

South Seas

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 8

Set 18 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE

00984 JAN 30 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Discharge Monitoring Reports

South Seas

	Tab Number	Page Number
Year: 2004		
January	1	3
February	2	6
March	3	9
April	4	12
May	5	15
June	6	18
July	7	21
August	8	24
September	9	27
October	10	30
November	11	33
December	12	36
Year: 2005		
January	1	39
February	2	42
March	3	45
April	4	48
May	5	51
June	6	54
July	7	57
August	8	60
September	9	63
October	10	66
November	11	69
December	12	72

JAN

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn:

Permit No. **FLA014686**
 Monitoring Period--From: 1/1/04 to 1/31/04
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STOREF CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum				Average	Maximum	Units
pH	Sample Measurement	*****	*****	*****	6.6	*****	7.6	(12)	0	5 days / week	Grab
000400 I 20091-EFF Minimum	Permit Requirement				Minimum		Daily Max			See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	4.7	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 I 20091-EFF Effluent Gross Value	Permit Requirement				Minimum					See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 I 20091-EFF Effluent Gross Value	Permit Requirement						12.0			See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.106	3.292	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	MGD						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.88	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Avg					See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.757	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report Annual Avg					See Permit	See Permit

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

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

Randle Farrington 941-907-7400 2/13/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

JAN

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 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn:

Permit No. **FLA014686**
 Monitoring Period--From: 1/1/04 to 1/31/04
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: **Domestic**
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration							No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement 0.106 0.169 (03) MGD	*****	*****	*****	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement ***** mg/l	*****	*****	*****	*****	244.5	261	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement ***** mg/l	*****	*****	*****	*****	408.5	516	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement ***** mg/l	*****	*****	*****	*****	2	2	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement ***** mg/l	*****	*****	*****	*****	0.929	2	(19)	0	4 days / week	Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement ***** /100 ml	*****	*****	*****	< 1	< 1	< 1	(13)	0	4 days / week	Grab

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Randle Farrington		941-907-7400	2/13/2004

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

EFFECTIVE 1-1 REUSE

DEC 0.117 NOV 0.131

JAN

DAILY SAMPLE RESULTS - PART B

Facility ID: **FLA014686**
 Month/Year: **Jan 04**

Three-month Average Daily Flow: **0.118**
 (TMADF/Permitted Capacity) x 10 **44.72**

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600			
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.169					7.4	7.5		5.0		2.200			
2	0.166				1.0	7.1	7.2	< 1	5.0		1.500		7:30	G
3	0.135					7.1	7.3		5.0		0.400			
4	0.129					7.1	7.2		5.0		0.900			
5	0.104				< 0.8	7.1	7.1	< 1	5.0		0.500		8:15	G
6	0.081	261	516	2	1.2	7.1	7.2	< 1	5.0		0.500		8:00	C/G
7	0.081				0.8	7.0	7.6	< 1	5.0		0.400		7:15	G
8	0.081				2.0	7.0	7.5	< 1	5.0		0.300		7:10	G
9	0.097					7.0	7.2		5.0		0.400			
10	0.104					7.1	7.2		5.0		0.600			
11	0.107					7.1	7.4		5.0		0.600			
12	0.088				< 0.8	7.0	7.0	< 1	5.0		0.300		7:40	G
13	0.087				0.8	7.1	7.1	< 1	5.0		0.400		7:40	G
14	0.093				1.7	6.9	6.9	< 1	5.0		0.400		7:10	G
15	0.094				1.0	6.9	7.0	< 1	4.7		1.200		7:20	G
16	0.104					7.0	7.1		5.0		0.700			
17	0.108					7.0	7.0		5.0		0.600			
18	0.117					6.8	7.2		5.0		0.600			
19	0.095				2.0	6.8	6.8	< 1	5.0		1.100		8:00	G
20	0.102	228	301	2	< 0.8	6.7	7.1	< 1	5.0		0.300		7:45	C/G
21	0.108				1.2	7.0	7.3	< 1	5.0		0.200		7:30	G
22	0.089				< 0.8	6.8	6.9	< 1	5.0		0.300		7:20	G
23	0.032					6.9	6.9		5.0		0.400			
24	0.09					7.0	7.1		5.0		0.500			
25	0.113					7.0	7.1		5.0		0.600			
26	0.104				0.9	7.0	7.2	< 1	5.0		0.600		7:40	G
27	0.121				1.4	7.0	7.2	< 1	5.0		0.300		8:00	G
28	0.121				1.0	6.9	7.0	< 1	5.0		0.400		7:30	G
29	0.113				0.8	6.8	6.9	< 1	5.0		0.500		7:20	G
30	0.112					6.6	6.8		5.0		0.600			
31	0.147					6.8	6.9		5.0		0.600			
TOTAL	3.292													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: C Certificate No.: 10013 Name: Mike DiDonato
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**Limited Wet Weather Discharge Activated: Yes: No: **Not Applicable**: If yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators

