Chuluota

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 3 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

0000MENT NUMBER-DATE
00969 JAN 30 5

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Chuluota

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When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER.

FLA011076

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT:

CLASS SIZE:

Final

REPORT: GROUP:

Monthly

FACILITY:

N/A

Domestic

Chuluota WWTF

MONITORING GROUP NUMBER:

R-001

[]

LOCATION:

MONITORING GROUP DESC:

125 East 10th Street Chuluota, FL 32766

NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

MONITORING DEDICE

			MONITORING PERIOD From: 01/01/2004 To: 01/31/2004								
Parameter		Quantity of Load		Units	Quality	or Concent	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.031	0.031	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.039		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.3	3.7		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.6	7.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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)
Charles A Richmond / Chief Plant Operator	•	407-671-2430	

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

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

Parameter		Quantity o	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				6.9	7.7		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon,Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				10			#/100mL	1	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab .
Nitrogen, Nitrate, Total (as N)	Sample Measurement				10.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				240			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				240			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				37.7%			PERCENT	0	Monthly	Calculated
	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement					7.					
	Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

From: 1/1/04

To: <u>1/31/04</u>

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7		7.5	-	-		
2		,		7		8.2				
3				7		13.7				
4			<u> </u>				0.078			
5				7		12.6	· · · · · · · · · · · · · · · · · · ·			
6				7		10.3	 			
7				7		5.7	+			
8	3.7	1U	9	7	2.1	22		280	240	
9				8	-	22	†			
10				8		18.5	1			
11							0.073			
12				7		5.8	0.032			
13				8		17.9	0.022			
14				8		20.3	0.042			
15				7		17.7	0.046			
16				7		18.7	0.034			
17				7		9.2				
18							0.083			
19				7		14.1	0.060			
20			<u>:</u>	7		4.09	0.037			
21			:	7		5.7	0.007			
22	2.9	1U	10	7	7	3	0.051	200	240	
23				7		1.68	0.034			
24				8		1.13			:	
25							0.085			
26		. =		7		2.1	0.047			
27				.7		3.74	0.039			
28				7		9.5	0.037			
29		i		7		19.2	0.032			
30				7		16.4	0.050			
31				7		1.2	0.052			

PLANT STAFFING:					
Day Shift Operator	Class: <u>C</u>	Certification No.:	9558	Charles Harris	
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class:	Certification No.:			
Lead Operator	Class: <u>B</u>	Certification No.:	9287	Charles A. Richmond	
Type of Effluent Dispos	sal or Reclaimed V	Vater Reuse: Sp	rayfield		
Limited Wet Weather Disc	harge Activated: Yes:	No: No	Applicable:	If yes, cumulative days of wet weather discharge	

[•] Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME

Florida Water Services Corporation

PERMIT NUMBER.

FLA011076

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT:

Final

REPORT:

Monthly

FACILITY:

CLASS SIZE:

N/A

GROUP:

To.

Domestic

Chuluota WWTF

MONITORING GROUP NUMBER:

R-001

LOCATION:

125 East 10th Street Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

MONITORING PERIOD

From:

02/01/2004

02/28/2004

				MOINTO	KING PERIOD	FIOIII.		12004	10.	02/20/2004	
Parameter		Quantity o	of Loading	Units Quality or Concentration					No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.033		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.040		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			rng/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.4	2.5		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon,Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				5.6	8.9		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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.

	<u> </u>		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Charles A Richmond / Chief Plant Operator		407-671-2430	

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

Facility Name: Chuluota WWTF Permit Number: FLA011076 Discharge Point No.: R001 WAFR SITE No.: 6977

Parameter		Quantity o	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				6.9	7.5		\$.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				10			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon,Site No. EFA-1	Permit Measurement				200 (An,Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	1U		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.3		·	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				12.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				134			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon,Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				174			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				38,3%			PERCENT	0	Monthly	Calculated
	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement										
	Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

From:

2/1/04

To: 2/28/04

F	CBOD5	Fecal	Nitrogen,	рН	TSS (mg/L)	TRC (For	Flow (MGD)	CBOD5	TSS	
1	(mg/L)	Coliform	Nitrate, Total	(S.U.)	100 (mg/L)	Disinfect.)	1 10W (1810D)	(mg/L)	(mg/L)	
	, , ,	Bacteria	(as N)	, ,		(mg/L)	į į	`	, ,	
l l		(#/100ml)	(mg/L)							l
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	:
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1	Ī						0.054			
2				7		1.97	0.040			
3				. 7	1	10.3	0.043			
4				7		13.1	0.037			
5	2.5	1U	12	8	2.3	21.6	0.055	27	38	
6				7		15.7	0.039			
7				7		7.9				:
8							0.087			
9				7		8.3	0.049			
10				7		13.4	0.045			
11				7		3.88	0.036			
12				7		4.25	0.036			
13				7		18.9	0.047			. :
14				7		12.4	!			
15	ļ .						0.098			
16				7		8.8	0.034			
17				7		11.1	0.043			
18				7		1.27	0.034			
19	2.2	10	10	7	8.9	9.1		240	310	
20			1	7		12.2				
21				7	!	6.5				
22							0.090			
23				7_		3.74				
24			İ	7	 	3.22	+			
25				7		6.4				
26				7	<u> </u>	7.1				
27				7	 	13.2	·			
28				7	 	1.9	<u> </u>			
29		 					0.121			
30										
31	L				<u> </u>					

PLANT STAFFING:				
Day Shift Operator	Class: <u>C</u>	Certification No.:	12239	Ernestoe Holmes
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class:	Certification No.:		·
Day Shift Operator	Class:	Certification No.:		
Lead Operator	Class: B	Certification No.:	9287	Charles A. Richmond
Type of Effluent Dispos	al or Reclaimed Wat	er Reuse:	Sprayfield	
Limited Wet Weather Disch	narge Activated: Yes:	No:	Not Applicable:	If yes, cumulative days of wet weather discharge

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT: CLASS SIZE: Final

REPORT: GROUP:

Monthly

FACILITY:

Chuluota WWTF

N/A

Domestic

MONITORING GROUP NUMBER:

R-001

LOCATION:

Chuluota, FL 32766

MONITORING GROUP DESC:

Sprayfield, including Influent

To:

125 East 10th Street

NO DISCHARGE FROM SITE:

COUNTY:

Seminole

MONITORING PERIOD

From:

03/01/2004

03/31/2004

				MOMINO	RING PERIOD	From:	03/01	12004	10:	03/31/2004	
Parameter		Quantity of	Quantity of Loading		Quality	or Concen	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.034		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	6.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.048		mgđ					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20,0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2U	2U		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.1	1.1		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC

Learlify 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 property 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)
Charles A Richmond / Chief Plant Operator		407-339-5424	

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

Facility Name: Chuluota WWTF Permit Number: FLA011076 Discharge Point No.: R001 WAFR SITE No.: 6977

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1U			#/100mL	1	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab .
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				165			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				138			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				42.4%			PERCENT	0	Monthly	Calculated
	Permit Measurement				Report (Mo,Total)			PERCENT		Monthly	Calculated
	Sample Measurement										
	Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period From:

3/1/04

To: 3/31/04

	CBOD5 (mg/L)	Fecal Coliform	Nitrogen, Nitrate, Total	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
		Bacteria (#/100ml)	(as N) (mg/L)			(mg/L)				
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7.0		8	0.047			
2				7.0		10.5	0.049			
3				7.1		7.7	0.043			
4	2U	1U	4.5	6.9	1.1	7.8	0.069	170	230	
5				7.0		8.2	0.047			
6				7.2		7.3				
7							0.107			
8				7.0		1.71	0.040			
9				7.3		13	0.044	(
10				7.4		21	0.050			
11				7.3		11.3	0.044			
12				7.0		7.1	0.044			:
13				7.4		8.9				
14							0.108			
15				7.2		7.3	0.037			
16				6.9		7.9	0.056			
17			1	7.0		8.3	0.043			
18	2U	1U	3.9	7.1	10	13.1	0.055	160	46	
19				7.1		1.4	0.045			
20	,			7.0		9.4				
21							0.094			
22				7.1		8.6	0.048			
23				7.2		8.8	0.049			
24				7.2		10	0.047			
25				7.1		11.4	0.046			
26				7.1		12.4	0.050			
27	'			7,1		10.7				
28							0.104			
29				7.0		2.78	0.046			
30			: 1	7.1	+	0.77	0.045			
31				7,1		4.98	0.029			

PLANT STAFFING:					
Day Shift Operator	Class: _C_	Certification No.:	9558	Charles harris	
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class:	Certification No.:			
Lead Operator	Class: <u>B</u>	Certification No.:	9287	Charles A. Richmond	
Type of Effluent Disposa	al or Reclaimed Water	Reuse:	Sprayfield		
Limited Wet Weather Discha	arge Activated: Yes:	No:	Not Applicable:	If yes, cumulative days of wet weather discharge	_

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT: CLASS SIZE: Final

REPORT: GROUP:

Monthly

FACILITY:

Chuluota WWTF

MONITORING GROUP NUMBER:

N/A R-001 Domestic

LOCATION:

125 East 10th Street Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

MONITORING PERIOD

04/01/2004

т-.

05/01/2004

				WONTE	RING PERIOD	From:	04/01	12004	To:	05/01/2004	
Parameter		Quantity of	of Loading	Units	Quality	or Concent	ration	Units	No.	Frequency	Sample Type
									of Ex.	of	
Flow.	Sample						T		EX.	Analysis	Flow-meter/
Total Through Plant	Measurement	0.036		mgd					0	Continuous	Totalizer
PARM Code 50050 Y	Permit is at 14	0.17		mgd		100	1000			Continuous	, Flow-meter/
Mon Site No. FLW-1	Measurement	(An.Avg.)			water .	1,*	***	a training			Totalizer
Flow,	Sample	0.050		mgd		`			0	Continuous	Flow-meter/
Total Through Plant	Measurement	Balancia de la Caracia de Caracia	ar see to he will make the second						_		Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd	e e e e e e e e e e e e e e e e e e e		100	all a		- Continuous	Flow meter/ Totalizer
BOD, Carbonaceous 5	Sample			28.75 - 1.85	_		1449	200 000	9-10-10-10-1	Every Two	
day, 20°C	Measurement				2			mg/L	0	Weeks	8-hour FPC
PARM Code 80082 Y	Permit	Walter Street	1 1 1 1 1	10.00	20,0	4.27 3.66		//		Every Two	O Karra EDG
Mon.Site No. EFA-1	Measurement				(An. Avg.)			mg/L		Weeks	.8-hour FPC
BOD, Carbonaceous 5	Sample				2.5	3.2				Every Two	8-hour FPC
day, 20°C	Measurement				2.5	3.2		mg/L	ן ט	Weeks	8-nour FPC
PARM Code 80082 1	Permit				Report	60.0	10. 10	mg/L		Every Two	8-hour FPC
Mon Site No. EFA-1	Measurement		1 m 1 m 1 m		(Mo.Avg.)	(Max)	24.02	, ingre-	Y	. Weeks	o-liour FFC
Solids,	Sample				2	The state of the s				Every Two	0 h FDC
Total Suspended	Measurement				2			mg/L	"	Weeks	8-hour FPC
PARM Code 00530 Y	Permit				20,0	100				Every Two	
Mon Site No. EFA-1	Measurement				(An. Avg.)	1.00	F (\$6.74)	mg/L		Weeks	8-hour FPC
Solids,	Sample				4.4	2.4				Every Two	0 h FDO
Total Suspended	Measurement	<u> </u>			1.4	2.1		mg/L	"	Weeks	8-hour FPC
PARM Code 00530, 1	Permit				Report	60.0	m j			Every Two	ok - coe
Mon.Site No. EFA-1	Measurement		140		(Mo.Avg.)	(Max)	100	mg/E		Weeks	8-hour: 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.

