Silver Lake Oaks

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 17 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00983 JAN 30 8

FPSC-COMMISSION OF FRX

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

Silver Lake Oaks

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PERMITTEE NAME: MAILING ADDRESS:

Florida Water Services

P.O. Box 609520

Orlando, FL 32860-9520

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY:

Silver Lake Oaks MHP

LOCATION:

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2004

To: 01/31/2004

Parameter		Quantity of Loading		Units	G	Quality or Con	centration		No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd	7/2 V <u>4</u>				0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0,012 (An.Avg.)		'mgd					1,0	Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.001	and a second	mgd		CONTRACTOR			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)		mgd .	3 3		W			Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					330		mg/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement		The state of the s			Report Mo. Avg.	Sept.	mg/L		Monthly &	∦ Grab
Solids, Total Suspended	Sample Measurement					120		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement	State of the state	Yes .	i di		Reporti		** *img/L	****	Monthly	Grab##

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 01/01/2004

To: 01/31/2004

Parameter		Quantity o	f Loading	Units	(Quality 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 **	4		in.		20.0 • (An Avg.)	* W . W.	mg/L	14	Monthly	(Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2 U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 'I' **** Mon.Site No. EFA-1	Permit Requirement					30:0 (Mo Avg ²)	60:0 x (Max): \$	mg/L		Monthly	Grab 🚅
Coliform, Fecal	Sample Measurement					3.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement		100		projet	200 (An, Avg.)		#/100mL		Monthly	Grap
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Gode 74055 (i Mon Site No EFA-1	Permit Requirement			iju.	w id	Report is	800 Max :	#/100mL3		Monthly	Grab 🔐
pΗ	Sample Measurement				7.3		7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 d Mon Site No EFA-1	Permit Requirement				6.0 Min	tivite in	875 4 Max	Sü ş		5 Days/Week	Grab 👍
Solids, Total Suspended	Sample Measurement						2.5	mg/L	0	Monthly	Grab
PARM Code 00530 / I Mon Site No EFA-1	Permit Requirement		99 17 - 1782 - 1		Ą.	against a	.10 3 (Max)	¶ mg/L	N.	Monthly	en e Graben en
Chlorine, Total Res. (for disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement		¥		0.5 	Later Company		* mg/E 4		k 5 Days/Week	Grab w

PERMITTEE NAME: MAILING ADDRESS: Florida Water Services

P.O. Box 609520

Orlando, FL 32860-9520

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA011715

Final

REPORT:

GROUP:

Annual **Domestic**

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2004

To: 01/31/2004

Parameter		Quantity of Loading		Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement						0.11	mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit	No.				78-178 BIS	12:0 Max	mg/L ^u	*). Annual	Grab **

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

Mont	h / Year_	Janua	iry-04						Daily Flow: pacity)x100:	0.001 8%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	-
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.002					7.30		1.2		
2	0.001					7.30		1.6		
3										
4										
5	0.003					7.30		0.6		
6	0.001					7.40		1.0		
7	0.001	330	120	2U	1U	7.40	2.5	2.0	0.11	
8	0.001					7.40		1.0		
9	0.010					7.30		2.2		
10										
11										
12	0.004					7.30		1.4		
13	0.001					7.30		2.2		
14	0.001					7.30		2.2		
15	0.001			-		7.30		2.2		
16	0.001					7.40		2.2		
17		777								
18										
19	0.004					7.40		1.0		
20	0.001					7.40		2.2		
21	0.001					7.30		2.2		
22	0.001					7.30		2.2		
23	0.001					7.30		2.2		
24	~-									
25				:						
26	0.004	-				7.40		2.2		
27	0.001					7.40		1.0		
28	0.001					7.40		1.0		

PLANT STAFFING:						
Day Shift Operator	Class:		Certification No.:		Name:	
Evening Shift Operator	Class:		Certification No.:		Name:	
Night Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class:	A	Certification No.:	4894	Name:	Paul Thompson
Type of Effluent Disposal or R	eclaimed Water F	Reuse:				
Limited Wet Weather Discharg	ge Activated: Ye	No:	Not Applicable:		If yes, cun	nulative days of wet weather discharge

7.50

7.50

1.4

1.4

0.001

0.001

29

30

31

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

PERMITTEE NAME: MAILING ADDRESS:

Florida Water Services

P.O. Box 609520

Orlando, FL 32860-9520

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

02/01/2004

To: 02/28/2004

Parameter		Quantity of	of Loading	Units	C	Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An,Avg.)		mgd					Ž.	Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.001		mgd			The second secon		0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)		mgd	31 31 31. 21. 4.	e to sign	1.05		N. T.	Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement	30 28 5 1 2 3 3 3 3 3 3 3 3 3 4 3 4 5 4 5 4 5 4 5 4	and the desired section of the first			230	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement		11.5			Report Mo. Avg.		mg/L	¥,	Monthly	Grab
Solids, Total Suspended	Sample Measurement	39/80.23-55				120	Section of the Party of the Par	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement		7 7 6			a		mg/L	i i	Monthly	[‡] Grab

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 02/01/2004

To: 02/28/2004

Parameter		Quantity o	of Loading	Units	C	Quality or Con	centration	1	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	V ₀	¥ q	1	75	20.0 (An. Avg.)	4	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	7				30.0 ∰ (Mo. Avg.)	*60.0 (Max)	mg/L	, it	Monthly	Grab
Coliform, Fecal	Sample Measurement			The second secon		3.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Years	Permit Requirement	4				200 📆 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon Site No EFA-1	Permit Requirement					Report (Mo Geo: Mean)	800 a	#/100mL		Monthly	* * 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	4		- 6	* 6.04 × Min		N 8:5 Max	SU	*	5 Days/Week	Grab Grab
Solids, Total Suspended	Sample Measurement	100	A Company of the Comp				4.7	mg/L	0	Monthly	Grab
PARM Code 00530 1 9 Mon.Site No EFA-1	Permit Requirement	* *		14		4.4	#10 (Max)	fmg/Ls		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		To the second se		1U		A COMMON DESCRIPTION OF THE PROPERTY OF THE PR	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No.EFA-1	Permit Requirement		4		20.5 Min	Para da		mg/Lil	100	5 Days/Week	⁹⁸ . Grab

PERMITTEE NAME:

Florida Water Services

PERMIT NUMBER:

FLA011715

Final

REPORT:

Annual

MAILING ADDRESS: P.C

P.O. Box 609520 Orlando, FL 32860-9520 LIMIT: CLASS SIZE:

GROUP:

Domestic

FACILITY:

Silver Lake Oaks MHP

MONITORING GROUP NUMBER:

R-001 IIID

LOCATION:

Lake Shore Drive Palatka, Florida

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

COUNTY:

Putnam

MONITORING PERIOD

From:

02/01/2004

To: 02/28/2004

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

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

									pacity)x100:	8%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
lon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1										
2	0.004					7.40		1.1		
3	0.002	_				7.40		2.0		
4	0.001	230	120	2U	1U	7.40	4.7	2.2		
5	0.002					7.20		1.4		
6	0.001					7.30		2.2		
7										
8							J-1112			
9	0.004					7.40		1.0		
10	0.001					7.40		2.2		
11	0.001					7.40		2.2		
12	0.002					7.30		2.2		
13	0.001					7.30		2.0		
14										
15										
16	0.004					7.30		1.0		:
17	0.001					7.30		1.4	1	!
18	0.002					7.40		2.0		
19	0.001					7.30		2.2		
20	0.001					7.30		1.0		
21	0.00			-						
22					!					:
23	0.004					7.30		2.2		
24	0.002			1		7.30	*****	2.2	 	
25	0.001			:		7.30		2.0	I	:
26	0.002					7.40		2.0		
27	0.001					7.40		2.2		
28	0.001					,,-0				
29			<u> </u>							
30		·				İ				
31										
LANT ST	AEEING:				<u>li</u>				-	
ay Shift C			Class:		Cartifi	cation No.:		Name:		
-	rift Operator	r	Class:		-	cation No.:		Name:		
		1	Class:		•	cation No.:		Name:		
light Shift			Class:	A	-	cation No.:	4894	- Name:	Paul Thompso	n .
ead Oper					- 0611111	Cation No	7034	- 14aiiiG.	i aui inompse	Z11
• •	,	al or Reclain ischarge Act		_	Not	Applicable:		If yes, cumul	ative days of we	t weather discha

	To: 03/31/2004	03/01/2004	MITORING PERIOD From:	Putnam MO	COUNTY:
	·] D 	NITORING GROUP NUMBER: ANT SIZEMREATMENT TYPE: DISCHARGE FROM SITE:	Lake Shore Drive	FACILITY:
Monthly Domestic	:КЕРОЯТ: ЭМОЯЭ	FLA011715 Final	∃ZIS SS∀	P.O. Box 609520 CIJ Orlando, FL 32860-9520 CLJ	PERMITTEE NAME:

de12	YlutuoM		» បា/ចិយ		Poportage Mo. Avg.	4. Fig.				Permit Requirement	
Grab	Monthly	0	7/6ա		87					Sample Measurement	Solids, Total Suspended
qero	Wonthly #		7/6u		Report Mo. Avg.) jega			Permit Requirement	
Grab	Monthly	0	դ/ ɓ ա		072					Sample Measurement	SDD, Carbonaceous 5 Day, 20C
Flow-meter/ Totalizer	-connuncia						рвш	1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Report)	Permit Requirement	PARM Code 50050 Po Mon Site No INF-1
Elapse time meter	2 Дзу/Меек	0					рбш		200.0	Sample Measurement	Flow
Flow-meter/	suounituo 5		2004 1		4 1		рвш		\$10.0 - (.gvA.nA)	Permit Requirement	
Elapse time meter	5 Day/Week	0					pßw		100.0	Sample Measurement	Flow
Sample Type	Freduency	No. Ex.		centration	Juality or Con)	estinU	guibso1 i	Quantity o		Parameter

I certify under penalty of law that I have personally examined and an 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. I believe the submitted information.

		schments here).	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta
92/40/40	386-329-1122		Paul D. Thompson Lead Operator III
(DD/MM/NY) STAG	TELEPHONE NO.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

919H STPLAND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 03/01/2004

To: 03/31/2004

Parameter		Quantity o	f Loading	Units	(Quality 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			1	Age Sea	20.0 (An. Avg.)		mg/L ¹ /	100	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			30.0 (Mo. Avg.)	60.0 (Max)	mg/L	ŧ.	Monthly	Graba
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL	¥.	Monthly	Grab 👫
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement			di.		Report (Mo.Geo.Mean)	800 Max	#/100mL*		Monthly	Grab!
рН	Sample Measurement				7.2		7.4	s.u	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No EFA-1	Permit Requirement	100			- 6.0 Min₌	the Ma	8.5 Max	S.U. A		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement						3.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement	7.5			W. Day	soute at	:10: ::(Max):	mg/L:	44	e Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		no transmission of the	or State of the st	0.6	and the second s		mg/L	0	5 Days/Week	Grab
PARM Code 50060. A. Mon Site No EFA-1.	Permit Requirement	N. V	4	75.	0,5 Min		* ## * **	L mg/L	100	₹5 Days/Week	g Grab → J

PERMITTEE NAME: MAILING ADDRESS: Florida Water Services

P.O. Box 609520 Orlando, FL 32860-9520 PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION:

Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

R-001 IIID

NO DISCHARGE FROM SITE:

[]

Final

COUNTY:

Putnam

MONITORING PERIOD

From:

03/01/2004

To: 03/31/2004

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

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

PermitNumber:

FLA011715

Mont	h / Year	Marc	:h-04					_	Daily Flow: pacity)x100:	0.001 11%	
ſ	Flow	CBOD5	TSS	CBOD5	Fecal	pН	TSS	TRC (For	Nitrogen,	1170	
	(mgd)	(mg/L)	(mg/L)	(mg/L)	Coliform	(s.u.)	(mg/L)	Disinfect.)	Nitrate,		
					Bacteria (#/100ml)			(mg/L)	Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.005					7.40		2.0	de de mani		
2	0.001					7.40		2.0			
3	0.002					7.40		2.2			
4	0.001					7.40		2.2			
5	0.001					7.40		2.2			
6											
7											
8	0.004					7.30		1.2			
9	0.002					7.30		1.0			
10	0.001					7.30		1.1			
11	0.001					7.30		1.8			
12	0.002					7.30	,	2.2			
13											
14											
15	0.005					7.20		0.7			
16	0.001	-				7.20		1.4	-		
17	0.002	270	78	2U	1U	7.20	3.4	1.0			
18	0.001					7.20		0.6			
19	0.002					7.20		2.2			
20	0.002										-
21											
22	0.006					7.30	· · · · · · · · · · · · · · · · · · ·	1.0			
23	0.001					7.30		2.0			
24	0.001					7.30		1.6			
25	0.002					7.30		2.2			
26	0.002					7.30		1.6			
27	0.002					, , , ,					
28											
29	0.005					7.20		1.0			
30	0.001					7.20		2.2			
31	0.002					7.20		2.0			
PLANT ST			L	l	<u> </u>	,.20			ļ		
Day Shift C			Class:	С	Certifi	cation No.:	8173	Name:	Grant Newlin		
-	nift Operator		Class:		•	cation No.:	0,,0	Name:	CIGIN HOTTIM		
Night Shift		ı	Class:		•	cation No.: _		Name:			
•			Class:	Δ	•	-	4894		Paul Thompso	<u> </u>	
Lead Oper		al as Deelet		A	. Ceruii	cation No.: _	+034	Name:	raui inompso	211	
• •	uent Disposa t Weather Di			-] Not	Applicable:		If yes, cumula	ative days of we	t weather disc	harge
		4- : 6	an to list all	المحاكلية							