FEB

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 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Arca Mangcr

Permit No. **FLA014686**
 Monitoring Period--From: **2/1/04 to 2/29/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	7	*****	7.6	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum	Permit Requirement				Minimum		Daily Max	SL		See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	2.9	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value	Permit Requirement				Minimum			SL		See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value	Permit Requirement						(20)	mg/l		See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.152	4.411	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	(GPD)						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.625	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Avg			mg/L		See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.604	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report Annual Avg			mg/L		See Permit	See Permit

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Randle Farrington	941-907-7400	3/16/2004

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

DEP Form 62-620.910(10), effective November 29, 1994

FEB

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 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From : **2/1/04 to 2/29/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STOREF CODE MON. SITE No.	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement	0.152	0.209	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement	*****	*****	*****	*****	188	223	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement	*****	*****	*****	*****	196.5	270	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement	*****	*****	*****	*****	2	2	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement	*****	*****	*****	*****	1.218	2.1	(19)	0	4 days / week	Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement	*****	*****	*****	<1	<1	1	(13)	1	4 days / week	Grab

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Randlc Farrington		941-907-7400	3/16/2004

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DEP Form 62-620.910(10), effective November 29, 1994

FEB

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year February 2004

Three-month Average Daily Flow: 0.125
 (TMADF/Permitted Capacity) x 10 47.39

	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C/G)
CODE	050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600		
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.144					7.0	7.2		5.0		0.300			
2	0.114	153	123	2	1.8	7.1	7.1	< 1	5.0		0.280		8:00	C/G
3	0.115				0.8	7.0	7.1	< 1	5.0		0.620		8:00	G
4	0.129				1.5	7.0	7.1	< 1	5.0		0.520		7:40	G
5	0.147				0.9	7.2	7.2	< 1	5.0		0.800		7:30	G
6	0.149					7.0	7.3		5.0		0.800			
7	0.142					7.2	7.3		5.0		0.800			
8	0.138					7.2	7.3		5.0		0.800			
9	0.135				< 0.8	7.2	7.4	< 1	5.0		0.400		8:00	G
10	0.146				0.9	7.1	7.3	< 1	5.0		0.700		7:45	G
11	0.147				1.4	7.2	7.4	1	5.0		0.800		7:35	G
12	0.138				1.3	7.4	7.4	< 1	5.0		1.000		7:05	G
13	0.145					7.3	7.4		5.0		1.100			
14	0.162					7.2	7.4		5.0		0.700			
15	0.188					7.4	7.5		5.0		1.000			
16	0.188	223	270	2	< 0.8	7.5	7.5	< 1	5.0		1.500		8:00	C/G
17	0.170				2.1	7.3	7.5	< 1	5.0		0.500		8:00	G
18	0.177				< 0.8	7.2	7.2	< 1	5.0		0.300		7:40	G
19	0.175				< 0.8	7.2	7.3	< 1	5.0		0.300		7:40	G
20	0.167					7.3	7.3		5.0		0.400			
21	0.162					7.2	7.3		5.0		0.500			
22	0.149					7.3	7.4		5.0		0.400			
23	0.130				0.9	7.1	7.3	< 1	2.9		0.600		7:30	G
24	0.176				0.9	7.0	7.3	< 1	5.0		0.600		8:00	G
25	0.179				< 0.8	7.1	7.3	< 1	5.0		0.800		7:50	G
26	0.209				0.9	7.1	7.2	< 1	5.0		0.500		7:00	G
27	0.135					7.1	7.2		5.0		0.900			
28	0.154					7.1	7.5		5.0		1.400			
29	0.101					7.3	7.6		5.0		0.500			
30														
31														
TOTAL	4.411													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**

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

*Attach additional sheets if necessary to list all certified operators

MAR

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Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	6.9	*****	7.5	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum	Permit Requirement				Minimum		Daily Max				
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	4.3	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value	Permit Requirement				Minimum						
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value	Permit Requirement						1200 mg/l				
Flow, Total Facility	Sample Measurement	0.179	5.555	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	MGD							
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.528	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Avg			mg/l			
TSS, Effluent	Sample Measurement	*****	*****	*****	1.249	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report Annual Avg			mg/l			

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Randle Farrington		941-907-7400	4/13/2004

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 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn: Carolyn McFalls/Area Manager