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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)	
Charles A Richmond / Chief Plant Operator		407-671-2430		

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

Facility Name: Chuluota WWTF Permit Number: FLA011076 Discharge Point No.: R001 WAFR SITE No.: 6977

Parameter		Quantity o	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement	:			6.9	7.4		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit %				6.0 (Min)	8.5 (Max)	Tapa,	s.ü.	(1)	5 Days/Week	Grab 🛊
Coliform, Fecal	Sample Measurement			***	1U			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Measurement	elent grant a		1/%	200 (An.Avg.)	*		#/100mL		Every,Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	1U		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit ig		48%		Report (MoGeoMean)	800 (Max)	16.0	#/100mL	6	Every Two [∦] Weeks	[®] Grab₃
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1	``		mg/L	0	5 Days/Week	Grab
PARM Code 50060 ∉A Mon.Site No. EFA-1 ఈ ≉	Permit Measurement		<i>(</i> 4,		0.5 (Min)		in des	f mg/L	.eu	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit . Measurement	A 1997		ga f	.12 (Max),			⊸mg/L		Every Two* Weeks	8-hour FPC
CBOD5	Sample Measurement				180			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 · G Mon:Site No.:INF-1	Permit Measurement			- E	Report (Mo.Avg.)	1 1	no s	* mg/Ľ		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				153			mg/L	0	Every Two Weeks	8-hour FPC
PARM Gode 00530. G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)	-1	age a	/mg/L	Æ	Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				46.0%			PERCENT	0	Monthly	Calculated
	Permit Measurement Sample Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Permit Measurement		100			10 M	19 35	a y			270

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Monitoring Period

Seminole

From:

4/1/04

To: 5/1/04

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1	2	1U	5.1	7	1U	12.9	0.055	300	240	
2				7		8.1	0.040			
3				7		1.29	0.049			
4				***			0.049		-	
5	_			7		1.2	0.043			
6				7		4.9	0.049			
7			4	7		1.2	0.043			
8				7		13.1	0.056			
9	_			7	,	1.5	0.042			
10				7		1.6	0.057			
11							0.057			
12				7		4.5	0.060			
13				7		4	0.053			
14				7		3.4	0.037			
15	3.2	1U	3	7	2.1	3.5	0.051	70	68	
16				7		4.8	0.042			
17				7		8.1	0.055			
18							0.055			
19				7		6.4	0.042			
20				7		6.8	0.047			
21				7		6.6	0.053			
22				7		1.6	0.043			
23				7		1.14	0.046			
24				7		1.2	0.059			
25							0.059			
26				7		1.1	0.053			
27				7		1.7	0.049			
28				7		1.5	0.028			
29	2.3	1U	6	7	1.1	13.8	0.068	170	150	
30				7		1.38	0.060			
31							0.000			

PLANT STAFFING:				
Day Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class:	Certification No.:		
Lead Operator	Class: B	Certification No.:	9287	Charles A. Richmond
Type of Effluent Dispo	osal or Reclaimed V	Water Reuse: Sp	orayfield	
Limited Wet Weather Dis	charge Activated: Yes	i: No: No	ot Applicable:	If yes, cumulative days of wet weather discharge

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER.

FLA011076

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

REPORT: GROUP:

Monthly

FACILITY:

CLASS SIZE:

LIMIT:

Final N/A

Domestic

Chuluota WWTF

MONITORING GROUP NUMBER:

R-001

LOCATION:

125 East 10th Street Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

MONITORING PERIOD

From

05/04/2004

05/24/2004

				MONTO	RING PERIOD	From:	00/01	12004	10:	05/31/2004	<u> </u>
Parameter		Quantity o	f Loading	Units	Quality	or Concen	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.038		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgđ						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.054		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.1	2.2		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.1	1.1		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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)
Charles A Richmond / Chief Plant Operator		407-671-2430	

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

Facility Name: Chuluota WWTF Permit Number: FLA011076 Discharge Point No.: R001

Parameter		Quantity of	of Loading	Units	Quality or Concentration			Units	No. of Ex.	of	Sample Type
pН	Sample Measurement				6.7	7.6		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1U			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	1U		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab .
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.8			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				73			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				104			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				50.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. FLW-1	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement										
	Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period From:

5/1/04 To: 5/31/04

Ī	CBOD5	Fecal	Nitrogen,	рН	TSS (mg/L)	TRC (For	Flow (MGD)	CBOD5	TSS	
	(mg/L)	Coliform	Nitrate, Total	(S.U.)		Disinfect.)		(mg/L)	(mg/L)	
	i	Bacteria (#/100ml)	(as N) (mg/L)			(mg/L)				
			(g, 2)							
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
11				. 7		0.85	0.062			
2	!						0.062			
3			ļ	7		9	0.053			
4				7		6.8	0.051			
5				7		6.2	0.053			
6		,,		. 7		2.9	0.046			
7				7		1.45	0.048			
8				7		0.64	0.054			
9							0.054			
10				7		8.9	0.068			
11				. 7		2.47	0.059			
12	2.2	1 U	4	7	1.1	3.03	0.041	120	160	
13				7		15.7	0.058			
14				7		1.52	0.050			
15				8		11.9	0.062			
16							0.062			
17				7		2.05	0.057			
18				7		1.91	0.056			
19				7		1.37	0.046			
20				7		1.27	0.052			
21				7		0.91	0.054			
22				7		1.14	0.054	,		
23							0.054	· · · · · · · · · · · · · · · · · · ·		
24				7		3.26				
25	,			7		1.94				
26	2	1U	4	7	1U	2.05		26	48	
27				7		1.16				
28				7		0.92				
29			T	7	1	6.3	 +			
30					:		0.054			
31				7	1	4.55				

PLANT STAFFING:				
Day Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class:	Certification No.:		
Lead Operator	Class: B	Certification No.:	9287	Charles A. Richmond
Type of Effluent Dispos	al or Reclaimed Wa	ater Reuse: Sp	rayfield	
Limited Wet Weather Disch	arge Activated: Yes:	No: No	t Applicable:	If yes, cumulative days of wet weather discharge

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Florida Water Services Corporation

P.O. Box 609520

LIMIT:

PERMIT NUMBER:

FLA011076

Orlando, FL 32860-9520

CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly

FACILITY:

Chuluota WWTF

MONITORING GROUP NUMBER:

[]

Domestic

MAILING ADDRESS:

R-001

To

LOCATION:

125 East 10th Street Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

MONITORING PERIOD

From:

06/01/2004

06/30/2004

				IVIOIVITO	KING PERIOD	From:	00/01	2004	10.	00/30/2004	·
Parameter		Quantity	of Loading	Units	Quality	Quality or Concentration				Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.041		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.055		mgd			-		0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.3			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (Ап. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2U	2U		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		e stranger - stranger - province - stranger		1.6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.2	1.3		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC

1 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)
Charles A Richmond / Chief Plant Operator		407-671-2430	

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

Facility Name: Chuluota WWTF Permit Number: FLA011076 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality (or Concen	tration	Units	No. of Ex.	f of	Sample Type
pH	Sample Measurement				7.1	7.6		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S,U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1U			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon,Site No, EFA-1	Permit Measurement				200 (An:Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0:5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				255			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				270			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon,Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				53.2%			PERCENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Measurement Sample Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

From:

6/1/04

To: 6/30/04

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7.2		2.78	0.057			
2				7.2		0.7	0.043			
3			<u>.</u>	7.3		10.2	0.060			
4				7.5		1.4	0.054		:	
5				7.4		0.84	0.058			
6							0.058			
7				7.1		3.47	0.057			
8				7.3		3.58	0.051			
9				7.3	1	3.72	0.057			
10	2	1L	4	7.4	10	6	0.069	320	290	
11				7.2		1.5	0.051			
12				7.4		1.65	0.065			
13		-	:				0.065			
14		!		7.4		3.17	0.053			
15				7.4		11.6	0.057			:
16				7.3		1.2	0.053			
17				7.3		0.79	0.038			
18				7.1		15.9	0.070			
19			!	7.3		1.78	0.070			
20							0.070			
21		!		7.1		1.42	0.069			
22				7.3		2	0.049			
23				7.4		0.72	0.045			
24	2	1L	3	7.2	1.3	3.5	0.062	190	250	
25				7.1		1.4	0.058			
26		:		7.1		1.2				
27							0.062			
28		†		7.5		1.3				
29		:		7.3		3.6			İ	
30			1	7.6		2.2				
31		· · · · · · · · · · · · · · · · · · ·			 		0.000			

PLANT STAFFING:				
Day Shift Operator	Class: <u>C</u>	Certification No.:	9558	Charles Harris
Day Shift Operator	Class: C	Certification No.:	13614	Adams Micheals
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class:	Certification No.:		
Lead Operator	Class: <u>B</u>	Certification No.:	9287	Charles A. Richmond
Type of Effluent Dispo	sal or Reclaimed W	/ater Reuse:	Sprayfield	
Limited Wet Weather Disc	charge Activated: Yes:	No:	Not Applicable:	If yes, cumulative days of wet weather discharge

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

Docket No. 060368-WS

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

Florida

Report Missing:

Discharge Monitoring Report

Chuluota

July 2004

Aqua Utilities Florida, Inc.

