approximate number of hours of discharge shall be noted. [62-610.830(1) and (3)]

Monitoring Location Site Number	Name of Storage Lake/Description of Monitoring Location	Control Elevation (ft. M.S.L.)	Receiving Water Body
STM-01	Kingsway Golf Course	23.81	Peace River

FACILITY: Lake Suzy WWTF
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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.11:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow, Total Plant (Before Construction)	MGD	Maximum	.087	Report	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.B.3, 5	
Flow, Total Plant (After construction)	MGD	Maximum	.150	Report	-	-	5 Days/Week	Meter	FLW-01	See Cond.I.B.3, 5	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	-	-	Monthly	Calculated	FLW-01		
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	8-hour flow proportioned composite	INF-01	See Cond.I.B.4	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Monthly	8-hour flow proportioned composite	INF-01	See Cond.I.B.4	
Rainfall	Inches	Total		Report (Mo.Total)			Daily	Calculated	OTH-01		
Sludge Production, Total	Gallons	Maximum	-	Report	-	-	Monthly	Calculated	OTH-02	See Cond.II.2	

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location	Description of Monitoring Location
FLW-01	V-notch weir after disinfection
INF-01	At headworks prior to treatment and ahead of the return activated sludge line.
OTH-01	Rain Gauge
OTH-02	Total volume of sludge transported off site in gallons.

3. Before completion of construction, the three-month average daily flow to the treatment plant shall not exceed 0.087 MGD. After completion of construction, the three-month average daily flow to the treatment plant shall not exceed 0.150 MGD.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
5. Meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
6. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to the following permitted alternate discharge system: R-001, the percolation evaporation ponds. The operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320(6) and 62-610.463(2)]
7. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2) & .865(8)(d)]
8. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. Sampling results shall be reported on DEP Form 62-610.300(4)(a)4 which is attached to this permit. This form shall be submitted to the Department and to DEP's Reuse Coordinator in Tallahassee. [62-610.463(4)]
9. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
10. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
11. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28 th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department postmarked by the twenty-eighth (28th) of the month following the month of operation at the addresses specified below:

Originals to:

Florida Department of Environmental Protection
Wastewater Compliance Evaluation Section, Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Copies to:

Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 N. Telecom Parkway
Temple Terrace, Florida 33637-0926

[62-620.610(18)][62-601.300(1),(2), and (3)]

12. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by January 1 of each year. *[62-601.300(4)][62-601.500(3)]*
13. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. *[62-610.870(3)]*

14. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]
15. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926

Phone Number - 813-632-7600

FAX Number - 813-632-7662

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is land application or transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Rule 62-640.880(1)©, F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall report the volume of residuals transported. [62-640.650(3)]
3. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
4. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5)]
5. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)©, F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
6. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4]

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7. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s) (AUP), and the requirements of Chapter 62-640, F.A.C. [62-640]
8. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Alternative 2 - Use of PSRP) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b)]
9. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(1) (Reduce the mass of volatile solids by a minimum of 38%), 503.33(b)(3) (Demonstrate vector attraction reduction with additional aerobic digestion in a benchscale unit), 503.33(b)(4) (Meet a specific oxygen uptake rate for aerobically treated biosolids), and 503.33(b)(6) (Add alkaline materials to raise the pH under specified conditions) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a)]
10. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8)]
11. The parameters listed in the table below shall be sampled and analyzed at least once every 12 months.

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	In Accordance with the AUP
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8 pounds /acre
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre
Mercury	57 mg/kg dry weight	15.2 pounds/acre
Molybdenum	75 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre
Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre

pH	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

[62-640.650(1), 62-640.700(1) and 62-640.700(3)(b)]

12. Residuals samples shall be taken at the monitoring site locations described below:

Monitoring Location	Description of Monitoring Location
RMP-B	After final treatment and before land application.

13. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication – POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. *[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]*
14. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. *[62-640.650(1)(e)]*
15. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Residuals shall not be distributed and marketed if the monthly average of sample results for any parameter exceeds the Class AA parameter concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. *[62-640.650(1)(f)]*
16. The permittee shall submit the results of all residuals monitoring to the Southwest District Office on DEP Form 62-640.210(2)(d), Residuals Monitoring Report. The analytical results from each sampling event shall be submitted along with the Report no later than the 28th day of the month that follows the month in which the monitoring was performed. Copies of all applicable analytical reports shall be submitted with the monitoring results. *[62-640.650(3)(a)&(e)]*
17. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. *[62-640.600(3)(b)]*
18. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. *[62-640.600(3)(b)1]*
19. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. *[62-640.600(3)(b)2]*
20. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. *[62-640.600(3)(b)3]*

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21. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4]
22. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5]
23. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6]
24. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7]
25. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8]
26. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b)]
27. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]
28. Current Agricultural Use Plan(s) identify residuals landspreading on the following site(s):

Application Site Number	Site Name	Application	
		Area (acres)	County
FLA303950	Flint Ranch	259	Manatee
FLA289582	Manning Ranch	193	Manatee
FLA326569	Womble	100	Manatee

The residuals management facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites.
[62-640.300(2)]

29. Under unusual circumstances, a permittee who is authorized to land apply residuals may use a new, expanded or modified application site before permit revision if all of the following conditions are met:
 - a) The permittee notifies the Department within 24 hours that the site is being used:
 - b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C., and the criteria for land application of residuals in Rule 62-640.700, F.A.C.