PERMITTEE NAME:

Florida Water Services

P.O. Box 609520 MAILING ADDRESS:

Orlando, FL 32860-9520

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715 Final

REPORT: GROUP:

Monthly **Domestic**

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

04/01/2004

To: 04/30/2004

Parameter		Quantity of	of Loading	Units	0	Quality or Concentration					Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	*	mgd						Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 ; Priose Mon Sile No INF-1 : : 🕬	Permit : Requirement :	Report (Mo.Avg.)		mgd	i de la			A jugar		Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					330		mg/L	0	Monthly	Grab
PARM Code 80082 G _{.3} Mon Site No INF-1	Permit Requirement					Report Mo. Avg.	70	mg/L ₁ +		Monthly	# # Grab
Solids, Total Suspended	Sample Measurement		A STATE OF THE STA			180		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement	K _{ij}	Marian Maria			Reports : Mo. Avg	71.	mg/L		Monthly	Grab (C)

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 04/01/2004

To: 04/30/2004

Parameter		Quantity o	of Loading	Units	(Quality or Con	centration	I	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.1		mg/L	0	Monthly	Grab
PARM Code 80082 Ya Mon Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)	#,0°4	kmg/L	14	Monthly 3	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	ing.	30.0 (Mo, Avg.)	60.0 (Max)	mg/L	*	Monthly	Grab 🖟
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			17) 1800		200 (An, Avg.)		#/100mL*		Montaly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit:	es Gen				Report (Mo.Geo.Mean)	1800 Max "	#/100mL 1		Monthly	g Grab ∰
pH	Sample Measurement				7.2		7.4	s.u	0	5 Days/Week	Grab
PARM Code 00400 I Mgn Site No EFA-1	Permit Requirement	Ta,	4		6.0 Min		+ 8.5 Max	S.Ü	* 97 ₁	5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement						2.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit Requirement		eu ,		Sign.		10 (Max)	∓r mg/L [*] *		Monthly	(Grab)
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060. A Mon Site No EFA-1	Permit Requirement	1 de jar	4		¥0.5 Min	100 mg	100 (100) 100	mg/L		5 Days/Week	Grab .

PERMITTEE NAME:

Florida Water Services

MAILING ADDRESS: P.O. Box 609520

Orlando, FL 32860-9520

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

REPORT: GROUP: Annual Domestic

FACILITY: LOCATION:

Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

Final

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

04/01/2004

To: 04/30/2004

Parameter		Quantity of Le	Loading Units Quality or Concentration			No. Ex.	Frequency	Sample Type		
Nitrates, as N	Sample Measurement						mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement				4463 S	12.0 a Max	Mmg/L.,		Annual≀ a	Grab

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

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

PermitNumber: FL	A011715
------------------	---------

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		-
lon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.3		2.2	4		
2	0.001					7.3		2.2			
3											
4											
5	0.006					7.4		2.0			
6	0.001					7.4		2.2			
7	0.002					7.3		2.2			
8	0.001					7.3		2.2			
9	0.001					7.4		2.2			
10											
11											
12	0.004					7.3		2.2			
13	0.002					7.3		2.2			
14	0.001					7.3		2.2			
15	0.002					7.3		2.2			
16	0.001					7.4		2.2			
17	0.001					7					
18		****					;				
19	0.004					7.2		2.2			
20	0.004					7.2		2.2			
21	0.002	330	180	2U	1U	7.2	2.5	2.2			
22	0.002	330	100		10	7.2	2.3	2.2			
23	0.001					7.2		2.2			
	0.002					1.2		2.2			
24											
25	0.005							0.0	_		
26	0.005					7.3	***	2.2			
27	0.002					7.3		2.2		-	
28	0.001					7.4		2.2			
29	0.002					7.3		2.2			
30	0.001					7.3		2.2			
31					<u>L</u>						
LANT ST									_		
ay Shift C			Class:	<u>C</u>	•	cation No.:	8173	Name:	Grant Newlin		
•	ift Operator		Class:		•	cation No.:		Name:			
ght Shift			Class:		-	cation No.:		Name:			
ead Opera	ator		Class:	A	Certific	cation No.:	4894	Name:	Paul Thompson	1	
pe of Efflu	uent Disposa	il or Reclair	ned Water R	euse:							

PERMITTEE NAME:

Florida Water Services

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT:

GROUP:

Monthly Domestic

FACILITY:

Silver Lake Oaks MHP

LOCATION:

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

SITE:

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

05/01/2004

To: 05/31/2004

Parameter		Quantity of		Units	C	Quality or Cor	ncentration	1	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G 😁	Permit Requirement	0.012 (An.Avg.)	4 .	mgd						Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.001	A SALE	mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon.Site No.INF-1	Permit Requirement	Report (Mo.Avg.)	1	mgd				1 1 2 2		Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				1955 (1966) 1966 1966 1966 1966 1966 1966 1966 1966 1966 1966 1966 1966 1966 1966	280		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement				34.8	Report Mo. Avg.		- mg/L [®]	197	Monthly	Grab _a ®
Solids, Total Suspended	Sample Measurement	\$ 10.00 percent	37.50			140	P	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.	September 1	mg/L		Monthly	∦ Grab

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 05/01/2004

To: 05/31/2004

Parameter		Quantity o	of Loading	Units	C	Quality 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		4	uar e	177.00 177.00 177.00	20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2	2.2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement	4	144		1.28.6	30.0 (Mo. Avg.)	∳60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement					200 (An. Avg.)	14	#/100mL	1345	Monthly 19	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement		1.8		es.	Report (Mo.Goo.Mean)	800 - Max	#/100mL		Monthly	Grab
pH	Sample Measurement		All Marie and All All All All All All All All All Al	and the second	7.2		7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit Requirement				6.0 Min		8.5 Max	s.u		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement						3.5	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No EFA-1	Permit Requirement				4404		10g (Max)	mg/L* #	1	Monthly L	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		The second secon		1.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement				0.5 Min	Sept.		mg/L ^{\$}		5 Days/Week	(Grab)

PERMITTEE NAME: MAILING ADDRESS: Florida Water Services

P.O. Box 609520

Orlando, FL 32860-9520

PERMIT NUMBER:

FLA011715 Final

Annual

CLASS SIZE:

LIMIT:

REPORT: GROUP:

Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

05/01/2004

To: 05/31/2004

Parameter		Quantity of Loading	g Units	Quality or Concentr	No. Ex.	Frequency	Sample Type	
Nitrates, as N	Sample Measurement				mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement	1			20 mg/L		Annual	Grab *

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

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

PermitNumber: FLA011715

Month / Year May-04 Three-month Average Daily Flow: 0.002

(TMSDE//permitted Canasity)v400: 1466

	Flow (mgd)	CBOD5 (mg/L)	TSS	CBOD5	Fasal			rmitted Cap		14%	
		(1119/2/	(mg/L)	(mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1											
2											
3	0.005					7.3		2.2			
4	0.001					7.3		2.0			
5	0.002					7.2		2.0			
6	0.001					7.2		2.2			<u> </u>
7	0.001					7.2		2.2			
8											
9	į.										
10	0.005	-				7.2		2.2			
11	0.001					7.2		2.2			
12	0.001	280	140	2.2	1U	7.3	3.5	2.2			
13	0.002					7.2		2.2			
14	0.001					7.2	~	2.2			
15				! !							
16											
17	0.004				-	7.3		2.0			
18	0.002					7.3		2.0			
19	0.001					7.3		1.6			
20	0.002					7.3		1.5			
21	0.001					7.2		1.9			
22			-	:			AND #13.855				
23											
24	0.004					7.3		2.2			
25	0.002					7.3		2.2			
26	0.002			!		7.3		2.2			
27	0.001					7.3		2.2			
28	0.001					7.3		2.2			
29	0.001										
30				-							
31	0.004					7.3		2.2			

PLANT STAFFING:						
Day Shift Operator	Class:	С	Certification No.:	8173	Name:	Grant Newlin
Evening Shift Operator	Class:		Certification No.:		Name:	
Night Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class:	A	Certification No.:	4894	Name:	Paul Thompson
Type of Effluent Disposal or R	eclaimed Water F	Reuse:				
Limited Wet Weather Dischar	ge Activated: Ye	No: □	Not Applicable:		if yes, cun	nulative days of wet weather discharge

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

Docket No. 060368-WS

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

Florida

Report Missing: Silver Lake Oaks

Month/Year June-04

Aqua Utilities Florida, Inc.

PERMITTEE NAME: MAILING ADDRESS: Agua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

FACILITY: LOCATION:

Silver Lake Oaks MHP Lake Shore Drive

Palatka, Florida

PERMIT NUMBER:

LIMIT: CLASS SIZE: FLA011715

Final

REPORT:

Monthly

GROUP:

Domestic

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

07/01/2004

To: 07/31/2004

Parameter		Quantity of Loading		Units		Quality or Concentration				Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An:Avg.)		mgd					1 2	Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.002	Section Control of the Control of th	mgd	The second secon				0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement *	Report (Mo.Avg.)		mgd	i i	w in the second	Sec.			Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					230		mg/L	0	Monthly	Grab
PARM Code 80082 G & Man Site No INF-1	Permit Requirement			34 76		Report Mo. Avg.		≥ mg/L	. P	Monthly	Grab
Solids, Total Suspended	Sample Measurement	No.		Line and the second	, , , , , , , , , , , , , , , , , , ,	76		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement		1.0	Jagy.		li Report [©] Mo. Avg.		ng/L		• Monthly 🕫	🤲 (Grab) 👭

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 07/01/2004

To: 07/31/2004

Parameter		Quantity o	of Loading	Units	G	Quality 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	77.20				** 20.0 (An: Avg.)	der	mg/L		Monthly	, Grabe
BOD, Carbonaceous 5 day, 20C	Sample Measurement				The state of the s	2.7	2.7	mg/L	0	Monthly	Grab
PARM Code 80082® Mon Site No. EFA-1	Permit Requirement /	ing.				30.0 (Mo: Avg.)	60.0 (Max)	a a mg/L	į	Monthly-	Grab
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement	Water State of the Control of the Co	/ M			200 (An Avg.)		###1ggmt		Monthly &	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 () Mon Site No EFA-1	Permit Requirement		14	186	*	Report (Mo Geo Mean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement				7.3		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 il Mon Site No EFA-1	Permit Requirement			10	≱+ 6.0 Min¥	The Section	8.5 Max	s. S.U		5 Days/Week	Grab at a
Solids, Total Suspended	Sample Measurement		The Property of the State of th				3.4	mg/L	0	Monthly	Grab ⁻
PARM Code 00530 I Mon Site No EFA-1	Permit Requirement	9000		le reg			10 (Max)	Wingt 1		/ Monthly 1	Grab 1
Chlorine, Total Res. (for disinfection)	Sample Measurement	and the second second second	ganatanan eta alaukui raskustata eta kata (h. 1440-22		2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A 🍖 Mon Site No EFA-1	Permit® Requirement	T*ugue		* *	0.5 Min			#9mg/L	4 4	5 Days/Week	Grab

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

LIMIT: CLASS SIZE: FLA011715

Final

REPORT:

Annual

GROUP:

Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

07/01/2004

To: 07/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentratio	No. Ex.	Frequency	Sample Type	
Nitrates, as N	Sample Measurement				mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement			12.0 14. August 24 Max	K mg/L		Annual	Grab 🖗

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

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

PermitNumber:	FLA011715

Wont	h / Year_	July	-04						Daily Flow: pacity)x100:	0.001 6%	
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	076	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
/lon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.001					7.4		2.2			
2	0.001					7.4		2.2			
3	ļ										
4											
5	0.005					7.4		2.2	:		
6	0.001					7.4		2.2	·		
7	0.001	230	76	2.7	1U	7.4	3.4	2.2			
8	0.002					7.4		2.2			
9	0.002					7.3		2.2			
10			<u>.</u>								
11				1							
12	0.004					7.3		2.2			1
13	0.002					7.3		2.2			
14	0.001					7.4		2.2			
15	0.002					7.4		2.2			
16	0.002					7.3		2.2			
17	100										
18											
19	0.005					7.3		2.2			
20	0.002					7.4		2.2			
21	0.002					7.4		2.2			
22	0.002					7.4		2.2			
23	0.002					7.3		2.2			
24											
25							~~				
26	0.004					7.4		2.2			
27	0.001					7.4		2.2			
28	0.002					7.3		2.2			
29	0.002					7.4		2.2			
30	0.002					7.4		2.2			
31											
LANT STA											
ay Shift O			Class:		Certific	cation No.:		Name:			
	ift Operator		Class:		Certific	cation No.:		Name:			
light Shift			Class:		-	cation No.:		Name:			
ead Opera	ator		Class:	A	Certific	cation No.:	4894	Name:	Paul Thompso	n	
• •	uent Disposa Weather Di		_	_] Not	Applicable:	П	if ves. cumula	ative days of wet	weather d	lischard

 $[\]ensuremath{^{\star}}$ Attach additional sheets if necessary to list all certified operators.