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

દે દે

140 Hope Street Longwood FI,32750

LIMIT:

Final

REPORT:

Monthly

FACILITY:

Chuluota WWTF

CLASS SIZE:

N/A

GROUP:

Domestic

MONITORING GROUP NUMBER:

R-001

LOCATION:

125 East 10th Street Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE: Sprayfield, including Influent

COUNTY:

Seminole

				MONITOR	RING PERIOD	From:	08/01	/2004	To:	08/31/2004	
Parameter		Quantity of Loading Units Quality or Concentration				ation	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Flow, Total Through Plant	Sample Measurement	0.046		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.071		mgd		,			0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	<u> </u>	mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				4.3	6.3		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Measurement		1/2		Report (Mo:Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		· · · · · · · · · · · · · · · · · · ·		1.8			mg/L	0	Every Two Weeks	8-hour FPC
PARM Gode 00530 Y Mon Site No. EFA-1	Permit Measurement				20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.5	7.8		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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. 1 am

aware that there are significant periatiles for submitting talse thrombuot, including the possibility of the	Cano improvement for thromaly more and an arrangement			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF BRINCIPAL EXECUTIVE OFFICER OR ANTH	HORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/OD)
William Trendel/Senior Operator	William Jud	/ 1.	407-339-5424	14/04
COMMENTS AND EVEL ANATION OF ANY VIOLATIONS (Reference all att	chments here).		,	

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality	or Concent	tration	Units	No. of Ex.	of	Sample Type
рН	Sample Measurement				6.8	7.7		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement		,		6.0 (Min)	8.5 (Max)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1U			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	1U		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement	-			0.5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.0		·	mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				139			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				270			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement		-		Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				60.5%			PERCENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
——————————————————————————————————————	Sample Measurement	,									
	Permit Measurement					<u></u>					

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

Semmore

From: 8/1/04

To: 8/31/04

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
on.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1							0.076			
2				7.5	:	2.2	0.077			
3				7.5		2.2	0.056			
4				7.7		2,2	0.067			
5	2.3	1U	2 1	7.5	1.1	2.3	0.055	200	390	
6				7.2		2.1	0.067	:		
7				7.0		1.4	0.050			
8							0.086			
9				7.4		1.9	0.086			
10				7.3		2.5	0.082			
11				7.3		2.2	0.062			
12			:	7.4		2	0.069			
13				7.4		2.1	0.082			
14				7.1		2.2	0.000			
15				6.9		2.2	0.000			
16				6.9		2.2	0.000			
17				6.8		2.2	0.039			
18				7.2		2.2	0.095			
19	6.3	10	7	7.4	7.8	2.2		7 7	150	
20				7.4		1.8	0.078		• •••••	
21				7.4	:	1.3	0.067			
22				7.4		1.4	0.082			-
23				6.8		1.5	0.125			
24				6.9		0.7				
25				7.0		0.6				
26				6.9		0.8				
27				7.0		1.3				
28			The second of the second				0.085		**************************************	
29				7.0		0.6				
30				7.1		1.2				
31				7.0		2.2	and the second second second second			
ANT STAF ly Shift Op ly Shift Op	erator	Class: C		fication No.	: 9558		Charles Harris	3		
y Shift Op y Shift Op		Class:		fication No.		-			······	
y Shift Op		Class: A		fication No.	: 9184		William Trend	el		
		Class: B	Corti	fication No.	7113	-	Mill Eastein			

٠	Attach additional sheets	if	necessary to	list	all	certified	operators

Class: B

Type of Effluent Disposal or Reclaimed Water Reuse:

Certification No.:

7113

Sprayfield

No: Not Applicable:

Will Fontain

If yes, cumulative days of wet weather discharge

Limited Wet Weather Discharge Activated: Yes:

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Sulte 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Agua Utilities, Florida Inc.

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope St.

Longwood,FI 32750

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

LOCATION

FACILITY CONTROL CONTR

MONFICHING GROUP NUMBER

LOCATION:

125 East 10th Street Chuluota, FL 32766 MONITORING GROUP DESC: NO DISCHARGE FROM SITE: Sprayfield, including Influent

COUNTY:

Seminole

MONITORING PERIOD

09/01/20

09/30/2004

			÷	MONITO	RING PERIOD	From:	09/01	/2004	To:	09/30/2004	
Parameter	meter Quantity of Loading Units Quality or Concentration						ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.053		mgd	4-1				0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0:1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.109		mgd	·				0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo:Avg.)		mgd						Continuous	Flow-mete <i>rl</i> Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Measurement			dest.	20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement		<u></u>		4.8	6.9		mg/L	0	Every Two Weeks	8-hour FPC
PARM Gode 80082 1 Mon:Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Measurement				20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			ustika u Tigové	12.4	15.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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)
William Trendel/Senior Facilities Operator	Williams Gund	407-509-8398	04/10/14
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all a	ttachments here):		- // /

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

Parameter		Quantity of	of Loading	Units	Quality	or Concent	tration	Units	No.	Frequency	Sample Type
A COLUMN TO THE PARTY OF THE PA									Ex.	Analysis	
The state of the s	Sample Measurement	Paracol and reserve in a construction	are ka ka sa serenjatira	COMPANIES OF SELECTION ASSESSMENT	6.0	7.6		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. EFA-1	Permit Measurement				6,0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1	3		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon:Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0:5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				16.0			mg/L	1	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon:Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				81			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No: INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement	,			73			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPG
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				79.0%			PERCENT	0	Monthly	Calculated
	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement									,	
	Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period From:

9/1/04

To: 9/30/04

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	рН (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	2007 Contract
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7	1	1.5	; .			
2	6.9	1U	16	6	15	2.2	*	130	94	
3				6		2.2	·			3
4			,	6		2.2				100
5							0.045			F
6				· 6		1				CS CS
7				6		0.8 2.2				AND COURT
8	i i i i i i i i i i i i i i i i i i i			6		2.2	*	1 11 11 11 11 11 11 11 11 11 11 11 11 1		
10			<u> </u>	7		6.6				
11				7	1	0.9				1
12							0.103		•	
13	•		** ***	8		2.2				
14				8	•	1.1				(1) (2) (3)
15	5.2	10	10	8	13	1		53	50	
16				8	•	2.2				E A
17				7		1,3	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	•		
18				7		2.2				
19							0.112			1000000
20				7		0.9	0.112			
21				7		2.2	•	r		
22				7		2.2	0.144			
23			,	8		2.2	0.096			Third I
24				7		1.3	0.123			100
25				7	,	0.6	0.103			
26				7		0.7	0.063			1
27						1.4	0.063			
28				7		2	0.063			
29			1, 1997 - 1997	7		2.2	0.141			4
30	2.3	3	3 4	7	9.1	2.2	0.162	61	76	
31			·		·		0.000			

PLANT STAFFING:					
Day Shift Operator	Class: _C_	Certification No.:	9558		Charles Harris
Day Shift Operator	С	Certification No.:	11993		Al Gerardo
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class:	Certification No.:			
Lead Operator	Class: _A_	Certification No.:	9184		William Trendel
Type of Effluent Dispo	sal or Reclaimed V	Vater Reuse:	Sprayfield		
Limited Wet Weather Dis	charge Activated: Yes	s: No: N	lot Applicable:	\overline{A}	If yes, cumulative days of wet weather discharge

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope Street Longwood FI,32750

Final

REPORT:

Monthly

FACILITY:

CLASS SIZE:

LIMIT:

N/Α

GROUP:

Domestic

Chuluota WWTF

MONITORING GROUP NUMBER:

R-001

LOCATION:

125 East 10th Street Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE: Sprayfield, including Influent

COUNTY:

Seminole

MONITORING PERIOD

10/01/2004

10/31/2004

				MONTO	HING PERIOD	From:	10/01/	2004	10:	10/31/2004	
Parameter		Quantity	of Loading	Units	Quality	or Concen	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.058		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon Site No: FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.102		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon:Site No. FEW-1	Permit Measurement	Report (Mo:Avg.)		mgd	7.0					Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code:80082 Y Mon:Site No: EFA-1	Permit Measurement				20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				2.3	2.5		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo:Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Measurement				20.0 (An. Ávg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.2	1.4		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo:Avg:)	60:0 (Max)		mg/L		Every Two Weeks	8-hour 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

		The state of the state of		The same of the sa	Transfer States	- Charles and the	A SERVICE MANAGEMENT	enviolent and a series of the series		and the second second	direct system by
-	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATU	RE OF PRIN	CIPAL EXECUT	IVE OFFICER O	R AUTHORIZE	DAGENT	TELEPHONE NO.	DATE (YY/MM/DD)	
- 1-				5	/	7	7				
ł	William Trendel/Senior Operator	111	11111	rnst	TERCE			1-407-339-5424	Nov 10	,2009	7

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

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

Parameter		Quantity of Loadi	ing Units	Quality	or Concen	Units	No. of Ex.	Frequency of Analysis	Sample Type	
рH	Sample Measurement			6.8	7.8		\$.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon:Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U.		S Days/Week	Grab
Coliform, Fecal	Sample Measurement			1U			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055: Y Mon:Site No. EFA-1	Permit Measurement			200 (An:Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			1U	10		#/100mL	0	Every Two Weeks	Grab
PAHM Code 74055 1 Mon Site No. EFA-1	Permit Measurement			Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab .
Total Residual Chlorine (For Disinfection)	Sample Measurement			1,0		200	mg/L	0,	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Measurement			0:5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			5.1			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon:Site No: EFA-1	Permit Measurement			12 (Max)			riig/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement			45	·		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Measurement			Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement			70			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Measurement			Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, TMADF/Permitted Capacity) X 100	Sample Measurement			71.0%			PERCENT	0	Monthly	Calculated
PARM Code 00180 Vion:Site No. FLW-1	Permit Measurement			Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement				7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
Commence of the commence of th	Permit	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE								

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R:001

County:

Seminole

Monitoring Period

From: 10/1/04

To: 10/31/04

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)		
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	30	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01		
1				7.4		2.2	0.137				
2				6.8		1	0.117			50.00	
3	., ,,,,,,,,,,,,,,,,,,,,,,,,,		d				0.122			N. Card	
4				7.2		1.7	0.122			400	
5				7.1		1.5	0.129			100	
6				7.7		3.5	0.109				
7				7.8		3.5	0.151				
8				7.8	:	3.5	0.065				
9							0.106			1	
10				7.7		3.5	0.106				
11				7.4		3.5	0.141				
12				7.6		3.5	0.072				
13				7.6	:	3.5	0.149			200	
14	2	1U	5	7.3	10	3.5	0.062	43	85		
15				7.3		1.6	0.112				
16				7.1		2.9	0.077				
17				7.0		3.2	0.086			1777	
18				7.1		3.8	0.103			8: are	
19				7.3		3	0.064			100	
20				7.4		3.5	0.139			100	
21				7.4		3.5	0.092				
22				6.9		5.3	0.092				- 1
23				7.1		2.1	0.083				
24							0.103			*	
25				7.3		1.6	0.103				
26				7.3		3.5	0.055				
27				7.3		3.5	0.100			1	1
28	2.5	11). 1	7.5	1.4	3.5	0.072	47	55		
29				7.1		2.2	0.104				
30				7.2		8	0.084			100	
31							0.000				

PLANT STAFFING: Day Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris		-
Day Shift Operator	Class:	Certification No.:				
Day Shift Operator	Class:	Certification No.:				
Day Shift Operator	Class: A	Certification No.:	9184	William Trendel		
Lead Operator	Class: B	Certification No.:	7113	Will Fontain		
Type of Effluent Dispo	sal or Reclaimed W	/ater Reuse: Sp	rayfield			
Limited Wet Weather Dis	charge Activated: Yes	: No: No	t Applicable:	If yes, cumulative days of wet weather discharge		7
					7%	

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities, Florida Inc.