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 Monitoring Period--From : **3/1/04 to 3/31/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement	0.179	0.22	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement	*****	*****	*****	*****	394.6	548	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement	*****	*****	*****	*****	570.3	887	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement	*****	*****	*****	*****	3.3	4	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement	*****	*****	*****	*****	1.447	2.9	(19)		4 days / week	Grab
Coliform, Focal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement	*****	*****	*****	< 1	< 1	< 1	(13)	0	4 days / week	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(type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	4/13/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

MAR

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year: MARCH 2004

Three-month Average Daily Flow: 0.146
 (TMADF/Permitted Capacity) x 10 55.24

	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
CODE	050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600		
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.190	290	354	2	1.0	7.3	7.3	< 1	5.0		0.700		7:15	C/G
2	0.147				2.9	7.2	7.4	< 1	5.0		1.400		8:00	G
3	0.131				1.6	6.9	7.3	< 1	4.4		2.000		7:30	G
4	0.136				1.2	6.9	7.2	< 1	5.0		1.700		7:30	G
5	0.167					7.0	7.2		5.0		1.800			
6	0.167					7.0	7.3		5.0		1.400			
7	0.167					7.4	7.4		5.0		1.800			
8	0.173				1.8	7.2	7.5	< 1	5.0		1.800		7:40	G
9	0.139				0.9	7.2	7.5	< 1	5.0		1.700		7:40	G
10	0.148				1.8	7.2	7.4	< 1	5.0		1.000		7:40	G
11	0.169				1.1	7.1	7.2	< 1	5.0		1.000		7:30	G
12	0.186					7.1	7.2		5.0		1.400			
13	0.192					7.3	7.4		5.0		0.700			
14	0.173					7.2	7.4		5.0		1.700			
15	0.208	548	887	4	1.0	7.2	7.3	< 1	5.0		0.700		7:45	C/G
16	0.191				2.7	7.4	7.0	< 1	4.3		0.800		7:45	G
17	0.191				< 0.8	7.4	7.5	< 1	5.0		0.900		7:30	G
18	0.194				0.9	7.3	7.3	< 1	5.0		0.700		7:30	G
19	0.204					7.2	7.2		5.0		0.900			
20	0.177					7.3	7.4		5.0		1.100			
21	0.196					7.3	7.3		5.0		0.800			
22	0.181				< 0.8	7.3	7.3	< 1	5.0		0.900		8:00	G
23	0.176				< 0.8	7.3	7.5	< 1	5.0		1.300		7:30	G
24	0.200				< 0.8	7.4	7.4	< 1	5.0		1.200		7:40	G
25	0.191				0.9	7.4	7.5	< 1	5.0		1.400		7:45	G
26	0.190					7.4	7.4		5.0		1.600			
27	0.178					7.4	7.4		5.0		1.600			
28	0.187					7.2	7.3		5.0		1.200			
29	0.187	346	470	4	1.0	7.2	7.3	< 1	5.0		0.800		8:00	C/G
30	0.199				1.5	7.1	7.2	< 1	5.0		0.800		7:45	G
31	0.220				1.4	7.0	7.2	< 1	5.0		1.600		7:20	G
TOTAL	5.555													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

APR

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **4/01/04 to 4/30/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	6.9	*****	7.6	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum	Permit Requirement				Minimum		Daily Max			See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	5	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value	Permit Requirement				Minimum					See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****		(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value	Permit Requirement						0			See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.174	5.223	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	AVGD						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.694	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Avg					See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.199	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report Annual Avg					See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	5/10/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

APR

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From: **4/01/04 To 4/30/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Paramcter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration							No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement 0.174 0.203 Monthly Avg. Daily Max.	(03)	*****	*****	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	265	294	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	332.5	348	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	7	7	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	1.524	3.3	(19)		4 days / week	Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	<1	<1	<1	(13)	0	4 days / week	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 (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	5/10/2004