PERMITTEE NAME: MAILING ADDRESS: Agua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

R-001

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

COUNTY:

Silver Lake Oaks MHP Lake Shore Drive

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIID []

Palatka, Florida

Putnam

MONITORING PERIOD

From:

08/01/2004

To: 08/31/2004

Parameter		Quantity	of Loading	Units	C	Quality or Con	centration)	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit : Requirement	0.012 (An.Avg.)		mgd			1.0	**		Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050. P	Permit ** Requirement **	Report (Mo.Avg.)		mgd	7/4	nider tid	7 14,	W.		Gontinuous (Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				r esaecido en porte VII recitor	220		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement				in in	Report.	14 16	mg/L	141	Monthly	Grab.
Solids, Total Suspended	Sample Measurement	and the second s	1			180		mg/L	0	Monthly	Grab
PARM Code 00530 G i	Permit Requirement					Report Mo. Avg		es i mg/L		#Monthly*	Grab

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 08/01/2004

To: 08/31/2004

Parameter		Quantity of	of Loading	Units		Quality 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		n n		nega S	20.0 (An [®] Avg.)	4	mg/L		, Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	They proceed a session of the sessio	garagan da ana an a		en e	2.9	2.9	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement		111			30.0 (Mo. Avg.)	> 60.0 (Max)	∌ mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		A Company of the Comp			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y. Mon Site No.EFA-1	Permit Requirement	1.54	7.9			200 (An. Avg.)	4	#/100mL	W.	Monthly !	∳ Grab ∉ ∰
Coliform, Fecal	Sample Measurement					1 U	10	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No.EFA-1	Permit Requirement					Report (Mo:Geo.Mean)	800 Max	#/100mL		Monthly	Grab 🐇
pH	Sample Measurement				7.3		7.6	s.u	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No.EFA-1	Permit Requirement	201			6.0 Min	ting the star	8.5 Max	S.U	¥.	5 Days/Week	Grab *
Solids, Total Suspended	Sample Measurement						4.4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No EFA-1	Permit Requirement				16.19	7.4 (4.98)	10 (Max) v	mg/Line		Monthly	a Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		2 m 12000344255605549	\$. DFTSDF6.1: 42	2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement	Section 1			0.5 Min	s.de Page	week T	mg/L	M i	5 Days/Week	Grab

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual **Domestic**

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

08/01/2004

To: 08/31/2004

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

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

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

PermitNumber: FLA011715 0.002 Month / Year August-04 Three-month Average Daily Flow: (TMSDF/Permitted Capacity)x100: 17% CBOD5 TSS CBOD5 TRC (For Flow Fecal рΗ TSS Nitrogen, (mg/L) Coliform (mg/L) Disinfect.) Nitrate, (mgd) (mg/L) (mg/L) (s.u.) Bacteria (mg/L) Total (as N) (#/100ml) (mg\L) 80082 00530 80082 74055 00400 00530 50060 00620 Code 50050 INF-I EFA-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I Mon.Site INF-I 0.002 1 0.002 7.4 2.2 2 3 0.001 7.4 2.2 2.2 4 0.002 220 180 2.9 1U 7.3 4.4 5 2.2 0.002 7.4 6 0.002 7.5 2.2 7 0.002 8 0.002 7.3 2.2 9 0.002 7.3 2.2 10 0.002 2.2 11 0.002 7.4 12 0.002 7.4 2.2 0.002 7.3 2.2 13 14 0.002 15 0.003 7.4 2.2 16 0.003 2.2 17 0.004 7.4 7.6 0.004 2.2 18 19 0.003 7.4 2.2 7.4 20 0.003 2.2 21 0.003 22 0.003 7.3 2.2 23 0.003 0.004 7.3 2.2 24 25 0.003 7.4 2.2 26 0.002 7.4 2.2 2.2 0.002 7.3 27 28 0.002 29 0.002 30 0.002 7.3 2.2 7.3 2.2 31 0.002 PLANT STAFFING: Day Shift Operator Class: Certification No.: Name: **Evening Shift Operator** Class: Certification No.: Name: Certification No.: __ Night Shift Operator Class: Name: Lead Operator Class: Certification No.: Name: Paul Thompson Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Ye No:

Not Applicable:

If yes, cumulative days of wet weather discharge

Attach additional sheets if necessary to list all certified operators.

PERMITTEE NAME: MAILING ADDRESS: Agua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

I IMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY:

Silver Lake Oaks MHP

LOCATION: Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

09/01/2004

To: 09/30/2004

Parameter		Quantity of Loading		Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002		mgd	A Balance				0	5 Day/Week	Elapse time meter
PARM Code 50050 · G Mon Site No. INF-1*	Permit Requirement	0.012 (An.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.005		mgd	en de la constanta de la const	and the control of th			0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)		mgd		ge Bar in A				Gontinuous	Flow-meter/
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					290		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No.INF-1	Permit Requirement					Report Mo. Avg.		mg/L		Monthly	. Grab
Solids, Total Suspended	Sample Measurement	33000				70		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement	W.			Part Care	Report Mo. Avg.		mg/L* .		Monthly a	### Grab

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 09/01/2004

To: 09/30/2004

Parameter		Quantity o	of Loading	Units	Quality or Concentration					Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement		1 1753	3.5		20.0 (An. Avg.)		e mg/L		Monthly	Grab.
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.5	5.5	mg/L	0	Monthly	Grab
PARM Code 80082 I > Mon.Site No. EFA-1	Permit Requirement				A 16	30.0 ∦(Mo. Avg _s)	60.0 (Max)	ing/L		Monthly	Grap.
Coliform, Fecal	Sample Measurement					1.6		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon:Site No.EFA-1	Permit Requirement					200 (An, Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement	A PARTIE OF THE				2.0	2.0	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon Site No.EFA-1	Permit Requirement					Report (Mo Geo: Mean)	%4 800 Max '	#/100mL *		Monthly	Grab
рН	Sample Measurement				7.1	A CONTRACTOR OF THE PARTY OF TH	7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No.EFA-1	Permit Requirement			in.	6.0 Min	No.	8.5 Max	S,U A. A		5 Days/Week	Grab .
Solids, Total Suspended	Sample Measurement						6.2	mg/L	0	Monthly	Grab
PARM Code 00530 1 1/4 Mon Site No EFA-1	Permit Requirement					400	10 (Max)	mg/L		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement	<u> </u>			1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement		.		0.5 Min			t mg/Da	e e	5 Days/Week	Grab

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual **Domestic**

FACILITY:

Silver Lake Oaks MHP

LOCATION:

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

09/01/2004

To: 10/01/2004

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

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

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

PermitNumber: FI

FLA011715

						(TMSDF/Pe	25%				
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
/lon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002	290	70	5.5	2.00	7.3	6.2	2.0			
2	0.002					7.3		2.2			
3	0.002					7.3		1.0			
4	0.007										
5	0.007										
6	0.007					7.3		2.2			
7	0.006					7.3		2.2			
8	0.007					7.3		2.0			
9	0.005					7.3		1.0			
10	0.005					7.3		2.2			
11	0.005										
12	0.005										
13	0.005					7.3		2.2			
14	0.005					7.3		2.2			
15	0.005					7.4		2.2+			
16	0.004					7.3		1.8			
17	0.002					7.3		2.2+			
18	0.002										
19	0.003										
20	0.003					7.3		2.2			
21	0.006					7.1		2.2+		_	
22	0.005					7.2	-	2.2+			
23	0.004					7.1		2.2+			
24	0.003					7.3		2.2+	i T		
25	0.008										
26	0.009										
27	0.009				t	7.2		2.2+			
28	0.006					7.2		2.2+			
29	0.003		1			7.3		2.2+	i		
30	0.004					7.3		2.2+			
31	0.00-								i		
PLANT ST	AFFING:		J						1		
ay Shift C			Class:	В	Certifi	cation No.:	12476	Name:	David Haring		
	ift Operato	•	Class:		-	cation No.:	-	Name:			
light Shift	•	1	Class:		-	cation No.:		Name:			
•	•		Class:	A	_	cation No.:	4894	Name:	Paul Thompso		
ead Open		-1 D1-1			- 06:011	CAUCH NO	7034	- 1401116.	- aui monipse	<u> </u>	
	uent Dispos		ned Water ⊦ tivated: Ye	_	-	Applicable:			ative days of we		

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

FLA011715 Final

REPORT:

Monthly

LIMIT:

CLASS SIZE:

GROUP:

Domestic

FACILITY:

Silver Lake Oaks MHP

LOCATION: Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

COUNTY:

Putnam

MONITORING PERIOD

From:

10/01/2004

To: 10/31/2004

Parameter		Quantity	of Loading	Units	Quality or Concentration					Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 · G · ** Mon Site No. INF-1 · · · ·	Permit Requirement	0.012 (An:Ayg.)		mgd	fer was		X (4)			Continuous	Flow-meter Totalizer
Flow	Sample Measurement	0.003		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No INF-1	Permit: Requirement	Report (Ma.Avg.)	All the second	mgd'	44		4.8		14	Continuous	Elow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement		Sec. (Western 2) Annual Land Control of the Control			140		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement					Report 🥌 Mo. Avg.		/mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					46		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement	916g			in property of	' Report No. Avg.	1.466	mg/Lvt		Monthly	Grab

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 10/01/2004

To: 10/31/2004

Parameter		Quantity of Loading	Units	G	Quality 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		Ge	8	20.0 (An. Avg.)		mg/L	\$ /s	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	* 4			30.0 (Mo. Avg.)	60.0 (Max)	, mg/L	ij Si ti	Monthly .	Grab e
Coliform, Fecal	Sample Measurement				1.5		#/100mL	0	Monthly	Grab
PARM Code 74055; Y Mon Site No EFA-1-	Permit Requirement		i in		200 (An: Avg.)		#/100mL		Monthly	Grab 🤲
Coliform, Fecal	Sample Measurement				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement		ŭ.	W W.	Report (Mo:Geo Mean)	800 Max	#/100mL	1	Monthly	Grab
рН	Sample Measurement			7.1		7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit Requirement			∳ 6.0 Min.∜		8.5 Max∜a	SU		5 Days/Week	s Grab
Solids, Total Suspended	Sample Measurement					1.4	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No EFA-1	Permit Requirement		F	13		10 (Max)	* mg/l="		Monthly	Grab 👭
Chlorine, Total Res. (for disinfection)	Sample Measurement	100 mm	16 30.34 7 7 7 8 8 8 8 8 8	2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No.EFA-1	Permit ** Requirement			● 0.5 Min	**************************************		#mg/L		5 Days/Week	F Grab 45.9

PERMITTEE NAME: MAILING ADDRESS: Agua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

I IMIT:

FLA011715

Final

REPORT: GROUP:

Annual Domestic

FACILITY:

Silver Lake Oaks MHP

LOCATION:

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

10/01/2004

To: 10/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration	No. Ex.		Sample Type Grab
Nitrates, as N	Sample Measurement			mg/L	0		
PARM Code 00620 1 Mon Site No.EFA-1	Permit Requirement			120 : Max : Mg/L		Аллиа	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. Lam aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

PermitNumber:

FLA011715

Mont	h / Year	Octob	er-04				Three-mor	nth Average	Daily Flow:	0.002	
_									pacity)x100:	19%	
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	ŀ	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.003					7.3		2.2+			
2	0.003									:	
3	0.003				1						
4	0.003					7.3		2.2+			
5	0.004					7.3		2.2+			
6	0.002	140	46	2U	1U	7.3	1.4	2.2+			
7	0.003					7.3		2.2			
8	0.003				ì	7.3		2.2+			
9	0.003										
10	0.003									ĺ	
11	0.003					7.1		2.2+			
12	0.005			ļ		7.2		2.2+			
13	0.002					7.2		2.2+			
14	0.003					7.2		2.2+			
15	0.002					7.2		2.2+			
16	0.002		-	1							
17	0.003										
18	0.003					7.2		2.2+			
19	0.002					7.2		2.2+			
20	0.003					7.1		2.2+			
21	0.002					7.1		2.2+			
22	0.002					7.2		2.2+			
23	0.002										
24	0.002										
25	0.002					7.2		2.2+			
26	0.002					7.2		2.2+			
27	0.001					7.2		2.2+			
28	0.003					7.2		2.2+			
29	0.002				L-Parket	7.2		2.2+			
30	0.001						:				
31	0.002					7.2		2.2+			
PLANT ST	AFFING:					-					
Day Shift C	Operator		Class:	B	Certifi	ication No.:	12476	Name:	David Haring		
Evening Sh	nift Operato	г	Class:		Certifi	ication No.:		Name:			
Night Shift	Operator		Class:		Certifi	ication No.:		Name:			
Lead Oper	ator		Class:	Α.	Certifi	ication No.:	4894	Name:	Paul Thompso	on	
Type of Effl	uent Dispos	al or Reclain	ned Water R	leuse:					•		
Limited We	t Weather D	ischarge Act	tivated: Ye] No: [Not	Applicable:		If yes, cumul	ative days of we	t weather di	scharge
* Attach ad	ditional chao	te if nacases	any to list all	certified on	oratore			-			

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive Palatka, Florida

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

COUNTY:

Putnam

MONITORING PERIOD

From:

11/01/2004

To: 11/30/2004

Parameter Quantity of Loading Units						Quality or Concentration				Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd	400 400		;		0	5 Day/Week	Elapse time meter
The state of the s	Permit Requirement	0.012 (An.Avg.)		mgd		i i	1-16 - A		His	Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 ° P	Permit Requirement	Report (Mo.Avg.)	4	mgd						Göntinuous	Elow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				and the second s	120		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement			160		Report Mo. Avg		mg/L		* Monthly	Grab
Solids, Total Suspended	Sample Measurement	yes and good and good				55		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement	Pic _{toka} nj				Report Mo. Avg.		mg/L		Monthly	Grab .