Longwood,FI 32750

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope St.

LIMIT:

Final

REPORT: GROUP:

Sprayfield, including Influent

Monthly Domestic

FACILITY:

Chuluota WWTF

CLASS SIZE: MONITORING GROUP NUMBER: N/A

LOCATION:

125 East 10th Street

MONITORING GROUP DESC:

R-001

Chuluota, FL 32766

NO DISCHARGE FROM SITE:

COUNTY:

Seminole

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

			MONTO	KING PERIOD	From:	11/01/	/2004	10:	11/30/2004	
Parameter		Quantity of Lo	ading Units	nits Quality or Concentration				No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.063	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon Site No. FLW-1	Permit Measurement	0.1 (An:Avg.)	mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.097	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon Site No. FLW-1	Permit Measurement	Report (Mo:Avg.)	mgd						Continuous	Elow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			3			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Measurement			20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			3.4	3.8		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Measurement			Report (Mo:Avg.)	60,0 (Max)		.mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			2			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon:Site No: EFA-1	Permit Measurement			20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			8.4	11.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Measurement			Report (Mo:Avg:)	60:0 (Max)		.mg/L		Every Two Weeks	8-hour 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 property 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 talse 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)
William Trendel/Senior Facilities Operator	Willian Gurdel	407-509-8398	12/7/04

COMMENTS AND E. PLANATION OF ANY VIOLATIONS (Reference all attachments here):

Facility Name: Chuluota WWTF Permit Number: FLA011076 Discharge Point No.: R001 WAFR SITE No.: 6977

Parameter		Quantity of Loading U			Units Quality or Concentration				No. of Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2	7.6		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon:Site No. EFA-1	Permit Measurement				6.0 (Min)	8;5 (Max)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1U			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement	<u> </u>			1U	10		#/100mL	0	Every Two Weeks	Grab
PARM Gode 74055 1 Mon Site No. EFA-1	Rermit Measurement				Report (МоGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Measurement				0,5 (Min)		100	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				175			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				140			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement		- % 16		Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				102.7%			PERCENT	1	Monthly	Calculated
	Rermit Measurement				Report (Mo:Total)			PERCENT		Monthly	Calculated
	Sample Measurement									garar ng matang masakasa	
	Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

From: 11/1/04

To: 11/30/04

ſ	CBOD5	Fecal	Nitrogen,	pН	TSS (mg/L)	TRC (For	Flow (MGD)	CBOD5	TSS	
	(17/g/L)	Coliform Bacteria	Nitrate, Total (as N) (mg/L)	(S.U.)		Disinfect.) (mg/L)		(mg/L)	(mg/L)	
1) 1		(#/100ml)								
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				8		5	0.187			
2				7		3.8	0.086			
3				8	1	3.4	0.075			
4				8		4.1	0.080			
5				7		1.6	0.089			
6				8		1.5	0.066			
7							0.000			
8				7		2.1	0.138			
9				7	,	3.9	0.088			
10				7		3.6	0.057		, - ,	
11	3	1U	2	7	5.7	3.2	0.075	170	160	
12				7		5.6	0.093			
13				7		2.1	0.079			
14	·						0.000			
15				7		2.4	0.171			
16				7		3.7	0.075			
17				7		3.2	0.095			
18				7		4.1	0.080			
19				8		3.4	0.058			
20				8		3.5	0.105			
21							0.000			
22				7		3.8	0.157			
23	3.8	1U	3	7	11	4.2	0.087	180	120	
24				7		4.5	0.092			
25				7		5	0.091			
26				7		2.2	0.162			
27				7		2.2	0.000			
28				7		2.2	0.110			
29				7		2.2	0.054			
30				. 7		2.2	0.078			
31							0.000			

PLANT STAFFING:	Class: C_	Certification No.:	9558	Charles Harris
Day Shift Operator	Olass. <u>Q</u> _	Certification No	9336	Charles nams
Day Shift Operator	С	Certification No.:	11993	Al Gerardo
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class:	Certification No.:		
Lead Operator	Class: _A_	Certification No.:	9184	William Trendel
Type of Effluent Dispo	sal or Reclaimed W	ater Reuse: Si	orayfield	
Limited Wet Weather Dis	charge Activated: Yes	: No: No	ot Applicable:	If yes, cumulative days of wet weather discharge

Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Agua Utilities Florida

Longwood FI,32750

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope Street

LIMIT:

Final

REPORT:

Monthly Domestic

FACILITY:

Chuluota WWTF

MONITORING GROUP NUMBER:

N/A R-001

LOCATION:

125 East 10th Street

MONITORING GROUP DESC:

Sprayfield, including Influent

GROUP:

Chuluota, FL 32766

NO DISCHARGE FROM SITE:

CLASS SIZE:

COUNTY:

Seminole

				MONITO	RING PERIOD	From:	12/01/	2004	То:	12/31/2004	
Parameter	Quantity of Loading		Units	Quality or Concentration		Units	No. of Ex.	Frequency of Analysis	Sample Type		
Flow, Total Through Plant	Sample Measurement	0.066		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon:Site No: FLW-1	Rermit Measurement	0:1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.079		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				10.2	11.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo:Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				10.5	11.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour 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	R OR AUTHORIZED A	GENT	TELEPHONE NO.	DATE (YY/MM/DD)
William Trendel/Senior Operator	Wellian Je	1d		1-407-339-5424	05/01/18

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

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

Parameter		Quantity o	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
PΗ	Sample Measurement				7.1	7.8		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6,0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1U			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Measurement				200 (An:Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	1U		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0.	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				175			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				120			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				63.2%			PERCENT	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. FLW-1	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement										
	Permit Measurement						The state of the s				

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

CHILD INGINO.

Seminole

Monitoring Period From

From: 12/1/04

To: 12/31/04

Ī	CBOD5 (mg/L)	Fecal Coliform	Nitrogen, Nitrate, Total	pH (S.U.)	TSS (mg/L)	Disinfect.)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
		Bacteria (#/100ml)	(as N) (mg/L)			(mg/L)				
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7.3		2.2	0.089			
2				7.2		2.2	0.104			
3				7.2		2.2	0.061			
4				7.5		5.5	0.073			
5							0.073			
6				7.4		2.2				
7				7.5		2.2				
8				7.5	2	2.2	1			
9	9.3	11	0.380	7.3	11	2.2	0.113	160	49	
10				7.6		0.8				
11				7.3		0.9	0.075			
12							0.075	11.8 · · · · · · · · · · · · · · · · · · ·		
13		<u> </u>		7.3		0.6	0.076			
14				7.8		1.6	0.072			
15				7.3	<u> </u>	0.7	0.078	g ======		
16				7.1		1.8	0.071		ļ	
17				7.2		2.2	0.092			
18		1		7.5		2.2	0.067			
19							0.067			
20				7.2		2.2	0.071			
21	11	1	U 7	7.1	10	2.2	0.053	190	190	
22				7.2		2.2	0.101			
23				7.3		2.2	0.079			ļ
24				7.1		0.1	0.080			
25				7.4		2.5	2 0.081			
26							0.090			
27				7.4		2.:	2 0.061			
28				7.3		2.	2 0.087			
29				7.4		2.	0.065			
30		i	1	7.4		2.	2 0.084			
31				7.4	1	2.	2 0.087			

PLANT STAFFING: Day Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris
Day Shift Operator	Class: _C	Certification No.:	11993	Al Gerardo
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class: A	Certification No.:	9184	William Trendel
Lead Operator		Certification No.:		
Type of Effluent Dispo	sal or Reclaimed Wa	ter Reuse: Sp	orayfield	
Limited Wet Weather Dis	charge Activated: Yes:	No: No	ot Applicable:	If yes, cumulative days of wet weather discharge

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope Street

Longwood FI,32750

LIMIT: CLASS SIZE: Final

REPORT:

Monthly

FACILITY:

Chuluota WWTF

MONITORING GROUP NUMBER:

N/A

GROUP:

Domestic

LOCATION:

R-001

MONITORING GROUP DESC:

Sprayfield, including Influent

125 East 10th Street Chuluota, FL 32766

NO DISCHARGE FROM SITE:

COUNTY:

Seminole

				MONITO	RING PERIOD	From:	01/01/	2005	To:	01/31/2005	
Parameter		Quantity o	of Loading	Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.071		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FEW-1	Permit Measurement	0:1 (An.Avg.)		mgd				e ve		Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.090		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon Site No. FLW-1	Permit Measurement	Report (Mo:Avg.)		mgd						Continuous	Flow-meter/ Fotalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				4.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Measurement				20:0 (An. Avg.)			mg/L		Every Iwo Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement		!		9.0	14.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo:Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.8			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Measurement				20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				10.8	13.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour EPC

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)
William Trendel/Senior Operator	William Gudel	1-407-339-5424	05/08/16

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

Parameter		Quantity o	Quantity of Loading Units Quality or C				tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2	7.8		S.U.	0	5 Days/Week	Grab
PARM Gode 00400 1 Mon Site No. EFA-1	Permit Measurement				6,0 (Min)	8)5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				10			#/100mL	0	Every Two Weeks	Grab
PARM Code:74055 Y Mon:Site No. EFA≇1	Permit Measurement		4. 1		200 (An.Avg.)			#Z100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	1U		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon:Site No: EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)	Service	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No: EFA-1	Permit Measurement				0:5 (Min)			mg/l _t		5 Days/Week	Grab.
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.4			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-1	Permit Measurement				†2 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				180			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 · G Mon:Site No.:INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Ewo Weeks	8≑hour EPC
TSS	Sample Measurement				115			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon:Site No:INF:1	Permit Measurement				Report (Mo.Avg.)			mg∕L	al in the	Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement			·	88.7%			PERCENT	0	Monthly	Calculated
PARM Code 00180 Mon Site No. FLW-1	Permit Measurement Sample				Report (Mo:Fotal)			PERCENT		Monthly	Calculated
	Measurement Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

From:

1/1/05

To: 1/31/05

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7.4		2.2	0.093			
2				7.4		2.2	0.093			
3		,		7.4		2.2	0.079			
4				7.3		2.2	0.077			
5				7.2		2.2	0.098			
6	4	10	1	7.3	8.5	2.2	0.082	190	130	
7				7.2		2.2	0.083			
8				7.2	,	2.2	0.083			
9							0.083			
10				7.2		2.2	0.102			
11				7.3		2.2	0.065			
12				7.3	<u> </u>	2.2	0.103			
13				7.4		2.2	0.105			
14				7.2		1.4	0.098			
15				7.6		2.2	0.085			
16							0.085			
17				7.3		2.2	0.064			
18				7.2		2.2	0.103			
19				7.3		2.2	0.093			
20	14	1 U	6	7.4	13	2.2	0.129	170	100	
21				7.3		2.2	0.089			
22				7.8		2.2	0.095			
23							0.095			
24				7.5		2	0.089			
25				7,4		2.2	0.093			
26				7.3		2.2	0.098			
27				7.3		2.2	0.082			
28				7.3		2.2	0.094			
29				7.4		2.2	 			
30							0.086			
31	h			7.3		0.7				

PLANT STAFFING:					
Day Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris	
Day Shift Operator	Class: _C	Certification No.:	11993	Al Gerardo	
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class: A	Certification No.:	9184	William Trendel	
Lead Operator		Certification No.:			
Type of Effluent Dispo	osal or Reclaimed Wa	ater Reuse: S	orayfield		
Limited Wet Weather Dis	scharge Activated: Yes:	No: No	ot Applicable:	If yes, cumulative days of wet weather discharge	

 $_{\mbox{\scriptsize c}}^{\star}$ Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Agua Utilities, Fl.