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- c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site.
 - d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
 - e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control. [62-640.300(3)]
30. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2)]
 31. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c)]
 32. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d)]
 33. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e)]
 34. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f)]
 35. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d)]
 36. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
 - a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - d. Amount of residuals applied or delivered to each application zone;
 - e. Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
 - g. Method of incorporation (if any);
 - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - i. Unsaturated depth of soil above the water table level at the time of application;
 - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and

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- k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.
[62-640.650(2)]
37. The permittee shall submit an annual summary of residuals application activity to the Southwest District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b)]
38. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. [62-640.700(3)(f)]
39. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a)]
40. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a)]
41. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860]
42. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
43. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Required of Source Facility	Required of RMF
1. Date and Time Shipped	1. Date and Time Received
2. Amount of Residuals Shipped	2. Amount of Residuals Received
3. Degree of Treatment (if applicable)	3. Name and ID Number of Source Facility
4. Name and ID Number of Residuals Management Facility or Treatment Facility	4. Signature of Hauler
5. Signature of Responsible Party at Source Facility	5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility
6. Signature of Hauler and Name of Hauling Firm	

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

III. GROUND WATER REQUIREMENTS

Construction Requirements

1. The permittee shall give at least 72-hours notice to the Department's Southwest District Office, prior to the installation of any monitoring wells detailed in this permit. [62-4.070]
2. The QUARTERLY sampling and analysis of all new ground water monitoring wells shall begin upon proper completion of the GWMP well system. The wells shall be sampled for the parameters identified in Permit Condition III.13 and in accordance to the Department's "Standard Operating Procedures For Laboratory Operations and Sample Collection Activities," DEP-SOP-001/01, FS 2200 Ground water Sampling, January 1, 2002. [62-522.600(1), (11)(a), and (b)]
3. Prior to construction of new ground water monitoring wells, a soil boring shall be made at each new monitoring well location in order to establish the well depth and screen interval. [62-522.900(3)]
4. Within thirty days after completion of construction of the ground water monitoring wells, a properly scaled figure depicting monitor well locations (active and abandoned) with identification numbers shall be submitted. The figure shall also include (or attached) the monitoring well, top of casing and ground surface elevations referenced to National Geodetic Vertical Datum (NGVD) to the nearest 0.1 foot, along with monitor well location latitude and longitude to the nearest 0.1 second. 62-610.412 (c)
5. Within thirty days after completion of construction of the ground water monitoring wells, well completion reports shall be sent to the Domestic Wastewater Section, FDEP Southwest District Office. The information is to be submitted on the attached form for each well, DEP Form 62-522.900(3), Monitor Well Completion Report. [62-522.900(3)]
6. In Districts where applicable, within 30 days of completion of construction of new ground water monitor wells, the Department requests that the permittee submit the following information for each monitor well :
 - a. A copy of the Florida Water Management District (WMD) , State of Florida Permit Application to Construct, Repair, Modify or Abandon a Well, Form 41.10-410(1), and
 - b. A copy of the WMD Well Completion Report, Form 41.10-410(2), 62-610.412(2)(b)
7. Prior to the application of effluent to the reuse/disposal site, the permittee shall sample all new ground water monitoring wells for the Primary and Secondary Drinking Water parameters included in Rule 62-550, Florida Administrative Code, Public Drinking Water Systems (excluding asbestos, acrylamide dioxin, butachlor and epichlorohydrin), and EPA Methods 601 and 602. [62-520.400 and 62-520.420] [62-522.300(1), and 62-522.600(3)(A)]
8. The permittee shall coordinate any expansion of the Part IV reclaimed water reuse system with the Southwest District Domestic Waste Permitting Section and shall propose additional ground water monitoring that may be required due to such expansion. All new ground water monitoring wells that may subsequently be required shall be identified in a revision to the GWMP and shall be installed within 90 days of Department approval of the GWMP revision. The permittee shall apply for a major revision to this permit to incorporate the selected wells and to provide appropriate DMR section D pages. [62-522.600(11)(C) and 62-610.320(3)]

Operational Requirements

9. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the

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application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)][62-522.400 and 62-522.410]

10. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
11. The permittee shall begin sampling ground water at the new monitoring wells identified in Permit Condition(s) III. 12 and 13 below, in accordance with this permit and the approved groundwater monitoring plan (See VI. Schedules # 2). [62-522.600][62-610.510, 62-610.463,]
12. The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.13. for Reuse System R-001 and R-002. Sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing

MWC = Compliance
 [62-522.600][62-610.510(3)]

13. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 12:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Arsenic, Total Recoverable	10	UG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Cadmium, Total Recoverable	5	UG/L	Grab	Quarterly
Chromium, Total Recoverable	100	UG/L	Grab	Quarterly
Lead, Total Recoverable	15	UG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	6.5 to 8.5	SU	In-situ	Quarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Turbidity	Report	NTU	In-situ	Quarterly
Sodium, Dissolved	160	MG/L	Grab	Quarterly
Specific Conductance	Report	UMHO/CM	In-situ	Quarterly
Temperature (C), Water	Report	DEG.C	In-situ	Quarterly
Oxygen, Dissolved (DO)	Report	MG/L	In-situ	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

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14. If the concentration for any constituent listed in Permit Condition III. 13 and 15. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]
15. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. [62-610.510(3)(b), 62-610.463(3)(a),]
16. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
17. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Southwest District Office as being more representative of ground water conditions. [62-520.300(9)]
18. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
19. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.11. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

20. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Southwest District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Southwest District Office. [62-522.600][62-4.070(3)]
21. All piezometers and monitoring wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. [62-532.500(4)]

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid-Rate Land Application System (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The annual average hydraulic loading rate to the percolation ponds shall be limited to a maximum of .57 inches per day (as applied to the entire bottom area). [62-610.523(3)]

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3. Rapid infiltration basins normally shall be loaded for 1 to 7 days and shall be rested for 5 to 14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

Part III Slow-Rate Public Access System(s) (R-002)

7. This reuse system includes the following major users (i.e., using 0.1 MGD or more of reclaimed water):

User Name	User Type	Capacity (MGD)	Acreage
Kingsway Golf Course	Golf Course	0.150	100

[62-610.800(5)][62-620.630(10)(b)]

8. Cross-connections to the potable water system are prohibited. [62-610.469(7)]
9. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. [62-610.469(7)]
10. The permittee shall conduct inspections within the reclaimed water service area to verify proper connections, to minimize illegal cross-connections, and to verify the proper use of reclaimed water. Inspections are required when a customer first connects to the reuse distribution system. Subsequent inspections are required as specified in the cross-connection control and inspection program. [62-610.469(7)(h)]
11. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - b. If the potable water system is contaminated, clear the potable water lines.
 - c. Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - e. Within 24 hours, notify the Southwest District Office's domestic wastewater and drinking water programs.

- f. Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. [62-555.350(3) and 62-555.360][62-620.610(20)]
12. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. [62-610.469(7)]
13. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. [62-610.471(3)]
14. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. [62-610.471(1), (2), (5), and (7)]
15. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4)]
16. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. [62-610.471(6)]
17. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. [62-610.471(8)]
18. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2)]
19. All advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. [62-610.468 & .469]
20. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]

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21. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 & 62-610.464]
22. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]
23. Reclaimed water shall only be released to the system storage or reuse system during periods of operator attendance or in compliance with the approved operating protocol. [62-610.462(2)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of the issuance date of this permit to the end of construction, operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator ½ hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C, or higher.

During the period of the end of construction to the expiration date of this permit, operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a Class C, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
3. An updated capacity analysis report shall be submitted to the Department annually by October 1 of each year. The updated capacity analysis report shall be prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

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- b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
- c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
- d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

Improvement Action		Completion Date
1	Replace and/or repair the RAS pipe for treatment train #3.	January 1, 2006
2	Obtain approval from the Department and implement a ground water monitoring plan for the public access reuse system.	Prior to placing reclaimed water on the Kingsway Golf Course.
3	Submit an Operating Protocol and cross connection control program for the Part III Public access reuse system to the Department's Domestic Wastewater Compliance Enforcement Section.	3 months prior to placing the public access reuse system into service.
4	Provide appropriate documentation as required in permit conditions VIII. 1, 2, & 3 before placing any new facilities or unit processes into operation.	As required by permit conditions VIII. 1, 2, & 3.
5	Submit AUPs for each land application site and a contract with Blue septic and the facility for the RMF.	April 1, 2006

[62-600.735(1)]

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VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

1. Prior to placing the modified portions of the existing facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. [62-620.630(2)]
2. The newly constructed Part III reuse system shall not be placed in service for any purpose without written approval from the Department. For projects identified in the permit as being constructed in phases, written permission is only required for the first phase. Application for approval shall be made to the Department on DEP Form 62-610.300(4)(a)3, Application for Permission to Place a Public Access Reuse System in Operation. [62-610.800(7)]
3. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.630(7)]
4. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
5. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-620.320(9) and 62-302.500(2)(e)][62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
6. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
7. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
8. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
9. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary

pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

- a. Which may cause fire or explosion hazards; or
- b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
- c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
- d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

10. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)].
11. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
12. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
13. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a

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violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;

- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

FACILITY: Lake Suzy WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FL0119644

- a. A description of the anticipated noncompliance;
- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the **STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519**, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

FACILITY: Lake Suzy WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FL0119644

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.