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 11/01/2004

To: 11/30/2004

Parameter		Quantity o	of Loading	Units	(Quality 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					20.0 (An. Avg.)		mg/L		* Monthly	Grab in
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.9	3.9	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement	4		100		30.0 (Mo: Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement			julio i		. 200 -∛ (An. Avg.)		#/100mL	1	Monthlye	Grab 🐫
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement	and a			r Production	Report (Mo.Geo.Mean)	800 Max	⁸ #/100mL		Monthly	Grab
pH	Sample Measurement				7.2		7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 °.1 ° Mon.Site No.EFA-1	Permit Requirement		10 10 10 10 10 10 10 10 10 10 10 10 10 1		6.0 Min		- 8.5 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement	A CONTRACTOR OF THE CONTRACTOR					25.0	mg/L	1	Monthly	Grab
PARM Code 00530 IS Mon.Site No.EFA-1	Permit Requirement	15 Tage 10			1	V	10 (Max)	mg/L		Monthly	Grab.
Chlorine, Total Res. (for disinfection)	Sample Measurement		1050e 15 15 16 15 1		1.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement	100			0.5 Min	the season		mg/L		5 Days/Week	Grab

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP: Annual Domestic

FACILITY: LOCATION:

COUNTY:

Silver Lake Oaks MHP

Lake Shore Drive

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID []

Palatka, Florida

Putnam

From:

11/01/2004

To: 11/30/2004

Parameter		Quantity of Lo	oading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement				- OFFICE AND ADDRESS OF THE ADDRESS			mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement					4 774 1	12.0 Max	u mg/L ⊮		Annual	(Grab

MONITORING PERIOD

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

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

PermitNumber: FLA011715 0.002 Three-month Average Daily Flow: Month / Year November-04 17% (TMSDF/Permitted Capacity)x100: TRC (For Flow CBOD5 TSS CBOD5 Fecal TSS Nitrogen, Coliform Disinfect.) Nitrate, (mgd) (mg/L) (mg/L) (mg/L) (s.u.) (mg/L) Bacteria (mg/L) Total (as N) (#/100ml) (mg\L) 00400 50060 Code 50050 80082 00530 80082 74055 00530 00620 EFA-I EFA-I Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I 7.2 2.2+ 0.002 2 0.002 7.2 1.7 1U 7.2 25.0 0.002 120 55 3.9 2.2+ 3 4 0.002 7.2 2.2+ 7.2 2.2+ 5 0.002 6 0.002 7 0.002 7.5 2.2+ 8 0.001 2.2+ 9 0.002 7.4 7.5 6.2 2.2+ 10 0.002 7.4 2.2+ 11 0.002 7.2 2.2+ 12 0.002 0.002 13 0.002 14 15 0.002 7.2 2.2+ 0.002 7.3 2.2 +16 17 0.002 7.3 2.2+ 7.2 2.2+ 18 0.002 2.2+ 0.002 7.3 19 20 0.002 21 0.002 2.2+ 22 0.001 7.3 23 0.002 7.4 2.0 7.4 2.2+ 24 0.001 25 0.002 7.3 2.2+ 7.3 2.2+ 26 0.002 27 0.002 28 0.002 29 0.002 7.3 2.2+ 7.2 0.002 2.2+ 30 31 PLANT STAFFING: Day Shift Operator Class: В Certification No.: 12476 Name: David Haring Evening Shift Operator Class: Certification No.: Name: Certification No.: Night Shift Operator Class: Name: Lead Operator Certification No.: ___ 4894 Paul Thompson Class: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Ye No: No:

Not Applicable:

If yes, cumulative days of wet weather discharge

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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: 1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA011715

Final

REPORT:

Monthly **Domestic**

GROUP:

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

12/01/2004

To: 12/31/2004

Parameter		Quantity	of Loading	Units	(Quality or Concentration					Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	\$ 1	mgd				19.9		Continuous	Flow-meter/
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 × P Mon Site No INF-1	Permit	Report (Mo.Avg.)	18.0	mgd				199		Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement				en en eta genera est erribilitaria de la constanta	180		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement					Report Mo. Avg.	A SA	mg/L	•	Monthly 4	. iGrab
Solids, Total Suspended	Sample Measurement			55.5		66		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement			fuel!		Report Mo. Avg	stell to	is mg/L:	į	3 Monthlys %	Grab 🕶

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 12/01/2004

To: 12/31/2004

Parameter		Quantity o	of Loading	Units	(Quality 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	The second	Company of			, 20,0 (An. Avg.)		# mg/L		#Monthly	Grabs
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1 *	Permit Requirement		1			30.0 (Mo. Avg.)	(Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement	The second of th	The second content of			1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement		e de la companya della companya della companya de la companya della companya dell		- 6 j	200 (An Avg.)		#/100mL		Monthly 🛊	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 1 S Mon Site No EFA-1	Permit Requirement					Report (Mo Geo Mean)	800 Max	##100mL	44	Montply	Grab
pH	Sample Measurement				7.2		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No EFA-1	Permit Requirement			4	6.0 Min 45		8.5 Max	Mis.u		5 Days/Week	Grab .
Solids, Total Suspended	Sample Measurement			and the second second			9.8	mg/L	0	Monthly	Grab
PARM Code 00530." La Mon Site No EFA-1	Permit. Requirement				iller in Section		# 10 (Max)	#mg/L	* 1	Montally	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				1.5	and the second s		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement				0.5 ∄ Min		105 144	mg/L*	edit.	5 Days/Week	4 Grab

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: 1343 NE 17th Road

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual Domestic

Ocala, FL 34470

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

12/01/2004

To: 12/31/2004

Parameter		Quantity of Loading	Units	Quality or Concentration			Frequency	Sample Type
Nitrates, as N	Sample Measurement				mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement			10 12.0 m	mg/L		Annual 🎉	las Grab

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

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

PermitNumber:

FLA011715

Mont	th / Year	Decem	ber-04					nth Average		0.002	
_				0000				ermitted Car		17%	ŀ
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.)	Nitrogen, Nitrate,		
	(mgu)	(IIIg/L)	(IIIg/L)	(IIIg/L)	Bacteria	(S.u.)	(IIIg/L)	(mg/L)	Total (as N)		
					(#/100ml)			(g)	(mg\L)	7,	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.2		2.2+			
2	0.002					7.2		2.2+			
3	0.002					7.3		2.2+			
4	0.001										
5	0.002										
6	0.002					7.2		2.2+			İ
7	0.022					7.2		2.2+			
8	0.002	180	66	2.4	1U	7.4	9.8	2.2+			
9	0.001					7.3		2.2+			
10	0.002					7.3		2.2+			
11	0.001									**	
12	0.002										
13	0.002					7.2		2.2+			
14	0.002					7.3		2.2+			
15	0.002					7.2		2.2+			
16	0.001					7.2		2.2+	:		
17	0.002					7.2		2.2+			
18	0.001					7.2					
19	0.002										
20	0.002					7.3		2.2+	i		
21	0.001					7.2		2.2+			
22	0.002					7.2		2.2+			
23	0.002					7.2		1.5			
24	0.002					7.2		2.2+			
25	0.001					1.2		2.2			
26	0.002										
27	0.003		·			7.2		2.2+			
28	0.003					7.2		2.2			
						7.2					
29	0.002							2.2+			
30	0.002					7.2		2.2+			
31	0.002			l	ll	7.2		2.2+			i
PLANT ST				_	A 115		40470		B 1111 1		
Day Shift C	•		Class:	B	•	cation No.:	12476	Name:	David Haring		-
_	nift Operator	-	Class:		•	cation No.:		Name:			-
Night Shift	•		Class:		•	cation No.:		Name:			-
Lead Oper			Class:	A	. Certifi	cation No.:	4894	Name:	Paul Thomps	on	-
	uent Disposa		_	euse:	_		_				
Limited We	t Weather Di	scharge Act	ivated: Ye_	No:] Not	Applicable:		If yes, cumula	ative days of we	et weather o	lischarge
* Attach add	ditional shee	ts if necessa	ry to list all	certified ope	erators.						-

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2005

To: 01/31/2005

GROUP:

Parameter		Quantity	of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	#.0.012 (An:Avg.)	A Park	mgd*		di wat	177 ()	1117		Continuous	Flow-meter/
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Gode 50050 Person Mon Site No INF-1	Permit." Requirement	Report (Mo.Avg.)	36	mgd						Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					570		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1 W	Permit Requirement		j k		# # · · ·	Report Mo.*Avg.⊯		mg/La	ï	Monthly	W Grab
Solids, Total Suspended	Sample Measurement		The second secon		The state of the s	305		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement		ing.	114		Report Mo. Avg. s	4 4 14	mg/L#		Monthly	Grab W

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 01/01/2005

To: 01/31/2005

Parameter		Quantity o	f Loading	Units	C	Quality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L 🛊 🐇		. Monthly 🖠	Grab (
BOD, Carbonaceous 5 day, 20C	Sample Measurement			The Section of the Se	3 A C O V - B I (B C	10.0	10.0	mg/L	0	Monthly	Grab
PARM Code 80082. Isa Mon.Site No: EFA-1	Permit Requirement	14		Sec.		30.0 (Mo. Avg.)	60.0 (Max)	mg/L	9 (3)	Monthly !	Grab
Coliform, Fecal	Sample Measurement					6.9		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-11	Permit Requirement					, 200 (An, Avg.)		#/100mB	N.	Monthly	Grab 🖟
Coliform, Fecal	Sample Measurement					65.6	4300.0	#/100mL	1	Monthly	Grab
PARM Code 74055 1 Mon. Site, No. EFA-1	Permit Requirement			10 m		Report (Mo.Geo.Mean)	\$ 800 Max	#/100mL		Monthly	Grap
рН	Sample Measurement		ACCOUNTY TO BE A STREET OF THE		7.2		7.5	s.u	0	5 Days/Week	Grab
PARM/Code 00400 / I Mon Site No EFA-1	Permit // Requirement		k j		6.0 Min	4 64	Max	y SU		5 Days/Week	A Grab
Solids, Total Suspended	Sample Measurement						11.0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit is Regulrements		8	200		e garant	#10 ag (Max)	₩ mg/Ľ*i		Monthly	Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.2		HANK KURING BURK KURING KAN	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement	##86 ##33		3	0.5	A character of the second	9 W	Ming/L S	100	₹5 Days/Week	Grab

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

01/01/2005

To: 01/31/2005

Parameter		Quantity	of Loading	Units	C	Quality or Concentration					Sample Type
Nitrates, as N	Sample Measurement			-			0.1	mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement		7				12.0 Max	r mg/L		Annual	Grab .

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

PermitNumber:

FLA011715

Mont	h / Year	Janua	ary-05						Daily Flow:	0.002	
r									pacity)x100:	17%	*
	Flow	CBOD5	TSS	CBOD5	Fecal	pΗ	TSS	TRC (For	Nitrogen,		
	(mgd)	(mg/L)	(mg/L)	(mg/L)	Coliform Bacteria	(s.u.)	(mg/L)	Disinfect.) (mg/L)	Nitrate, Total (as N)		
					(#/100ml)			(mg/c/	(mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.001										
2	0.002						,				
3	0.002					7.2	*	2.2+			
4	0.002					7.2		2.2+			
5	0.002	570	480	10.0	4300.00	7.4	11.0	2.2+			
6	0.002					7.4		2.2+			
7	0.002					7.3		2.2+			
8	0.002										
9	0.002										
10	0.002					7.5		2.2+			
11	0.002					7.4		2.2+	 		
12	0.002		130		1U	7.4	7.6	2.2+	0.06U		
13	0.001					7.4		2.2+			
14	0.001					7.3		2.2+			**
15	0.001										
16	0.001										
17	0.002					7.5		2.2+			
18	0.001					7.5		2.2+			
19	0.002					7.4		2.2+			
20	0.002					7.4		2.2+			
21	0.001					7.3		2.2+			
22	0.001										
23	0.002										
24	0.002					7.3		2.2+			
25	0.002					7.3		2.2+	 		
26	0.001					7.3		2.2+			
27	0.001					7.3		2.2+			
28	0.002					7.3		2.2+			
29	0.002										
30	0.002										
31	0.001					7.3		2.2+			
PLANT ST					i	1	·				
Day Shift C			Class:	В	Certific	cation No.:	12476	Name:	David Haring		
•	nift Operator		Class:		•	cation No.:		Name:			
Night Shift			Class:			cation No.:		Name:			
Lead Oper	•		Class:			cation No.:	4894	Name:	Paul Thomps	on	
	uent Disposa	al or Reclaim				_		•			
	t Weather Di] Not	Applicable:		If yes, cumula	ative days of we	et weather dis	scharge
			ary to list all								

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER: LIMIT: CLASS SIZE: FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka. Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

02/01/2005

To: 02/28/2005

Parameter		Quantity	of Loading	Units	G	Quality or Concentration					Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An:Avg.)		mgd		4 44				Continuous	Flow meter/ Totalizer
Flow	Sample Measurement	0.001		mgd	Benedict Control of the Control of t				0	5 Day/Week	Elapse time meter
PARM Code 50050, P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)		mgd						Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement			Section Sectio		230		mg/L	0 .	Monthly	Grab
PARM Code 80082. G % Mon Site No INF-1	Permit Requirement					Report Mo. Avg.		extmg/L		Monthly 3	د پرGpab) پهواه
Solids, Total Suspended	Sample Measurement		gade ige gade om som som danskallen skrivet se skrivet det in se skrivet det in se skrivet det in se skrivet d	ogramous = Jerotes - Manda		94		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement	100		l fare e	ing i	Report Mo: Avg		apmg/L _{ic}	144	Monthly	Grab#

