ORIGINAL

Interlachen Lake/Park Manor

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 6 of 24

Containing Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-CATE 00972 JAN 30 5 FPSC-COMMISSION CLEAK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Interlachen Lake/Park Manor

× • • • • •	Tab Number	Page Number
Year: 2004 January February March April May June July August	1 2 3 4 5 6 7 8	3 6 9 12 15 18 19 22
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Year: 2005 January February March April May June July August September October November December	1 2 3 4 5 6 7 8 9 10 11 12	37 40 43 46 49 52 55 58 61 64 67 70

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS: FACILITY: LOCATION:	Craig J. Anderson Florida Water Servic P.O. Box 609520 Orlando, FL 32860- Park Manor WWTF Park Road	9520	n · .		PERMIT NUMB LIMIT: CLASS SIZE: MONITORING C MONITORING C NO DISCHARG	Percolation	Final Minor R-001 Percolation Ponds			Monthly Domestic	
LOCATION.	Interlachen, FL 3214	48			NU DISCHARG						
COUNTY:	Putnam				MONITORING F	PERIODFrom:	01/01/2004	To:		01/31/04	
Parameter		Quantity o	of Loading	Units	Qu	ality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement	1.0	811. 8 9			20.0 (An. Avg.)			20 j	Monthly	Grabul
BOD, Carbonaceous 5 day, 20C	Sample Measurement				an a	2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				1993 -	30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			And a the second		2.4		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement		- 5 - <i>6</i> -38			20.0 (An. Avg.)	1.284	mg/L	f_{s}	Monthly	getter Grab∦
Solids, Total Suspended	Sample Measurement	a confidencia de Las La confidencia en estas de la su	(*) - Gelen Maliko (*900), <u>en stratual n</u>			1.9	1.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Reguirement		£1.99.35	S. F	214 M	30.0 (Mo.Avg.)	60.0 (Max)	mg/L _s .		Monthly	Grab
рH	Sample Measurement		<u>a na kana sa kata sa ka</u> nga		7.2		7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No. EFA-1	Permit . Requirement	Per e		a sa	- 6.0 ↔ Min		8.5 (Max)	SU.	18.	5 Days/Week	Grab, 🖓
Coliform, Fecal	Sample Measurement			neventing) or 230/12	an na an a	18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				. A . 28.	200 (An. Avg.)	Sec.	#(100m)		Monthly	Grab_

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

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

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DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIOD-From:	01/01/2004	To:		01/31/04	
Parameter		Quantity	of Loading	Units	Qu	ality or Cond	centration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					10	10	#/100mL	.0	Monthly	Grab
PARM Code 74055 I	Permit Requirement					,Report (MoGeoMean)	800 Max*	#/100mL		Monthly #	🐐 🖉 Grap
Total Residual Chlorine (For Disinfection)	Sample Measurement	<u></u>			0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			\$. 4 8	0.5 Min	i at an		≥mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		and the second	ene 2005, 8965.		4.5	4.5	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			e de la		Report (MoʻAvg.)	12.0 Max	mg/L		Monthly	, Grab
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 (An.Avg.)		mgd	1942			i na		5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd ;	19 2 08			and I		5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					170		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No: INF-1	Permit Requirement			1. A. C.		Report (Mo:Avg.)		mg/l:		Monthly	Grab
Solids, Total Suspended	Sample Measurement					92		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement		26			Report (Mo:Avg.)		-mg/L	1.289 	Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		🔒 Monthly	Calculated

	PermitNumber:	FLA011706					FACILITY: COUNTY:	Park Manor WWTF Putnam	
	MONITORING	PERIODF	01/01/2	2004	То:	01/31	1/2004	-	rutian
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.004			7.20		1.70	
2			0.002			7.30		1.60	
3									
4			0.004			=			
5			0.004			7.40		0.60	
7			0.002			7.40		1.00	
8	_		0.001			7.40		2.00	i
9			0.002			7.40		2.20	
10									
11					,				
12			0.007			7.40		1.20	
13			0.002			7.40		2.20	
14	170.0	2U	0.001	92	1.90	7.40	10	2.20	4.50
15			0.004			7.40		2.20	· · · · · · · · · · · · · · · · · · ·
16			0.002			7.40		2.20	
17									
18 19			0.006			7.40		1 00	
20			0.002	····		7.40	··· ···· <u>-</u> ·	1.80	· · · · · · · · · · · · · · · · · · ·
21			0.002			7.40		1.40	
22			0.002			7.40		1.00	
23			0.002			7.40		2.00	
24									
25									
26			0.005			7.30		1.60	
27	-		0.002			7.30		1.60	
28			0.002			7.30		2.20	· · · · · · · · · · · · · · · · · · ·
29			0.002			7.30		2.20	
<u>30</u> 31			0.002			7.30		2.20	·
	JLTAFFING:				<u> </u>		- <u>van</u>		
Day Shift		Class:		Cert	ification No.:		Name		
-	Shift Operator	Class:			ification No.:		Name		
	t Operator	Class:			ification No.:		Name:		
Lead Ope		- Class:	A		ification No.:	4894		Paul Thompson	
	fluent Disposal o	- or Reclaimed W	/ater Reuse:					···· ·	
Limited W	et Weather Disc	harge Activated	l: Yes: 🔲	No:	N	ot Applicable:	If yes, cur	nulative days of w	et weather discharge
* Attach o	dditional sheets i	if necessary to	list all cortified	operators		-			

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	Craig J. Anderson Florida Water Servic P.O. Box 609520 Orlando, FL 32860-	•	۱		PERMIT NUMBI LIMIT: CLASS SIZE:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic	
FACILITY:	Park Manor WWTF				MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Ponds						
LOCATION:	Park Road				NO DISCHARGE POINT NUMBER []						
	Interlachen, FL 321	48			MONITORING PERIODFrom: 02/01/2004			T		02/28/04	
COUNTY: Parameter	Putnam	Quantity o	f Loading	Units		ality or Cond	02/01/2004	To:	No.	Frequency	Sample Type
i arameter			j				Jonnanon		Ex.		
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		çe ura			20.0 (An: Avg.)	1 	mg/L.1		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		<u>a de la decisión de </u>			2U	2U	mg/L	0	• Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement			14	a. Tan	30.0 (Mo.Avg.)	60,0 (Max).	- ∕ mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.2		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement					20.0 (An: Avg.)	(1 () (1 (1 (1) (1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)) (1) (1))	mg/L i		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.2	1.2	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				<i>. 1</i> . *	30.0 (Mo.Avg.)	60.0 (Max),*	, mg/L		Monthly M	Grab
рН	Sample Measurement		*		7.3		7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 c Min	× 🖌 🚬	8.5 (Max)			5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	FELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson		386-329-1122	04/03/19

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DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	ERIODFrom:	02/01/2004	To:	<u> </u>	02/28/04	
Parameter		Quantity of	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055	Permit Requirement				14	Report (MoGeoMean)	800 Max	#/100mL		Monthly	Grab.
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement		rei etta a	130	0.5 Min	ning a th		mg/Lu		⇒5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			a		2U	2U	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement		19 N.	8 M I	*****	Report (Mo.Avg.)	12.0 Max	.mg/L#	6 P .	Monthly	Grab 🥂
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 (An:Avg.)		mgd	- - - - - -					5 Days/Week	Elapsed time
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit	Report (Mo:Avg.)		mgd					1.1	5 Days/Week	Elapsed time.
BOD, Carbonaceous 5 day, 20C	Sample Measurement					190		mg/L	0	Monthly	Grab
PARM Code 80082 .G Mon Site No. INF 1	Permit Requirement	892 - 19	11.55	(1)		Report 1. (Mo Avg.)		, mg/L		Monthly	, a grab
Solids, Total Suspended	Sample Measurement	an a				110		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit: Requirement			2 		Report (Mo.Avg.)		ting/L		Monthly	Grab .
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement						Report (Mo Total)	Percent		Monthly	Calculated

FLA011706

PermitNumber:

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

	MONITORING PERIODF						COUNTY:	Putnam	
1	MONITORING	PERIODF_	02/01/2	004	To:	02/28	3/2004		
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Totai (as N) (mg\L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1									
2			0.006			7.40		2.20	
3			0.005			7.40		2.20	
4			0.004			7.40		2.00	
5			0.006			7.40		2.20	
6			0.006			7.40		2.20	
• 7									
8									
9			0.006			7.40		2.20	
10			0.001			7.40		2.20	
11	190.0	2U	0.001	110	· 1.20	7.40	1U	2.20	2.00
12			0.002			7.40		2.20	
13			0.002			7.30		2.00	
14									
15									
16			0.005			7.30		2.20	
17			0.001			7.30		2.20	
18			0.002			7.30		2.20	
19			0.002			7.30		2.20	
20			0.002			7.30		1.40	
21									0
22									
23			0.005			7.30		2.20	
24			0.002			7.30		2.00	
25			0.001			7.30		1.20	
26			0.002			7.30		1.40	
27			0.002			7.30		1.80	
28									
29									
30									
31									
PLANT ST	AFFING:								
Day Shift C	Operator	Class:		Cert	ification No.:		Name:		
Evening Sh	nift Operator	Class:		Cert	ification No.: _		Name:		
Night Shift	-	Class:		Cert	ification No.:		Name:		
Lead Opera	ator	Class:	Α	Cert	ification No.:	4894	Name:	Paul Thompson	
Type of Efflu	uent Disposal o	r Reclaimed W	ater Reuse:						
Limited Wet	t Weather Disch	arge Activated	:Yes:	No:	N	lot Applicable:	If yes, curr	ulative days of w	et weather discharge

Park Manor WWTF

FACILITY:

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	Craig J. Anderson Florida Water Servic P.O. Box 609520 Orlando, FL 32860-	•	n		PERMIT NUMBE LIMIT: CLASS SIZE:	ER: BROUP NUMBER:	FLA011706 Final Minor			Report: Group:	Monthly Domestic
FACILITY:	Park Manor WWTF				MONITORING O	ROUP DESC:					
LOCATION:	Park Road Interlachen, FL 3214	18			NO DISCHARGE POINT NUMBER []						
COUNTY:	Putnam				MONITORING F	ERIODFrom:	03/01/2004	To:		03/31/04	
Parameter		Quantity o	of Loading	Units	Qu	ality or Cond	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				an in	20.0 (An. Avg.)		.√mglL_		Monthly	Grabs
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U ,	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement		÷.			30.0 (Mo:Avg.)	60.0 (Max)	mg/L		Monthly	Grab 🦿
Solids, Total Suspended	Sample Measurement					2.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No: EFA-1	Permit Requirement			Tere .		20.0 (An. Avg.)	1. N.	_:mg/L_		i Monthly	Grab
Solids, Total Suspended	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 00530 J Mon.Site No. EFA-1	Permit. Requirement					30.0 (Mo.Avg.)	60.0 (Max)	₹mg/L		Monthly	Grab 🦷
рН	Sample Measurement				7.2		7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min		8.5 (Max)	SU,		15 Days/Week	Grab
Coliform, Fecal	Sample Measurement					18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An: Avg.),		:#/100mL		Monthly	Grab

I certify under penalty of law that I have personalty examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information including the possibility of fine and imprisonment.

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

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DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING	PERIODFrom:	03/01/2004	To:		03/31/04	
Parameter		Quantity	of Loading	Units	Qı	ality or Conc	No. Ex.	Frequency	Sample Type		
Coliform, Fecal	Sample Measurement					10	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement					Report (MoGeoMean)	800 × 1	*#/100mL		- Monthly S	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 Requirement		2 M - 19		0.5 Min		200	k∵mg/L		5 Days/Week.	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					2.7	2.7	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	12,0 Max	mg/L		Monthly 👯	Grab
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0.015		mgd	1.5	林田市 建非		× 0 -		5 Days/Week	Elapsed time
Flow	Sample Measurement	· (An:Avg.) 0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)		mgd	÷ #	.	E en .	н., ў		5 Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement					140		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo Avg.)		mg/L _o r		Monthly	Grab
Solids, Total Suspended	Sample Measurement					110		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		.∤mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement				Vite		Report (Mo:Total)	Percent	49 5	Monthly	Calculated

ļ	PermitNumber:		FLA011706				FACILITY: COUNTY:	Park Manor WWTF Putnam	
ſ	MONITORING	PERIOD-F	03/01/2	004	То:	03/31		COONT .	Futhan
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate Total (as N) (mg\l
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.006			7.30		1.60	
2			0.002			7.30		2.20	
3			0.002			7.30		2.00	
4			0.001			7.30		2.20	
5			0.002			7.30		1.40	
6								l 	
7									
8			0.006			7.30		1.80	1
9			0.002			7.40		2.00	
10			0.002			7.40		2.20	
11			0.001			7.40		2.00	· · ·
12			0.002			7.30		2.10	
13									
14			0.006					4.00	
15			0.002			7.30		1.60	
16			0.002		0.00	7.30		1.20	
17	140.0	2U		110	2.00	7.30	1U	2.00	
18	· · · · · ·		0.002			7.30		2.00	
19			0.002			7.30		2.00	
20									· · · · · · · · · · · · · · · · · · ·
21 22			0.005		1	7.30		2.20	
22			0.003			7.30		1.20	
23			0.002			7.30		1.80	
25			0.002			7.30		1.40	
26			0.002			7.50		1.00	
27			0.002				······		
28									
29			0.007			7.40		1.00)
30			0.001			7.40		1.00	
31			0.002			7.20		1.50)
	TAFFING:								
Day Shift C		Class:	С	Cer	tification No.:	8173	Name:	Grant Newlin	
	hift Operator	Class:			tification No.:		Name:		
	t Operator	Class:			tification No.:		Name:		
- · · · · ·	rator	Class:			tification No.:	4894	Name:	Paul Thompson	<u>ו</u>