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

DEP Form 62-620.910(10), effective November 29, 1994

APR

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year: APRIL 2004

Three-month Average Daily Flow: 0.168
 (TMADF/Permitted Capacity) x 10 63.81

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C/G)
050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600			
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.166				1.3	7.1	7.3	< 1	5.0		0.800		7:15	G
2	0.175					7.1	7.2		5.0		0.800			
3	0.182					7.2	7.3		5.0		1.000			
4	0.177					7.3	7.3		5.0		0.700			
5	0.173				1.3	7.2	7.2	< 1	5.0		0.800		8:00	G
6	0.193				0.9	7.1	7.2	< 1	5.0		1.200		8:00	G
7	0.2				1.8	7.2	7.2	< 1	5.0		0.800		8:00	G
8	0.203				0.8	7.3	7.3	< 1	5.0		1.000		8:00	G
9	0.186					7.3	7.4		5.0		1.500			
10	0.203					7.4	7.4		5.0		1.000			
11	0.201					7.3	7.4		5.0		1.200			
12	0.19	294	317	7	3.3	7.3	7.4	< 1	5.0		1.000		8:25	C/G
13	0.189				2.3	7.3	7.4	< 1	5.0		1.900		8:20	G
14	0.178				2.8	7.3	7.4	< 1	5.0		1.800		7:20	G
15	0.186				2.2	7.3	7.4	< 1	5.0		0.800		7:30	G
16	0.172					7.2	7.3		5.0		1.100			
17	0.168					7.2	7.2		5.0		0.900			
18	0.16					7.2	7.3		5.0		0.800			
19	0.155				0.8	7.2	7.3	< 1	5.0		0.900		7:30	G
20	0.176					7.3	7.5		5.0		1.100			
21	0.157				2.0	7.3	7.4	< 1	5.0		1.700		8:15	G
22	0.175				1.3	7.3	7.4	< 1	5.0		1.700		8:15	G
23	0.175				0.8	7.3	7.6	< 1	5.0		1.800		8:15	G
24	0.151					7.3	7.3		5.0		1.100			
25	0.152					7.1	7.5		5.0		1.800			
26	0.145	236	348	7	1.5	7.1	7.4	< 1	5.0		1.600		8:40	C/G
27	0.151				0.8	6.9	7.2	< 1	5.0		0.700		8:15	G
28	0.153				0.8	7.3	7.3	< 1	5.0		1.800		8:00	G
29	0.17				1.2	7.0	7.2	< 1	5.0		0.500		8:45	G
30	0.161					7.1	7.3		5.0		0.400			
31														
TOTAL	5.223													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

MAY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **5/01/04 to 5/31/04**
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

***No Discharge ***

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	6.8	*****	7.6	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum	Permit Requirement				Minimum		Daily Min			See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	1.2	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value	Permit Requirement				Minimum					See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****		(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value	Permit Requirement						12.0	mg/l		See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.146	4.515	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report	(MGD)						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.444	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report			mg/l		See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.113	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement	*****	*****	*****	Report			mg/l		See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	6/8/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

MAY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: AQUASOURCE UTILITY, INC.
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Arca Manager

Permit No. FLA014686
 Monitoring Period--From: 5/01/04 to 5/31/04
 Limit: Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: 264mgd / Contact Stab.
 Type of Effluent Disposal: Spray Irrigation

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration							No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement Report Monthly Avg. mgd	0.146	0.208	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement Report Monthly Avg. mg/L	*****	*****	*****	*****	336.5	348	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement Report Monthly Avg. mg/L	*****	*****	*****	*****	442	447	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement Report Monthly Avg. mg/L	*****	*****	*****	*****	3	4	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement Report Monthly Avg. mg/L	*****	*****	*****	*****	1.006	2.2	(19)	0	4 days / week	Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement Report Monthly Avg. /100ml	*****	*****	*****	<1	<1	<1	(13)		4 days / week	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 (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	6/8/2004

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

DEP Form 62-620.910(10), effective November 29, 1994

MAY

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year: MAY 2004

Three-month Average Daily Flow: 0.140
 (TMADF/Permitted Capacity) x 10 53.12

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C/G)
050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600			
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.189					7.1	7.2		5.0		0.800			
2	0.141					7.2	7.3		4.7		2.100			
3	0.156				< 0.8	7.2	7.4	< 1	4.0		0.800		8:00	G
4	0.139				1.1	7.2	7.3	< 1	5.0		0.500		8:00	G
5	0.132				0.9	7.1	7.2	< 1	4.0		0.400		8:05	G
6	0.136				< 0.8	7.1	7.2	< 1	5.0		0.260		8:00	G
7	0.131					7.0	7.1		3.5		0.430			
8	0.143					7.1	7.2		5.0		0.260			
9	0.143					7.0	7.1		4.0		0.726			
10	0.121	348	447	4	1.5	7.2	7.4	< 1	1.2		1.220		8:20	C/G
11	0.121				< 0.8	7.0	7.3	< 1	5.0		0.880		8:15	G
12	0.116				1.3	7.0	7.0	< 1	4.0		0.820		8:00	G
13	0.130				< 0.8	7.0	7.4	< 1	5.0		0.750		8:30	G
14	0.149					7.1	7.2		5.0		0.860			
15	0.174					7.0	7.2		2.8		1.180			
16	0.150					7.1	7.2		5.0		0.860			
17	0.132				2.2	7.3	7.3	< 1	5.0		1.120		8:45	G
18	0.161				0.9	7.1	7.3	< 1	5.0		0.520		8:15	G
19	0.119				0.9	7.1	7.1	< 1	2.9		0.530		8:15	G
20	0.143				1.6	7.0	7.3	< 1	5.0		0.520		8:20	G
21	0.157					7.2	7.6		5.0		0.590			
22	0.179					6.9	7.0		5.0		0.362			
23	0.135					7.2	7.2		5.0		0.565			
24	0.132	325	437	2	1.1	7.3	7.3	< 1	5.0		0.420		8:00	C/G
25	0.117				1.5	7.2	7.2	< 1	5.0		0.540		8:00	G
26	0.131				1.1	7.0	7.2	< 1	5.0		0.620		8:20	G
27	0.123				2.0	6.8	7.2	< 1	5.0		0.860		8:50	G
28	0.172					7.0	7.2		5.0		0.720			
29	0.208					7.3	7.4		5.0		1.640			
30	0.160					7.4	7.4		5.0		1.603			
31	0.175					7.3	7.3		5.0		0.740			
TOTAL	4.515													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