MAILING ADDRESS: 140 Hope Street

Longwood, Fl. 32750

LIMIT:

PERMIT NUMBER: FLA011076

02/01/2005

CLASS SIZE:

Final N/A

Monthly

FACILITY:

Chuluota WWTF

Domestic

MONITORING GROUP NUMBER:

R-001

LOCATION:

125 East 10th Street

MONITORING GROUP DESC:

Sprayfield, including Influent

To:

REPORT:

GROUP:

COUNTY:

Seminole

Chuluota, FL 32766

NO DISCHARGE FROM SITE:

02/28/2005

MONITORING PERIOD From:

Parameter		Quantity o	f Loading	Units	Quality	or Concent	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.074		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.086		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. ELW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement		1		5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Measurement				2010 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				9.4	9.6		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Rermit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				39.0	48.0		mg/L	1	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour 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 dotations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO. DATE (YY/MM/DD)
William Trendel/Senior Facilities Operator	(William X Ld.)	407-339-5424 <i>DS/D3/13</i>

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

Parameter		Quantity of	of Loading	Quality	or Concent	ration	Units	No. of Ex.	of	Sample Type	
Н	Sample Measurement				7.1	7.7		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8:5 (Max)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1		**************************************	#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1	1		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon:Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1	,		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon:Site No. EFA-1	Permit Measurement				0:5 (Min):		72	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				16.0			mg/L	1	Every Two Weeks	8-hour FPC
PARM Gode 00620 1 Mon:Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FRG
CBOD5	Sample Measurement				137.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon:Site No. INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				120.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, TMADF/Permitted Capacity) X 100	Sample Measurement				85.0%	· · · · · · · · · · · · · · · · · · ·		PERCENT	0	Monthly	Calculated
	Permit Measurement				Report (Mo:Total)			PERCENT		Monthly	Galculated
**************************************	Sample Measurement										
<u> </u>	Permit Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

Fron

From: 2/1/05

To: 2/28/05

. [CBOD5	Fecal	Nitrogen, Nitrate, Total	pН	TSS (mg/L)	TRC (For	Flow (MGD)	CBOD5	TSS	
	(mg/L)	Coliform Bacteria (#/100ml)	(as N) (mg/L)	(S.U.)		Disinfect.) (mg/L)		(mg/L)	(mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7		1.1	0.057			
2				7		1.8	0.098			
3	9.6	1	16	8	48	2.2	0.116	85	120	
4				8		2.2	0.092			**************************************
5				8		2.2	0.084			
6							0.084			
7				7		2.2	0.090			
8				8		2.2	0.089			
9				7		2.2	0.082			
10				7	,	2.2	0.103			
11				7		2.2	0.067			
12				. 7		2.2	0.085			
13				7		2.2	0.044			
14				7		2	0.095			
15				8		2.2	0.123			
16				8		2.2	0.082			
17	9.1	1	4	8	30	2.2	0.082	190	120	
18				7		2.2	0.071			*
19				8		2.2	0.085			
20							0.085			
21				7		2.2	0.100			
22				7		2.2	0.056			
23				7		2.2	·			
24				7		2.2	·			
25				7		2.2	+		:	
26				7		2.2	1			
27							0.091			
28				7		1.2				
29		-,								
30				·						
31						<u> </u>	\ 		ļ	

PLANT STAFFING:				
Day Shift Operator		Certification No.:		
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class: _C	Certification No.:	9558	Charles Harris
Day Shift Operator	Class: _C	Certification No.:	11993	Al Gerardo
Lead Operator	Class: A	Certification No.:	9184	William Trendel
Type of Effluent Dispo	sal or Reclaimed Wa	ater Reuse: Sp	rayfield	
Limited Wet Weather Disc	charge Activated: Yes:	No: No	t Applicable:	If yes, cumulative days of wet weather discharge

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope Street

Longwood FI,32750

LIMIT:

Final

REPORT:

Monthly

FACILITY:

Chuluota WWTF

CLASS SIZE:

N/A

GROUP:

Domestic

LOCATION:

125 East 10th Street

MONITORING GROUP NUMBER:

R-001

Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

			MONITO	RING PERIOD	From:	03/01	1/2005	To:	03/31/2005	
Parameter		Quantity of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.078	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon Site No. FLW-1	Permit Measurement	0.1 (An:Avg.)	mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.087	mgd		•			0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon:Site No. FLW-1	Permit Measurement	Report (Mg, Avg.)	mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			5.2			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon:Site No. EFA-1	Permit Measurement			20.0 (An: Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			8.7	11.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement			Report (Mo:Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			8.4			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80530 Y Mon Site No. EFA-1	Permit Measurement			20:0 (An. Avg.)			mg/L	# 0.5E	Every Two Weeks	8-hour EPC
Solids, Total Suspended	Sample Measurement			17.3	20.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 ' Mon.Site No. EFA-1	Permit Measurement			Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour FRC

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 goldstows.

					_					
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	YRE OF P	RINCIPAL EX	CUTIVE OF	FIGER O	OR AUTHO	RIZED AGENT	TELEPHONE NO.	DATE	(YY/MM/DD)
William Trendel/Senior Operator	W	Ш	all	al.	J	/		1-407-339-5424	05/04	1/13

Facility Name: Chuluota WWTF Permit Number: FLA011076 Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality	Units	No. of Ex.	Frequency of Analysis	Sample Type		
рН	Sample Measurement				7.1	.1 7.9		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon:Site No, EFA-1	Permit Measurement				6:0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement	3 T - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			1U			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				10	1U		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon:Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		<u> </u>		1.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Measurement				0,5 (Min)			mg/L		5.Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				117			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon: Site No. INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement		<u> </u>		92			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				87.7%		,	PERCENT	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Rermit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement			_				Market Alba in square.		 	
	Permit Measurement			V.				Karanga da			

acility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

ounty:

Seminole

Ionitoring Period

From: 3/1/05

To: 3/31/05

	CBOD5 (mg/L)	Fecal Coliform	Nitrogen, Nitrate, Total	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
	(g =/	Bacteria (#/100ml)	(as N) (mg/L)	, ,		(mg/L)		(···g/ =/	(··· ·5 ·~/	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	attitum or a removing and the
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7.4		1.4	0.082			
2				7.4		1.2	0.076			
3	10	1U	2	7.4	13	2.2	0.086	61	54	
4				7.2		1.5	0.103			
5				7.5		1.3	0.085			
6							0.070			
7				7.1		2.2	0.100			
8				7.2		1.6	0.089			
9				7.2		1.4	0.081			
10				7.9		2.2	0.073			
11				7.7		2.2	0.080			
12		, a war war 10, 100 mg 10, 100		7.5		1.2	0.076			
13							0.089			
14				7.3		2.2	0.082			
15				7.1		2.2				
16				7.2		2.2				
17	11	1U	1	7.2	19	2.1	 	170	160	
18				7.4		2.1	0.102			
19				7.5		2.1	0.079			
20				7.4		2.2				
21		annum ann aith Amaden a' Eighean an Airte		7.5		2.2	T			
22				7.2		2.2	 			
23				7.4		2.2	 			
24				7.4		2.2	 			
25				7.5		2.2	 			
26				7.4	-	2.2				
27							0.143			
28			 	7.4		2.2				<u> </u>
29		ar.,	 	7.4		2.2				
	L			7.5		2.2				
30 31	5	10	8	7.5	20	2.2	·	120	62	

PLANT STAFFING:					
Day Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris	
Day Shift Operator	Class: _C	Certification No.:	11993	Al Gerardo	
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class: À	Certification No.:	9184	William Trendel	
Lead Operator		Certification No.:			
Type of Effluent Dispos	sal or Reclaimed Wa	ter Reuse: Sr	orayfield		
Limited Wet Weather Disc	charge Activated: Yes:	No: No	ot Applicable:	If yes, cumulative days of wet weather discharge	

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Agua Utilities, Florida Inc.

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope St.

Longwood,FI 32750

LIMIT:

Final

REPORT:

Monthly

FACILITY:

CLASS SIZE:

NVA

GROUP:

Domestic

To:

Chuluota WWTF

MONITORING GROUP NUMBER:

R-001

LOCATION:

125 East 10th Street Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE: Sprayfield, including Influent []

COUNTY:

Seminole

MONITORING PERIOD

Erom:

04/01/2005

04/30/2005

			MONITO	HING PERIOD	From:	04/01/	2003	10.	04/30/2003	
Parameter		Quantity of Loadin	g Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.080	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon:Site No. FLW-1	Permit Measurement	0:1 (An:Avg:)	mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.083	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			6.1	8.5		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Measurement			Report (Mo.Avg.)	60,0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			10			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Measurement			20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			12.9	22.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Rermit Measurement			Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour 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 EXPOUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
William Trendel/Senior Facilities Operator	William	407-509-8398	05/05/08

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. of Ex.	of	Sample Type
pН	Sample Measurement				7.0	7.7	,	S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		-		1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0:5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.7			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				138			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon:Site No. INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				64			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				85.3%			PERCENT	0	Monthly	Calculated
	Permit Measurement				Report (Mo:Total)			PERCENT		Monthly	Calculated
	Sample Measurement										
· · · · · · · · · · · · · · · · · · ·	Permit Measurement										

acil	itv	Ma	me:
101	HΛ	ING	me.