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	ADDRESS: Florida Water Services Corporation P.O. Box 609520 Orlando, FL 32860-9520					PERMIT NUMBER: LIMIT: CLASS SIZE: MONITORING GROUP NUMBER:				Report: Group:	Monthly Domestic
FACILITY:					MONITORING (Percolation	Ponds			
LOCATION:	Park Road	_			NO DISCHARG	E POINT NUMBER	אנ ז				
	Interlachen, FL 3214	8						T		0.4/00/0004	
COUNTY:	Putnam				MONITORING F		04/01/2004	To:		04/30/2004	Comple Tune
Parameter		Quantity o	of Loading	Units	Qu	ality or Cond	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous	Sample Measurement					2.1		mg/L	0	Monthly	Grab
5 day, 20C PARM Code 80082 Y	Permit			12 Di W		20.0				1997 - S. 1998 - Marcola	
Mon.Site No. EFA-1	Requirement				and the second	(An. Avg.)		mg/L _a		Monthly	Grab
BOD, Carbonaceous	Sample		75.00 St. 1		and the second states and the second	2U	2U	mail	0	Monthly	Grab
5 day, 20C	Measurement							mg/L	V	Monthly	Giab
PARM Code 80082 1	Permit				Red States	30.0	60.0	ing/ℓ		Monthly	Grab
Mon.Site No. EFA-1	Requirement Sample	1		766 59 3	1. A	(Mo.Ayg.)	(WICK)				
Suspended	Measurement	:				2.1		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Rermit Requirement					20.0 				Monthly	Grab
Solids, Total Suspended	Sample Measurement		<u>n, pri in prificanta ang</u>			6.5	6.5	mg/L	Ö	Monthly	Grab
PARM Code 00530	Permit Requirement	. 1			14 - L. T. S.	30.0 (Mp:Avg.)	60.0	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No. EFA-1	Permit Requirement		Sec. 8		6.0 Min		48.5 (Max)	s u i		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<u></u>		18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				and the second sec	200 (An Avd!)		#/100mL		Monthly	Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIOD From:	04/01/2004	To:		04/30/04	
Parameter		Quantity of Loading Units Quality or					entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	.0	Monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement	· · · ·		1.4	·	Report (MoGeoMean)	- 800 DMax	#/100mL		Monthly	Grabyeth
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.6		are much as	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit. Requirement		- 2 354		0.5 Min	et e		∵img/Ly		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					13.8	23.0	mg/L	1	Monthly	Grab
PARM Code 00620 1 Mon,Site No. EFA-1	Permit Requirement		1 M			(Mo,Avg.)	Max	،mg/L		. Monthly	Grab are.
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0.015 (An.Avg.)	1. jet	mgd	8 (d. 3)					5 Days/Week	Elapsed time:
Flow	Sample Measurement	0.002	<u> </u>	mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P	, Permit Requirement	Report (Mo.Avg.)		mgd	1 A 2 4	tere a tra	Sec. 1			5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	ar site contractions				280		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement		18 (P ³ 18)			Report. (Mo Avg.)		emg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			- 		200		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					(Mo Avg)		omg/L		Monthly	A Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement	ann an 1994 an Ann Ann Ann Ann Ann Ann Ann Ann Ann	ungaza polosi kontrolori e "Toliniko				13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement			in star	6.793		eReport V(McTotal)	Percent		Monthly	Calculated

NOTE nitrate sample collected on March 28 resulted in 23 mg/l. Excessive blower run times caused the high result. Timers were adjusted and a resample collected on March 28 resulted in 4.5 mg/l.

	PermitNumber:		FLA011706					FACILITY:	Park Manor WWTF	
	MONITORING	PERIOD-F	04/01/2	004	To:	04/30	/2004	COUNTY:	Putnam	
	CBOD5	CBOD5	Flow	TSS	TSS (mg/L)	рН	Fecal Coliform	TRC (For	Nitrogen, Nitrate,	
	(mg/L)	(mg/L)	(MGD)	(mg/L)	TSS (Ing/L)	(s.u.)	Bacteria (#/100ml)	Disinfect.) (mg/L)	Total (as N) (mg\L)	
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620	
Mon.Site		EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1			0.001			7.4		2.2		
2			0.002			7.4		2.0		
3										
: 4										
5			0.006			7.4		2.0		
6			0.002			7.4		2.0		
. 7	_		0.002			7.3		2.2	-	
8			0.002			7.4		2.0		
9			0.004			7.4		2.0	1	
10	_									
11					*					
12	_		0.004			7.4		2.0		
13	_		0.002			7.3		2.0		
14	_		0.002			7.3		2.2		
. 15	_	-	0.002			7.3		2.2	:	
16			0.002			7.3		2.2	· · · · · · · · · · · · · · · · · · ·	
17	_									
18	-									
19	-		0.007			7.2		2.2		
20			0.001			7.2	- d m	2.2		
21	280	20	0.002	200	6.5	7.2	10		23.0	
22			0.002			7.3		2.2		
23	-		0.002			7.3		2.0		
24	_								· · · ·	
25	_									
26			0.006			7.3		1.6		
27	-		0.002			7.3		1.8	·	
28			0.001			7.3		2.2	4.5	
29			0.002			7.3		2.2		
30 31			0.002			7.3		2.2		
L	TAFFING:								<u>.</u>	
	Operator	Class:	С	Cert	ification No.:	8173	Name	Grant Newlin		
	Shift Operator	Class: Class:			ification No.:	0110	Name: Name:	Grant Newlin		
	ft Operator	Class:			ification No.:		Name: Name:		·	
Lead Op		Class: Class:			ification No.:	4894		Paul Thompson		
	ffluent Disposal o	-		0011			Hame.			
	/et Weather Disc			No:	N	ot Applicable:	✓ If yes, cur	nulative davs of w	et weather discharge	

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	ESS: Florida Water Services Corporation P.O. Box 609520 Orlando, FL 32860-9520					PERMIT NUMBER: FLA01 LIMIT: Final CLASS SIZE: Minor MONITORING GROUP NUMBER: R-001				Report: Group:	Monthly Domestic	
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214				MONITORING GROUP DESC: Percolation Ponds NO DISCHARGE POINT NUMBER []							
COUNTY:	Putnam	ю		MONITORING P	ERIODFrom:	05/01/2004	To:		05/31/04			
Parameter		Quantity o	f Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				· · · · · · · · · · · · · · · · · · ·	2.1		mg/L	0	Monthly	Grab	
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement		194 W	÷.		20.0 (An. Avg.)		mg/L	.	Monthly s	🕈 🐔 (Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab	
PARM Code 80082 I	Permit Requirement			6 85.	9 f 🎪	30.0 * (Mo.Avg.)≹	60.0 (Max)	mg/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement					1.7		mg/L	0	Monthly	Grab	
PARM Code 00530 Y Mon Site No: EFA-1	Permit Requirement	300	e: }			20.0. (An: Avg.)	all a	emg/C		Monthly	Grab	
Solids, Total Suspended	Sample Measurement					2.5	2.5	mg/L	0	Monthly	Grab	
PARM Code 00530 1 Mon.Site No.EFA-1	Permit Requirement		69.5 [6-4		1.1 pr_{1}	30.0 (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab	
рН	Sample Measurement		6		7.3		7.3	S.U.	0	5 Days/Week	Grab	
PARM Code 00400 Mon.Site.No, EFA-1	Permit Requirement	200 B			6.0 Min	rin _a r a	8:5 (Max)	S.U. z	Ċ.	5 Days/Week	Grab.	
Coliform, Fecal	Sample Measurement					18		#/100mL	0	Monthly	Grab	
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			i sel		200 (An Avg.)		#/100mL		Monthly	Grab	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENTELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson	386-329-1122	04/06/17

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

WTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING I	PERIODFrom:	05/01/2004	To:		05/31/04	•
Parameter		Quantity	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	10	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement	2 m - 22	(ne seje		A to grad	Report (MoGeoMean)	800 Xax	#/100mL	1. 1. 1.	Monthly	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 Requirement		** * (**). (*)		0.5 Min	1		mg/L _a	÷.	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.72	0.72	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement	19 ₁₆	et i s	173 1 1		Report (Mo.Avg.)	12.0- Max	∽ mg/L		Monthly	Grab
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	. 0.015 (An.Avg.)	THE STATE STATES	mgd	1 14 54 W	e teter et	1995			5 Days/Week	Elapsed time: meter
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050P	Permit Requirement	Report (Mo.Avg.)	an sea	mgd			100 A			5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					150		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No, INF-1	Permit Requirement				The fourth of the	Report (Mo:Avg:)	and a	., mg/Ly		Monthly	Grab
Solids, Total Suspended	Sample Measurement			f 21 - of the last to the the total of		100		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mġ/Ľ		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement		A PROPERTY	Prost R	1.1		Report (Mo,Total)	Percent		Monthly G	Calculated

3

	PermitNumber: MONITORING PERIOD-		FLA011706	004	То:	05/31	/2004	FACILITY: COUNTY:	Park Manor WWT Putnam
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\⊥
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Ion.Site		EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1									_
2									
3			0.005			7.3		1.4	
4			0.002			7.3		1.6	
5			0.002			7.3		1.2	
6			0.002			7.3		1.6	
7			0.002			7.3		2.2	
8									
9									
10			0.006			7.3		1.6	
11			0.002		,	7.3		2.0	
12	150	20	0.001	100	2.5	7.3	10	2.2	0.72
13			0.002			7.3		2.2	
14			0.002			7.3	·····	2.2	
15									
16									
17			0.003			7.3		2.2	
18	_		0.002			7.3		2.2	
19			0.002			7.3		2.2	1
20	_		0.002			7.3		2.2	
21			0.002			7.3		2.2	
22								<u>-</u>	
23	·		· · · · · · · · · · · · · · · · · · ·			_			
24			0.005			7.3		2.0	· · · · · · · · · · · · · · · · · · ·
25			0.002			7.3		2.2	
26	_		0.001			7.3		2.0	
27			0.002			7.3		1.6	
28			0.002			7.3		2.0	
29									
30			0.007	<u> </u>		70			
31			0.007			7.3	·····	1.4	
	TAFFING: Operator	Class:	С	Cor	tification No.:	8173	Namo	David Haring	
-					tification No.:	0110	Name:		
	Shift Operator ift Operator	Class: Class:			tification No.:		Name:		
ead Ope		Class: Class:			tification No.:	4894		Paul Thompson	2
				Gen			name.	au mompsor	
VUE OF E	ffluent Disposal o	n Reciaimed	water neuse:						

Interlachen Lake/Park Manor

Docket No. 060368-WS

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

Florida

Report Missing:

Discharge Monitoring Report

Month/Year

June 2004

Aqua Utilities Florida, Inc.

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities Florida 1343 NE 17th Road Ocala, Fl 34470	· ·	PERMIT NUMBE LIMIT: CLASS SIZE:	FLA011706 Final Minor	Final			Monthly Domestic		
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214	8	MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Ponds NO DISCHARGE POINT NUMBER []							
COUNTY:	Putnam			MONITORING P	ERIODFrom:	07/01/2004	To:		07/31/04	
Parameter		Quantity of Loading	Units	Qu	ality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit . Requirement		1999	1 I V	20.0 (An. Avg.)	1 <u>8</u> 411	ng/₽		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 ¥ (Max)	-mg/L -	¥.	Monthly	Grab 🦿
Solids, Total Suspended	Sample Measurement				1.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement		1 A 1		20.0 (An. Avg.)	.	n mg/L		A. Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.2	1.2	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	(Max)***	, mg/b		Monthly.	Grab
рН	Sample Measurement			7.3		2.2	S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement			6.0 Mips		85 	su.		5 Days/Week	Grab.
Coliform, Fecal	Sample Measurement				18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement						##100mL		Monthly	Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING P	ERIODFrom:	07/01/2004	To:		07/31/04	
Parameter		Quantity	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit. Requirement#	1. A. A.				Report (MoGeoMean)	- 800 Max	#/100mL	ili iji	Monthly	🖤 🔆 Grabie.
Total Residual Chlorine (For Disinfection)	Sample Measurement	THE REPORT OF THE REPORT OF						mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	 Permit Requirement 		(4)		0.5 Min			amg/L*		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.10	1.10	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA-1	Permit Requirement	, ≇ m			Per r	Report (Mo.Avg.)	12.0 Max 1	₩ mg/L		Monthly	🖉 👔 Grab
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	(An Avg.)		mgd		99794 199			12	5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P	Rermit Requirement	Report (Mo.Avg.)		mgd					î.	5 Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement					180		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit. Requirement		and the second		1.1.1	Report (Mo Avg.)		mg/L_~		are Monthly	sini⊷ Grab
Solids, Total Suspended	Sample Measurement					93		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement	in a second s				Report (Ma:Avg.)		i mg/Ľ.		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	n bener State war an ter fan te	1	TRACEMENTAL AND IN UNITARY	ann a stàitean ann an 1965 ann an	4.4%	Percent	0	Monthly	Calculated
PARM Code 00180 I. Mon.Site No. CAL-1	Permit Requirement		Sep. Text				Report (Mo.Total)	Percent		Monthly	Calculated

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	PermitNumber:							COUNTY:	Park Manor WWTF Putnam	
	MONITORING	PERIODF_	07/01/2	004	To: '	07/31	/2004	-		
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L	
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620	
/on.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-l	EFA-I	EFA-I	EFA-I	
1			0.002			7.3				
2			0.002			7.3				
3										
4	ļ									
5			0.006			7.4				
6			0.002			7.4		. 		
7	180	2U	0.003	93	1.2	7.4	10	<u> </u>	1.1	
8			0.001			7.4				
9						7.4		1		
10 11	 				,	· · · · · · · · · · · · · · · · · · ·				
12			0.006			7.3				
13	· · · · ·		0.002			7.3				
14			0.002			7.4				
15			0.001			7.4				
16			0.003		,	7.4				
17										
18										
19			0.006			7.4				
20			0.002			7.4		:		
21			0.002			7.3				
22			0.002			7.4				
23			0.002			7.4			-	
24							<u>,</u> ,			
25						7.4				
26 27	-		0.008			7.4 7.4	·····			
28			0.002			7.4				
29			0.002			7.3	········			
30			0.002			7.3				
31									· ·	
LANT S	TAFFING:									
	Operator	Class:		Cert	ification No.:		Name	:		
Evening S	Shift Operator	Class:		Cert	ification No.:		Name			
Night Shif	t Operator	Class:		Cert	ification No.:		Name			
ead Ope	rator	Class:	Α	Cert	ification No.:	4894	Name	: Paul Thompso	n	
	fluent Disposal o	or Reclaimed W	ater Reuse:							