JUNE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Arca Manger

Permit No. **FLA014686**
 Monitoring Period--From: **6/1/04 to 6/30/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	7.1	*****	7.8	(12)	0	5 days / week	Grab
000400 I 20091-EFF Minimum	Permit Requirement	*****	*****	*****	Minimum	*****	Daily Max	St		See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	2.8	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 I 20091-EFF Effluent Gross Value	Permit Requirement	*****	*****	*****	Minimum	*****	*****	St		See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 I 20091-EFF Effluent Gross Value	Permit Requirement	*****	*****	*****	*****	*****	12.0 mg/l			See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.166	4.980	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	MGD	*****	*****	*****	*****		See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.611	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement	*****	*****	*****	Report Annual Ave	*****	*****	mg/l		See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.11	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement	*****	*****	*****	Report Annual Ave	*****	*****	mg/l		See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle D Farrington		941-907-7400	7/7/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

JUNE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

EDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From: 6/1/04 to 6/30/04
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration						No. EX.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement 0.166 0.209 Monthly Computed Avg. Daily	0.166	0.209	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	385.5	440	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	657	742	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	5.5	6	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	1.563	3	(19)	0	4 days / week	Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	< 1	< 1	< 1	(13)	0	4 days / week	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(type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle D Farrington		941-907-7400	7/7/2004

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

DEP Form 62-620.910(10), effective November 29, 1994

JUNE

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year JUNE 2004

Three-month Average Daily Flow: 0.162
 (TMADF/Permitted Capacity) x 10 61.34

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600			
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.152				1.4	7.3	7.4	< 1	5.0		1.190		8:00	G
2	0.137				1.2	7.4	7.7	< 1	4.6		1.220		8:40	G
3	0.163				1.0	7.3	7.3	< 1	3.7		1.010		8:25	G
4	0.148				1.2	7.2	7.3	< 1	5.0		1.420		8:00	G
5	0.172					7.3	7.6		5.0		0.840			
6	0.160					7.3	7.4		5.0		1.120			
7	0.149	331	742	6	0.6	7.2	7.3	< 1	5.0		0.840		8:15	C/G
8	0.153				1.5	7.2	7.2	< 1	4.6		0.960		8:10	G
9	0.140				0.9	7.1	7.2	< 1	5.0		0.920		8:00	G
10	0.161				0.8	7.2	7.2	< 1	5.0		1.240		8:00	G
11	0.154					7.4	7.5		5.0		1.650			
12	0.178					7.4	7.6		5.0		1.840			
13	0.171					7.4	7.4		5.0		1.270			
14	0.157				1.4	7.4	7.5	< 1	5.0		1.120		8:20	G
15	0.172				2.4	7.3	7.4	< 1	5.0		1.110		8:00	G
16	0.170				1.8	7.2	7.4	< 1	4.9		1.120		8:00	G
17	0.158				3.0	7.1	7.2	3	5.0		1.650		8:00	G
18	0.167					7.1	7.1		4.3		1.700			
19	0.165					7.2	7.4		4.9		1.100			
20	0.171					7.2	7.3		4.3		0.700			
21	0.180				2.1	7.4	7.4	< 1	5.0		1.070		8:10	G
22	0.176	440	572	5	1.5	7.4	7.5	< 1	5.0		0.840		8:15	C/G
23	0.184				1.7	7.3	7.4	< 1	5.0		0.771		8:50	G
24	0.209				2.2	7.3	7.5	< 1	5.0		0.960		8:00	G
25	0.171					7.4	7.4		5.0		0.969			
26	0.184					7.3	7.3		3.0		1.011			
27	0.172					7.2	7.3		2.8		1.104			
28	0.182				1.7	7.4	7.8	< 1	5.0		0.820		8:30	G
29	0.158				2.4	7.3	7.4	< 1	5.0		1.420		8:30	G
30	0.168				0.9	7.4	7.6	< 1	5.0		0.540		8:00	G
31														
TOTAL	4.982													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**