PERMITTEE: Aqua Utilities Florida, Inc.

- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Hillsborough County, FL.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Jeffrey S. Greenwell, P.E.
Water Facilities Administrator
Southwest District

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation Ponds, including Influent

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Mon. Site No. FLW-03	Permit Requirement	0.087 (An. Avg.)	MGD				5 Days/Week	Calculated
Flow	Sample Measurement							
PARM Code 50050 Mon. Site No. FLW-03	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Mon. Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Mon. Site No. EPA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Mon. Site No. EPA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Mon. Site No. EPA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0119644

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min)	8.5 (Max)	SU		5 Days/Week	Meter
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg)		#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max)	#/100ML	Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min)		MG/L		5 Days/Week	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Flow	Sample Measurement									
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	.087 (An. Avg)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg)	Report (3-Mo. Avg)	MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 R Mon. Site No. FLW-01	Permit Requirement	.150 (An. Avg)		MGD					5 Days/Week	Meter
Flow	Sample Measurement									
PARM Code 50050 S Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg)	Report (3-Mo. Avg)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement									
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement				Report		PER-CENT		Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0119644

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement							
	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code: 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement							
PARM Code: 00530 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Rainfall	Sample Measurement							
PARM Code: 46529 P Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Avg.)	INCHES		5 Days/Week	Calculated
Annual Sludge Production, Total	Sample Measurement							
PARM Code: 49019 P Mon. Site No. OTH-02	Permit Requirement	Report (Mo. Avg.)	MTPY				Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESC: Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Report (Max.)								
Overflow Use, Occurrences	Sample Measurement									
PARM Code 74062 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)		OCC/MONTH					When discharging	Visual
Duration of Discharge	Sample Measurement									
PARM Code 81381 P Mon-Site No. STM-01	Permit Requirement	Report (Max.)		HRS/MONTH					Per occurrence	Estimated
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

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

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Public Access Reuse, Kingsway Golf Course

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-02	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement							
PARM Code 50050 Mon.Site No. FLW-02	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 B Mon.Site No. EFB-01	Permit Requirement				MG/L		4 Days/Week	Grab
pH	Sample Measurement							
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0119644

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement							
PARM Code 51005 A Mon. Site No. EFA-01	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity	Sample Measurement							
PARM Code 00070 B Mon. Site No. EFB-01	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B (Public Access Effluent, R-002)

Permit Number: FL0119644
 Monitoring Period From: _____ To: _____

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Turbidity (NTU)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00070	00620		
Mon. Site	EFA-01	EFB-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFA-01		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

DAILY SAMPLE RESULTS - PART B (Percolation ponds, R-001)

Permit Number: FL0119644
 Monitoring Period From: _____ To: _____

Facility: Lake Suzy WWTF

	CBOD5 (MG/L)	TSS (MG/L)	PH Minimum (SU)	PH Maximum (SU)	Fecal Coliform Bacteria (#/100ML)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)		
Code	80082	00530	00400	00400	74055	50060	00620		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01		
1									
2									
3									
4									
5									
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30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

DAILY SAMPLE RESULTS - PART B (Flow, Storage Pond, Sludge & Influent)

Permit Number: **FL0119644**
 Monitoring Period From: _____ To: _____

Facility: **Lake Suzy WWTF**

	Flow Total Plant (MGD)	Flow Public Access Reuse (MGD)	Flow Perc Ponds (MGD) FLW-01 - FLW-02	Overflow Use, Occurrences	Duration of Discharge	Rainfall (Inches)	Annual Sludge Production, Total (MTPY)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	50050	74062	81381	46529	49019	80082	00530
Mon. Site	FLW-01	FLW-02	FLW-03	STM-01	STM-01	OTH-01	OTH-02	INF-01	INF-01
1									
2									
3									
4									
5									
6									
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31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P. O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FL0119644

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Lake Suzy WWTF
 LOCATION: 12169 SW Egret Circle
 Lake Suzy, FL 33821

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

COUNTY: DeSoto

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N) PARM Code 78470 + Mon. Site No. RMP-B	Sample Measurement							
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P) PARM Code 78478 + Mon. Site No. RMP-B	Sample Measurement							
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K) PARM Code 78472 + Mon. Site No. RMP-B	Sample Measurement							
	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge PARM Code 49565 + Mon. Site No. RMP-B	Sample Measurement							
	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd) PARM Code 78476 + Mon. Site No. RMP-B	Sample Measurement							
	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu) PARM Code 78475 + Mon. Site No. RMP-B	Sample Measurement							
	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Lake Suzy WWTF