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 02/01/2005

To: 02/28/2005

Parameter		Quantity of Loading	Units	G	Quality or Con	centration	:	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement	Wi-	3		20.0		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement	enda entre entre en entre entre n J	P	30.0° (Mo. Avg.)	60 0# m (Max)	mg(f)		Monthly	∜ a Grab ∰ **	
Coliform, Fecal	Sample Measurement				1.5	OF COLUMN	#/100mL	0	Monthly	Grab
PARM Code 74055 Y. Mon Site No EFA-1	Permit 1888 Requirement		Print.	. Harry	200 (An. Avg.)	W &	+#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1 U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055. I	Permit Requirement				Reports (Mo.Geo.Mean)	800 Max	###/100mL*	10	Monthly	Grab 🏗
pH	Sample Measurement			7.2		7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit Requirement		14	6.0 Min		8.5 Max	SU.	34	5 Days/Week	V ∜Grab®*
Solids, Total Suspended	Sample Measurement					3.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit: Requirement				West of	10 kg (Max)	Hamg/L ^{adi}		Monthly	F Grab 7 3
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement			0.5%	office program of the second		Williamg/L	*	5 Days/Week	∮ 19.Grab ↓2

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

R-001

REPORT: GROUP: Annual Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

02/01/2005

To: 02/28/2005

Parameter		Quantity o	of Loading	Units	Quality or Concentration				No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement							mg/L	0	Annual	Grab
PARM Code 00620 13 Mon.Site No.EFA-1							12.0 3 Max	ing/L		Annual	Grab 🐪

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

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

PermitNumber:

FLA011715

Mont	h / Year	Februa	ary-05					nth Average	•	0.002	
								ermitted Car		14%	
	Flow	CBOD5	TSS	CBOD5	Fecal	pН	TSS	TRC (For	Nitrogen,		
	(mgd)	(mg/L)	(mg/L)	(mg/L)	Coliform	(s.u.)	(mg/L)	Disinfect.)	Nitrate,		
					Bacteria			(mg/L)	Total (as N)		
				•	(#/100ml)				(mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-l	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.001					7.3		2.2+			
2	0.001	230	94	4.8	1U	7.5	3.8	2.2+			
3	0.002					7.5		2.2+			
4	0.001					7.5		2.2+			
	0.001					7.0					
5											-
6	0.001					7.5		0.01			
7	0.002		·			7.5		2.2+			
8	0.002					7.5	.	2.2+			<u></u>
9	0.001					7.5		2.2+	-		
10	0.001					7.5		2.2+			
11	0.002					7.5		2.2+			
12	0.002										
13	0.001										
14	0.001			i		7.4		2.2+			
15	0.001					7.4		2.2+			
16	0.001		: :			7.4		2.2+			
17	0.001					7.4		2.2+			1
18	0.001					7.2		2.2+			-
19	0.001					,,_			 		
20	0.001		:							***	1
	0.001		<u> </u>			7.2		2.2+			
21						7.2		2.2+			
22	0.002								1		
23	0.001					7.3		2.2+			
24	0.002	<u> </u>			1	7.4		2.2+			
25	0.001					7.3		2.2			+
26	0.002										
27	0.002					<u> </u>					
28	0.002					7.2		2.2+			-
29											
30					1						
31			!								
PLANT ST	TAFFING:										
Day Shift			Class:	В	Certif	ication No.:	12476	Name:	David Haring		
	hift Operato	r	Class:		_	ication No.:		- Name:			-
Night Shiff	-		Class:		-	ication No.:		Name:			-
•	•		Class:	Α	-	ication No.:	4894	Name:	Paul Thomps	on	-
Lead Ope		al an Daalet			- 06:111	ioanon 140	7337	- 101110.	, au momps		-
• •	fluent Dispos				¬			14		- 4 41	
Limited We	et Weather D	ischarge Ac	tivated: Ye_	_ No:	_ Not	t Applicable:		іт yes, cumul	ative days of we	ei weather (nscharge
* Attach ad	Iditional shee	ets if necess	ary to list all	certified op	erators.						_

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

03/01/2005

To: 03/31/2005

Parameter		Quantity	of Loading	Units	Quality or Concentration					Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	#0.012 (An.Avg.)	il.	mgd						Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report (Mo:Avg.)	i i	mgd	ing the	49		10.1		Continuous	Flow-meter/- Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					230		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No.INF*1	Permit Requirement					Report	1	mg/L	2.	. Monthly	Grab
Solids, Total Suspended	Sample Measurement			ALTER MET MATE	TO THE STATE OF TH	220		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement		Page 1		7.86	Report Mo. Avg	1 66 1	mg/L		Monthly	Grab 1

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 03/01/2005

To: 03/31/2005

Parameter		Quantity of Loa	ding Uni	s	Quality or Con	centration	<u> </u>	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			The Real Property	20.0 (An. Avg.)		mg/L	h ta	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			To discount of the Control of the Co	9.0	9.0	mg/L	0	Monthly	Grab
PARM Code 80082	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max)	mg/L	10	Monthly	Grab
Coliform, Fecal	Sample Measurement				1.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit: Requirement	1			200 (An, Avg.)		#/100mL		# Monthly	Grab
Coliform, Fecal	Sample Measurement				5.0	5.0	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon. Site No.EFA-1	Permit Requirement	MARKS TO SERVICE STATE OF THE			Report (Mo.Geo.Mean)	800 Max	#/100mL	¥¥.	Monthly	^{##} Grab ₁
рH	Sample Measurement			7.0		7.4	S.U	0	5 Days/Week	Grab
PARM Code 00400 4 Mon.Site No.EFA-1	Permit § Requirement			46 6.0 Min		8:5 Max	i S.U		5 Days/Week	i & #Grab# 🕹
Solids, Total Suspended	Sample Measurement					16.0	mg/L	2	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit Requirement					10 (Max)	mg/L	1	Monthly	Graba
Chlorine, Total Res. (for disinfection)	Sample Measurement	Visit	Company Commission of the Comm	2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon:Site No EFA-1	Permit Requirement		F.	0.5% Min	a Part Proje	7 12	mg/L	*	1:5 Days/Week	r #-t*Grab

PERMITTEE NAME: MAILING ADDRESS: Agua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

03/01/2005

To: 03/31/2005

Parameter		Quantity of Loading	g Units	Quality or Concentration				Frequency	Sample Type
Nitrates, as N	Sample Measurement					mg/L	0	Annual	Grab
"我们是我们的人,我们也没有一个人的人,我们也不是一个人的人,我们就不是一个人的人,我们就不是一个人的人,我们就不是一个人的人,我们就不是一个人的人,我们就不是一个人的人,我们就不是一个人的人,我们就不是一个人的人,我们	Permit Requirement	90415 A	.	THE WAY WAS INSTRU	12:0 Max	mg/ E	78	AnnualS	Grab

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

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

PermitNumber:	FLA011715
PermitNumber:	FLAU1

	h / Year				•		(TMSDF/Pe	rmitted Car	acity)x100:	17%	
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	-	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	-	
1	0.002					7.2		2.2+			
2	0.002	230	220	9.0	5.00	7.3	16.0	2.2+			
3	0.002					7.4		2.2+			
4	0.002					7.4		2.2+			
5	0.002										
6	0.001										
7	0.001					7.4		2.2+			
8	0.002					7.4		2.2+			
9	0.001					7.2	13.0	2.2+			
10	0.001	-				7.2		2.2+			
11	0.002					7.2		2.2+			
12	0.002						İ				
13	0.001										
14	0.001					7.2		2.2+			
15	0.001		-			7.2		2.2+			
16	0.002					7.2	5.6	2.2+			
17	0.002					7.1		2.2+		-	
18	0.002					7.1		2.2+			
19	0.002										
20	0.002	_									
21	0.001					7.2		2.2+			
22	0.001					7.2		2.2+			
23	0.002					7.0		2.2+			
24	0.002					7.1		2.0			
25	0.001					7.2		2.2+			
26	0.003										
27	0.004										
28	0.004					7.1		2.2+	:		
29	0.003		-	<u> </u>		7.1		2.2+			
30	0.003		-			7.2		2.2+			
31	0.002				Í	7.1		2.2+			
PLANT ST					1				· ·		
Day Shift (Class:	В	Certifi	cation No.:	12476	Name:	David Haring		
•	nift Operato	r	Class:		-	cation No.:		Name:			•
Night Shift			Class:		-	cation No.:		Name:			-
Lead Oper			Class:	A	-	cation No.:	4894	Name:	Paul Thompso		-

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

Limited Wet Weather Discharge Activated: Ye No:

Not Applicable:

If yes, cumulative days of wet weather discharge

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

IIID

NO DISCHARGE FROM SITE:

[]

R-001

COUNTY:

Putnam

MONITORING PERIOD

From:

04/01/2005

To: 04/30/2005

Parameter		Quantity	of Loading	Units	(Quality or Concentration				Frequency	Sample Type
Flow	Sample Measurement	0.001		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No: INF-1	Permit Requirement	0.012 (An:Avg.)	7.7	mgď				di 1954 i		-Cantinuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.003		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)	1 1	mgd			7 1			Continuous	Flow-meter/ Fotalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					38		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement		3			∛Report _{la} Mo. Avg	r þ	mg/L		Monthly	Grab N
Solids, Total Suspended	Sample Measurement					39		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit Requirement		19 (1)			Report ***		##mg/L	4	ne Monthly	¥#¥ Grab

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 04/01/2005

To: **04/30/2005**

Parameter		Quantity of	of Loading	Units		Quality 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				27 (18	20.0 (An. Avg.)	# 1 m **	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				4	30,0 (Mo. Avg.)	60.0 (Max)	mg/L	1	Monthly	Grab
Coliform, Fecal	Sample Measurement					2.3		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement	748				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					11.0	11.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No.EFA-1	Permit Requirement		100	ığ.		Report.∜ ∦ (Mo.Geo.Mean)	₩ 800 Max	#/100mL		Monthly	Grab
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	16-73		18.5	6.0 Min		8.5 Max	S.U	4. Air,	5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement		A Secretaria de la Companya del Companya de la Companya del Companya de la Compan	e gladelere i nove e falle de la merca de la referencia			5.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No.EFA-1	Permit Requirement		211	1.40	4	4	10 (Max)	mg/L		* Monthly	Grab 2
Chlorine, Total Res. (for disinfection)	Sample Measurement	A STATE OF THE STA			0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement	6784	W		0.5 Min	350	3. 30° 36	mg/L	4	5 Days/Week	Grab _a

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

FLA011715

Annual

CLASS SIZE:

LIMIT:

REPORT: GROUP:

Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

IIID

NO DISCHARGE FROM SITE:

R-001 []

Final

COUNTY:

Putnam

MONITORING PERIOD

From:

04/01/2005

To: 04/30/2005

Parameter	Quantity of Loadi	f Loading	ding Units	Quality or Concentration				No. Ex.	Frequency	Sample Type		
Nitrates, as N	Sample Measurement							mg/L		Annual	Grab	
PARM Code 00620 1 Mon Site No EFA-1	Permit						12.0 Max	w mg/L≥ ₹	1 1	- Annual, _k	Grab #	

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

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

PermitNumber:

FLA011715

Mont	th / Year	Apri	il-05		-			nth Average	-	0.002	
			****					ermitted Car		19%	
	Flow	CBOD5	TSS	CBOD5	Fecal	pΗ	TSS	TRC (For	Nitrogen,		
	(mgd)	(mg/L)	(mg/L)	(mg/L)	Coliform	(s.u.)	(mg/L)	Disinfect.)	Nitrate,		
					(#/100ml)			(mg/L)	Total (as N) (mg\L)		
					(#// 100/////				(mg.L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.002					7.2		2.2+			
2	0.003								:		
3	0.003								i		
4	0.004					7.0		0.9			
5	0.003					7.1		0.8			
6	0.002					7.2		2.2+			
7	0.002					7.2		2.2+			
											-
8	0.004					7.2		2.2+			
9	0.003										
10	0.003	J									
11	0.002					7.2		2.2+			
12	0.002					7.2		2.2+			
13	0.002	38	39	2U	11.00	7.2	5.9	1.6			
14	0.003					7.2		2.2+			
15	0.002					7.2		2.0			
16	0.003		 								
17	0.003		i								
18	0.002					7.2		2.2+			
19	0.001					7.2		2.2+			
20	0.002	*****				7.3		2.2+			
21	0.010					7.2		2.2+			
22	0.002					7.2		2.2+			
23	0.002					1.2		2.2			
24	0.002	<u></u>								-	
25	0.001		<u>:</u>			7.2		2.2+		-	
26	0.001					7.3		2.2+		; :	
27	0.002			 		7.3		2.2+		:	
28	0.002					7.3		2.2+			
29	0.002					7.3		2.2+			
30	0.003										
31									<u></u>		
PLANT ST	AFFING:										
Day Shift C	Operator		Class:	В	Certifi	cation No.:	12476	Name:	David Haring		
•	hift Operator		Class:		- Certifi	cation No.:	· · · · · · · · · · · · · · · · · · ·	Name:			
Night Shift	'		Class:		-	cation No.:		Name:			
Lead Oper	,		Class:	A	•	cation No.:	4894	Name:	Paul Thompso	on .	
•	luent Disposa	al or Poolois			-		1007		. aa. monipot		
• •	t Weather Di		_	_] Not	Applicable:		If yes, cumula	ative days of we	t weather dis	charge
* Attach ad	ditional shee	ts if necessa	arv to list all	certified on	erators.						
,ao,, au			,	ou op							