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

ounty:

onitoring Period

Seminole

From: 4/1/05

To: 4/30/05

Ī	CBOD5	Fecal	Nitrogen,	pН	TSS (mg/L)	TRC (For	Flow (MGD)	CBOD5	TSS	
	(mg/L)	Coliform Bacteria (#/100ml)	Nitrate, Total (as N) (mg/L)	(S.U.)		Disinfect.) (mg/L)		(mg/L)	(mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
vion.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				8		1.9	0.097			
2				7		1.2	0.052			
3				7		1.7	0.090			
4				7		2	0.082			
5				7		2.2	0.081			
6				7		2.2	0.083			,
7	_	to a contract of the second					0.085	- Company d. C. S. Sanda Carrel C.		
8				7	,	1.4	0.100			
9		r - 18 1 mm og a sagar nga kagasi sa sa		7		2.2	0.069			
10							0.093			
11			1	7		2.2	0.082			
12				8		2.2	0.083			
13				7		2.2	0.078			
14	8.5	10	10	7	22	2.2	0.080	86	52	
15				7		2.2	0.106			
16							0.056			
17							0.089			1
18				77		2.2	0.079			
19			<u> </u>	7		2.2	0.077			
20	; •			7		2.2	0.080			
21				7		2.2	0.082			
22				7		2.2	0.107			
23				7		1.6	0.076			
24							0.076			
25		_		7		0.9	0.077	THE RESERVE OF MALE AND A STATE OF		1
26							0.080			
27							0.080			
28	3.6	1U	7	8	3.8	2.2	†···	190	76	
29				7		2.2				·
30				7		2.2	0.073			
31							0.000			

_ANT STAFFING:				
ay Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris
ay Shift Operator	Class: C	Certification No.:	11993	Al Gerardo
ay Shift Operator	Class:	Certification No.:		
ay Shift Operator	Class:	Certification No.:		
ad Operator	Class: _A_	Certification No.:	9184	William Trendel
/pe of Effluent Dispos	al or Reclaimed Wa	ter Reuse:	Sprayfield	
nited Wet Weather Disch	harge Activated: Yes:	No:	Not Applicable:	If yes, cumulative days of wet weather discharge

Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope Street

125 East 10th Street

Chuluota, FL 32766

Longwood FI,32750

LIMIT:

Final

REPORT: GROUP:

Monthly

FACILITY:

Chuluota WWTF

CLASS SIZE:

N/A

Domestic

LOCATION:

MONITORING GROUP NUMBER:

R-001

1

MONITORING GROUP DESC: NO DISCHARGE FROM SITE: Sprayfield, including Influent

COUNTY:

Seminole

				MONITO	RING PERIOD	From:	05/01/	2005	To:	05/31/2005	
Parameter		Quantity of	of Loading	Units	Quality	or Concentra	ation	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.083		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon Site No. FLW-1	Permit Measurement	0.1 (An:Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.085	200	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				5.7			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				5.9	6.8		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				10.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.8	10.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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 violetions...

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MWDD)
William Trendel/Senior Operator	Williams	1-407-339-5424	05/06/13

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

Parameter	·	Quantity o	f Loading	Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.2	7.7		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An:Avg:)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				10	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every-Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0:5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Fotal (as N)	Sample Measurement				10.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				62			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo:Avg:)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				42			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, TMADF/Permitted Capacity) X 100	Sample Measurement				85.9%			PERCENT	0	Monthly	Calculated
ARM Code 00180 I	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement										
	Permit Measurement										

acility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

:ounty:

Seminole

Ionitorina	Period	

From:

5/1/05

To: <u>5/31/05</u>

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	рН (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7.2		2.2	0.087			
2				7.3		2.2	0.088	d 1.5.178788 1118		
3				7.3		2.2	0.083			
4				7.5		2.2	0.082			
5				7.4		2.2	0.104			
6				7.5		2.2	0.094			
7				7.5		2.2	0.068			
8					,		0.091			44 15 15 15 15 15 15 15 15 15 15 15 15 15
9				7.4		2.2	0.083			
10				7.4		2.2	0.076	#711.P779780 1-76 - 818 A MR 118 MR 18 R 1 R 2		<u>.</u>
11				7.5		1.4	0.078			
12	6.8	10	4	7.3	10	2.2	0.083	44	50	
13				7.4		2.2	0.127			
14				7.4		2.2	0.074			
15				7.5		2.2	0.056			
16				7.3		2.2	0.076	(1)4		
17				7.7		1.9	0.082			
18				7.3		2.2	0.082			
19				7.3		2.2	0.074			
20				7.2		2.2	0.109			
21				7.2			0.080			
22						2.2	0.080			
23		·		7.3		2.2	0.079			
24				7.3		2.2	0.091			
25				7.4		2.2	0.072			
26	5	1	10	7.2	3.5	2.2	0.111	80	34	
27				7.4		2.2	0.099			
28				7.2		1.4	0.071			
29)		7.3		2.2	0.081			
30		† 1					0.082			
31				7.3		1.8	0.085			

_ANT STAFFING:					
ay Shift Operator	Class: _C_	Certification No.: _	9558	Charles Harris	
ay Shift Operator	Class: _C	Certification No.:	11993	Al Gerardo	
зу Shift Operator	Class:	Certification No.:			
ay Shift Operator	Class: A	Certification No.:	9184	William Trendel	
ad Operator		Certification No.:			
/pe of Effluent Dispo-	sal or Reclaimed Wa	ater Reuse:	Sprayfield		
nited Wet Weather Disc	charge Activated: Yes:	No:1	Not Applicable:	If yes, cumulative days of wet weather discharge	

Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Sulte 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities, Florida Inc.

Longwood,FI 32750

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope St.

LIMIT:

Final N/A REPORT:

GROUP:

Monthly

FACILITY:

Chuluota WWTF

CLASS SIZE: MONITORING GROUP NUMBER:

D 001

Domestic

LOCATION:

125 East 10th Street

MONITORING GROUP DESC:

R-001

Chuluota, FL 32766

NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

			MONITO	RING PERIOD	From:	06/01	/2005	To:	06/30/2005	
Parameter		Quantity of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.088	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)	mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.101	mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon:Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			6	,		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Rermit Measurement			20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			5.0	7.1		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement			Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			11			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement			20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			11.8	14.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Measurement			Report (Mo:Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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 property 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.

Complete. Tall aware that there are significant perfames for substituting tales another area.		$\overline{}$		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF BRINCIPAL EXECUTIVE OFFICER OR AU	HORIZED A	SENT TELEPHONE NO.	DATE (YY/MM/DD)
William Trendel/Senior Facilities Operator	William Such	/	407-509-8398	05/07/11

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

Parameter		Quantity o	of Loading	Units	Quality o	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				6.7	7.9		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0:5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.8			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon:Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				102			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				56	·		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				90.8%			PERCENT	0	Monthly	Calculated
	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement Permit						<u> </u>				
	Measurement		·			·····		<u> </u>		<u> </u>	

				DAILY SAF	MPLE RESUL	- S-PAHIB				
cility Nam	•	Chuluota W ¹ Seminole	WTF	Pe	rmitNumber:	FLA011076		Discharge Poin	t Number: I	₹-001
onitoring F	eriod	From:	6/1/0	5	To:	6/30/05				
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
1on.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				8		1.6	0.084			
2				8		1.8	0.084			
3				8		1.5	0.093			
4				8		2.2	0.080			! !
5			<u> </u>				0.074			
6				. 7		2.2	0.090		····	
7				7		1.5	0.087			
8		i 		7	ļ	1.9	0.089			
9	7.1	1 U	0.22U	7	14	2	0.095	130	35	
10				8		2.2	0.108			
11				8		2.2	0.074			
12				8		2.2	0.100			i !
13				7	ļ	2	0.095			1
14		· !		8		2.2	0.107			
15				8		2.2	0.106			1
16				8		2.2	0.104			
17			T	7		2.2	0.131			
18				7		2.2	0.086			
19		1					0.090			
20		1		7		2.2	0.100]
21		1		8		2.2	0.103			1
22				8		2.2	0.095			
23	2.9	11	9	8	9.6	0.5	0.106	74	76	
24		!		7		2.2	0.178	ent net or to so so so so received and the source of the s		
25				8	Ţ	0.6				
26			T	7			0.106			-i
27		İ		8		0.6	·			1
28		<u>:</u>	1	7	1	2.2	 		===	
29	 		1	7		2.2				
30			+	8	·	2.2	1			
31		11					0.000		- · · ·	1
LANT ST	AFFING:		<u> </u>			<u> </u>				
Day Shift C		Class: _C_	Certi	fication No.	: 9558		Charles Harris	S		
Day Shift C		Class: C		fication No.		•	Al Gerardo			-
ay Shift C	perator	Class:		fication No.	:	-				- -
Day Shift C		Class:		fication No.		-	\A/:11:= T	la l		-
.ead Oper		Class: _A_		fication No.		-	William Trend	lei		-
			ed Water Reuse		Sprayfield					
imited Wet	Masthar Diech	arno Activater	1. Vae.	No:	Not Applicable	e: 🗸 lf	ves complative of	lavs of wet weatl	ner discharge	4

Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope Street Longwood FI,32750

LIMIT:

Final

Monthly

FACILITY:

CLASS SIZE:

N/A

REPORT: GROUP:

Domestic

LOCATION:

Chuluota WWTF

MONITORING GROUP NUMBER:

R-001

MONITORING GROUP DESC:

125 East 10th Street Chuluota, FL 32766

NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

CODIVI I.	Germiole			MONITOR	RING PERIOD	From:	07/01/	2005	To:	07/31/2005	
Parameter		Quantity of	Loading	Units	Quality o	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.091		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Fotalizer
Flow, Total Through Plant	Sample Measurement	0.099		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				6.1	-		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement		The second second second second second second second second second second second second second second second se		20:0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				4.2	4.2		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Fotal Suspended	Sample Measurement				11.6	2 1.00 April 20 20 20 20 20 20 20 20 20 20 20 20 20		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Man.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Fotal Suspended	Sample Measurement		·		3.8	5.3		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1	Permit Measurement				Report (Mo.Avg.)	60:0 (Max)		mg/L		Every Two Weeks	8-hour 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...

complete, ram and o mar more and organization per march and and and and and and and and and and			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
William Trendel/Senior Operator	Willington	1-407-339-5424	05/8/11

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

Parameter		Quantity of Loading	Units	Quality	or Concentra	ation	Units	No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	8.7		S.U.	1	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement			6:0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		,	1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement			200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			1	2		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement			Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Measurement			0:5 (Min)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			11.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-1	Permit Measurement			12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement			68			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement			Report (Mo:Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement			48			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement			Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement			90.8%			PERCENT	0	Monthly	Calculated
PARM Code:00180 Mon.Site No. FLW-1	Permit Measurement			Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement									
	Permit Measurement	100.1								

acility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

ounty:

Seminole

onitoring Period

From: 7/1/05

To: 7/31/05

ſ	CBOD5	Fecal	Nitrogen,	рН	TSS (mg/L)	TRC (For	Flow (MGD)	CBOD5	TSS	
	(mg/L)	Coliform	Nitrate, Total	(S.U.)	, ,	Disinfect.)	, ,	(mg/L)	(mg/L)	
		Bacteria	(as N) (mg/L)			(mg/L)				
		(#/100ml)								
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
/lon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7.2		2.2	0.093			
2							0.093			
3				7.1		2.2	0.126			
4				7.2		2.2	0.102			
5				7.5		2.2	0.104			
6				7.4		2.2	0.096			
7	4.2	10	6	7.4	2.3	2.2	0.090	100	61	
8				7.0		2.2	0.119			
9				7.2,		2.2	0.126			
10				7.3		2.2	0.073			
11				6.8		2.2	0.096			
12				6.5		2.2	0.097			
13				8.7		2.2	0.095			
14				7.7		2.2	0.097			
15				7.1		2.2	0.130	***************************************		
16				7.2		2.2	0.087			
17							0.088			
18				7.9		2.2	0.097			
19				8.4		2.2	0.103			
20				7.8		2.2	0.093			
21	4.2	2	11	7.9	5.3	2.2	0.093	35	34	
22				7.3			0.114			
23				7.9		1	0.079	- 1		
24				7.7		2.2	0.092	and the second s		
25				7.9		2.2	0.092			
26				7.5		2.2	0.093			
27				7.6		2.2	0.091			
28				7.7		2.2				[
29							0.121			
30				7.7		2.2	·	/		i
31							0.118			

ANT STAFFING:				
y Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris
y Shift Operator	Class: _C	Certification No.:	11993	Al Gerardo
y Shift Operator	Class:	Certification No.:		
y Shift Operator	Class: A	Certification No.:	9184	William Trendel
ad Operator	.	Certification No.:		
pe of Effluent Disp	osal or Reclaimed W	ater Reuse; Sp	rayfield	
nited Wet Weather Di	scharge Activated: Yes:	No: No	t Applicable:	If yes, cumulative days of wet weather discharge
1				
ttach additional sh	eets if necessary to	list all certified operators.		
File# FI A01187	'-001-DW3P			
File# FLA01187 Version 06/2002				

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

C----

FLA011076

MAILING ADDRESS:

140 Hope Street Longwood FI,32750

LIMIT:

Final

REPORT:

Monthly

FACILITY:

Chuluota WWTF

CLASS SIZE:

N/A

GROUP:

MONITORING GROUP NUMBER:

Domestic

LOCATION:

MONITORING GROUP DESC:

R-001

125 East 10th Street Chuluota, FL 32766

NO DISCHARGE FROM SITE:

Sprayfield, including Influent

COUNTY:

Seminole

MONITORING DEDICO

00/04/2005

00/24/2005

				MONITO	RING PERIOD	From:	08/01/	2005	To:	08/31/2005	
Parameter		Quantity	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.094		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd					\$ 15 PM	Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.103		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				6.2			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement			9. OH	20.0 (An. Avg.)			mg/L	Ĭ.	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				5.1	10.0	·	mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				11.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.5	3.6		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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)
William Trendel/Senior Operator	11/11/1000 Stuck	1-407-339-5424 05/09/22
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments here):	

Facility Name: Chuluota WWTF Permit Number: FLA011076 Discharge Point No.: R001

Parameter		Quantity of Loading l		Units	Units	No. of Ex.	f of	Sample Type			
Н	Sample Measurement			The Control of the Control	6.8	7.6		s.u.	0	5 Days/Week	Grab
ARM Code 00400 1	Permit® Measurement		T		ige ≒6.0 === (Min)	8.5 (Max)		* S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100mL	0	Every Two Weeks	Grab
ARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement			93 94024	200 (An.Avg.)	75 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement	13.1			10	10	-	#/100mL	0	Every Two Weeks	Grab
ARM:Code 74055 1	Permit Measurement	14.55			Report (MoGeoMean)	800 ((Max)		#/100mL		Every Two Weeks	Grab
otal Residual Chlorine For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060: A Mon Site No. EFA-1	Permit Measurement				0.5 (Min)	10 m (m)	Verva.	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Fotal (as N)	Sample Measurement				16.0	·	<u>.</u>	mg/L	1	Every Two Weeks	8-hour FPC
PARM Code 00620 1	Permit				12 (Max)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				63		_	mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour EPC
TSS	Sample Measurement		11108 1110		61			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				102.4%			PERCENT	1	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Measurement				Report (Mo.Total)			PERCEN		Monthly	Calculated
	Sample Measurement							A AND IN ALL	A1752		o estado de la seguida en
	Permit Measurement			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A Like					2004/19 5 75 1

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

From:

8/1/05

To: 8/31/05

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	рН (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				7.4		2.2				
2		·		7.4	· · · · · · · · · · · · · · · · · · ·	2.2	0.101			
3				7.0		2.2	0.109			
4	10	10	11	7.0	3.6	2.2	0.099	86	110	
5				7.1		1.4	0.113	·		<u> </u>
6				7.5		2.2	0.107			
7				7.4		2.2	0.078			
88				7.4		2.2	0.103			
9				7.4		2.2	0.101			
10				7.4	,	2.2	0.102			
11	2.9	10	16	7.2	2	2.2	0.146	. 56	24	
12				7.5		2.2	0.091			
13				7.6		1.6	0.100			
14							0.094	, in the second		
15	{			7.5		2.2	0.106			
16				7.6		2.2	0.106			
17				7.0		2.2	0.094			
18				7.0		2.2	0.123			
19				7.1		0.7	0.103			
20				7.0		2.2	0.090			
21				7.2		2.2	0.109			
22			'	7.1		2.2	0.101			1
23				7.1		2.2	0.102			
24				7.0		2.2	0.101			
25	2.5	10	1	7.0	1.9	2	0.104	48	49	
26				7.0		2.2	0.133			
27				7.1		2.2	0.100			
28							. 0.100			
29				7.1		2.2	†		-	
30				7.0		2.2				
31				6.8		2.2	 			

PLANT STAFFING:			*		
Day Shift Operator	Class: <u>C</u>	Certification No.:	9558		Charles Harris
Day Shift Operator	Class: _C	Certification No.:	11993	•	Al Gerardo
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class: A	Certification No.:	9184		William Trendel
Lead Operator		Certification No.:			
Type of Effluent Dispo	sal or Reclaimed W	/ater Reuse: Si	prayfield		
Limited Wet Weather Dis	charge Activated: Yes	: No: No	ot Applicable:	\checkmark	If yes, cumulative days of wet weather discharge

[•] Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities, Florida Inc.

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope St.

Longwood,FI 32750

LIMIT:

Final N/A

REPORT:

Monthly

FACILITY:

Chuluota WWTF

CLASS SIZE:

GROUP:

Domestic

MONITORING GROUP NUMBER:

R-001

Sprayfield, including Influent

LOCATION:

125 East 10th Street Chuluota, FL 32766

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

[]

COUNTY:

Seminole

MONITORING PERIOD

09/01/2005

00/30/2005

,				MONTO	RING PERIOD	From:	09/01/	2005	To:	09/30/2005	·····
Parameter		Quantity o	of Loading	Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.093		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon,Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.102		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			,	6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.9	4.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement			/ Zitch	Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				11			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement	The second state of the se			7.3	8.7		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement		.416A		Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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 O	FICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
William Trendel/Senior Facilities Operator	William	udel)	407-509-8398	05/10/09
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments here):			

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

Parameter		Quantity of Loading		Units	Quality	Quality or Concentration			No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.9		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		, s. u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		12.11.		1	Supple Control State Sta	1. 1995/05/2017 10/10/10	#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Rermit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	1U		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2		3883.6.1.3	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			ore de d	0.4	34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				78			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)	L. Track		mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				90			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				102.6%			PERCENT	1	Monthly	Calculated
	Permit Measurement Sample				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Measurement Permit			En agrant							
	Measurement										

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period From: 9/1/05 To: 9/30/05

[CBOD5	Fecal	Nitrogen,	pН	TSS (mg/L)	TRC (For	Flow (MGD)	CBOD5	TSS	
	(mg/L)	Coliform	Nitrate, Total	(S.U.)	(Disinfect.)	()	(mg/L)	(mg/L)	
		Bacteria	(as N)		,	(mg/L)				
		(#/100ml)	(mg/L)							
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1				8		2.2	0.117			
2		-		7		2.2	0.132			
3				7		2.2	0.102			
4				7		2.2	0.105			
5				7		2.2	0.114			
6				8		2.2	0.086			
7				8		2.2	0.106			
8	4	1U	0	8	8.7	2.2	0.105	80	. 100	
9				8.		2.2	0.131			
10				8		2.2	0.088			
11				8		2.2	0.116			
12			·	8		2.2	0.102			
13				8		2.2	0.089			
14				. 7	·	2.2	0.096			
15				8		2.2	0.102			
16				8		2.2	0.121			
17				8		1.6	0.108			
18				8		1.3	0.090			
19				8		1.6	0.100			
20				8		1.2	0.103			
21				7		1.2	0.107			
22	3.7	10	0.1U	. 7	5.9	1.2	0.114	75	79	
23				8		2.2	0.112			
24				7		2.2	0.102			
25							0.102			
26				7		2.2	0.110			
27				7		2.2	0.010			
28				. 7		2.2	0.106			
29				7		2.2	0.085			
30				7		2.2	0.091			
31		, ,					0.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

PLANT STAFFING:				
Day Shift Operator	Class: C	Certification No.:	9558	Charles Harris
Day Shift Operator	Class: C	Certification No.:	11993	Al Gerardo
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class:	Certification No.:		
Lead Operator	Class: _A_	Certification No.:	9184	William Trendel
Type of Effluent Dispos	sal or Reclaimed Wa	ater Reuse:	Sprayfield	
Limited Wet Weather Disc	harge Activated: Yes:	No:	Not Applicable:	If yes, cumulative days of wet weather discharge

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope Street

Longwood FI,32750

LIMIT: CLASS SIZE: Final

REPORT:

FACILITY:

Chuluota WWTF

MONITORING GROUP NUMBER:

GROUP:

Monthly **Domestic**

LOCATION:

125 East 10th Street

MONITORING GROUP DESC:

R-001

Sprayfield, including influent

Chuluota, FL 32766

NO DISCHARGE FROM SITE:

[]

N/A

COUNTY:

Seminole

	MONITORING PERIOD From					10/01/	2005	To:	o: 10/31/2005		
Parameter		Quantity o	tity of Loading Units Quality or Concentration			ration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Flow, Total Through Plant	Sample Measurement	0.094		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.115		mgd				# 1.4 T 19 AMM 19 No. alpun 1 am 19 Air is a g	0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				6.2			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				3.3	4.2		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				11.4			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement	-: : :			20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				5.5	9.2		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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

	The state of the s			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)	
William Trendel/Senior Operator	(141110m Sunded)	1-407-339-5424	00/11/16	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here).			