MONITORING GROUP NUMBER: RMP-B
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0119644

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement										
PARM Code 78468 + Mon. Site No. RMP-B	Permit Requirement				840.0 (Max.)			MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement										
PARM Code 78471 + Mon. Site No. RMP-B	Permit Requirement				57.0 (Max.)			MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement										
PARM Code 78465 + Mon. Site No. RMP-B	Permit Requirement				75.0 (Max.)			MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement										
PARM Code 78469 + Mon. Site No. RMP-B	Permit Requirement				420.0 (Max.)			MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement										
PARM Code 61518 + Mon. Site No. RMP-B	Permit Requirement				100.0 (Max.)			MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement										
PARM Code 78467 + Mon. Site No. RMP-B	Permit Requirement				7500.0 (Max.)			MG/KG		Annually	Composite
pH	Sample Measurement										
PARM Code 00400 + Mon. Site No. RMP-B	Permit Requirement				Report (Max.)			SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement										
PARM Code 61553 + Mon. Site No. RMP-B	Permit Requirement				Report (Max.)			PER-CENT		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										



Florida Department of Environmental Protection

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

file
Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 15, 2007

Mr. Bill Dean, President
Aqua Utilities Florida, Inc.
Suite 400-1100 Promise Avenue
6960 Professional Parkway East
Sarasota, FL 34240 - Leesburg, FL 34748

Re: Compliance Evaluation Inspection
Lake Suzy WWTF
Facility ID No. FL0119644
DeSoto County

Dear Mr. Dean:

The above-referenced wastewater treatment facility was inspected on June 7, 2007. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

PERMIT

The facility's wastewater permit will expire on February 8, 2011.

COMPLIANCE SCHEDULES

1. The permit contains a schedule regarding the public access reuse system at the Kingsway Golf Course. The following must be submitted to the Department for approval before placing the Kingsway Golf Course reuse system in service:
 1. Three months before placing the public access reuse system in service, an Operating Protocol and Cross-connection Control Program is required to be approved by the Department's Domestic Wastewater Compliance Enforcement Section.
 2. Prior to using reclaimed water on the Kingsway Golf Course or the disposal system, ground water monitoring plan is required to be approved and implemented. The implementation of the ground water monitoring plan may require the installation of monitoring wells. Please allow at least a year for approval and implementation of the ground water monitoring plan.
3. Please notify the Department when the construction of the reclaimed water distribution system is complete and ready for inspection. Construction is allowed by the conditions found in the permit.

DOCUMENT NUMBER DATE
04306 MAY 22 08

FPSC-COMMISSION CLERK

3. Please notify the Department when the construction of the reclaimed water distribution system is complete and ready for inspection. Construction is allowed by the conditions found in the permit.

LABORATORY

A contract laboratory performs analysis. The laboratory was not evaluated.

SAMPLING

1. Sampling at the time of the inspection was not observed.
2. The sampler used to collect effluent samples was evaluated. Samples for effluent analysis are required to be an eight-hour flow proportional composite sample. The inspection found the sampler appropriately set-up to gather the required sample. However, the tubing was dirty and needs to be replaced. The minimum composite period is eight hours, but a longer daily composite cycle of 24 hours may be more convenient.

RECORDS AND REPORTS

1. The Discharge Monitoring Reports were reviewed through April 2007.
2. A logbook was kept on site to monitor the daily activities of the certified operator. The logbook contained sign in/out times, maintenance accomplished, and the signature and certification numbers of the operators.

FACILITY SITE REVIEW

No problems or deficiencies were observed.

FLOW MEASUREMENT

Facility files revealed the last record of flow calibration was on May 11, 2007. The permit requires flow calibration each year.

OPERATION AND MAINTENANCE

1. *The aeration basins have stilling wells incorporated into their designs. The stilling wells are not provided with aeration to prevent the accumulation of solids. These stilling wells had not been cleaned in several months and were a source of vectors and odors. One stilling well contained mature cherry tomatoes. This was discussed with Robert Paver and the Department requests that close attention be given to these devices to prevent a repeat of these conditions.
2. *The headwork's has a bar screen that is required to be raked daily. Rags and solids were accumulating on the drying grates. On a daily basis, please dispose of dried rags and solids in a garbage can with a closed cover. The headwork's was a source of odors due to improper

disposal of the accumulated solids. The Department requests that close attention be given to the headwork's to prevent a repeat of this condition.

- Facility files revealed that the reduced pressure zone valve on the potable water supply line at the facility was last tested on March 1, 2007. Please note that an annual test is required of this device.
- This facility is equipped with a generator. The generator is exercised, under load, on a weekly schedule. The generator is automatic and starts when power is lost. The conditions of the wastewater facility are monitored daily in a remote location so that an operator may be called to correct any deficiencies.