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715 Final

REPORT:

GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

N: Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

05/01/2005

To: 05/31/2005

Parameter		Quantity o	of Loading	Units	C	Quality or Concentration					Sample Type
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An,Avg.)	5.00	mgď						Continuous	Flow-meter/* Totalizer
Flow	Sample Measurement	0.007		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)		mgd-	7 44 Sec. 25	West ARM				Continuous	Flow-meter/
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					120		mg/L	0	Monthly	Grab
PARM Code 80082 .G. Mon Site No INF-1	Permit ** Requirement **	. Prox.				Ne Report # Mo Avg.	# 384X	∰ mg/È ≥		Monthly	i lGrab i
Solids, Total Suspended	Sample Measurement		and an extra control of the second second second second second second second second second second second second		- Control of the Cont	67		mg/L	0	Monthly	Grab
PARM Code 00530 G	Permit Requirement		1886 y S	100		Report Mo∴Avg.↓		: mg/L		e Mentaly	t. I Grab

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 05/01/2005

To: **05/31/2005**

Parameter		Quantity o	of Loading	Units	G	uality or Con	centration	1	No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.5		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				, gr	20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					6.6	6.6	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		n of inner	Pauli St. 7		1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL		Monthly	Grab(
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Requirement		111	1900	1	Report (Mo.Geo.Mean)	800 Max	#/100mL	i.	leseMonthly is	Grab
pΗ	Sample Measurement				7.2		7.5	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit	iji.		P	6.0 Min		8:5 Max	sú i	1	5 Days/Week	Grab (
Solids, Total Suspended	Sample Measurement						11.0	mg/L	1	Monthly	Grab
PARM Code 00530 I Mon Site No EFA-1	Permit **** Requirement	775.00		14.75			# #10 (Max)	mg/L		Monthly	Grab.
Chlorine, Total Res. (for disinfection)	Sample Measurement				1.6	and the second s		mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit: # Requirement		* * *	1	er‱0.5 e∜ Min	and the second		, mg/L	Ť	5 Days/Week	E Grab

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

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

PERMITTEE NAME: MAILING ADDRESS:

Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION:

COUNTY:

Silver Lake Oaks MHP

Lake Shore Drive

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID []

Palatka, Florida

Putnam

MONITORING PERIOD

From:

05/01/2005

To: 05/31/2005

Parameter		Quantity of Loading	Units	Quality or Concentration	No. Ex.	Frequency	Sample Type	
Nitrates, as N	Sample Measurement				mg/L	0	Annual	Grab
PARM Code 00620 1. Mon Site No EFA-1	Permit Requirement			12:00 ³ Max.	mg/L		Annual	Grab

Leartify under penalty of law that I have personally examined and am familiar with the information submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

DAILY SAMPLE RESULTS - PART B FLA011715 PermitNumber: Month / Year May-05 Three-month Average Daily Flow: 0.004 (TMSDF/Permitted Capacity)x100: 31% CBOD5 Flow TSS CBOD5 Fecal pН TSS TRC (For Nitrogen, Coliform Disinfect.) Nitrate, (mg/L) (mg/L) (mg/L) (mg/L) (mgd) (s.u.) Bacteria (mg/L) Total (as N) (#/100ml) (mg\L) Code 50050 80082 00530 80082 74055 00400 00530 50060 00620 INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-l EFA-I Mon.Site 0.009 1 2 0.008 7.3 2.2+ 0.006 7.3 2.2+ 3 2.2+ 0.003 7.3 4 5 0.008 7.3 2.2+ 6 0.006 7.4 2.2+ 7 0.013 8 0.013 0.014 7.3 2.2+ 9 10 0.008 7.3 2.2+ 120 67 6.6Y 1U 7.3 11.0 2.2+ 11 0.006 12 0.007 7.3 2.2+ 0.008 7.3 2.2+ 13 0.006 14 15 0.006 16 0.006 7.3 2.2+ 0.005 7.3 2.2+ 17 18 0.005 7.5 2.2+ 19 0.007 7.5 4.4 2.2+ 20 0.006 7.2 1.6 21 0.007 0.007 22 7.2 2.2+ 23 0.007 24 0.005 7.3 2.2+ 25 0.007 7.3 2.2+ 26 0.003 7.3 2.2+ 7.3 2.2+ 27 0.008 0.005 28 29 0.005 30 0.005 7.4 2.2+ 31 0.005 7.4 2.2+ D Ε

LANT STAFFING:						
ay Shift Operator	Class:	В	Certification No.:	12476	_Name:	David Haring
vening Shift Operator	Class:		Certification No.:	_	Name:	
light Shift Operator	Class:		Certification No.:		Name:	
ead Operator	Class:	Α	Certification No.:	4894	Name:	Paul Thompson
ype of Effluent Disposal or Ri imited Wet Weather Dischar		euse:	Not Applicable:		If yes, cum	nulative days of wet weather discharge
Attach additional sheets if ne	ecessary to list all o	certified opera	tors.			

Attach additional sheets if necessary to list all certified operators.

LOCATION:	Silver Lake Oaks MHP Lake Shore Drive Palatka, Florida	MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:	א-100 ווום []		
MAILING ADDRESS:	Aqua Utilities Florida PO Box 490310 Leesburg, FL 34749	PERMIT NUMBER: LIMIT: CLASS SIZE:	FLA011715 Final	REPORT: GROUP:	Monthly Domestic

MONITORING PERIOD

From:

To: 06/30/2005

9002/10/90

Sample Type	Frequency	No.		centration	Suality or Con	5	stinU	guibsod 1	Quantity o		Parameter
Elapse time meter	5 Day/Week	0					p6w		200.0	Sample Measurement	Mol
Flow-meter/	Continuous		1				pβw		\$10.0 (:BvA.nA)	Permit Requirement	PARM Code 50050 °G Mon Site No INF-1
Elapse time meter	2 Дзу/Меек	0					pßw		800.0	Sample Measurement	Flow
* Notaliero 4 19xiloso 4 4 4 4 4 4 4 4 4	snonupuog	t i					рвш		Report (Mo.Avg.)	Termit InemeniupeA	PARM Code 50050 P
ds10	Monthly	0	¬ /6ա		720					Sample Measurement	BOD,Carbonaceous 5 Day, 20C
den2	ylunoj) s		# - ₇ /6ш		Report					Remit t	S8008 Gode MAA9 T-7MI ou bilstom
Grab	Monthly	0	7/6ա		ÞΔ				0.00	Sample Measurement	Solids, Total Suspended
I. Indens	Aunuows.	di.	7 7/600 * * \$.	N. 14	ਸ਼ਿਵਸ਼ਹਾਂ BvA:oM		i.			Permit # Reduirement	PARM Code 00530 G

I certify under pensity of law that I have personally examined and am familiar with the information submitted information including the possibility of fine and imprisonmediately responsible for obtaining the information, I believe the submitted information including the possibility of fine and imprisonment.

	5411-756-88E		Paul Thompson, Lead Operator
(DATE (YY/MM/DD)	LEFEHONE NO:	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

:YTNUOD

Putnam

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 06/01/2005

To: 06/30/2005

Parameter		Quantity o	of Loading	Units	Quality or Concentration					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		7			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max)	mg/L	\$ 1°	Monthly	Grab 🦸
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 / Y Mon Site No EFA-1	Permit Requirement				e lea	200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement	tag (n. 1941) - 1945 (n. 1944) (n. 1944) (n. 1944) (n. 1944) (n. 1944)				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 1 Mon Site No EFA-1	Permit Requirement			rai.		Report	800 Max	#/100mL	4	Monthly	(Grab
рН	Sample Measurement	3550 (35160)	<u> </u>		7.1		7.3	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit: Requirement	Region 1		10.00	6.0 Min	The state of the s	8.5 Max _s	SÜ.,	i.	5 Days/Week	Graba
Solids, Total Suspended	Sample Measurement		200000000000000000000000000000000000000				1.8	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement							s mg/L		Monthly !	g Grab 304
Chlorine, Total Res. (for disinfection)	Sample Measurement	And the second of the second o		200 F 30 F 30 F 30 F 30 F 30 F 30 F 30 F	2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement		395 395		0.5 ⊶ Mjn	T.		i. mg/L	4	5 Days/Week	orab Grab

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 NE 17th Road

PERMIT NUMBER: LIMIT: CLASS SIZE:

FLA011715

REPORT: GROUP:

Annual **Domestic**

Ocala, FL 34470

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

Final

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

06/01/2005

To: 07/01/2005

Parameter	Parameter Quantity of Loading Units Quality or Concentration						No. Ex.	Frequency	Sample Type
Nitrates, as N	Sample Measurement					mg/L	0	Annual	Grab
PARM Code 00620 1 % - Mon.Site No.EFA-1 1 % -	Permit Requirement				1,12,0 Max	i€ mg/L 🔐		Annual	Grab

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

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

PermitNumber: FLA011715

Mont	h / Year	June	e-05					nth Average		0.004	
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	33%	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.007					7.3		2.2+			
2	0.008					7.3		2.2+			
3	0.006					7.3		2.2+			
4	0.007										
5	0.007										
6	0.007					7.3		2.2+			
7	0.003				i.	7.3		2.2+			
8	0.006	250	74	2U	1U	7.3	1.8	2.2+			
9	0.005					7.3		2.2+			
10	0.007					7.3		2.2+			
11	0.009										
12	0.010										
13	0.010					7.3		2.2+			
14	0.009		-			7.3		2.2+			
15	0.009					7.3		2.2+			
16	0.021					7.2		2.0			
17	0.008					7.1		2.2+			
18	0.009	i									
19	0.009										
20	0.009			1		7.2		2.2+			
21	0.009					7.2		2.2+			
22	0.006					7.2		2.2+			
23	0.009				ļ	7.2		2.2+			
24	0.005					7.3		2.2+			
25	0.007										
26	0.007										
27	0.008					7.1		2.0			
28	0.009					7.2		2.2+			
29	0.017					7.1		2.0			
30	0.013					7.1		2.2+			
31											
PLANT ST	AFFING:				L			<u> </u>	<u>:</u>		
Day Shift C			Class:	В	Certifi	cation No.:	12476	Name:	David Haring		
	ift Operator		Class:			cation No.:		Name:	David Flaming		
-	-		Class:					Name:			
			Class:	A	Certification No.: Certification No.:		4894	Name:	Paul Thompso		
Type of Effluent Disposal or Reclaimed Water Reuse:											
	uent Disposa : Weather Di] Not	Applicable:		If yes, cumula	ative days of we	t weather di	scharge
* Attach add	ditional sheet	ts if necessa	ry to list all	certified ope	erators.						

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001

IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

07/01/2005

To: 07/31/2005

Parameter		Quantity of	of Loading	Units	Quality or Concentration			No. Ex.	Frequency	Sample Type	
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G * Mon Site No INE 1 * 4	Permit Requirement	0,012 s (An.Avg.)		mgd	Section 1	A STATE	1.4			Continuous	Flow-meter/ #Totalizes
Flow	Sample Measurement	0.009		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 R. Mon Sije No INF-1	Permit Requirement	∉,Report ≹ (Mo.Avg.)		mgd		N 19 88 3 3		Mary .	4	e Continuous	Flow-meter/ Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					130		mg/L	0	Monthly	Grab
PARM Code 80082 G 🤘 . Mon Site No INF-1	Permit Requirement	100	*	14.		*/*/Report Mo. Avg		"Img/L	1	Monthly	Grab
Solids, Total Suspended	Sample Measurement	The second secon	TO ACT AND A SHEET		des a communicación en el como de estración de estado de estado de estado de estado de estado de estado de est	50		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit ** Requirement			•774		Report		mg/L4.	14	Monthly	Grab)

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 07/01/2005

To: 07/31/2005

Parameter		Quantity of	of Loading	Units	C	Quality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		The second secon			3.4	•	mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement					20:0 (An. Avg.)	14. 1	mg/L		Monthly	_Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			20,20	18.0	18.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement			7		30.0 (Mo: Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL	4	Monthly	(Grab
Coliform, Fecal	Sample Measurement				A control of the second	1U	10	#/100mL	0	Monthly	Grab
PARM Code 74055, IL & M Mon Site No EFA-1	Permit Requirement				1.5	Report (Mo.Gec Mean)	- 800 s Max*	*#/100mL		- Monthly :	Grab
рН	Sample Measurement				7.0		7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 -l/ - N Mon Site No EFA-1	Permit Requirement	77			6.0 Min		8:5 Max	12.U##	#	5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement						6.6	mg/L	0	Monthly	Grab
PARM Code 00530 L Mon Site No EFA-1	Permit 🍇	The The	W W			W ALCOHOLD	40 (Max)*	i mg/Lite	i i	Monthly	orabi ar ts
Chlorine, Total Res. (for disinfection)	Sample Measurement			2	1.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement		3% %	es de	//∟ 0.5 Min *			mg/L		5 Days/Week	Grab 🦂

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

07/01/2005

To: 07/31/2005

Parameter		Quantity of	Loading	Units	(Quality or Con	mg/L 0 Ani	Frequency	Sample Type		
Nitrates, as N	Sample Measurement							mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement		330 1	74 147				mg/L		Annual	Grab

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

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

PermitNumber: FLA011715

MOIT	h / Year _.	July	7-03		-			nth Average ermitted Cap		0.004 36%	
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.023					7.0		1.2			
2	0.008										
3	0.009										
4	0.009		-			7.1		2.0			
5	0.012					7.1		1.5			
6	0.012			-		7.2		2.2+			
7	0.008					7.2	•	1.8			
8	0.005					7.2		2.2+			
9	0.011										
10	0.011										
11	0.012					7.2		2.0			
12	0.015		1			7.2		1.6			
13	0.010	130	50	18.0	1U	7.0	11.0	2.2+			
14	0.009	100		10.0	10	7.0	11.0	2.2+			
15	0.009					7.0		2.2+			
16	0.009					7.0	······································	2.2			
17	0.009										
18	0.009				İ	7.1		2.0			
`	0.009					7.1		2.2+			
19							2.2		<u> </u>		
20	0.009			 		7.2	2.2	2.2+ 2.2+			
21	0.009					7.2					
22	0.007					7.1		2.2+			
23	0.006										
24	0.006							0.0			
25	0.006			-		7.2		2.2+			
26	0.004			1		7.1		2.2+			
27	0.004					7.1		2.2+			
28	0.005					7.0		2.2+	-		
29	0.005			1		7.1		2.2+			
30	0.005			1					1		
31	0.005			!	<u> </u>				•		
PLANT ST.											
Day Shift C	perator		Class:	B	Certifi	cation No.:	12476	Name:	David Haring		
Evening Sh	nift Operator	•	Class:		Certifi	cation No.:		Name:			
Night Shift	Operator		Class:	<u></u>	Certifi	cation No.:		Name:			
ead Oper	ator		Class:	A	Certifi	cation No.:	4894	Name:	Paul Thompso	on	
Type of Effl	uent Disposa	al or Reclaim	ned Water R	Reuse:							
imited We	t Weather Di	scharge Act	tivated: Ye_	No: [Not	Applicable:		If yes, cumula	ative days of we	t weather dis	charge
Attach add	ditional shee	ts if necessa	ary to list all	certified op	erators.						