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida MAILING ADDRESS: 1343 NE 17th Road Ocala, Fl 34470				PERMIT NUMB LIMIT: CLASS SIZE:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic	
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214	8		MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Ponds NO DISCHARGE POINT NUMBER []						
COUNTY:	Putnam			MONITORING F	PERIODFrom:	08/01/2004	To:		08/31/04	
Parameter		Quantity of Loading	Units	Qu	ality or Conc	entration	<u></u>	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y. Mon Site No. EFA-1	Permit Requirement	ta - ser	10. s		20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement		÷ #		30.0 4 ** (Mo.Avg.)	60.0 • (Max)	* mg/L _{∕a}		Monthly	Grab 📲
Solids, Total Suspended	Sample Measurement			and the state of the state of the state	1.7	77 1300000000000000000000000000000000000	mg/L	0	Monthly	Grab
PARM Code 00530-Y- Man Site No. EFA-1	Permit Requirement	an Shaanid - parabang Ang ang ang ang ang ang ang ang ang ang a			20.0 (An. Avg.)		mg/L		Monthly	Grab.
Solids, Total Suspended	Sample Measurement				2.5	2.5	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo:Avg.)	60.0 (Max)	l, mg/L *		Monthly	Grap
pH	Sample Measurement			7.3		7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement			6.0 A.Min	P.S.) (P.S.)	(Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

r

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING P	ERIOD-From:	08/01/2004	To:		08/31/04	
Parameter		Units	Qu	centration		No. Ex.	Frequency	Sample Type			
Coliform, Fecal	Sample Measurement					10	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement					Report 👬 *(MoGeoMean)	* ,800 € * Max	#/100mL		Monthly*	Grab 🕈
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement	A. S. S.			• 0.5 • Min ^{• 9} 4.		* 1* a	mg/L.®		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					2.50	2.50	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement		• • • • • • • •			Report (Mo.Avg.)	12.0 st. Max	, mg/L.∙		Monthly [®]	Grab Since
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	meter Elapsed time
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 × (An.Avg.)		mgd	•					5 Days/Week	Elapsed time Elapsed time
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	meter
PARM Code 50050 P Mon Site No.INF-1	Permit Requirement	Report (Mo Avg.)		mgd						5 Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement					260		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			\$. ×.	1.55	Report • (Mo _s Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			14 2 5 1 14 - 25 2 2		140		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement	North Contraction	1. X			Report (Mo.Avg.)		. mg/Ľ?		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement	1.1.1		2.104			Report (Mo.Total)	Percent		Monthly	Calculated

23

24

	PermitNumber:		FLA011706				FACILITY: COUNTY:	Park Manor WWTF Putnam	
	MONITORING	PERIODF	08/01/2	004	To:	08/31	/2004		Futham
	CBOD5 CBOD5 (mg/L) (mg/L)		Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
· 1			0.003			<u></u>			
2			0.003			7.4		2.2	
3			0.002			7.3		2.2	
4	260	2U	0.002	140	2.5	7.4	1U	2.2	2.5
5			0.002			7.3		2.2	
6			0.002			7.3		2.2	1
7			0.002						
8			0.002						
9			0.002			7.3		2.2	
10			0.002			7.4		2.2	
11			0.002			7.4		2.2	
12			0.002			7.4		2.2	
13		Í	0.002			7.4		2.2	
14			0.002						
15			0.002						
16			0.002			7.3		2.2	
17			0.002			7.4		2.2	
18			0.002			7.3		2.2	
19			0.002			7.4		2.2	
20			0.002			7.4		2.2	
21			0.002						
22			0.002						
23			0.002			7.4		2.2	
24			0.002			7.4		2.2	
25			0.002			7.4		2.2	
26			0.002		N	7.3		2.2	
27			0.002			7.3		2.2	
28			0.002						
29			0.002						
30			0.002			7.4		2.2	
31			0.002			7.4		2.2	
PLANT ST	AFFING:						and a constant of the second		
Day Shift (Class:		Certi	fication No.:		Name:		
	hift Operator	- Class:			fication No.:		Name:		·····
	Operator	Class:			fication No.:		Name:		
Lead Oper		Class:	Α		fication No.:	4894		Paul Thompson	· · · · · · · · · · · · · · · · · · ·
	luent Disposal o et Weather Disch		_	No:	κι.	ot Applicable:	✓ If yes, cur		vet weather discharge

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:					PERMIT NUMBI LIMIT: CLASS SIZE:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic	
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214	8			MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Po NO DISCHARGE POINT NUMBER []						
COUNTY:	Putnam				MONITORING F	PERIOD From:	09/01/2004	To:		09/30/04	
Parameter		Quantity of I	oading	Units	Qu	ality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit . Requirement		9. ₁₀ 105	***		20:0 (Ant Avg.)		,∼mg/L. I		Monthly	🛲 (Grab 🛀
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement:	1 - A T. I.			i de tre	30.0 (Mo.Avg.)	60 0 (Max)	rymg/La		Monthly	🖗 🌢 Grab 🔩
Solids, Total Suspended	Sample Measurement					1.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y . Mon.Site No. EFA-1	Permit. Requirement		e to optimize			20.0 (An, Avg.)	t Refer to .	-Smg/L 2		Monthly P	Grab
Solids, Total Suspended	Sample Measurement					1U	1U 60:0	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement	1. S. A. A.	1 .2.7			30.0 (Mo.Avg.)	(Max)	admig/Les		Monthly	Grab Grab
pH	Sample Measurement	and the second secon		5.0° (1.1° (1.1°)	7.3		7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EFA:1	Requirement		Associate	NY P	6.0 Min		i - (Miss)	Sid Sid		251Davs/Week	Grab .
Coliform, Fecal	Sample Measurement					18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An Avg)		.///.i00i5fl.		Monthly	Grab 🦷

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	ERIODFrom:	09/01/2004	To:		09/30/04	
Parameter		Quantity of	Loading	Units	Qu	centration		No. Ex.	Frequency	Sample Type	
Coliform, Fecal	Sample Measurement					2.0	2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement		and a second	193 A.	a. Ac qu ^e	Reporta (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	. Permit Requirement		. A second		0.5 Min		a sec.	₩.jng/L.j	i sa	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement	n marina ana ang ang ang ang ang ang ang ang a	gaggan a tha an tha	naa 2003-000753600		1.80	1.80	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	12.0 ×	mg/L		Monthly, San	Grab
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Permit	0.015 (An Avg.)		mgd						5 Qays/Week	Elapsed time
Flow	Sample Measurement	0.004		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo,Avg.)		mgd			1999 B	e et i	1.9	5 Days/Week	Elapseditime
BOD, Carbonaceous 5 day, 20C	Sample Measurement				P	240	a na faran an a	mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement		in en			Report (Mo.Avg.)		mg/L it		Monthly	Grab
Solids, Total Suspended	Sample Measurement					180		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		smg/Ls	122 14	Monthly	Grab ^o (y
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						17.8%	Percent	0	Monthly	Calculated
PARM Code 00180 /I Mon.Site No. CAL-1	Permit Requirement						(Mottoal)	Percent		Monthly	Calculated

3

				~~ /				COUNTY:	Putnam	
MOI	NITORING	PERIODF_	09/01/2	004	To:	09/30	0/2004			
	BOD5	CBOD5	Flow	TSS	TSS (mg/L)	рН	Fecal Coliform	TRC (For	Nitrogen, Nitrate,	
	mg/L)	(mg/L)	(MGD)	(mg/L)		(s.u.)	Bacteria (#/100ml)	Disinfect.) (mg/L)	Total (as N) (mg\L)	
Code 8	80082	80082	50050	00530	00530	00400	74055	50060	00620	
Mon Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	240	2U	0.002	180	1.0	7.4	2.00	2.2	1.8	
2			0.002			7.4		2.2		
3			0.002			7.4		2.2		
4			0.003							
5			0.003							
6			0.003			7.4		2.2	_	
7			0.003			7.4		2.2		
8			0.003			7.4		2.2		
9			0.003			7.4		2.2		
10			0.003			7.3		2.2		
11			0.003		,					
12			0.003							
13			0.002			7.4		2.2		
14			0.005			7.3		2.2		
15			0.006			7.3		2.2		
16	:		0.005			7.4		2.2		
17			0.003			7.3		2.2		
18			0.003				<u>. </u>			
19			0.003			i				
20			0.003			7.3		2.2		
21	_		0.004			7.3		2.2		
22			0.006			7.3		2.2+		
23			0.004			7.3		2.2+		
24			0.004			7.3		2.2+		
25			0.007							
26			0.007							
27			0.007			7.3		2.2+		
28		-	0.009			7.4		0.8		
29			0.005			7.5		2.2+		
30			0.007			7.4		2.2+		
31										
PLANT STAFF	ING:									
Day Shift Oper		Class:	В	Cert	ification No.:	12476	Name:	David Haring		
Evening Shift (Class:		Cert	ification No.:		Name:			
Night Shift Ope		Class:			ification No.:		Name:			
Lead Operator		- Class:	A		ification No.:	4894	Name:	Paul Thompson		

Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes:

PermitNumber:

FLA011706

Not Applicable:

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

Park Manor WWTF

FACILITY:

No: 🔲

If yes, cumulative days of wet weather discharge

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities Florida 1343 NE 17th Road Ocala, Fl 34470	a		PERMIT NUMBE LIMIT: CLASS SIZE:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic		
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214				MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Pone NO DISCHARGE POINT NUMBER []						
COUNTY: Parameter	Putnam					MONITORING PERIOD-From: 10/01/2004 Quality or Concentration			No. Ex.	10/31/04 Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			·		2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			Sec. 5		20.0 (An, Avg.)	· Print	ele mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement		t na sa			30.0 (Mo.Avg.)	60.0 (Max)			: Monthly	Grab -
Solids, Total Suspended	Sample Measurement			1.15-2/Manuary 1- 10-10		1.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement		6		14	20.0 (An. Avg.)	Sugar Sec.	, mg/L		Monthly,	Grab
Solids, Total Suspended	Sample Measurement					2.8	2.8	mg/L	0	Monthly	Grab
PARM Code 00530	Permit Requirement					30.0 (Mo:Avg.)	60.0 (Max)	ing/i≗		Monthive	Grab
pH PARM Code 00400 I	Sample Measurement Permit				7.2 6.0		7.4	S.U.	0	5 Days/Week	Grab
Mon Site No. EFA-1 Coliform, Fecal	Réquirement Sample		5 (A)		Min .		iveral in the second	S.U.S.		5 Days/Week	er a Grab
	Measurement					19		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An: Avg:)		#/100ml2		Monthly	, Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park

Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIODFrom:	10/01/2004	To:		10/31/04	
Parameter		Quantity of	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal _,	Sample Measurement					19.0	19.0	#/100mL	.0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-1	Permit Requirement				14.00	Report (MoGeoMean).	. 800 Max M	#/100mL		.:Monthly #	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit . Requirement	e Sette			0.5 Min*	e al d		Amg/L		5 Days/Weeks	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					5.20	5.20	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement	- 11				Reporti (Mo.Avg.)	12.0 Max	⊳ mg/L		Monthly	Grab
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0.015 (An:Avg.)	energia Antonio Antonio	mgd	A Calorial		ALC: N		post: A	5 Days/Week	Elapsed time
Flow	Sample Measurement	0.006		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No INE 1	Permit Requirement	Report (Mo.Avg.)		mgd		10 ¹¹ , 11		ia initia Second		5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					54		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit . Requirement .	1. 1995				Report (Mo.Avg.)		mg/Ľ*!	1998) 	Monthly M	Grab
Solids, Total Suspended	Sample Measurement					51	~	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						22.2%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement	198°*	196 1		ja ja s		Report- (Mo Total).	Percent	đ.	Monthly	Calculated /

30

	PermitNumber:		FLA011706				FACILITY: Park M COUNTY: Putnan			
			10/01/2	004	To:	10/31	1/2004			
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620	
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1			0.006			7.4		2.2+		
2			0.004							
3			0.004							
4			0.005			7.3	·	2.2+		
5			0.005			7.3		2.2+		
6	54	2U	0.003	51	2.8	7.3	19.00	······································		
7			0.004			7.3		2.2		
8			0.005			7.3		2.2+		
9			0.004							
10			0.004					· · · · · · · · · · · · · · · · · · ·		
11			0.005		,	7.2		2.2+		
12			0.005			7.3		2.2		
13			0.004			7.4		2.2+		
14			0.003			7.4		2.2+		
15			0.005			7.4	······································	2.2+		
16			0.004							
17			0.004							
18			0.005			7.4		2.2+		
19			0.004			7.3		2.2		
20			0.004			7.3		2.2+		
21			0.004			7.4		2.2+		
22			0.003	10.00		7.3		2.2+		
23			0.004							
24			0.004							
25			0.004			7.4		2.2+		
26			0.002			7.4		2.2+	•	
27			0.002			7.4		2.2+		
28			0.004			7.4		2.2+		
29			0.003			7.3		2.2+		
30			0.030							
31			0.030			7.4		2.2+	1	
PLANT S	TAFFING:					·				
Day Shift		Class:	в	Cert	ification No.:	12476	Name:	David Haring		
	Shift Operator	Class:			- ification No.:		Name			
-	t Operator	Class:			- ification No.:		Name	•••••		
Lead Ope		Class:			- ification No.:	4894		Paul Thompson)	
	ifluent Disposal of				-				······································	
	et Weather Disc		_	No:	1	Not Applicable:	✓ If yes, cur	nulative days of v	vet weather discharge	
* Attach a	dditional sheets	if necessary to	b list all certified	operators.						