EFFLUENT QUALITY

The Discharge Monitoring Reports (R-001) were reviewed from May 2006 through April 2007. The review of the Discharge Monitoring Reports found no excursions of the effluent limits.

Mon-Yr	MADF	3MADF	AADF	% Cap	CBOD Single Sample	CBOD 30 day Avg.	CBOD Annual Avg.	TSS Single Sample	TSS 30 day Avg.	TSS Annual Avg.	FC Annual Avg.	FC Single Grab	N
Units	MGD	MGD	MGD		mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	#/100	#/100	mg/L
Limit	Report	Report	0.087		60 max	30 max	20 max	60 max	30 max	20 max	200 max	800 max	12 max
May 06	0.040	0.057	0.058	67	4	3	3	3	2	2	5	1	6
June	0.040	0.040	0.056	64	8	5	3	5	4	3	5	1	8
July	0.045	0.042	0.055	63	2	2	3	1	1	3	11	200	8
August	0.044	0.043	0.054	62	3	3	3	4	3	3	11	1	5
Sept.	0.048	0.046	0.055	63	2	2	2	1	1	3	11	8	3
Oct	0.043	0.045	0.053	61	2	2	3	1	1	2	11	1	8
Nov	0.049	0.047	0.053	61	2	2	3	2	2	3	11	1	10
Dec	0.054	0.049	0.053	61	2	2	3	1	1	2	11	1	7
Jan-07	0.067	0.057	0.053	61	2	2	2	4	3	2	2	1	2
Feb	0.072	0.064	0.053	61	2	2	3	1	1	2	2	3	7
March	0.081	0.073	0.054	62	3	3	3	2	2	2	2	1	2
April	0.084	0.079	0.056	64	5	4	3	6	6	2	2	1	5

Notes and Comments: None

EFFLUENT DISPOSAL

The wastewater disposal system consists of two rapid infiltration basins located adjacent to the facility. The inspection found the rapid infiltration basins well-maintained.

RESIDUALS/SLUDGE

- *Please identify the method used to achieve Pathogen Reduction and Vector Attraction Reduction for Class B residuals. The response should be specific as to the methods identified under 40 CFR 503. Upon receipt of your response the Department will schedule a follow-up inspection to verify compliance with the described methods.

Mr. Bill Dean
Lake Suzy WWTF
Facility ID No. FL0119644 - DeSoto County
Page 4 of 4

2. *On January 12, 2006, a Residual Hauler Agreement was executed with Blue Environmental for the disposal of Class B stabilized residuals. Please respond with the date and gallons hauled by Blue Environmental in 2006. Please identify the method used to stabilize the residuals prior to each shipment.

The type of inspection conducted was a Compliance Evaluation Inspection. The facility was rated out-of-compliance for failure to do preventative maintenance and eliminate the source of odors and vectors discovered at the time of the inspection. Please note that a Compliance Evaluation Inspection is a non-sampling inspection designed to verify permittee compliance. A copy of the inspection report is attached. The Department requests a written response within twenty days of receipt of this letter to the items indicated by an asterisk (*). Please direct any questions to the undersigned at (813) 632-7600, extension 371.

Sincerely,



David MacColeman
Environmental Specialist III
Compliance and Enforcement
Domestic Wastewater Section

Attachment(s)

cc: Robert Paver, Operator (E-mail)
Cheryl Minskey, Residuals Coordinator, SWD (E-mail)

A UA
Utilities Florida.

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

August 15, 2007

David MacColeman
Environmental Specialist III
FDEP Southwest District Office
13051 North Telecom Parkway
Temple Terrace, FL 33627-0926

**RE: Reply to Compliance Evaluation Inspection
Lake Suzy WWTF
Facility ID No. FLA011964
Desoto County**

Dear Mr. MacColeman:

Thank you for your inspection on June 7, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

It appears that the Department did not have the proper contact information for this facility, which caused a delay in our receiving your letter and preparing a response. Please change your records for this and any other Aqua Utilities Florida, Inc. facility and send all future correspondence to:

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Ave
Leesburg FL, 34748

OPERATION AND MAINTENANCE

1. The stilling wells will be cleaned on a weekly basis to break up or remove any accumulated solids, trash, and debris.
2. The rags and debris will be cleaned daily from the bar screen. This material will be allowed to dry on the grates and then will be removed promptly and will be placed in a covered container for disposal.