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

*Attach additional sheets if necessary to list all certified operators

JULY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **7/1/04 to 7/31/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	6.6	*****	7.6	(12)	0	5 days / week	Grab
000400 I 20091-EFF Minimum	Permit Requirement				6					See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	2.7	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 I 20091-EFF Effluent Gross Value	Permit Requirement				Minimum		Daily Max			See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 I 20091-EFF Effluent Gross Value	Permit Requirement							mg/l		See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.196	6.071	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	MGD						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.778	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Avg			mg/l		See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.163	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report Annual Avg			mg/l		See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington	C-8737	941-907-7400	8/26/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

JULY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period From: 7/1/04 to 7/31/04
 Limit: Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration							No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement 0.196 0.247 Monthly Avg. Monthly Permit Capacity	0.196	0.247	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	*****	336	372	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	*****	496	702	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	*****	6	7	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	*****	1.765	3.8	(19)	0	4 days / week	Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	< 1	< 1	< 1	(13)	0	4 days / week	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 (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	8/26/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

JULY

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month / Year JULY 2004

Three-month Average Daily Flow: 0.169
 (TMADF/Permitted Capacity) x 10 64.08

	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
CODE	050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600		
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.164				1.3	7.2	7.2	< 1	5.0		0.820		8:00	G
2	0.181					6.8	7.2		5.0		0.910			
3	0.223					7.4	7.5		5.0		1.120			
4	0.231					7.4	7.5		5.0		1.300			
5	0.224					7.4	7.5		5.0		1.300			
6	0.194	300	702	5	1.8	7.3	7.4	< 1	5.0		1.250		8:00	C/G
7	0.210				1.9	7.4	7.5	< 1	5.0		1.120		8:00	G
8	0.200				2.6	7.3	7.4	< 1	5.0		0.950		8:15	G
9	0.247				1.6	7.3	7.4	< 1	5.0		0.750		8:00	G
10	0.095					7.3	7.4		5.0		1.260			
11	0.185					7.2	7.2		5.0		0.906			
12	0.191				3.8	7.6	7.6	< 1	2.7		2.000		7:30	G
13	0.167				1.0	7.5	7.5	< 1	5.0		2.000		7:45	G
14	0.184				1.2	7.3	7.5	< 1	5.0		0.350		7:30	G
15	0.177				1.0	7.2	7.3	< 1	5.0		0.560		7:30	G
16	0.183					7.3	7.4		5.0		0.530			
17	0.205					7.6	7.6		5.0		1.100			
18	0.200					7.4	7.4		5.0		0.720			
19	0.210	372	290	7	2.6	7.4	7.5	< 1	5.0		0.800		7:30	C/G
20	0.220				2.6	7.4	7.4	< 1	5.0		0.900		7:30	G
21	0.200					7.6	7.6		3.2		2.000			
22	0.198				1.4	7.4	7.5	< 1	5.0		2.000		7:45	G
23	0.208				< 0.6	7.2	7.2	< 1	4.6		1.200		8:00	G
24	0.186					6.6	6.7		3.6		0.479			
25	0.190					7.1	7.2		5.0		0.811			
26	0.207				1.7	7.1	7.1	< 1	5.0		1.900		7:45	G
27	0.202				1.7	7.0	7.1	< 1	5.0		1.800		7:30	G
28	0.198				2.2	7.2	7.3	< 1	5.0		2.000		7:30	G
29	0.192				1.6	7.2	7.3	< 1	5.0		1.500		7:50	G
30	0.210					7.1	7.2		5.0		1.300			
31	0.189					7.4	7.5		5.0		0.800			
TOTAL	6.071													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

AUG

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **8/1/04 to 8/31/04**
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter	STORET CODE MON. SITE No.	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH		*****	*****	*****	6.9	*****	8.1	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum		Permit Requirement			Minimum		Daily Max	See Permit		See Permit	See Permit
Chlorine, Total Residual		*****	*****	*****	5	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value		Permit Requirement			Minimum			See Permit		See Permit	See Permit
Nitrate (as N) (If required by permit)		*****	*****	*****	*****	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value		Permit Requirement			*****	*****	(25)	See Permit		See Permit	See Permit
Flow, Total Facility		*****	*****	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value		Permit Requirement	Average	Report Daily	MGD	*****	*****	*****		See Permit	See Permit
CBOD5, Effluent		*****	*****	*****	3.757	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average		Permit Requirement			Report Annual Ave			See Permit		See Permit	See Permit
TSS, Effluent		*****	*****	*****	1.186	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average		Permit Requirement			Report Annual Ave			See Permit		See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle D. Farrington		941-907-7400	9/27/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