Page 3 of 3

Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590	nəđW

Jacksonville. 32256-7590	.0028 Saymeadows Way. Suite B200.	Northeast District.	of Environmental Protection.	treamtheread sof thoreas	sidt lism betelnmoQ n
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0697-98228	2200. Jacksonville. 3	l stiu2 .vsW swobssmv	68 2587 Jointei Dissad	trol protection listna	mnorive I to treamtheored	l .ot trongs sidt liem hatal	Jumoj
NO 171 ON	INO LINOIAL						

v, Suite B200, Jacksonville, 32256-7590	Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way

sonville, 32256-7590	iy, Suite B200, Jack	eW ewobsemysa 8287	Northeast District,	of Environmental Protection,	o fnemtheqed ic	of the report for the pole	amo:

esentment of Environmental Protection. Northeast District. 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590	O :ot troop aidt lism betelomo

0, Jacksonville, 32256-7590	028 ətiu2 ,ysW ewobeamys8 ö	Northeast District, 7829	nent of Environmental Protection,	mpleted mail this report to: Depart

pleted mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

Domestic	SROUP:	ToniM	CLASS SIZE:	Ocala, FI 34470	
Monthly	REPORT:	leni3	:TIMIJ	1343 NE 17th Road	SSEADDRESS:
		907110AJF	PERMIT NUMBER:	Aqua Utilities Florida	: JMAN BETTIMAB

[]	NO DISCHARGE POINT NUMBER
Percolation Ponds	WONITORING GROUP DESC:
R-001	MONITORING GROUP NUMBER:

Grab	MidinoM-	1. 1. 1.	1000 <i>L/#</i> •		(Vu) (004 (00))					Permit Requirement	
Grab	Monthly	0	ן#/00µ		81					Measurement	
						an bene an	and the second second		The Martin of Martin Control of State	Sample	
derð 🖓	унае Мігула С		ns	.(xeW) S∵8×ana		0,9				Reguirement Regnire	
Grab	5 Days/Week	0	.u.s	6.T		٤.۲				Sample Measurement	
	1	-0 KE		Sa (xew)	((674 om)		2			Requirement	
r dere	M ViritaaM	f Sta	ָאָל, קייני	0.09		1.4				Recmit	· · · · · · · · · · · · · · · · · · ·
Grab	Monthly	0	ղ/ճա	5.1	2.1					Measurement	
									an a	Sample Requirement	
Crap Crap	Νουτμίλ		6w	201	0.02 (DVÅ .nA)					Remitement	Control of the second
Grab		0	ղ/ճա		۲.۴					Measurement	
400	NIGIOGR	V						and the second secon		Sample	
a dera)	VininoM		 	(xew)	(.QVA.oM)	Selection of the		18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	1. An	Pemit Requirement	the state of the second st
				. 0 09 1	30.0.0	an a				Measurement	Satisfies and a state of the st
Grab	Monthly	0	շյքա	SU	50					Sample	
gean and	λίημοι		Тубш	Constant S	((6xA :nA) - y-	物、在中心	2 2 - 2	₽ IL.I.	tes j	Requirements	
and State					* 0 0Z	1. 1. 2. 1. 2	\$	1 (ge di 14		Permit Press	
Grab	Monthly	0	ղ/ճա		2.1					Measurement	5 day, 20C
										Sample	3OD, Carbonaceous
Sample Type	Frequency	.oN .x∃		entration	ality or Conc	gu	stinU	gnibsol t	Quantity c		Parameter
Putnam MONITORING PERIODFrom: 11/01/2004 To: 11/30/04										COUNTY: Pu	
Interfachen, FL 32148											

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

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Park Manor WWTF

LOCATION

:YTIJIOA3

	286-937-1143	Paul Thompson, Lead Operator
(DD/MM/YY) 3TAD	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENTELEPHONE NO	AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIODFrom:	11/01/2004	To:		11/30/04	
Parameter		Quantity	of Loading	Units	Qu	Quality or Concentration			No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055" Mon.Site No. EFA-1	Permit Requirement	a sin an	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Report (MoGeoMean)	800 Max	#/100mL	1	Monthly	🤲 🖉 Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	<u>- 1917 - 1920 - 1920</u>	<u>, 1997 - 1995 - 1995 - 1995 - 1995 - 1995</u>		2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement	S. ey#≧	Sec. 1		0.5 Min /***		1	mg/L*	13	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		Se o color, sistin historica, <u>siste seco</u>			3.10	3.10	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No. EFA-1	Permit Requirement	or ere Taite	e la se		and some	Report (Mo.Avg.)	12.0 Max	, mg/L		Monthly	Grab
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement -	0.015 (An.Avg.)	e i Stan St Geographie Marine	mgd	the part of	an star	5 A 4 4	in the		5 Days/Week	Elapsed time
Flow	Sample Measurement	0.003		mgd			Construction of the second		0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)	14- 15- 15- 15- 15-	mgd		e e e				5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					110		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon:Site No. INF-1	Permit Requirement	2 - 1 1 - 1 2 - 1			the pro-	Report (Mo.Avg.)		mg/L	¥.,4	Monthly	Grab
Solids, Total Suspended	Sample Measurement					97		mg/L	0	Monthly	Grab
Mon.Site No. INF-1	Permit Requirement					Report (Mo:Avg.)	and the second	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						15.6%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon Site No. CAL-1	Permit Requirement	an an	1 Sec.	i jë j		an ge	Report (Mo.Total)	Rercent		Monthly	Calculated

1	PermitNumb	er: F	LA011706					FACILITY: COUNTY:	Park Manor WWTI Putnam
I	MONITORING	PERIODF_	11/01/2	004	То:	12/01	/2004	•	
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.003			7.4		2.2+	
2			0.003			7.5		2.2+	
3	110	2U	0.003	97	2.1	7.5	10	2.2+	3.*
4			0.003			7.5		2.2+	
5			0.003			7.3		2.0	
6			0.003						
7			0.003						
8			0.003			7.4		2.2+	
9			0.003			7.3		2.2+	1
10			0.003			7.3		2.2+	
			0.002			7.3		2.2+	
12			0.003			7.4		2.2+	
13			0.003						
14			0.002						
15			0.002			7.4		2.2+	
16			0.002		· · · · · · · · · · · · · · · · · · ·	7.3		2.2+	
17			0.003			7.3		2.2+	
18			0.003			7.3		2.2	
19			0.003 0.003			7.4		2.2+	
20			0.003			<u>-</u>		L L	
21 22			0.002			7.4		2.2+	
22			0.002			7.3		2.2+	
23			0.002			7.4		2.2+	
24			0.002			7.3		2.2+	
26			0.004			7.4		2.2+	
27			0.003						
28			0.003		1				
29			0.003			7.4		2.2+	•
30			0.003			7.3		2.2+	
31									
PLANT ST	AFFING:				·				
Day Shift C		Class:	в	Cer	tification No.:	12476	Name	: David Haring	
	hift Operator	_			tification No.:			• · · · · · · · · · · · · · · · · · · ·	
Night Shift		- Class:			tification No.:		Name		
Lead Oper		- Class:	A		tification No.:	4894	Name	: Paul Thompson	1

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

Permittee Name: Mailing Address:	Aqua Utilities Florida 1343 NE 17th Road Ocala, Fl 34470	3				FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic	
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214			MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Ponds NO DISCHARGE POINT NUMBER []							
COUNTY:	Putnam			MONITORING F	PERIODFrom:	12/01/2004	To:		12/31/04		
Parameter		Quantity of Loa	ding Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab	
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		i 🐏 , iki		20.0 👾 (An. Avg.)		mg/L s	34 A	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab	
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement			1 4' f 10 ' 1	* 30.0 (Mo.Avg.)	. 160.0 (Мах)	, mg∰		Monthly	Grab	
Solids, Total ₋ Suspended	Sample Measurement				1.7		mg/L	0	Monthly	Grab	
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement	-228 Alter gain			,20.0 (An. Avg.)	2 - 1 98 8	mg/L		Monthly	Grab P	
Solids, Total Suspended	Sample Measurement				1.4	1.4	mg/L	0	Monthly	Grab	
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			1. 1. 199. 1	30.0 (Mo.Avg:)	60:0 (Max)	mg/L		Monthly, y	Grab	
рН	Sample Measurement			7.2		7.4	S.U.	0	5 Days/Week	Grab	
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 Min		** 8.5 (Max)	S:U		5 Days/Week	Grab	
Coliform, Fecal	Sample Measurement				18		#/100mL	0	Monthly	Grab	
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab.	

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIOD-From:	12/01/2004	To:		12/31/04	
Parameter		Quantity	of Loading	Units	Qu	ality or Cond	centration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	10	#/100mL	. 0	Monthly	Grab
PARM Code 74055-1 Mon Site No. EFA-1	Permit Requirement		es all par			Report (MoGeoMean))	800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			Stration in the second	2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement	a series and the series of the	t (Tymir)		0,5 Min			mg/J		. 5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			unie 133 38 8735438	annan aistrictainn ta can <u>aistean</u>	1.70	1.70	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-1	Permit Requirement	1	100		and a star	Report (Mo.Avg.)	12.0 Max	mg/L≆		Monthly	Grab
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0.015 (An.Avg.)	ent and	mgd		at said		. 1 1		5 Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)	i jut og t	mgd	a na s		Sec.			_5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					170		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement		1	d dige		Report (Mò:Avg:)		⊷mg/L		• Monthly	Grab
Solids, Total Suspended	Sample Measurement					180		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. CAL-1	Permit Requirement	All Contract			2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		(Mo.Total)	Percent	.	Monthly	Calculated

To:

12/31/2004

PermitNumber:	FLA011706
MONITORING PERIOD F	12/01/2004

706

FACILITY: COUNTY:

Park Manor WWTF Putnam

	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)
							()	(9 , - /	
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I 🚽	EFA-I	EFA-I	EFA-1
1			0.003			7.3		2.2+	
2			0.003	- u,	· · ·	7.3		2.2+	
3			0.002			7.3		2.2+	
4			0.002			1			
5			0.003						
6			0.003			7.3		2.2+	
7			0.003			7.2		2.2+	
8	170	2U	0.002	180	1.4	7.3	<u>1</u> U	2.2+	1.7
9			0.002		6	7.4		2.2+	
10			0.003			7.3		2.2+	
11			0.003						
12			0.003	,					
13			0.002			7.2		2.2+	
14			0.002			7.4		2.2+	ļ
15		[0.002			7.2		2.2+	
16		}	0.003			7.3		2.2+	
17			0.001			7.3		2.2+	
18			0.002						
19			0.002						
20			0.002		}	7.3		2.2	
21			0.002			7.2		2.2+	
22			0.002			7.3		2.2+	
23			0.002			7.2		2.2+	
24			0.002			7.3		2.2+	
25			0.002						
26			0.002						
27			0.002			7.3		2.2+	
28			0.001			7.3		2.2	
29			0.003			7.2		2.2+	
30			0.001			7.3		- 2.2	1
31			0.002			7.3	,	2.2+	
PLANT ST	TAFFING:								
Day Shift (Operator	Class:	В	Cer	tification No.:	12476	Name:	David Haring	
Evening S	hift Operator	Class:		Cer	tification No.:		Name:		
Night Shift	t Operator	Class:		Cer	tification No.:		Name:		
Lead Ope	rator	Class:	Α	Cer	tification No.:	4894	Name:	Paul Thompson	1
Type of Eff	fluent Disposal	or Reclaimed V	Vater Reuse:						
Limited We	et Weather Disc	charge Activate	d: Yes:	No:		Not Applicable:	If yes, cur	nulative days of v	vet weather discharge

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:					ER:	R: FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214			MONITORING O	GROUP NUMBER: GROUP DESC: E POINT NUMBEF	Percolation	Pondş			
COUNTY:	Putnam			MONITORING F	ERIODFrom:	01/01/2005	To:		01/31/05	
Parameter		Quantity of Loa	ding Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit. Requirement	ing in the second	1 I.	12.4	(An. Avg.)		mg/L		Monthly	Grabe
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1,	Permit Requirement			tille page	30.0 (Mo:Avg:)	60.0 (Max)	mg/B		Monthly	Grab
Solids, Total Suspended	Sample Measurement			au anterestation de la service de la serv	1.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit * Requirement				(An Avg.)		mgAL		Monthly	Grab -
Solids, Total Suspended	Sample Measurement				3.4	3.4	mg/L	0	Monthly	Grab
PARM Code 00530 // Mon.Site No. EFA-1	Permit A				30.0 (Mo.Avg.)	60.0 (Max) ere	, mg/L.∖	\$	Monthly	s y Graba
pH	Sample Measurement			7.2	Sector States	7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1 ***	Permit Requirement			6.0 Miness		8.5 (Max),	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				18	S MARKEN IN THE REAL PROPERTY IN	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An Avg.)		#/100mL		Monthly	Graț

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	ERIODFrom:	01/01/2005	To:		01/31/05	<u></u>
Parameter		Quantity	of Loading	Units	Qu	ality or Cond	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					7.0	7.0	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement		l H W. H. L Hit De K. L	er Press orderes		Report (MoGeoMean)	800 / 100 /	#/100mL		Monthly	Grabe
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 Min				2.5	5 Days/Weeks	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.60	1.60	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement			1.5		Report (Mo:Avg.)	12.0 Max	o mg(L.		Monthly, A	Grabit 🕴
Flow	Sample Measurement	0.002		mgd		AND			0	5 Days/Week	Elapsed time meter
PARM Code 50050 - G Mon Site No INF-1	Remit Requirement	0.015 (An Avg.)		mğd			distant.			5 Days/Weeka	Elapsed time. moter
Flow	Sample Measurement	0.002	ana tanana kao mandri k	mgd			F		0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Man Site No INF 1	Permit Requirement	Report (Mo.Avg.)		mgd			ar s			5 Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement					180		mg/L	0	Monthiy	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement		t se a	. M		Reports (Mo Avg)	1.1988	a sing/L:	×.	Monthly 🦉	ale Graba 👔
Solids, Total Suspended	Sample Measurement					100		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Rermit Requirement					Reportes (Mo:Avg-)		Sing/L		Monthly 1	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement						Report (Mo Total)	Percent		Monthly	Calculated

38 8

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	PermitNumb	er: F	LA011706					FACILITY: COUNTY:	Park Manor WWT Putnam
	MONITORING	PERIODF	01/01/2	005	To: <u> </u>	01/31/			runam
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate Total (as N) (mg\
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
lon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1		· _ ·	0.002						
2			0.002				· · ·	-	
3			0.003			7.3		2.2+	
4			0.003	·		7.3		2.2	
5	180	2U	0.001	100	3.4	7.4	7.00	2.2+	1
6			0.002			7.2		2.2	
7			0.002			7.3		2.2+	
8	<u> </u>		0.002						
9	ļ		0.002						
10			0.002			7.5		2.2+	
11			0.002			7.4		2.2+	
12			0.002			7.4		2.2+	
13			0.001		· · · · · · · · · · · · · · · · · · ·	7.4		2.2+	
14			0.003			7.3		2.2+	·
15	 		0.002						
16			0.002						
17			0.002	<u>.</u> .	·	7.4		2.24	
18			0.002			7.4		2.24	
19			0.003			7.4		2.2+	
20			0.003	-		7.3		2.2-	
21 22			0.002			7.4		2.21	·
			0.002	<u>.</u>			<u>-</u>		
23 24			0.002			7.4		2.2+	
24			0.003			7.3		2.2	
26	-		0.002			7.4	 -	2.2	
27			0.002			7.4		2.2	
28	1		0.002			7.4		2.2	
29			0.002						
30	1		0.002	• •		7.4		2.2-	-
31			0.002			7.4		2.2+	
	TAFFING:						······································		
	Operator	Class:	в	Cer	tification No.:	12476	Name:	David Haring	
	Shift Operator	- Class:			ification No.:		Name:		
	t Operator	- Class:			tification No.:		Name:		
ead Ope		Class:	A	Cer	tification No.:	4894		Paul Thompson	<u>ווייי</u>