Page 3 of 3

		[]	NO DISCHARGE FROM SITE:	Palatka, Florida	
		IIID	PLANT SIZE/TREATMENT TYPE:	Lake Shore Drive	LOCATION:
		F-001	MONITORING GROUP NUMBER:	Silver Lake Oaks MHP	FACILITY:
			:370 001 50	FG 34749	
Domestic	:9UOA9		CLASS SIZE:		
Monthly	:TAO93A	lsni∃	:TIMIJ	PO Box 490310	:SS37900A 5N1JIAM
		FLA011715	PERMIT NUMBER:	Aqua Utilities Florida	PERMITTEE NAME:

MONITORING PERIOD

qei5	\$ YidinoM:		Тубши	- 19	Report Mo. Avg	77 Tab	. 4			Permit Requirement	ARM Code 00530 G
ds19	Monthly	0	7/6w		E9					Sample Measurement	Solids, Total Suspended
Grab	Monthly		7/6w		Report Webout		150			Permit Requirement	Non Sile No INF-1.
ds1Ə	Monthly	0	၂/6 ա		100					Sample Measurement	suoəsenodis O.O.S., ysol ö
helem-wold helenger	Continuous	1	181				рвш		Teport (Mo.Avg.)	Permit Requirement	Mon.Site No.INF-1%
Elapse time meter	2 ДэλүМеек	0				331139	pßw		700.0	Sample Measurement	MOI
Flow-meter/ Totalizer	SuouningO			4.00			p6w	•	Sto.o (.gvA.nA)	Permit Requirement	ARM Code 50050 G
Elapse time meter	5 Day/Week	0				<u> </u>	pßw		200.0	Sample Measurement	MO =
Затріе Туре	Frequency	No.		centration	uality or Con)	stinU	guibsoJ j	Quantity o		Parameter

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 immediate) responsible for obtaining the penalties for submitting false information induding the possibility of those individuals immediate) responsible for obtaining the information, I believe the submitted information. I believe the submitted information and information in the information in the information in the information in the information.

_			-coop state power.	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Beforease all att
		5411-756-985		Paul Thompson, Lead Operator
Ţ	DATE (YY/MM/DD)	TELEPHONE NO.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	NAMENTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Putnam

COUNTY:

To: 08/31/2005

08/04/5005

From:

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 08/01/2005

To: 08/31/2005

Parameter		Quantity of	of Loading	Units	G	Quality 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	Tr.				20.0 (An. Avg.)	Į.	mg/L		∦Monthly ³	, 2Grab
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			1000		30.0 (Mo. Avg.)	60.0 (Max)	mg/L		Monthly	Grab *
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement					200 (An: Avg.)	44.2	#/100mL	90 E	Monthly	Grab 📳
Coliform, Fecal	Sample Measurement	and the filter formers in the common resource the shift				1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055I Mon.Site No EFA-1	Permit Requirement	12.	file you	76,7%	went in	Report (Mo:Geo:Mean)	800 Max	#/100mL		- Monthly :	Grab 4
рН	Sample Measurement				7.0		7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 / Mon Site No EFA-1	Permit Requirement	78	390		6,0 Min		8.5 CMaxie	is visu . ↓	ij.	5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement						1.7	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No.EFA-1	Permit S Requirement	Para a	1.42		4.1		10 (Max)	Mag/L	ini.	Monthly.	(Grab)
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement	186		v eur	0.5 Min	(t) (t)		mg/L	1 5	5 Days/Week	5) Grab

CLASS SIZE:

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

08/01/2005

To: 08/31/2005

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

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

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

PermitNumber: F	LA011715
-----------------	----------

_			+					ermitted Car		31%	
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.008					7.1		2.2+			
2	0.009					7.1		2.2+			
3	0.009	100	63	2U	10	7.2	1.7	2.0			
4	0.011					7.0		2.2+			
5	0.005					7.0		2.2+			
6	0.007										
7	0.007										
8	0.008					7.1		2.2+			
9	0.009					7.2		2.2+			
10	0.009					7.1		2.2+			
11	0.014					7.1		2.2+			
12	0.007					7.1		2.2+			
13	0.006										
14	0.006										
15	0.007					7.1		2.2+			
16	0.009					7.2		2.0			
17	0.004					7.1		2.2+			
18	0.005					7.1		2.2+			
19	0.008					7.0		2.2+			
20	0.004		:								
21	0.004										
22	0.005					7.1		2.0			
23	0.004					7.1		2.2+			
24	0.004					7.1		2.2+			
25	0.006					7.2		2.2+			
26	0.005					7.2		2.2+			
27	0.005		!							i :	
28	0.006										
29	0.006				:	7.2		2.2+		i	
30	0.006					7.2		2.2+			
31	0.007					7.1		2.2+			
PLANT ST											
Day Shift C	Operator		Class:	В	Certif	cation No.:	12476	Name:	David Haring		
•	hift Operato	r	Class:	С	-	cation No.:	7605	Name:	Larry White		
Night Shift	•		Class:		-	- cation No.:	 	- Name:			
_ead Oper	•		Class:	Α	-	cation No.:	4894	Name:	Paul Thompso	n .	
		al or Reclain						•			

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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS: PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER: LIMIT: CLASS SIZE:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

IIID

Palatka, Florida

NO DISCHARGE FROM SITE:

[]

R-001

COUNTY:

Putnam

MONITORING PERIOD

From:

09/01/2005

To: 09/30/2005

Parameter		Quantity of Loading		Units		Quality or Con	centration	1	No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.012 (An.Avg.)		mgd			19			Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.007		mgd	And the second s				0	5 Day/Week	Elapse time meter
PARM Code 50050 P Mon Site No.INF-1	Permit Requirement	Report (Mo.Avg.)		mgd			#9			Continuous	Flow-meter <i>is</i> Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					42		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement			10.0		Report Mo. Avg	#_ ii	/ mg/L }		Monthly	Grabe
Solids, Total Suspended	Sample Measurement	Mark No. of Parties	335.53			50	and the Transfer of the Transf	mg/L	0	Monthly	Grab
PARM Code 00530 · G Mon Site No INF-1	Permit Requirement	da .	i i i			Report Mo. Avg		: mg/L:		Monthly, 1	Grab

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

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 09/01/2005

To: 09/30/2005

Parameter		Quantity o	of Loading	Units	G	Quality 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					20.0 (An. Avg.)	1 10 1	mg/E		Monthly. ³	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2 U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 [] Mon.Site No. EFA-1	Permit * Requirement		1 14			30.0% ≽ (Mo. Ayg.)	60.0 (Max)	mg/L2		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.5		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement					200 (An: Āvg.)	2 4	#/100mL	1.5	Monthly	Grab
Coliform, Fecal	Sample Measurement					1U	1U	#/100mL	0	Monthly	Grab
PARM Code 74055 1 3 3 Mon Site No EFA-1	Permit Requirement	160	34			Report (Mo Geo Mean)	學 800 Max	#/100mL	7.0	Monthly	Grab
рН	Sample Measurement				7.1		7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 · I Mon Site No EFA-1	Permit Requirement			1	6.0 Min	394	8.5.4 Max	See Side	(8)	5 Days/Week	Grab .4
Solids, Total Suspended	Sample Measurement						3.0	mg/L	0	Monthly	Grab
PARM Code 00530, I, Mon Site No EFA-1	Permit Requirement		State 1		* * *	7 dia 19	(Max)	mg/L/t		Monthly 1.	# st. Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement				0,5 × Min	g Ben y		mg/L	na Napo	5 Days/Week	Grab (

PERMITTEE NAME: MAILING ADDRESS:

FACILITY:

COUNTY:

LOCATION:

Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

FLA011715

REPORT: GROUP:

Annual Domestic

LIMIT: CLASS SIZE:

MONITORING GROUP NUMBER:

R-001

Final

Lake Shore Drive

Silver Lake Oaks MHP

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIID []

Palatka, Florida

Putnam

From:

09/01/2005

To: 10/01/2005

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

MONITORING PERIOD

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

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

PermitNumber:

FLA011715

	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	31%
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
fon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-l	EFA-I	EFA-I	
1	0.007					7.1		2.0		
2	0.008	i				7.2		2.2+		
3	0.006									
4	0.006									
5	0.006					7.2		2.2+		
6	0.007					7.2		2.2+		
7	0.012	42	50	2U	1U	7.2	3.0	2.2+		
8	0.015					7.2		2.2+		
9	0.009					7.2		2.2+		
10	0.007					1.6			-	
11	0.007	<u>:</u>								
12	0.007					7.2		2.2+		_
13	0.008	:				7.1		2.2+		_
						7.1				
14	0.005			<u> </u>				2.2+		
15	0.006	-		<u> </u>		7.1		2.2+		
16	0.005					7.1		2.2+		
17	0.005									
18	0.005									
19	0.006					7.1		2.2+		
20	0.005			<u> </u>	i	7.1		2.2+	-	
21	0.005					7.1		2.2+		
22	0.012					7.2		2.2+		
23	0.010					7.1		2.2+		
24	0.007									
25	0.007									
26	0.008					7.1		2.2+		
27	0.006					7.2		2.2+		
28	0.006					7.1		2.2+		
29	0.004					7.1		2.2+		
30	0.005				ļ 	7.1		2.2+		
31										
LANT ST	AFFING:									
ay Shift C	perator		Class:	В	Certific	cation No.:	12476	Name:	David Haring_	
vening Sh	nift Operator		Class:	С	Certific	cation No.:	7605	Name:	Larry White	
ght Shift	Operator		Class:		Certific	cation No.:		Name:		
ead Oper			Class:	A	•	cation No.:	4894	Name:	Paul Thompso	on
	uent Disposa				•					
•	t Weather Di] Not	Applicable:		If you aumyli	ative days of we	t weether dischar

PERMITTEE NAME: MAILING ADDRESS: Agua Utilities Florida

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

10/01/2005

To: 10/31/2005

Parameter		Quantity o	of Loading	Units	ding Units Quality or Concentration					Frequency	Sample Type
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An.Ayg.)		mgd	4	* 4 * * * * * * * * * * * * * * * * * * *				Continuous >	Flow-meter/ Totalizer
Flow	Sample Measurement	0.006		mgd	0.000				0	5 Day/Week	Elapse time meter
PARM Code 50050 FP Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)		mgd		1 184 g	1.0		44	Continuous	Flow-meter/a
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					120		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement					Report Mo. Avg		mg/L	i a	Monthly:	s Grab
Solids, Total Suspended	Sample Measurement		STATES AND STATES AND		getting in agent in a state of the set Marie Commission of the set	88		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No.INF.1	Permit :	***				Report Mo. Avg.		mg/L _d		Monthly	* ¶Grab }* *

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

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD From: 10/01/2005

To: 10/31/2005

Parameter		Quantity of Loading	Units	(Quality or Con	centration	<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				20 <u>.</u> 0 (An, Avg.)		mg/L	1 %	Monthly	* Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	3.7	3.7	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
Coliform, Fecal	Sample Measurement				1.7		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement			1 1	200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		20,483		3.0	3.0	#/100mL	0	Monthly	Grab
PARM Code 74055 .I Mon Site No EFA-1	Permit _z Requirement	a Ku			Report (Mo.Geo.Mean)	800 Max	#/100mL		Monthly	T e Grab
рН	Sample Measurement		And Section 1	7.0		7.1	S.U	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No EFA-1	Permit :			6.0 Min		8.5 4 Max	S.U		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement					9.1	mg/L	0	Monthly	Grab
PARM Code 00530 /I Mon Site No.EFA-1	Permit Requirement					10 (Max)	mg/L		Monthly	Grab **
Chlorine, Total Res. (for disinfection)	Sample Measurement			2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement			0.5 A Min			mg/L		5 Days/Week	Grab 🥶