RESIDUALS/SLUDGE

1. On August 2, 2006, Ms. Cheryl Minsky conducted a reconnaissance inspection of the residuals processing portion of this facility. At the time of the inspection the facility was practicing aerobic digestion for treatment for the sludge. Pathogen

reduction was met by testing for fecal coliform and vector attraction was met by conducting a SOUR test. It was also noted during the inspection that Aqua was not permitted to achieve pathogen reduction by tested for fecal coliform and the SOUR test were not being conducted in a timely manner. In the response letter from Mr. Jerry Connolly, the pathogen reduction deficiency was addressed by stating that Aqua will measure the temperature as specified in the permit and will apply for a minor permit revision to include fecal testing. The vector attraction deficiency response referenced the DEP – SOP-001/01 and requested the Department for clarification and suggestions. On January 12, 2007, a letter from the Department gives clarification to what the Department expects of Aqua for treatment and testing of residuals. Since this time, Aqua has not hauled any residuals from the Lake Suzy facility.

During a recent phone conversation and e-mail correspondence between Tricia Williams and David MacColeman it was discussed that Aqua would like to transport the sludge from the Lake Suzy facility to our Fruitville facility to be dewatered and hauled to a Department approved landfill.

2. The amount and dates of stabilized residuals are enclosed with this letter. Also enclosed are the analysis results that were done for 2006.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaamerica.com. Thank you.

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosure:

cc: Bill Dean, via e-mail
Michael O'Reilly, via e-mail

Blue Septic Tank Service, Inc.

Utility History Report

Facility Name: LAKE SUZY UTILITIES

Facility ID: FLA011964

Reporting Period From: 1/1/2006 To: 12/31/2006

Land Application History

Event No.	Date of Application	Site Name	Parcel/Field	Amount	Reporting Unit	Weather
L1964-06121-09163	3/3/2006	Flint Ranch/ Manatee	1a	14000	Gallons	Sunny
L1964-06117-11390	3/27/2006	Flint Ranch/ Manatee	1a	18000	Gallons	Sunny
L1964-06117-11393	3/28/2006	Flint Ranch/ Manatee	1a	12000	Gallons	Sunny
L1964-06117-11402	3/29/2006	Flint Ranch/ Manatee	1a	4000	Gallons	Sunny
L1964-06121-09172	3/7/2006	Flint Ranch/ Manatee	1a	18000	Gallons	Sunny
L1964-06121-09180	3/9/2006	Flint Ranch/ Manatee	1a	12000	Gallons	Sunny
L1964-06121-09183	3/10/2006	Flint Ranch/ Manatee	1a	6000	Gallons	Sunny
L1964-06383-09145	12/13/2006	Manning	8	12000	Gallons	Sunny
L1964-06383-09183	12/14/2006	Manning	8	30000	Gallons	Sunny
Total amount applied (gal)/(C.Y.):				126000		

Aug 07 07 07:35a AUF - Fruitville
RUG 06 07 04:46p BLUE SEPTIC

9413783554

p.4

Blue Septic Tank Service, Inc.

Utility History Report

Facility Name: LAKE SUZY UTILITIES

Facility ID: FLA011964

Pump-out History

Pump-out date	Event No.	Amount pumped (gal)	Product	Ticket/Batch No.
3/2/2006	06-115115908	5000	Residuals	06-115115906-FLA011964

Client Project: Lake Suzy
 Lab Project: N0606357
 Report Date: 07/11/06



Laboratory Results

Aqua Utilities Florida, Inc-Lake Suzy
 Johnny Chambalain
 12169 SW Egret Cir
 Lake Suzy, FL 34266

<u>Lab ID</u>	<u>Sample Description</u>	<u>Sample Source</u>	<u>Received Date/Time</u>	<u>Sample Date/Time</u>
N0606357-01	Sludge composite	Sludge	6/15/06 14:45	6/15/06 13:30

<u>Analysis</u>	<u>Method</u>	<u>Results</u>	<u>Qual</u>	<u>Detection Limit</u>	<u>Units</u>	<u>AnalysisDate/Time</u>	<u>Analyst</u>	<u>Cert ID</u>
Arsenic	6010B	0.726	U	0.726	mg/Kg dry	6/16/06 11:08	JPW	E84380
Cadmium	6010B	1.68	I	0.726	mg/Kg dry	6/16/06 11:08	JPW	E84380
Copper	6010B	263		0.726	mg/Kg dry	6/16/06 11:08	JPW	E84380
Lead	6010B	17.3		0.726	mg/Kg dry	6/16/06 11:08	JPW	E84380
Mercury, Total (solid)	7470	0.73	U	0.73	mg/Kg dry	6/22/06 14:00	JPW	E84380
Molybdenum	6010B	33.4		0.726	mg/Kg dry	6/16/06 11:08	JPW	E84380
Nickel	6010B	15.3		0.726	mg/Kg dry	6/16/06 11:08	JPW	E84380
Nitrogen, Total %	351.2/353.2	6.16		0.01	%	6/23/06 12:23	SJ	E84380
pH (solid)	9045	5.27	Q	0.01	std units	6/16/06 12:00	EE	E84380
Phosphorus, Total %	6010B	2.12	J3	0.01	%	6/16/06 11:08	JPW	E84380
Potassium, Total %	6010B	0.52	J3	0.01	%	6/16/06 11:08	JPW	E84380
Selenium	6010B	5.91		1.45	mg/Kg dry	6/16/06 11:08	JPW	E84380
Total Solids %	160.3	1.34		0.01	%	6/15/06 17:05	BB	E84380
Zinc	6010B	1280		0.726	mg/Kg dry	6/16/06 11:08	JPW	E84380