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749				PERMIT NUMBER: FLA0117(LIMIT: Final CLASS SIZE: Minor					Report: Group:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214	8			MONITORING O	GROUP NUMBER: GROUP DESC: E POINT NUMBER	Percolation	Ponds			
COUNTY:	Putnam				MONITORING F	ERIODFrom:	02/01/2005	To:		02/28/05	
Parameter		Quantity o	Quantity of Loading Units			ality or Conc	entration	<u></u>	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement	(1994) 1995 - 1995 - 1997		Sup	ting an	20.0 (An: Avg.)		, mg/L*.	ġ.	Monthly	🖉 Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.3	2.3	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement	i dagi dafi				30:0 (Mo.Avg.)	60.0. (Max)	-√mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -		1.7		mg/L	0	Monthly	Grab .
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement	en an	States -		egar ka - _{st} a	20.0 (An: Avg.)		, mg/L		Monthly	Graps
Solids, Total Suspended PARM Code 00530, 1	Sample Measurement Permit					1.9 30.0**	1.9 60.0	mg/L	0	Monthly	Grab
Mon Site No. EFA-1	Requirement Sample					(Mo:Avg.)	(Max).	≷ing/L⊃		Monthly	Grab 👘
PARM Code 00400	Measurement Permit	Sec. 23			7.3		7.5	S.U.	0	5 Days/Week	Grab
Mon.Site No. EFA-1 Coliform, Fecal	Requirement Sample				Nin ²⁸		(Max)	* S.U.		5 Days/Week	Grab.
	Measurement					18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement		96 - 9 ⁷ - 2			200 (An Avg.)		#/100mL		S. Monthly	Grab.

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	ERIODFrom:	02/01/2005	To:		02/28/05	
Parameter		Quantity	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 Mon Site No. EFA-1	Permit Requirement			ili et	te da est	Report (MoGeoMean)	800 # 0 Max	#/100mL		a Monthly 🦅	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 Requirement			64 Yes	0.6 Min	register et diverse.		, mg/L é		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		-			1.20	1.20	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	12.0 Max	√mg/L		Monthly	Grab
Flow	Sample Measurement	0.002		mgd			N CALINGSING STORES IN THE	ana ang ang ang ang ang ang ang ang ang	0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon Site No INF-1	Permit Requirement	0.015 (An:Avg.)	Paper Sta	mgd	And Car	** <u>*</u>				5Days/Week	Elapsed time meter
Flow	Sample Measurement	0.002		mgd		1997 - 19 - 19 - 19 - 19 - 19 - 19 - 19		an a sa a sa a sa ana an	0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)		mgd					1997 - 19 19	5 Days/Week	* Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	and the second				210		mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement					Report (Mo:Avg.)	1. 1. 1.	mg/L ^l		Monthly	🐨 Grab 🦲
Solids, Total Suspended	Sample Measurement		an an an Anna a			130		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			17. A.		Report (MotAvg.)		∽mg/L ∖		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. CAL-1	Permit Requirement				8 , ³ 7		Report (Mo.Total)	Percent		Monthly	Calculated

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	PermitNumb	er:	FLA011706					FACILITY: COUNTY:	Park Manor WWTF Putnam
	MONITORING	PERIODF	02/01/2	005	To:	02/28	3/2005	-	
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.003			7.4		2.2+	
2	210	2.30	0.001	130	1.9	7.5	10	2.2+	1.2
3			0.002			7.5		2.2+	-
4			0.003			7.5		2.2+	
5			0.002						
6			0.002						
7			0.002			7.5		2.2+	
8			0.002	··· ·		7.5		2.2+	
9			0.001			7.5		2.2+	
10			0.001			7.4		2.2	
11			0.003			7.5		2.2+	
12			0.002				· · · ·		· · · · · · · · · · · · · · · · · · ·
13 14			0.002			7.4		2.2+	
14			0.002			7.4		2.2+	
16	-		0.002			7.4		2.2+	
17			0.002			7.4		2.2+	
18	-		0.003		-	7.3		2.2+	
19	-		0.002						
20			0.002						÷
21			0.002			7.3		2.2+	
22			0.002			7.5	·····	2.2+	
23			0.001			7.5		2.2+	
24			0.003			7.4		2.2+	
25			0.001			7.3		2.2	
26			0.002						
27			0.002						
28			0.002			7.3		2.2+	
29									
30	-								
31									
	TAFFING:		-	. .		101			
Day Shift		Class:	<u> </u>		ification No.: _	12476		David Haring	
-	Shift Operator	Class:			ification No.:		Name	·····	
	ft Operator	Class:			ification No.:	4904	Name		
Lead Ope		Class:		Cen	ification No.:	4894	iname	Paul Thompsor	i
	fluent Disposal o et Weather Discl		·	No:	٢	lot Applicable:	✓ If yes, cu	mulative days of w	vet weather discharge

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

Permittee Name: Mailing Address:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749			Permit Numb Limit: Class Size:	ER:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214			MONITORING (GROUP NUMBER: GROUP DESC: E POINT NUMBER	Percolation I	Ponds			
COUNTY:	Putnam			MONITORING F	PERIODFrom:	03/01/2005	To:		03/31/05	
Parameter		Quantity of Loading	Units	Qu	ality or Conc	entration			Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3		mg/L	0	Monthly	Grab
PARM Code 80082, Ya Mon.Site No. EFA-1	Rermit r Requirement			i ng tilan	20:0 (An Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9	3.9	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement		, jir		30.0 (Mo.Avg.)	60.0 (Max)	mgl	1	• Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.3		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No.EFA-1	Permit Requirement				20:0 (An: Avg.)		ing/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	The second s	CONTRACTOR AND IN		9.6	9.6	mg/L	0	Monthiy	Grab
PARM Code 00530 1	Permit Requirement				30.0 (Mo:Ayg.)	60-0 (Max)	, ng/Li		Monthly	🛉 🗧 Grab 🦗
pH	Sample Measurement			7.1		7.4	S.U.	0	5 Days/Week	Grab
PARM Code 00400 1	Permit Requirement			6.0 Min		8-5 (Max)	S.U.S.		5 Days/Week	Grabt
Coliform, Fecal	Sample Measurement				18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An Avg.)		#/100mL		Monthly	Grab

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

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

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DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING P	ERIOD-From:	03/01/2005	To:		03/31/05	
Parameter		Quantity	of Loading	Units	Qu	ality or Cond	centration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	10	#/100mL	0	Monthly	Grab
PARM Code 74055(Mon.Site No. EFA-1	Permit Requirement		с. 1998 — При на 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 — 1996 —			Report (MoGeoMean)	800 Max	#/100mb		Monthly	Grab 🕈
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8	¢,2058,0020,0020,0022,0022,0022,0022,004		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement			4. jag	0.5 Min	in it i		mg/L		5 Days/Week	r di Grab y
Nitrogen, Nitrate, Total (as N)	Sample Measurement	ne or som en menerit (1998 a de 2017) I				0.06	0.06	mg/L	0	Monthly	Grab
PARM Code 00620/1 Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	A PROMINENCE AS A DOOR OF	mg/L		Monthly	Grab
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 (An.Avg.)		mgd				1.89		5 Days/Week	 Elapsed time meter
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM_Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement	1			1	190		mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit: Requirement			- 17.		Report (Mo:Avg.)		mg(L		Monthly	r≹∵vGrab
Solids, Total Suspended	Sample Measurement					240		mg/L	0	Monthly	Grab
PARM Code:00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab.
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						13.3%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement	9. je					Report (Mo.Total);	Percent		Monthly	Calculated

Pe	ermitNumb	er: F	LA011706					FACILITY: COUNTY:	Park Manor WWT Putnam
м		PERIODF_	03/01/2	005	То:	03/31	/2005		
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate Total (as N) (mg\
Code Mon.Site	80082 INF-I	80082 EFA-I	50050 INF-I	00530 INF-1	00530 EFA-I	00400 EFA-I	74055 EFA-I	50060 EFA-I	00620 EFA-I
1			0.002	1110 -1		7.3		2.2+	
2	190	3.90	0.002	240	9.6	7.3	10	2.2+	
3	100	0.00	0.003		0.0	7.3		2.2+	· · · · · · · · · · · · · · · · · · ·
4			0.002			7.4		2.2+	
5			0.002						
6			0.002						
7			0.002			7.3		1.8	
8			0.002			7.3		2.2+	
9			0.002			7.3		2.2+	
10			0.002	,		7.3		2.2+	
11			0.003			7.3		2.2+	
12			0.002						
13			0.002						
14			0.002			7.2		2.2+	-
15			0.003		· · · · · · · · · · · · · · · · · · ·	7.2		2.2+	
16			0.002	·	· · · · · · · · · · · · · · · · · · ·	7.2		2.2+	
17			0.002			7.2		2.2+	
18 19			0.003			1.2		2.27	
20			0.002						
20			0.002			7.2		2.2+	
22			0.002			7.3		2.2+	
23			0.002			7.2		2.2+	
24			0.002			7.1		2.2+	· · · · · · · · · · · · · · · · · · ·
25			0.002			7.2		2.2+	
26			0.003						
27			0.003						
28			0.004			7.2		2.2+	•
29			0.003			7.1		2.2+	•
30			0.003			7.1		2.2+	•
31		<u> </u>	0.001			7.2		2.2+	
LANT STAP	FING								
Day Shift Op		Class:			tification No.:	12476	Name:	David Haring	
evening Shift					tification No.:		Name:		
Night Shift O		Class:			tification No.:		Name:		
_ead Operato	or	Class: _	Α	Cer	tification No.:	4894	Name:	Paul Thompson)

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

A TAA9 - TAO93A SUIROTINOM 397AH32IO NOIT33T099 JATNAMUO91VD3 70 TUAMT9490

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

FACILITY:	Park Manor WWTF	MONITORING GROUP NUMBER: MONITORING GROUP DESC: MO DISCHABGE POINT NUMBER:	Percolation Ponds		
:əman təttimyəq :22əqqqa ənijiam	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749	PERMIT NUMBER: LIMIT: CLASS SIZE:	FLA011706 Final Minor	REPORT: GROUP:	Monthly Domestic

I-ATE No. EFA-1	Requirement		969 (1 <u>6</u> 17)	126.62		📜 (6vA :nA)		g e de		El estructure	nije stati i station j
ARM Code 74055 Y	Permit 🔅			1.25		500		TW001/#		ses Autuons s	୍ୟାହାର
<u>- Mar 199</u> yild <u>- Andre III de Andre I (n. 1998)</u>	Measurement	WEEK TER LEVEL AND A LONG	108700-00-00-00-00-0 <u>-0</u> -0-0-0-0	1.1.1.1		01		700001/#	0	Lunnow	
oliform, Fecal	Sample					81		ן#/100µך	0	Monthly	Grab
on.Site No. EFA-1.	Requirement		in a start a start a		a niM	Cracial States	ste (XEW)	n.e.		Assaw/system	derð 💎
ARM Code 00400 I	Permit -				°.€.,0`9		S# 25 8 4				
	Measurement				2 .7		4 .7	.u.2	0	5 Days/Week	Grab
H	Sample	and the second				Sec. 6			1.20		
n-ATE ON SIGNATION	Permit Requirement					(.pvA.oM)	(xeM)	, η/6ώ s	許多	Monthly	a derap
VBW Code 00530 Nebeuged	Measurement	398-7 A. S	1		.	30.0	0:09	n ∰in Dears P			
olids, Total	Sample					5.3	2.3	၂/ճա	0	Monthly	Grab
I-ATE :oN Stic	Requirement			1 0000		(.pvA .nA) ***			***		
ARM Code 00530 Y	Permit		6 - A - A - A - A		8 8 1 - 1	50'0	- 	ַ שַּאָר א		ស៊ីបុរុមចំស្រ	Grab .
pəpuədsn	Measurement			0.9-2-2 2 5(92,4)				Constant Park			
letoT , et al	Sample					7.1		- շյնա	0	Monthly	Grab
c-ATE toN stic.no	Requirement					(.QVA.OM)	(xew)			a 6	
ARM Code 80082 I	Permit	1				30'0 1	0.09	າ ງາວິພະ		. Widhnow	erab site
day, 20C	Measurement					07	07			(upuow	0010
OD, Carbonaceous	Sample					50	50	Inco	0	Monthly	Grab
 r-AHA .oN stilling 	Requirement				1. A.	(.pvA.nA)	in in	់ តារប្រិយទំ-			dera 4
Y 28008 9boD MAA	Permit					50.0		1.5 16.			1.55 8.85
day, 20C	Measurement					۲.2		⊣յ/նա	0	Monthly	Grab
OD, Carbonaceous	Sample										
			6								
Parameter		Quantity of Loading Units Quality or Concentratic							.oN	Frequency	Sample Type
	mentuc				9 ONITORING	:mon-From:	9002/10/70	:01		90/02/70	
l e	nterlachen, FL 3214	81									
OCATION:	oark Road				NO DISCHARGI	E POINT NUMBER	[]				

t certify under pensity of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those and vider pensity of those and vider pensity of those and vider pensity of the sord improvement.