AUG

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
EDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring period From: **8/1/04 to 8/31/04**
 Limit: Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON SITE No	Quantity or Loading	Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type				
		Average	Maximum	Units							
Flow	Sample Measurement	0.114	0.261	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
50050 FLW - 1 Monthly Average Daily	Permit Requirement	Report Monthly	Report Monthly	W.C.D.	*****	*****	*****	*****	0	See Permit	See Permit
CBOD5, Influent	Sample Measurement	*****	*****	*****	*****	263	268	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 G INF - 1 Influent Gross Value	Permit Requirement	*****	*****	*****	*****	Report Monthly	Report Daily	mg/l	*****	See Permit	See Permit
TSS, Influent	Sample Measurement	*****	*****	*****	*****	325.3	726	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
00530 G INF - 1 Influent Gross Value	Permit Requirement	*****	*****	*****	*****	Report Monthly	Report Daily	mg/l	*****	See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	*****	2.25	6	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
80082 1 EFA - 1 Effluent Gross Value	Permit Requirement	*****	*****	*****	*****	Report Monthly	Report Daily	mg/l	*****	See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	*****	1.463	3.7	(19)	0	4 days / week	Grab
000530 1 EFB - 1 Effluent Gross Value	Permit Requirement	*****	*****	*****	*****	Report Monthly	Report Daily	mg/l	*****	See Permit	See Permit
Coliform, Fecal	Sample Measurement	*****	*****	*****	< 1	< 1	< 1	(13)	0	4 days / week	Grab
031616 1 EFA - 1 Effluent Gross Value	Permit Requirement	*****	*****	*****	Report Weekly	Report Monthly	Report Daily	7400/ml	*****	See Permit	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 (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle D. Farrington		941-907-7400	9/27/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

AUG

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month / Year AUGUST 2004

Three-month Average Daily Flow: 0.159
 (TMADF/Permitted Capacity) x 10 60.10

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.214					7.3	7.4		5.0		0.585			
2	0.216				1.3	7.2	7.3	< 1	5.0		0.708		7:30	G
3	0.231				0.9	6.9	7.0	< 1	5.0		0.620		7:45	G
4	0.211	268	250	6	1.0	7.0	7.1	< 1	5.0		0.700		7:30	C/G
5	0.201				1.2	7.0	7.2	< 1	5.0		0.404		7:35	G
6	0.142					7.2	7.4		5.0		0.620			
7	0.261					7.2	7.3		5.0		1.292			
8	0.182					7.2	7.3		5.0		1.213			
9	0.188				0.8	7.1	7.2	< 1	5.0		0.742		7:45	G
10	0.190				1.4	7.0	7.3	< 1	5.0		0.520		7:30	G
11	0.168				0.9	7.3	7.3	< 1	5.0		0.530		7:20	G
12	0.119				2.7	7.2	7.3	< 1	5.0		1.200		9:28	G
13														
14			H	G	R	R	I	G	A	N	E			
15														
16				G	H	A	R	L	I	E				
17														
18														
19	0.025					7.2	7.9		5.0		2.100			
20	0.04					7.3	7.8		5.0		2.000			
21	0.046					7.2	7.9		5.0		1.500			
22	0.027					7.3	7.8		5.0		1.400			
23	0.039	258	726	3	1.7	7.4	7.8	< 1	5.0		1.400		7:30	C/G
24	0.033				2.7	7.4	7.9	< 1	5.0		0.900		7:15	G
25	0.033				1.8	7.4	7.8	< 1	5.0		0.700		7:45	G
26	0.019				1.8	7.4	7.7	< 1	5.0		1.200		7:30	G
27	0.075					7.3	7.7		5.0		0.700			
28	0.023					7.5	7.6		5.0		0.400			
29	0.030					7.5	8.0		5.0		0.420			
30	0.099				3.7	7.4	8.1	< 1	5.0		0.420		7:30	G
31	0.041				1.5	7.4	8.0	< 1	5.0		0.410		7:30	G
TOTAL	2.853													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

SEPT

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, Fl 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **9/1/04 to 9/30/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	6.9	*****	8.4	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum	Permit Requirement				6		8.5	See Permit			See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	2.4	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value	Permit Requirement				Minimum			See Permit			See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****		(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value	Permit Requirement							See Permit			See Permit
Flow, Total Facility	Sample Measurement	0.071	2.124	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	MG/D				See Permit			See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.507	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Avg			See Permit			See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.266	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report Annual Avg			See Permit			See Permit