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

Parameter		Quantity of Loading			Quality	Quality or Concentration			No. of Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	8.4		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				10	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.1			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				69			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				82			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement	*			Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement		ļ		106.6%			PERCENT	1	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Measurement Sample		. :		Report (Mo.Total)			PERCENT		Monthly	Calculated
	Measurement Permit										
	Measurement										<u> </u>

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

From:

10/1/05

To: 10/31/05

	CBOD5 (mg/L)	Fecal Coliform	Nitrogen, Nitrate, Total	рН (S.U.)	TSS (mg/L)	Disinfect.)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
		Bacteria (#/100ml)	(as N) _ (mg/L)			(mg/L)				
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
11				7.5		2.2	0.096			
2				7.3		2.2	0.029			
3				7.3		2.2	0.091			
4				7.3		2.2	0.094			
5				7.2		2.2	0.094			
6	2.4	10	6	7.3	1.8	2.2	0.160	51	110	
7				7.2		2.2	0.085			
8				7.3		2.2	0.126			
9				,			0.133			
10				7.3		2.2	0.122			
11				7.4		2.2	0.116			
12				7.3		2.2	0.116			
13				7.4		2.2	0.122			
14				7.8		2.2	0.110			
15				7.8		2.2	0.118			
16							0.116			
17				7.6	_	2.2	0.107			
18				8.3		2.2	0.102			
19				8.4		2.2	0.107			
20	4.2	10	5	7.8	9.2	2.2	0.118	87	54	
21				7.9		2.2	0.141			
22				7.2		2.2	0.083			
23							0.143			
24				7.2		2.2	0.178			
25				7.2		2.2	0.132			
26				7.9		2.2	0.124			
27				7.9		2.2	0.116			
28				7.5		2.2	0.117			
29							0.117			
30				7.6		2.2	0.118			.,
31				7.6		2.2	0.129			

PLANT STAFFING:					
Day Shift Operator	Class: _C_	Certification No.:	9558	Charles Harris	
Day Shift Operator	Class: _C	Certification No.:	11993	Al Gerardo	
Day Shift Operator	Class:	Certification No.:			
Day Shift Operator	Class: A	Certification No.:	9184	William Trendel	
Lead Operator	3	Certification No.:			
Type of Effluent Dispo	sal or Reclaimed Wi	ater Reuse:	Sprayfield		
Limited Wet Weather Disc	charge Activated: Yes:	No: N	lot Applicable:	If yes, cumulative days of wet weather discharge	

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities, Florida Inc.

Longwood,FI 32750

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope St.

LIMIT:

Final

REPORT: GROUP:

Monthly Domestic

FACILITY:

Chuluota WWTF

CLASS SIZE:

N/A

R-001

LOCATION:

125 East 10th Street

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

Chuluota, FL 32766

NO DISCHARGE FROM SITE:

Sprayfield, including Influent []

COUNTY:

Seminole

		.		MONITO	RING PERIOD	From:	11/01.	2005	To:	11/30/2005	
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.095		mgd		i			0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0.1 (An.Avg.)	-	mgd						Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.101		mgd		,			0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				5.1	5.7		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		100.00		11			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.3	8.7	The second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the sec	mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour 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.

aware that there are significant periaties for submitting talse information, including the possibility of the			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	AGENT TELEPHONE NO.	DATE (YY/MM/DD)
William Trendel/Senior Facilities Operator	Welliam	407-509-8398	05/12/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments here):		

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

WAFR SITE No.: 6977

Parameter		Quantity o	of Loading	Units	Quality	Quality or Concentration			No. of Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				6.9	8.0		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement				200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				10	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0	,		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement	-	<u> </u>		130			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement			<u> </u>	130			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				106.0%	;		PERCENT	1	Monthly	Calculated
	Permit Measurement				Report (Mo.Total)			PERCENT		Monthly	Calculated
	Sample Measurement Permit								 		
	Measurement							<u> </u>			

				DAILY SAN	MPLE RESUI	TS - PART E	3			
Facility Name: Chuluota WWT County: Seminole		WTF	Per	rmitNumber:	FLA011076	11076 Discharge Point Number: R-001				
Monitoring f	Period	From:	11/1/	05	To:	11/30/05	-			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (S.U.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	
Code Mon.Site	80082 EFA-1	74055 EFA-1	00620 EFA-1	00400 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-01	80082 INF-01	00530 INF-01	
1				8		2				
2				8		2.2	 			
3	4.4	1U	1.2U	7	2.8	2.2	1	89	130	
4				8		2.2	†·· ——	. — —		
5				8		2.2	0.110			
6			<u> </u>				0.110			
7			i	7	-	2.2	0.105			
8				8		2.2	0.095			
9				7		2.2	0.096			
10				8	i — — — —	2.2	0.104			
11			+	7	- 	2.2	ļ			
12				: 8		2.2	· · · · · · · · · · · · · · · · · · ·			
13			†	<u> </u>			0.101			
14		 	 	8		2.2	 			
15			 	8		2.2				
16			 	8		2.2	0.002			
17	5.7	1U	5	8	3.4	2.2	0.097	170	130	
18			-	8	- 3.4	2.2	0.113			
19			 			2.2	0.106			
			 				0.106			
20			 				 	·· ·		
21			<u> </u>			2.2	0.088			
22			 	7		2.2	0.092			
23				8		2.2	0.089			
24			 -	8		2.2				
25			ļ. 	8						
26				8		2.2	 			
27							0.094			
28			 	8		2.2				<u> </u>
29			<u> </u>	8		2.2				
30			ļ	8_		2.2	0.082			
31	<u> </u>						0.000			·
PLANT STA										
Day Shift O Day Shift O	•	Class: <u>C</u> Class: <u>C</u>		ication No.: ication No.:	9558 11993		Charles Harris	<u> </u>		
Day Shift O	•	Class:		ication No.:	11993		AI GEI AI UU			
Day Shift O		Class:		ication No.:						
Lead Opera		Class: _A_		ication No.:	9184		William Trend	el		
Type of EffI	uent Disposa	l or Reclaim	ed Water Reus	e:	Sprayfield					
Limited Wet V	Weather Discha	rge Activated:	Yes:	No:	Not Applicable	: 🔽 If y	yes, cumulative d	ays of wet weath	er discharge	

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011076

MAILING ADDRESS:

140 Hope Street Longwood FI,32750

LIMIT:

Final

REPORT:

Monthly

FACILITY:

Chuluota WWTF

CLASS SIZE: MONITORING GROUP NUMBER: N/A

GROUP:

Domestic

MONITORING GROUP DESC:

R-001

Sprayfield, including influent

LOCATION:

125 East 10th Street Chuluota, FL 32766

NO DISCHARGE FROM SITE:

COUNTY:

Seminole

MONITORING PEDIOD

4010410000

4010410000

				MONITO	RING PERIOD	From:	12/01/	2005	To:	12/31/2005	
Parameter Quantity of			of Loading	Units	Units Quality or Concentration				No. of Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement	0.096		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Measurement	0;1 (An:Avg.)		mgd				Carlos Section 1		Continuous	Flow-meter/ Totalizer
Flow, Total Through Plant	Sample Measurement	0.090		mgd					0	Continuous	Flow-meter/ Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				6.2	,		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Measurement			Polym,	20.0 (An, Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				10.9	22.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				10.6			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		1		6.8	10.0		mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Measurement	Spikery.			Report (Mo.Avg.)	60.0 (Max)		mg/L	\${\$\\ \$\$\$;	Every Two Weeks	8-hour 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)
William Trendel/Senior Operator	(William Gurdel)	1-407-339-5424	06/01/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all att	achments here):		

Facility Name:

Chuluota WWTF

Permit Number: FLA011076

Discharge Point No.: R001

Parameter		Quantity of Loading		Units	Quality	Units	No. of Ex.	Frequency of Analysis	Sample Type		
рН	Sample Measurement			J 150.00 7 520.00 7,	7.4	8.0		S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 : Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Measurement			*144. ****	200 (An.Avg.)			#/100mL		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1U	10		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Measurement				Report (MoGeoMean)	800 (Max)		#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Measurement				0,5 (Min)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.7	i	Althoritation in the comment of	mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Measurement				12 (Max)			mg/L		Every Two Weeks	8-hour FPC
CBOD5	Sample Measurement				207			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement				200			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Measurement			7 Z.,	Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				102.0%			PERCENT	1	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Measurement Sample				Report (Mo. Total)			PERCENT		Monthly	Calculated
	Measurement Permit Measurement					i. Sugarana					

Facility Name:

Chuluota WWTF

PermitNumber: FLA011076

Discharge Point Number: R-001

County:

Seminole

Monitoring Period

From:

12/1/05

To: 12/31/05

F	CBOD5	Fecal	Nitrogen,	рН	TSS (mg/L)	TRC (For	Flow (MGD)	CBOD5	TSS	
	(mg/L)	Coliform Bacteria	Nitrate, Total (as N)	(S.U.)	133 (mg/L)	Disinfect.)	Flow (MGD)	(mg/L)	(mg/L)	
		(#/100ml)	(mg/L)			(9, 2)				
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-01	INF-01	INF-01	
1	4.9	10	8.6	7.6	9.4	2.2	0.079	190	190	
2				8.0		2.2	0.108			
3				7.9		2.2	0.072			
4							0.108			
5				7.9		2.2	0.095			
6				7.8		2.2	0.083			
7				7.9		2.2	0.098			
8				7.8	,	2.2	0.104			
9				7.9		2.2	0.097			
10				8.0		2.2	0.098			
11							0.093			
12				7.9		2.2	0.087			
13				7.9		2.2	0.085			
14				8.0		2.2	0.087			
15	22	1U	9	7.9	1.1	2.2	0.113	210	210	
16				7.7		2.2	0.076			
17				8.0		2.2	0.089			
18							0.089			
19				7.8		2.2	0.079			
20				7.9		2.2	0.081			
21				7.7		2.2	0.078			
22				7.7		2.2	0.087			
23				7.8		2.2	0.094			
24				7.8		2.2	0.088			
25							0.085			
26				7.9		2.2	0.110		İ	
27				7.8		2.2	0.061			
28				7.8		2.2	0.084		<u>-</u>	
29	5.8	10	1.6U	7.7	10	2.2	0.105	220	200	
30				7.4		2.2	0.085			
31							0.091			

PLANT STAFFING:				
Day Shift Operator	Class: C	Certification No.:	9558	Charles Harris
Day Shift Operator	Class: _C	Certification No.:	11993	Al Gerardo
Day Shift Operator	Class:	Certification No.:		
Day Shift Operator	Class: A	Certification No.:	9184	William Trendel
Lead Operator		Certification No.:		
Type of Effluent Dispo	sal or Reclaimed W	/ater Reuse:	Sprayfield	
Limited Wet Weather Dis	charge Activated: Yes:	No:	Not Applicable:	If yes, cumulative days of wet weather discharge

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