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIODFrom:	04/01/2005	To:		04/30/05	
Parameter		Quantity	of Loading	Units	Qu	ality or Cond	centration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				1999 ₁₄ 4	Report 2 (MoGeoMéan)	Max ⁸⁰⁰	1/100mL		- Monthly	Grab [®]
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				n w0.5≌ Min	and of the	e de la constante -	_mg/b \		5 Days/Week	🥵 🦉 Grab 🖉
Nitrogen, Nitrate, Total (as N)	Sample Measurement		Proprieta de la constitución de			0.18	0.18	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-1	Permit Requirement	18 ° 19	t din i se			Report . (Mo.Avg.)	12.0 Max	mg/L-r		Monthly	Grab / h
Flow	Sample Measurement	0.002		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0.015 (An Avg.)		mgd		100 F -	jane	1.2.2		2.5 Days/Week*	Elapsed time meter
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon:Site No INF-1	Permit Requirement	Report (Mo.Avg.)		mgd						5.Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	275 N 747-0038-29-57				86		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement	reight i g				Report (Mo Avg.)	a grad a se	, .mg/Ľ, .		Monthly	Grab
Solids, Total Suspended	Sample Measurement					50		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement					Report (Mo Avg.)		, 'mg/Ľ,		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						15.6%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement	And Parks					Report (Mo Total)	Percent		Monthly	Calculated

3

	PermitNumb	er:	FLA011706					FACILITY: COUNTY:	Park Manor WWTF Putnam	
	MONITORING	PERIOD-F	04/01/2	005	То:	04/30			rumani	
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate Total (as N) (mg\l	
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620	
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1			0.003			7.2		2.2+		
2			0.003							
3			0.004							
4			0.004			7.2		2.2+		
5			0.003			7.3		2.2+		
6			0.004			7.3		2.2+		
7			0.003			7.3		2.2+		
8			0.004			7.3		2.2+		
9			0.004							
10			0.004							
11			0.004		*	7.3		2.2+		
12			0.005			7.3		2.2		
13	86	2U	0.004	50	2.3	7.3	1U	2.2+	0.	
14			0.005			7.4		2.2+		
15			0.003			7.3		2.2		
16			0.003							
17			0.004							
18			0.004			7.3		2.2+		
19			0.001	*		7.3		2.2+		
20			0.004			7.4	· ·	2.2+		
21			0.003			7.3		2.2+		
22			0.003			7.3		2.2+		
23			0.003							
24			0.003					1		
25			0.002			7.3		2.2+		
26			0.003			7.3		2.2+		
27	-		0.003			7.3		2.2+		
28			0.002			7.3		2.2+		
29			0.003			7.3		2.2+		
30			0.003							
31								······································		
	TAFFING:	······································	• , , , , , , , , , , , , , , , , , , ,							
	Operator	Class:	в	Cert	ification No.:	12476	Name:	David Haring		
	Shift Operator				ification No.:		Name:			
	ft Operator	Class:			ification No.:		Name:			
Lead Ope		Class:			ification No.:			Paul Thompson	1	
	ffluent Disposal o									

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

MAILING ADDRESS:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749				PERMIT NUMB LIMIT: CLASS SIZE:	ER:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214				MONITORING	GROUP NUMBER: GROUP DESC: E POINT NUMBER	Percolation	Ponds			
COUNTY:	Putnam				MONITORING F	PERIODFrom:	05/01/2005	To:		05/31/05	
Parameter		Quantity of	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		n in S		10 1	20.0 (An. Avg.)		∵.mg/L		Monthly	Grab.
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement	+1 34				30.0 (Mo.Avg.)	* 60.0*	€. mg/L =		Monthly	≜Grab≜
Solids, Total Suspended	Sample Measurement					1.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement	84 sy				20.0 (An: Ávg.))		, mg/L		Montbly	Grab
Solids, Total Suspended	Sample Measurement					3.9	3.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No. EFA-1	, Permit Requirement					30.0 (Mo-Avg.)	(Max)	, mg/L ,		Monthly	Grab and
pH	Sample Measurement		_		7.3		7.5	S.U.	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement		2. (1999) 2. (1997) 2. (1997)		6.0 Min		(Max)	S.U.		5 Days/Week	Me Grab
Coliform, Fecal	Sample Measurement			<		19		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	 Permit Requirement 					کر ہے۔ (An: Avg))		.#/100mL		Monthly	Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	ERIOD-From:	05/01/2005	To:		05/31/05	
Parameter		Quantity	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement	<u>-</u>				12.0	12.0	#/100mL	0	Monthly	Grab
PARM Code 74055, I Mon.Site No. EFA-1	Permit Requirement	1.4.4			. 1 4 1	Report (MoGeoMean)	.800 8 Max	#(100mL		Montaly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 Min		1. A	_mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		- CARDONG, Y. Y. MARKELANDER CO. P.			1.80	1.80	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement	8, K.V.			1. N. N. S.	Report (Mo.Avg.)	* 12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 (An:Avg.)		mgd	18 M		- 19 19		24	5 Days/Week	Elapsed time
Flow	Sample Measurement	0.008		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd			.			5 Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement					140		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement		1. · *:		1. Au	· Report · · · · · · · · · · · · · · · · · · ·		al mg/L .		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.3		110		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo:Avg.)		/mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						26.7%	Percent	0	Monthly	Calculated
PARM Code 00180 J Mon Site No. CAL-1	Permit Requirement	2- A	1			Research a	Report (Mo.Total)	Percent		Monthly	Calculated

3

	PermitNumb	er:	FLA011706					FACILITY: COUNTY:	Park Manor WWT Putnam
	MONITORING	PERIODF	05/01/2	005	To:	05/31	/2005	-	
	ĆBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.009						
2			0.009			7.3		2.0	
3			0.007			7.4		2.2+	
4			0.004			7.4		2.2+	
5			0.011			7.4		1.8	
6			0.023			7.4		2.2+	
7			0.009						
8			0.010						
9			0.010			7.4		2.2+	
10	-		0.011			7.3		2.2+	
11	140	2U	0.007	110	· 3.9	7.4	12.00	2.2+	1.8
12	-		0.010			7.4		2.2+	
13			0.011			7.4		2.2+	· · ·
14	-		0.007						
15			0.008						
16			0.008			7.3		2.2+	
17			0.008			7.4		2.2+	
18			0.006			7.4		2.2+	
19			0.009			7.4		2.2+	,
20			0.008			7.3		2.2+	
21			0.006						
22			0.007						
23			0.007			7.3		2.2+	
24	1		0.007			7.5		2.2+	
25	-		0.005			7.5		2.2+	
26			0.006			7.5		2.2+	
27			0.008			7.3		2.2+	
28			0.005						:
29	-		0.006			· .			
30			0.006			7.4	,	2.2+	
31	<u> </u>		0.004			7.3		1.1	L
	TAFFING:								
•	Operator	Class:	B		fication No.:	12476		David Haring	
	Shift Operator	Class:			fication No.:	. <u></u>	Name:		
	ft Operator	Class:			fication No.:		Name:		
ead Ope	erator	Class:	Α	Cert	fication No.:	4894	Name:	Paul Thompson	

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

Page 3 of 3

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749				PERMIT NUMB LIMIT: CLASS SIZE:	ER:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214	8	MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Ponds NO DISCHARGE POINT NUMBER []								
COUNTY:	Putnam				MONITORING F	PERIODFrom:	06/01/2005	To:		06/30/05	
Parameter		Quantity o	of Loading	Units	Qu	ality or Cond	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y 🦗 Mon.Site No. EFA-1	Permit Requirement	en e			in de m	20,0 (An: Avg.)	A	⊂ mg/L i		Monthly	🦸 🚽 Grab 🖉
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No. EFA-1	Permit. Requirement				r r s	30:0 (Mo:Avg.)	60:04 ar (Max)	L mg/L		, Monthly	Grab
Solids, Total Suspended	Sample Measurement			and the second second		1.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Requirement				este strategies. Stategiese strategiese strategiese strategiese strategiese strategiese strategiese strategiese strategiese strat	20.0 (An. Avg.):	C. Janie	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.5	3.5	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1 pH	Permit Requirement Sample		Arres of the	9 8 0 7-1	A. K	30.0 (Mo.Avg.)	60.0 2(Max)	, mg/L		Monthly	Grab
PARM Code 00400 (Measurement				7.1 6.0	1948 - S	7.4	S.U.	0	5 Days/Week	Grab
Mon Site No. EFA-1 Coliform, Fecal	Requirement Sample	ining territoria Maria	d de la	10 14	o,y., ⊶ Min	AND PRO	(Max)	, ∕s.u.		5 Days/Week	Grab
Controllin, recal	Measurement					18	New Your Holder Street Street Street	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An 7Avg)		#/100mL		Monthly	Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

						ERIODFrom:	06/01/2005	To:		06/30/05	
Parameter		Quantity	of Loading	Units	Qu	ality or Cond	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal.	Sample Measurement					1U	10	#/100mL	0	Monthly	Grab
PARM Code 74055	Permit Requirement			. 9 9/	. Mit	Report (MoGeoMean)	800 Max	#/100mL		Monthly .	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement			e piet	0.5 Min	. 1et 1	jar m	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.00	6.00	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No, EFA-1	Permit Requirement	4.1 J.	ang a			Report (Mo.Avg.)	12.0 Max	≓mg/L ∶		Monthly	Grab, 🕅
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0.015 (An.Avg.)	1 met	mgd å						5 Days/Week	Elapsed time, meter
Flow	Sample Measurement	0.012		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	With Sec.	mgd		and and				5 Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement					130		mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement			1		Report says (Mg;Avg.)		mg/L	1	• • Monthly	Grab _{er} J
Solids, Total Suspended	Sample Measurement					98		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement		A.,			(Mo:Avg.)	r a	mg/L		Monthly	Grab.
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						35.6%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement					in an	Report (Mo.Total)	Percent		Monthly	Calculated

54

P	ermitNumb	er: F	LA011706					FACILITY: COUNTY:	Park Manor WWTF Putnam
М	ONITORING	PERIODF_	06/01/2	005	То:	06/30/	/2005		- uulani
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
ion.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.006			7.2		2.2+	
2			0.010			7.2		2.2+	
3			0.004			7.3		2.2+	
4			0.006						
5			0.007						
6			0.007			7.2		2.2+	
7			0.005			7.3		2.2+	
8	130	20	0.004	98	3.5	7.3	10	1	
9			0.006			7.3		2.2+	
10 11			0.007			7.4	<u> </u>	2.2+	
12			0.007						
12			0.007			7,4		2.2+	
14			0.007			7.3		2.2+	
15			0.012		<u> </u>	7.3		2.2+	
16			0.024		:	7.2		1.5	
17			0.019			7.1		0.9	
18			0.016						
19			0.017						
20			0.017			7.1		1.8	
21			0.011			7.2		2.2+	
22			0.011			7.2		2.2+	
23			0.014			7.2		2.2+	
24			0.009			7.2		2.2+	
25			0.016						
26			0.016					·	
27			0.016			7.2		2.2+	
28			0.021			7.1		2.2+	
29			0.027			7.2		2.2+	
30			0.024			7.1		2.2+	·
31									
LANT STA		~	-	•	····	40470		Devident	
ay Shift Op		Class:	<u> </u>		tification No.: _	12476		David Haring	
	ft Operator	Class: _			tification No.: _		Name		
light Shift C		Class: _	Δ		tification No.: _	4804	Name		
ead Operat		Class: - or Reclaimed W	A	Cen	tification No.: _	4894	iname	Paul Thompsor	1

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

DEPA When Completed mail this	RTMENT OF E									RT - PART	Α
Permittee Name: Mailing Address:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749				PERMIT NUMB LIMIT: CLASS SIZE:	ER:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214	18			MONITORING (NO DISCHARG		Percolation				
COUNTY:	Putnam				MONITORING I		07/01/2005	To:		07/31/05	
Parameter		Quantity o	f Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1		mg/L	0	Monthly	Grab
PARM Code 80082, Y Mon.Site No. EFA-1	Permit Requirement				1. 540	20 0 (An: Avg.)-	None W	mg/L		Monthly	Graby
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				1. 1. 1 . 1 . 1 .	(30.0 (Mo.Avg.)	(Max)	mg/L		Monthly	Grab .
Solids, Total Suspended	Sample Measurement					1.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit A Requirement				i 🕅 arko	20 0 (An: Avg.)		⊃ mg/L ⊣		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.1	3.1	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement	2 - A - A - A - A - A - A - A - A - A -	4 1 10			30 0 (Mo.Avg.)	(Max)	et ing/E		Monthly	Server Grab
pH	Sample Measurement				6.9		7.3	S.U.	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EFA-1	Permit Requirement			6 A	6.0 Min		(Max) (Max)	USU.Q	e e	5 Days/Week	Grap
Coliform, Fecal	Sample Measurement					18	THE REPORT OF STREET	#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit				a de carde	200 - 200				Monthly	the state of the second

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

Requirement

Mon.Site No. EFA-1

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

(An Avg.)