<u>Lab ID</u>	<u>Sample Description</u>	<u>Sample Source</u>	<u>Received Date/Time</u>	<u>Sample Date/Time</u>
N0606357-02	Sludge grab	Sludge	6/15/06 14:45	6/15/06 13:30

<u>Analysis</u>	<u>Method</u>	<u>Results</u>	<u>Qual</u>	<u>Detection Limit</u>	<u>Units</u>	<u>AnalysisDate/Time</u>	<u>Analyst</u>	<u>Cert ID</u>
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Client Project: Lake Suzy
 Lab Project: N0606357
 Report Date: 07/11/06

Laboratory Results

<u>Lab ID</u>	<u>Sample Description</u>	<u>Sample Source</u>	<u>Received Date/Time</u>	<u>Sample Date/Time</u>
N0606357-02	Sludge grab	Sludge	6/15/06 14:45	6/15/06 13:30

<u>Analysis</u>	<u>Method</u>	<u>Results</u>	<u>Qual</u>	<u>Detection Limit</u>	<u>Units</u>	<u>AnalysisDate/Time</u>	<u>Analyst</u>	<u>Cert ID</u>
Fecal Coliform, MPN	9221C,E	1490	U	1490	MPN/g	6/16/06 11:30	RG	E84380
Fecal Coliform, MPN	9221C,E	1490	U	1490	MPN/g	6/16/06 11:30	RG	E84380
Fecal Coliform, MPN	9221C,E	1490	U	1490	MPN/g	6/16/06 11:30	RG	E84380
Fecal Coliform, MPN	9221C,E	1490	U	1490	MPN/g	6/16/06 11:30	RG	E84380
Fecal Coliform, MPN	9221C,E	1490	U	1490	MPN/g	6/16/06 11:30	RG	E84380
Fecal Coliform, MPN	9221C,E	1490	U	1490	MPN/g	6/16/06 11:30	RG	E84380
Fecal Coliform, MPN	9221C,E	1490	U	1490	MPN/g	6/16/06 11:30	RG	E84380
Specific Oxygen Uptake Rate	2710B	0.5		0.1	mg/g/hr	6/15/06 16:40	BB	E84380

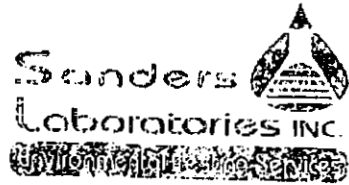
Approved by:



Andrew Konopacki/Lab Supervisor
 Kathrine Bortkiewica/Lab Supervisor
 Robert Spencer/Lab Manager

Comments:

Test Results meet all the requirements of the NELAC standards.



CHAIN-OF-CUSTODY RECORD

PROJECT # N0606357

Page 1 of 2

Client AQUA UTILITIES
 Address FLORIDA, INC.
8374 Market St. #419
Bradenton, FL 34202
 Phone _____ Fax _____

Report To: Johnny C
 Bill To: _____
 P.O. # _____
 Project Name LAKE SUZY WWTP
 Project Location: _____

Sample Supply: Sludge
 Customer Type: _____
 Field Report #: _____
 Kit # _____
 REQUESTED DUE DATE: 6/23/06

Sampled By (PRINT)		Sampler Signature		Sample	TEMP	PRESERVATIVES				ANALYSES REQUEST							Sample ID #
<u>Johnny Chamberlain</u>		<u>[Signature]</u>				UNPRESERVED	H ₂ O ₂	HNO ₃	HCl	503	FECAL	SOUL	PH	TSS ₂₅₄	TSS ₅₀₀		
1	Sludge	6:00	6:10	C	X					X						-01A	
2	Sludge	6:15	6:20	C	X					X						B	
3	Sludge			C	X					X						C	
					X											A	

C3450 IL	COMMENTS	COOLER SEAL INTACT Yes No	<u>Chlor</u>	<u>6/15/06</u>	<u>1445</u>	<u>Robert Pan</u>	<u>6/15/06</u>	<u>1445</u>
C4107 DIC			<u>Robert Pan</u>	<u>6/15/06</u>	<u>1445</u>	<u>Alreaga</u>	<u>6/15/06</u>	<u>1445</u>

RUE 07 07 08:11a Lake Suzy WWTP 9412550413 P. 4