PERMITTEE NAME:

Agua Utilities Florida

MAILING ADDRESS:

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID []

COUNTY:

Putnam

MONITORING PERIOD

From:

10/01/2005

To: 10/31/2005

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

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

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

PermitNumber:

FLA011715 0.003 Month / Year October-05 Three-month Average Daily Flow: (TMSDF/Permitted Capacity)x100: 28% рΗ CBOD5 TSS CBOD5 Fecal TSS TRC (For Nitrogen, Flow (mgd) Disinfect.) Nitrate, (mg/L) (mg/L) (mg/L) Coliform (s.u.) (mg/L) Bacteria Total (as N) (mg/L) (#/100ml) (mg\L) Code 50050 80082 00530 80082 74055 00400 00530 50060 00620 Mon.Site INF-I INF-I INF-I EFA-I EFA-I EFA-I EFA-I EFA-I EFA-I 0.005 1 2 0.006 7.1 2.2+ 3 0.006 0.008 7.1 2.0 4 120 3.7 3.00 7.1 9.1 2.2+ 5 0.008 7.0 6 0.010 2.2+ 7 0.010 7.1 2.2+ 0.007 8 0.007 9 7.1 2.2+ 10 0.008 11 0.007 7.1 2.2+ 7.0 2.2+ 0.007 12 7.0 2.2+ 13 0.005 0.005 7.0 2.2+ 14 15 0.005 16 0.005 0.005 7.0 2.2+ 17 7.1 2.2+ 18 0.007 0.003 7.1 2.2+ 19 20 0.005 7.1 2.2+ 7.1 2.2+ 21 0.003 22 0.005 23 0.006 24 0.006 7.1 2.2+ 7.1 2.2+ 25 0.009 26 0.005 7.1 2.2+ 27 0.007 7.1 2.2+ 7.1 2.2 28 0.003 29 0.005 30 0.005 2.2+ 31 0.005 7.1 PLANT STAFFING: Certification No.: 12476 David Haring Day Shift Operator Class: В Name: Evening Shift Operator Class: Certification No.: Name: Certification No.: Night Shift Operator Class: Name: Certification No.: 4894 Name: Paul Thompson Lead Operator Class: Α Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Ye

Not Applicable:

If yes, cumulative days of wet weather discharge

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

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

11/01/2005

To: 11/30/2005

Parameter		Quantity of	of Loading	Units	G	Quality or Con	centration		No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002	, a. 17	mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	© 0.012 (An,Avg.)		mgd		* 3.3			ŧ.	Continuous	Flow-meter/ Totalizer
Flow	Sample Measurement	0.004		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 . P Mon Site No INF-1	Permit Requirement	Report (Mo.Avg.)		, mgd i	i v a j		Si yan	e de	4.6	Continuous	Flow-meteri Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					580		mg/L	0	Monthly	Grab
PARM Gode 80082 (G) Mon Site No INF-1	Permit : Requirement :	T.				Report Mo. Avg		mg/L	14	# Monthly / u	Grab
Solids, Total Suspended	Sample Measurement		These services manages Services			740		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INE-1	Permit Requirement	194 T	ist wa			Report Mo: Avg		k mg/L		Monthly	≱ † ∜ Grab

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

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 11/01/2005

To: 11/30/2005

Parameter		Quantity of Loadir	ng Units	C	Quality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An: Avg.)		mg/L		Monthly	Grab 1
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3	4.3	mg/L	0	Monthly	Grab
PARM Code 80082	Permit Requirement		100		30.0° (Mo. Avg.)	% 60.0⊈ (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-1	Permit Requirement				200 (An. Avg.)	.44	#/100mL _k	À	Monthly 1	Grab
Coliform, Fecal	Sample Measurement				5.0	5.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon Site No EFA-1	Permit Requirement			2	Report (Mo.Geo.Mean)	800 Max	#/100mL	12.1	Monthly	∦ ∦ Grab
pH	Sample Measurement			7.0		7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit Requirement	34 1 99		6:0 Min		8.5 • Max	SU		5 Days/Week	## Grab
Solids, Total Suspended	Sample Measurement					17.0	mg/L	1	Monthly	Grab
PARM Code 00530 .I. Mon Site No EFA-1	Permit Requirement		1 335		The state of the s	10 (Max)	mg/L		Monthly:	Grab :
Chlorine, Total Res. (for disinfection)	Sample Measurement		The second secon	1.4		CONTRACTOR CONTRACTOR STATE	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A. // Mon Site No EFA-1	Permit Requirement			0,5/¢ /s Min		1 2 24	/ mg/L¥€		5 Days/Week	Grab

PERMITTEE NAME:

Aqua Utilities Florida

Ocala, FL 34470

Palatka, Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011715

MAILING ADDRESS: 1343 NE 17th Road

LIMIT:

Final

REPORT: GROUP:

Annual Domestic

Silver Lake Oaks MHP

arse

MONITORING GROUP NUMBER:

R-001

LOCATION: Lake Shore Drive

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIID []

COUNTY:

FACILITY:

Putnam

MONITORING PERIOD

From:

11/01/2005

To: 12/01/2005

Parameter		Quantity of Loading		Quality or Co	No. Ex.	Frequency	Sample Type		
Nitrates, as N	Sample Measurement					mg/L	0	Annual	Grab
PARM Code 00620 1 Mon.Site No.EFA-1	Permit Requirement	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tr.		12.0 Max	#6 mg/[±;		Annual	Grab .

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

PermitNumber:

FLA011715

Mont	h / Year __	Novem	ber-05					nth Average	•	0.003	
_								ermitted Cap		22%	
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)		
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620		
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I		
1	0.003					7.1		2.2+			
2	0.007					7.0		2.2+			
3	0.003					7.1		2.2+			
4	0.004		•			7.1		2.2+			
5	0.005										
6	0.005										
7	0.005					7.2		2.2+			
8	0.004					7.2		2.2+			
9	0.006	580	740	4.3	5.00	7.1	17.0	2.2+			
10	0.005					7.1		2.2+			
11	0.003					7.2		2.2+			
12	0.003	· · · · · · · · · · · · · · · · · · ·	: 								•
13	0.004										
14	0.004					7.1		2.2+			
15	0.006					7.2		2.2+			
16	0.005					7.1	1.1U		+		
17	0.004					7.1		2.2+			
18	0.003					7.1		2.2+			
19	0.004			:							
20	0.004	-								-	
21	0.004					7.2		2.2+			
22	0.004					7.1		2.2+			
23	0.004		1			7.2		2.2+			
24	0.003					7.2		2.2+			
25	0.005				:	7.1		2.2+			
26	0.006			!	:						
27	0.006			1							
28	0.007				!	7.2		2.2+	1		
29	0.005		:			7.2		2.2+	1		
30	0.006					7.2		2.2+			
31											
PLANT ST				_							
Day Shift C	•		Class:	В	-	cation No.:		Name:	David Haring		
	nift Operato	r	Class:		-	cation No.:		Name:			
Night Shift			Class:		-	cation No.:		Name:			
Lead Oper			Class:	A	- Certifi	cation No.:	4894	Name:	Paul Thompso	on	
	•	al or Reclain	_	_	7						
Limited We	t Weather D	ischarge Ac	tivated: Ye_	No:] Not	Applicable:		If yes, cumula	ative days of we	t weather d	ischarge
* Attach ad	ditional shee	ets if necessa	ary to list all	certified op	erators.						

PERMITTEE NAME:

Aqua Utilities Florida

MAILING ADDRESS:

PO Box 490310

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Silver Lake Oaks MHP

Palatka, Florida

Lake Shore Drive

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

12/01/2005

To: 12/31/2005

Parameter		Quantity of	Quantity of Loading		Quality or Concentration				No. Ex.	Frequency	Sample Type
Flow	Sample Measurement	0.002		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.012 (An.Avg.)	Mary 1	mgd	ši.		Tive C			-Continuous f	Flow-meter/ Lotalizer
Flow	Sample Measurement	0.005		mgd					0	5 Day/Week	Elapse time meter
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)		mgd	96		n de la companya de l	No.		Continuous	Flow-meter/ L Totalizer
BOD,Carbonaceous 5 Day, 20C	Sample Measurement					320		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No INF-1	Permit Requirement	100			24	* Report Mo. Avg. **	erio de la composición dela composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la com	Rema/Le		Monthly 3	Grab
Solids, Total Suspended	Sample Measurement	No. Section of the Control of the Co			The state of the s	330		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon Site No INF-1	Permit :: Requirement:	A	* 16 14	a.	And the second	ੀ Report a	- paydin	# Ging/L / *		• (Monthly)	Grab

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

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

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

TSS sample taken on the 9th was 17.0 and then we resampled and the result was 1.1U.

Facility Name: Silver Lake Oaks MHP

PERMIT NUMBER: FLA011715

Discharge Point No.: R-001

MONITORING PERIOD

From: 12/01/2005

To: 12/31/2005

Parameter		Quantity o	of Loading	Units	G	uality or Con	centration		No. Ex.	Frequency	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement	<i>i</i> ,			44.	20.0 (An. Avg.)	* * * * *	mg/L		Monthly	Gřab +
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.8	4.8	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement					, 30.0 (Mo. Avg.)	60.0 (Max)	"mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					8.4		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No.EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL		Monthly	g Grab
Coliform, Fecal	Sample Measurement					83.7	3500.0	#/100mL	1	Monthly	Grab
PARM Code 74055 I Mon Site No EFA-1	Permit Requirement	h j	36			Report (Mo.Geo.Mean)	800 Max	#/100mL	A	Monthly	Grab
pH	Sample Measurement	8 (2 - St.)		224020	7.1		7.2	S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No EFA-1	Permit Requirement	A.		i i	6.0 Min	W. C.	8.5 Max	*-S.U		5 Days/Week	Grab e
Solids, Total Suspended	Sample Measurement						4.5	mg/L	0	Monthly	Grab
PARM Code 00530 S Mon Site No EFA-1	Permit Requirement)	196					10 (Max)	mg/L _i	34	Monthly	Tan Grab
Chlorine, Total Res. (for disinfection)	Sample Measurement		He many significant states of the states of		2.2	management seeds to the control of t	CONTRACTOR CONTRACTOR	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No EFA-1	Permit Requirement			14	. 0.5 Min	1. (2.0 10)		mg/L _s ,		5 Days/Week	At Grab 1

PERMITTEE NAME: MAILING ADDRESS: Aqua Utilities Florida

1343 NE 17th Road

Ocala, FL 34470

PERMIT NUMBER:

CLASS SIZE:

LIMIT:

FLA011715

Final

REPORT: GROUP:

Annual **Domestic**

FACILITY: LOCATION: Silver Lake Oaks MHP

Lake Shore Drive

Palatka, Florida

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

R-001 IIID

[]

COUNTY:

Putnam

MONITORING PERIOD

From:

12/01/2005

To: 12/31/2005

Parameter		Quantity of Loading	Units	Quality or Concen		No. Ex.	Frequency	Sample Type	
Nitrates, as N	Sample Measurement				m	g/L	0	Annual	Grab
PARM Code 00620 1. Mon Site No.EFA-1	Permit Requirement				12.0 m Max ::	ye. Ye.	Ä,	Annual .	Grab

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

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

PermitNumber:

FLA011715

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

Mont	h / Year	Decem	ber-05					-	Daily Flow:	0.003
_								ermitted Cap		25%
	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg\L)	
Code	50050	80082	00530	80082	74055	00400	00530	50060	00620	
Mon.Site	INF-I	INF-I	INF-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	EFA-I	
1	0.008					7.2		2.2+		
2	0.005					7.2		2.2+		
3	0.005									
4	0.005									
5	0.006					7.1		2.2+		
6	0.008					7.1		2.2+		
7	0.005					7.1		2.2+		
8	0.003					7.2		2.2+		
9	0.006					7.2		2.2+		
10	0.006	-				-				
11	0.006					1				
12	0.006					7.2		2.2+		
13	0.005					7.2		2.2+		
14	0.003					7.2		2.2+		
15	0.004					7.2		2.2		
16	0.003					7.2		2.2+		
17	0.005									
18	0.005									
19	0.005					7.2		2.2+		
20	0.006			}		7.2		2.2+		
21	0.005	320	330	4.8	3500.00	7.2	4.5	2.2+		
22	0.004					7.2		2.2+		
23	0.007					7.2		2.2+		
24	0.006		[
25	0.006		<u> </u>			7.0				•
26	0.007	· · · · · · · · · · · · · · · · · · ·			0.00	7.2		2.2+		
27	0.008				2.00	7.2		2.2+		
28	0.009					7.2		2.2+		
29	0.006					7.2		2.2+		
30	0.003		!			7.2		2.2+		
31	0.004	:	İ			7.2		2.2+		
PLANT ST			Close:	D	Cortifi	cation No.:	12476	Nama:	David Haring	
Day Shift (operator hift Operato	r	Class:	В		cation No.:	12476	Name: Name:	David Haring	
Night Shift	•	1	Class:			cation No.:		Name:		
Lead Oper			Class:			cation No.:	4894	Name:	Paul Thompso	nn
· ·		al or Peoleis	ned Water R		Certin	Cation No	7007		- au momps	<u> </u>
• •			tivated: Ye		Not	Applicable:		If yes, cumula	ative days of we	t weather discharge