#/100mL

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIOD-From:	07/01/2005	To:		07/31/05	
Parameter		Quantity of	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement	· · · · · · ·				4.0	4.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement	ing state		÷A.	Quere.	Report (MoGeoMean)s	800 Max	#/100mL		- Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement	and the state			0.5 #Min*	e	1.15	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.75	0.75	mg/L	0	Monthly	Grab
PARM Code 00620. I Mon.Site No. EFA-1	Permit Requirement	14. 花餐	14 F.		.	Report (Mo.Avg.)	12.0. Max	Smg/L	je.	Monthly	Grab
Flow	Sample Measurement	0.003	CONTRACTOR NUMBER OF THE	mgd	and a second				0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Requirement	0.015 (An.Avg.)	1	∖ mgd y	Yey off.	S. 1988				5 Days/Week	Elapsed time.
Flow	Sample Measurement	0.015		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No INF=1	Permit Requirement	Report (Mo.Avg.)		mgd				A		5 Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement					49		mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement			72. ₂ 009.		Report (Mo.Avg.)		,∼mg/L-	20.00	Monthly	Grab
Solids, Total Suspended	Sample Measurement					44		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement					× Neport ★ (Mo.Avg.)		, mg/L		Monthly 2	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						42.2%	Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. CAL-1	Permit Requirement	Sola information .	1.2				Report (Mo.Total)	Percent		Monthly	Calculated

5	7

	PermitNumber:		FLA011706				FACILITY: COUNTY:	Park Manor WWTF Putnam	
	MONITORING	PERIODF	07/01/2	005	To:	07/31	1/2005	•	
	CBOD5	CBOD5	Flow	TSS	TSS (mg/L)	рН	Fecal Coliform	TRC (For	Nitrogen, Nitrate,
	(mg/L)	(mg/L)	(MGD)	(mg/L)		(s.u.)	Bacteria (#/100ml)	Disinfect.) (mg/L)	Total (as N) (mg\L)
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.029			7.2		2.0	
2			0.019					-	
3			0.019						
4			0.019			7.2		2.1	
5			0.026			7.2		2.2+	
6			0.026			7.3		2.2+	
• 7			0.021			7.3		2.2+	
8			0.011			6.9		2.2+	
9			0.015						
10			0.015				······		
11			0.016		,	7.1		2.2+	
12			0.016			7.1		2.2+	
13	49	2U		44	3.1	7.1	4.00	2.2+	0.8
14			0.022			7.2		2.2+	
15			0.019			7.2		2.0	
16			0.014						
17			0.014						
18			0.014			7.1		2.2+	
19			0.011			7.2		2.2+	
20			0.014			7.2		2.2+	
21	╢────		0.014			7.2		2.0	
22			0.013			7.0		2.2+	
23		a	0.011						
24			0.011	-					
25			0.011		· · · · ·	7.1		2.2+	· · · · · · · · · · · · · · · · · · ·
26 27	 +		0.009			7.1		2.2+	
27			0.007			7.1		2.2+	
20	<u> </u>		0.009			7.1		2.2+	
30		*	0.011			7.2		2.2+	
31			0.009	<u> </u>					
PLANT ST			0.010						
Day Shift		Class:	в	Cert	ification No.:	12476	Name:	Dovid Horing	
	hift Operator	Class: Class:			ification No.:		Name: Name:	David Haring	
Night Shift		Class:	<u> </u>		ification No.:		Name:		<u> </u>
Lead Ope		Class:	A		ification No.:	4894		Paul Thompson	<u>.</u>
	luent Disposal o			0011			ivanic.		
	et Weather Disch			No:	1	Not Applicable:	If yes, cun	nulative days of w	et weather discharge
* Attach ac	Iditional sheets i	f necessarv to	list all certified	operators.		-			

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

Permittee Name: Mailing Address:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749			PERMIT NUMB LIMIT: CLASS SIZE:	ER:	FLA011706 Final Minor			Report: Group:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214			MONITORING (GROUP NUMBER: GROUP DESC: E POINT NUMBER	Percolation	Ponds			
COUNTY:	Putnam			MONITORING F	PERIODFrom:	08/01/2005	To:		08/31/05	
Parameter		Quantity of Load	ling Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement	1. A 1.	1.6.1	1 N 12	20.0 (An. Avg.)	а. С. 191	_mg/L		Monthly,	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			*** *	30.0 (Mo.Avg.)	60:0 (Max)	''mg/L`,	1.1	Monthly	Grabi
Solids, Total Suspended	Sample Measurement				1.7		mg/L	0	Monthly	Grab
PARM Code 00530. Y Mon.Site No. EFA-1	Permit. Requirement		a sa ta sa	Ale de la	20.0 (An. Avg.)		mg/L		Monthly	Grab 😪
Solids, Total Suspended	Sample Measurement				1.5	1.5	mg/L	0	Monthly	Grab
PARM Code 00530 1	Permit Requirement				30.0 • (Mo.Avg.)	60.0 (Max)	mg/L		on Monthly	Grab g
рН	Sample Measurement			7.0		7.3	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		6.0 Min		-8.5 (Max)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				18	Contraction of the Party of the	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly S	Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

	<u></u>				MONITORING I	PERIODFrom:	08/01/2005	To:		08/31/05	
Parameter		Quantity o	of Loading	Units	Qu	ality or Cond	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	10	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement		i y si Cal Ng ti Kali		tt i gie eer	Report (MoGeoMean)	Nax	#/100mL		Monthly :	Giab y p
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement:			Qui i	0.5 # Min	NORM. NAMES OF STREET		mg/L f	ŝ.	⇒5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		an a	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	nen version al manufacture de la company de la	0.16	0.16	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-1	Permit Requirement					Report (Mo.Avg.),	12.0 Max	â mg/L g		Monthly	Grab
Flow	Sample Measurement	0.003		mgd				and an and the first second	0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No.INF-1	Permit Requirement	0.015 (An.Avg.)		mgd				.		5 Days/Week	Elapsed time
Flow	Sample Measurement	0.011		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	- 1	mgd		a de la				, 5≀Days/Week	Elapsed time
BOD, Carbonaceous 5 day, 20C	Sample Measurement					100		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement	i the other	- 1		41 X 🙀	Report (Mo.Avg.)		mg/L		Monthly	s 🥵 Grab
Solids, Total Suspended	Sample Measurement					160		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report and (Mo.Avg.)				Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33.3%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement				t (te parts		Report (Mo Total)	Rercent	đ, đ	Monthly	Calculated

	PermitNumb	er: F	LA011706					FACILITY: COUNTY:	Park Manor WWT Putnam
	MONITORING	PERIODF_	08/01/2	005	То:	08/31	/2005		
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate Total (as N) (mg\
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.015			7.2		2.2+	
2			0.009			7.2		2.2+	
3	100	2,10	0.013	160	1.5	7.1	1U	2.2+	0.
4			0.013			7.1		2.2+	
5			0.010			7.0		2.2+	
6			0.011						
7			0.011						
8			0.011			7.1		2.0	
9			0.010			7.1		2.2+	
10			0.015			7.1		2.2+	
11	ŀ		0.015		1	7.2		2.2+	
12			0.008			7.3		2.2+	
13			0.009						
14			0.009						
15			0.009			7.2		2.2+	
16			0.015			7.2		2.2+	
17			0.004			7.1		1.8	
18						7.0		1.6	
19			0.025			7.0		2.2+	1
20			0.010						
21			0.010						
22			0.010			7.1		2.2+	
23			0.010			7.1		2.2+	
24			0.008			7.0		2.2+	
25			0.009			7.1		2.2+	
26			0.008			7.2		2.2+	
27			0.013						
28	1		0.013	······			-		
29			0.014			7.1	<u>.</u>	2.2+	
30			0.010			7.2		2.2+	
31			0.012			7.2		2.2+	
					<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Day Shift (Class:	в	Cer	ification No.:	12476	Name	David Haring	
	hift Operator	Class: _	<u>c</u>		tification No.:	7605		Larry White	
-	t Operator	Class: – Class:	<u> </u>		tification No.:		Name:		
ead Oper		Class: _ Class:	Α		tification No.:	4894		Paul Thompsor	
		- crass. or Reclaimed W		081		1004	Hulle.		

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

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

Permittee Name: Mailing Address:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749				PERMIT NUMB LIMIT: CLASS SIZE:	ER:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214	8			MONITORING (GROUP NUMBER: GROUP DESC: E POINT NUMBEF	Percolation	Ponds			
COUNTY:	Putnam				MONITORING F	PERIODFrom:	09/01/2005	To:		09/30/05	
Parameter		Quantity o	f Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement	As an	id ade a			20:0 ¥ (Ant/Avg.)		mg/L		Monthly 🖉	🦷 Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Gode 80082. I Mon.Site No. EFA-1	Rermit Requirement				柳齡	30.0 (Mo-Avg.)	60.0 (Max)	mg/L		Monthly w	🖌 Grab. 🤲
Solids, Total Suspended	Sample Measurement					1.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement		1. 1. starter (* 1. starter (*		A to	20.0	1.2	P mg/L%	d.	Monthly	Grab
Solids, Total Suspended	Sample Measurement				an e in 1996 an 2016 an Anna an	1.1	1.1	mg/L	0	Monthly	Grab
PARM Code 00530 1	Permit Requirement	160				30.0 (Mo;Avg.)	60.0 (Max)	, mg/L		Monthly, A	e e Grabe
рН	Sample Measurement		5	Loop Line Constants	7.0	and in the second of the secon	7.2	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 Min		8.5 (Max) ⁸ 4	₩SU.	age s	5 Days/Week	Grape
Coliform, Fecal	Sample Measurement				an a	26	an a	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon,Site No. EFA-1	Permit Requirement					200 (An. Avg.)	·	#/100mL		Monthly	Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIODFrom:	09/01/2005	To:		09/30/05	
Parameter		Quantity	of Loading	Units	Qu	ality or Cond	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					100.0	100.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-1	Permit Requirement		18 da - 1			Report. (MoGeoMean)	.800 Max	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Rermit Requirement				0.5 Min	. M I		litimg/i		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.10	0.10	mg/L	0	Monthly	Grab
PARM Code 00620 🧰 🦗 Mon.Site No. EFA-1 📲 🐁	Requirement	16 74			Ares .	Report (Mo.Avg.)	12.0 *Max*	``mg/L∵		Monthly	Grab.
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0.015 (An:Avg.)		mgd			1966 B			5 Days/Week	•Elapsed time meter
Flow	Sample Measurement	0.011		mgd	aller ann an an ann an an ann an ann ann ann				0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo:Avg:)	st Au	mgd				14		5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6	33		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement					 Report (Mo Avg.) 		mg/Ľ		Monthly	Grab
Solids, Total Suspended	Sample Measurement					90		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						33.3%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement						Report (Mo,Total)	Percent		Monthly %	Calculated

-

			FLA011706					FACILITY: COUNTY:	Park Manor WWTF Putnam	
	MONITORING	PERIODF_	09/01/2	2005	To:	09/30	0/2005	05		
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620	
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1			0.013			7.2		2.2+		
2			0.016			7.0		1.2		
3			0.008							
4			0.009							
5			0.009			7.2		2.2+	•	
6			0.012			7.2		2.2+		
7	33	2U	0.020	90	1.1	7.2	100B	2.2+	0.1	
8			0.026			7.2		2.2+		
9			0.011			7.2		2.2+		
10			0.012							
11			0.013		,					
12			0.013			7.1		2.2+	,	
13			0.010			7.1		2.2+	,	
14			0.008			7.1		2.2+		
15			0.011			7.1		2.2+		
16			0.010			7.2		2.2		
17			0.010							
18			0.010							
. 19			0.010			7.1		2.2+		
20			0.004	·		7.2		2.2+		
21			0.008			7.1		2.2+		
22			0.022			7.1		2.2+	•	
23			0.016			7.2	···-	2.2+	•	
24			0.011							
25			0.011							
26			0.011			7.1		2.2+		
27			0.011			7.2		2.2+		
28			0.012			7.2		2.2+		
29			0.007			7.2		2.2+		
30 31			0.011			7.1		2.2+		
PLANT ST		Class	Б	0	Gentlese Merry	40470				
Day Shift (Evening S	-	Class:	B		fication No.:	12476		David Haring		
-	hift Operator Operator	Class: _	с		fication No.:	7605		Larry White		
Lead Oper	•	Class: _			fication No.:	4804	Name:			
		Class: _	<u>A</u>	Сепі	fication No.:	4894	Name:	Paul Thompson		
	luent Disposal o It Weather Disch			No:	N	ot Applicable:	✓ If yes, cun	nulative days of w	et weather discharge	

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

		ENVIRONMENTAL f Environmental Protection, No							ORT - PART	A
PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749			PERMIT NUMB LIMIT: CLASS SIZE:	ER:	FLA011706 Final Minor			Report: Group:	Monthly Domestic
		MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Percolation Ponds NO DISCHARGE POINT NUMBER []								
COUNTY:	Putnam			MONITORING F		10/01/2005	To:		10/31/05	
Parameter		Quantity of Loading	Units	Qu	ality or Cond	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		5. F.C.	i de se	20.0 (An. Avg.)		mg/L	ţ	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	and the second			2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No: EFA-1 Solids, Total	Permit Requirement Sample	40 s			30.0 (Mo.Avg.)	(Max)	mg/L		Monthly	Grab 🤄
Suspended	Sample Measurement				1.7		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement		ika .	n 4: n 2 ⁹	(An, Avg.)	14.6	mg/L.		Monthly	Grab.
Solids, Total Suspended	Sample Measurement		Contraction of the State		1.7	1.7	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No EFA-1	Requirement	teres segue en el 1			30.0 (Mo:Avg:)	(Max)	mg/L	.	Content Monthly	Graba
	Sample Measurement			7.1	No. of the second se	7.2	S.U.	O	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. EFA-1	Requirement			6.0 Min		8.5 • (Max) •			5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			·	2009 (An Avg a	22.8	#/100mL		Monthly .	Grab

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

		-			MONITORING F	PERIODFrom:	10/01/2005	To:		10/31/05	
Parameter		Quantity	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					1U	10	#/100mL	0	Monthly	Grab
PARM Code 74055 195	Rermit Requirement		w,	14.9	Ť r ia -	Report (MoGeoMean)	800 - 0 Max	#/100mL	1 12	Monthly	ser Grab.)
Total Residual Chlorine (For Disinfection)	Sample Measurement	2 2000 000000 12 2000000000000000000000			2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement		x		0.5 Min		68	mg/L-		5 Days/Week	- Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.06	0.06	mg/L	0	Monthly	Grab
PARM Code 00620_1	Permit Requirement				. Aven	Report (Mo Avg.)	12.0 Max	r≁mg/L;		Monthly	Grabie & F
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0.015 (An.Avg.)		mgd						5 Days/Week	Elapsed time metersee
Flow	Sample Measurement	0.009		mgd		THE STREET STREET			0	5 Days/Week	Elapsed time meter
PARM Code 50050, P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd*	90g F		12 F.			5 Days/Week	Elapsed time . Cimeters
BOD, Carbonaceous 5 day, 20C	Sample Measurement					61		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo Avg)	2 .	∵rmg#L	he.	Monthly	Grab
Solids, Total Suspended	Sample Measurement	100 11 11 11 11 11 11 11 11 11 11 11 11				55		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				1 . S. W.	Report (Mo:Avg:)		, mg/L≁		Monthly	Srab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						28.9%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement				Are is		(Mo Total)	Percent		Monthly	Calculated

P	ermitNumb	er:	FLA011706					FACILITY:	Park Manor WWTI Putnam
М	ONITORING	PERIODF	10/01/2	005	To:	10/31	/2005	COUNTY:	Futham
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.009						
2			0.009						
3			0.009			7.1		2.2+	
4			0.011			7.1		2.2+	
5	61	2U	0.011	55	1.7	7.1	 1U		
6			0.017			7.1		2.2+	
7			0.011			7.1	<u> </u>	2.2+	
8			0.010						
9			0.010		-				
10			0.010			7.2		2.2+	•
10			0.010			7.2		2.2+	
. 12			0.005			7.1	<u> </u>	2.24	
			0.005			7.1		2.0	
13			0.010			7.2		2.0	
14						1.2		2.2	
15			0.006						
16			0.007			7.4		2.2	
17			0.007			7.1		2.2	
18			0.008			7.1		2.2-	
19			0.005			7.1	<u></u>	2.2	
20			0.005			7.1		2.2-	
21			0.005			7.2		2.2-	-
22			0.007						
23			0.007						
24			0.007			7.1		2.2-	
25			0.018	<u>-</u>		7.1		2.2-	
26			0.012			7.1		2.2-	•
27			0.011			7.1		2.2-	
28			0.010			7.1		2.2	
29			0.008						
30			0.008						
31			0.009			7.1		2.2-	+ ·
PLANT STA				_					
Day Shift O		Class:			tification No.: _	12476	•	David Haring	
Evening Shi		Class:			tification No.: _		. Name		
Night Shift (Class:			tification No.: _		. Name		
Lead Opera	tor	Class:	Α	Cer	tification No.: _	4894	. Name	: Paul Thompso	n

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

Limited Wet Weather Discharge Activated: Yes:

Not Applicable:

If yes, cumulative days of wet weather discharge

No:

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Sulte B200, Jacksonville, 32256-7590

PERMITTEE NAME: MAILING ADDRESS:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749				PERMIT NUMBI LIMIT: CLASS SIZE:	ER:	FLA011706 Final Minor			REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Park Manor WWTF Park Road Interlachen, FL 3214	.8			MONITORING O	Group Number: Group Desc: E Point Number	Percolation	Ponds			
COUNTY:	Putnam				MONITORING F	PERIODFrom:	11/01/2005	To:		11/30/05	
Parameter		Quantity o	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Y + Mon.Site No. EFA-1	Permit Requirement		9 6 * 28 i		1994	20,0 •(An: Avg.) 🦽	100-44	nemg/Es		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement		a de la compañía			30.0 (Ma. <u>Avg</u> .)	60.0 (Max)	emg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					1.6		mg/L	0	Monthiy	Grab
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement		[] M		. <i></i>	20.0 (An Avg.)	<u></u>	mg/L Mg/L	P 1	Monthly	Grab
Solids, Total Suspended	Sample Measurement					1U	1U	mg/L	0	Monthly	Grab
PARM Code 00530. I Mon.Site No. EFA-1	Permit Requirement		1 1 10%	tit i d	. / 144	30.0 30.0 (Mo.Avg.)	60.0 (Max)	t mg/L		Monthly	Grab
pH	Sample Measurement				7.1		7.2	S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 metric Min		8.5 (Max)	SU.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			NATIONAL PLANE	2120-212-21-21-21-21-21-21-21-21-21-21-21-21	18		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An, Avg.)	1977 - A	#/100mL		Monthly.	Grabe

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

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

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	ERIODFrom:	11/01/2005	To:		11/30/05	
Parameter		Quantity of	of Loading	Units	Qu	ality or Conc	entration		No. Ex.	Frequency	Sample Type
Coliform, Fecal	Sample Measurement					10	1U	#/100mL	.0	Monthly	Grab
PARM Code 74055. I Mon.Site No. EFA-1	Permit : Requirement	1 19			tel per	Report (MoGeoMean)	800 Max	#/100mL		Monthly	💒 Grab 👘
Total Residual Chlorine (For Disinfection)	Sample Measurement	ener og samte som en som e	<u>n or an </u>		2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit [*] Requirement				0.5% Min			mg/L		95 Days/Week	, Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement	CONTRACTOR CONTRACTOR				0.27	0.27	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit. Requirement	1 A.	1. N. A.		.	Report (Mo.Avg.)	THE REPORT OF A DATA OF	mg/L		Monthly	Grab
Flow	Sample Measurement	0.003		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G Mon.Site No INF-1	Permit Requirement	0.015 (An.Avg.)		mgd	t MASE		i ili india	2 1977 19 1	. .	5.Days/Week	Elapsed time meters
Flow	Sample Measurement	0.005		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon Site No INF 1	Permit Requirement	Report (Mo:Avg:)		mgd			E og sæk	.		5 Days/Week	Elapsed time meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					. 150		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo:Avg.)	* <u>.</u>	mg/L		Monthly,	Grab g
Solids, Total Suspended	Sample Measurement					76		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site.No. INF-1	Permit. Requirement					Report _{es} (Mo.Avg.)	Alexandria	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						20.0%	Percent	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement	16				14.	Report (Mo Total)	Percent		Monthly	Calculated

FLA011706

PermitNumber:

8.0/	MONITORING PERIOD F		11/01/2	005	То:	11/20)/2005	COUNTY:	Putnam	
101	ONTORING	-	11/01/2		10					
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620	
Mon.Site	INF-I	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1			0.009			7.2		2.2+		
2			0.007			7.2	· · · · · · · · · · · · · · · · · · ·	2.2+		
3			0.005			7.2		2.2+		
4			0.006			7.1		2.2+		
5			0.005							
6			0.006							
7			0.006			7.2		2.2+		
8			0.005			7.1		2.2+		
9	150	20	0.005	76	10	7.1	1U	2.2+	0.3	
10			0.005			7.2		2.2+		
11			0.008			7.2		2.2+		
12			0.004							
13			0.004							
14			0.005			7.2		2.2+		
. 15			0.006			7.2		2.2+		
16			0.004			7.1		2.2+		
17			0.006			7.2		2.2+		
18			0.007			7.2		2.2+		
19			0.005			~ ~ ~				
20			0.005							
21			0.005			7.2		2.2+		
22			0.004			7.2		2.2+		
23			0.005			7.2		2.2+		
24		1	0.005		<u>.</u>	7.2		2.2+		
25			0.005			7.1		2.2+		
26			0.005							
27			0.005							
28			0.005			7.2		2.2+		
29			0.006			7.2		2.2+		
30			0.006			7.2		2.2+		
31										
PLANT STA	FFING:									
Day Shift Op	erator	Class:	<u> </u>	Cert	ification No.:	12476	Name	David Haring		
Evening Shif	t Operator	Class:		Cert	ification No.:		Name			
Night Shift C	perator	Class:		Cert	ification No.:		Name			
Lead Operat	or	Class:	A	Cert	ification No.:	4894	Name:	Paul Thompson	,,, _,, _	

Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated: Yes:

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

Not Applicable: 🗸

No:

If yes, cumulative days of wet weather discharge

69

Park Manor WWTF

FACILITY:

Page 3 of 3

ECTION DISCHARGE MONITORING REPORT - PART A

When Comple

LOCATION:

Park Road

	•	
INOVARY UNINO INOM AUXAH	DIRC	DEPARTMENT OF ENVIRONMENTAL PROTECTION

0027-23005 ellivroadasi 0005 oting yell avebeening 3085	And the second

0027-32CCF ollivroadaet	0009 offing weld swoheeren	G 1007 4-14-10 4 4	 		
ואטרושא פאואט וואט	าพ วเจริน การเก	PROTECTIOR.	OF ENVI	LINENT	DEPAI

leted mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32266-7590

FACILITY	Park Manor WWTF	MONITORING GROUP DESC: MONITORING GROUP DESC:	Percolation Ponds		
:aman aattimyaq :88aydda duijiam	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749	Permit Number: Limit: Class Size:	FLA011706 Final Minor	Report: Group:	Monthly Domestic

I J A BARNON THIOM SOMAHORER []

Grab	Μουτιτίλ		א/100¢		00 <u>\$</u> ((рудnд)					Permit Requirement	Y 80647 9605 MAAP P-A31 Vo EFA-1
Grab	Μουτηλ	0	ן 1001/#		۶L					Measurement	
40							A CONTRACT OF THE REAL OF			Sample	Coliform, Fecal
erāp.	apaW/sysd 2 /			(¥6M)		UIW .	这 年3月8月			Requirement	I-A33 .oN sti2.noM
24-16 TA 10 TO 10			1. M. S.	9.8		0.9	a dia peri- ny fiana amin'ny fiana			Permit	PARM Code 00400 I
Grab	5 Days/Week	0	.U.2	£.7		1.7				Measurement	
U						STORE ST			Augusta a sur face are a real	Sample	Hq
and the second	λίημοΜ		57/6iu	(xsM)	(DVA OM)	14 M			1	Requirement	Non.Site No. EFA-1
			1.1.1	0 09	3.0.05			No. Marka	the state of the	Permit	PARM Code 00530 I
Grab	Monthly	0	ղ/ճա	Ur	UL		· ·			Measurement	pəpuədsng
40.5		U		119					C. PORTECKER MAN	Sample	Solids, Total
gels	Λιμμοω		ு/6ய	The same in .	(. <u>6</u> VA.:nA)	State State				Requirement	I-ATE .oN sti2.noM
, deap					20.0	and the second	(注) 激	新教会 学习		Permit	PARM Code 00530 Y
·	funnom	0	ղ/ճա		8.2					Measurement	pəpuədsns
Grab	Monthly	U	Inca							Sample	Solids, Total
		1	5.6.0	(X6M)	🗶 (.gv&.oM) 🖓	120.20	* ** · ·		- # 2-	Requirement	Mon.Site:No. EFA-15
den O	Т ліційом		- 7/6ù	1	30.0	14 - A - A				Permit 11 Permit	PARM Code 80082 I
			6	07	07					Measurement	5 day, 20C
Grab	VintroW	0	ղ/ճա	SU	SU					elqme2	BOD, Carbonaceous
19 2 90 90 STAN		1. j. j.	612 (22)		s 🗧 ('QVA "UA)		28.28		No 14 14 2	Reguirement	Mon.Site No. EFA-1
Grab	Monthly 🐘	5 62	ָר (6b)	5 F (64)	50.0					ermit ^{seve} times	PARM Code 80082 Y
			C	1949-19-19-19-19-19-19-19-19-19-19-19-19-19						Measurement	5 day, 20C
Grab.	Monthly	0	-ղ/ճա		2.2					Sample	BOD, Carbonaceous
		·v-1			1				L		
Sample Type	Frequency	.oN .x.		noitention	ality or Conce	ons	stinU	enibsod †	Quantity o		Parameter
	15/31/02		:oT	12/01/2002		MONITORING P				weujn,	солиту: Р
Interfachen, FL 32148											

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

	386-937-1143		Paul Thompson, Lead Operator
(DD/MM/YY) JTAD	ELEPHONE NO	RIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DISCHARGE MONTORING REPORT - PART A (Coninued)

FACILITY NAME: Park Manor WWTF

PERMIT NUMBER: FLA011706

MONITORING GROUP NUMBER: R-001

					MONITORING F	PERIODFrom:	12/01/2005	To:		12/31/05	····
Parameter		Quantity o	of Loading	Units	Qu	ality or Cond	ncentration			Frequency	Sample Type
Coliform, Fecal®	Sample Measurement					3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement	nit J	f = f	1 et 1		Report (MoGeoMean)	800 Max	#/100mi-		a Montaly	S 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 Requirement	1440° 31	$\mathcal{A}(\mathcal{C},\mathcal{C})$		0.5 Min			.*mg/L ^a /*	M.S.	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			<u>a a tea a t</u> ân				mg/L	0	Monthly	Grab
PARM Code 00620 [Mon,Site No. EFA-1	Permit Requirement 🐱	[M]				Reports (Mo.Avg.)	12.0 MMAX	mg/L-		Monthly	Star Grab
Flow	Sample Measurement	0.007		mgd					0	5 Days/Week	Elapsed time meter
PARM Code 50050 G	Permit Requirement	0,015 (An.Avg.)	H/	mgd	io pr ^a					¥i5 Days/Week≸	 Elapsed times meter
Flow	Sample Measurement	0.006		mgd			F		0	5 Days/Week	Elapsed time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	$d \approx i$	mgd	1 ⁹⁴ .3	1 . A. M. M.	ni hi			5:Days/Week	Elapsed time.
BOD, Carbonaceous 5 day, 20C	Sample Measurement					120		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo'Avgi) a		mg/E		Monthly	Grab
Solids, Total Suspended	Sample Measurement					120		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement					Report (Mo.Avg.)	e 1997	,}mg/L	T	Monthly	Grab 🚬
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			nega di statuta indicata di se			44.4%	Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Requirement			ý, f		Internet	Report (Mo Total)	Percent		Monthly	Calculated

The Nitrate sample was taken with the rest of the samples but however it got lost in transit and we were not notified nor did we realize it until it was too late but the January 2006 sample was taken and came back with a good result.

PermitNumber:		er: I	=LA011706					FACILITY: COUNTY:	Park Manor WWTF
	MONITORING	PERIODF	12/01/2	005	To:	12/31	/2005		Putnam
	CBOD5 (mg/L)	CBOD5 (mg/L)	Flow (MGD)	TSS (mg/L)	TSS (mg/L)	рН (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L
Code	80082	80082	50050	00530	00530	00400	74055	50060	00620
Mon.Site	INF-1	EFA-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I
1			0.008			7.2		2.2+	
2			0.004			7.2		2.2+	
3	-	· · · · · · · · · · · · · · · · · · ·	0.005						
4			0.006						
5			0.006		-	7.2		2.2+	
6		· · · · · ·	0.007			7.2		2.2+	+···
7	120	2U	0.003	120	1U	7.2	3.00		
8			0.007			7.2		2.2+	
9			0.005			7.2		2.2+	•
10			0.006						
11			0.006						
12			0.007			7.1		2.2+	
13	-		0.004			7.2		2.2+	
14	-		0.006			7.2		2.2+	
15			0.005			7.2		2.2	
16			0.005			7.3		2.2+	•
17			0.006						
18	I		0.006						
19			0.007			7.2		2.2+	
20			0.008			7.2		2.2+	
21			0.007			7.2		2.2+	
22	-		0.007			7.2		2.2+	·····
23	-		0.007			7.2		2.2	
. 24			0.007						
25			0.007						
26			0.007			7.2		2.24	
27	-}		0.005			7.2	· · · · · · · · · · · · · · · · · · ·	2.2+	
28	-	·	0.005			7.2		2.24	
29			0.006	.		7.2		2.24	
30			0.005			7.2		2.24	
31			0.005			7.2		2.2+	-
	TAFFING:	<u></u>	-	-				.	
	Operator	Class:	B		tification No.:	12476		David Haring	
-	Shift Operator	Class:			tification No.:		Name		
•	ft Operator	Class:			tification No.:		Name		
		-	·	Cer	tification No.:	4894	Name	Paul Thompson	<u>ז</u>
	erator ffluent Disposal /et Weather Disc			Cer No:	tification No.:	4894 ot Applicable:	_	Paul Thompson	

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