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

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

Randle D. Farrington 941-907-7400 10/13/04

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

DEP Form 62-620.910(10), effective November 29, 1994

SEPT

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period From: **9/1/04 to 9/30/04**
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow	Sample Measurement	0.071	0.13	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
50050 FLW - 1 Monthly Average Daily	Permit Requirements Report Monthly	0.071	0.13	MGD	*****	*****	*****	*****		See Report	See Report
CBOD5, Influent	Sample Measurement	*****	*****	*****	*****	102.5	152	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 G INF - 1 Influent Gross Value	Permit Requirements Report Monthly	*****	*****	*****	*****	102.5	152	mg/L		See Report	See Report
TSS, Influent	Sample Measurement	*****	*****	*****	*****	333.5	560	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
00530 G INF - 1 Influent Gross Value	Permit Requirements Report Monthly	*****	*****	*****	*****	333.5	560	mg/L		See Report	See Report
CBOD5, Effluent	Sample Measurement	*****	*****	*****	*****	2	2	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
80082 1 EFA - 1 Effluent Gross Value	Permit Requirements Report Monthly	*****	*****	*****	*****	2	2	mg/L		See Report	See Report
TSS, Effluent	Sample Measurement	*****	*****	*****	*****	2.139	4.1	(19)	0	4 days / week	Grab
000530 1 EFB - 1 Effluent Gross Value	Permit Requirements Report Monthly	*****	*****	*****	*****	2.139	4.1	mg/L		See Report	See Report
Coliform, Fecal	Sample Measurement	*****	*****	*****	<1	<1	>200	(13)	1	4 days / week	Grab
031616 1 EFA - 1 Effluent Gross Value	Permit Requirements Report Weekly	*****	*****	*****	<1	<1	>200	/100ml		See Report	See Report

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle D. Farrington		941-907-7400	10/13/04

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

SEPT

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month / Year SEPTEMBER 2004

Three-month Average Daily Flow: 0.127
 (TMADF/Permitted Capacity) x 10 48.08

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.041				0.9	7.4	8.0	< 1	5.0		0.330		7:30	G
2	0.062				1.6	7.3	8.1	< 1	4.4		0.157		7:35	G
3	0.020					7.4	8.0		2.5		0.350			
4	0.023					7.0	8.3		2.4		0.500			
5	0.025					6.9	8.2		3.0		0.600			
6	0.080					7.0	8.1		3.1		0.600			
7	0.030				1.8	7.4	8.2	< 1	3.5		0.400		7:30	G
8	0.005				< 0.6	7.4	8.1	< 1	3.5		1.100		7:30	G
9	0.116				2.7	7.6	8.2	< 1	5.0		0.800		7:40	G
10	0.077				1.9	7.1	7.7	< 1	5.0		0.700		7:20	G
11	0.032					7.3	7.5		5.0		0.400			
12	0.086					7.2	8.4		5.0		1.200			
13	0.043	152	560	2	3.5	7.4	8.2	< 1	5.0		0.700		7:40	C/G
14	0.104				2.6	7.3	8.0	< 1	5.0		0.400		7:30	G
15	0.102				1.1	7.2	8.0	< 1	5.0		0.800		7:20	G
16	0.058				3.2	7.5	7.8	>200	5.0		0.700		7:10	G
17	0.103					7.6	7.7		5.0		0.700			
18	0.090					7.5	7.7	< 1	5.0		0.700		11:30	G
19	0.087					7.5	7.7		5.0		0.870			
20	0.095				1.5	7.5	7.6	< 1	5.0		0.700		7:30	G
21	0.071				2.1	7.4	7.6	< 1	5.0		0.700		7:45	G
22	0.084				2.7	7.8	8.1	< 1	5.0		1.100		7:15	G
23	0.067				0.9	7.8	7.9	< 1	5.0		1.200		7:30	G
24	0.100					7.7	8.0		5.0		0.700			
25	0.102					7.8	8.2		5.0		0.600			
26	0.074					7.8	8.3		5.0		0.300			
27	0.130	53	107	< 2	1.5	7.8	8.1	3	3.5		0.600		6:30	C/G
28	0.077				4.1	8.0	8.0	< 1	3.5		1.700		7:30	G
29	0.090				3.2	7.8	8.0	< 1	5.0		0.800		6:45	G
30	0.050				3.2	8.0	8.2	< 1	5.0		1.100		7:20	G
31														
TOTAL	2.124													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **10/1/04 to 10/31/04**
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quantity or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum				Average	Maximum	Units
pH	Sample Measurement	*****	*****	*****	7.2	*****	8.3	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum	Permit Requirement				Minimum		Daily Max	SD		See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	2	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value	Permit Requirement				Minimum			SD		See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value	Permit Requirement						1.0 mg/l			See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.077	2.392	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	MCD						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.674	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Ave			mg/l		See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.569	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report Annual Ave			mg/l		See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
RANDLE D. FARRINGTON		941-907-7400	11/11/2004

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

OCT

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Arca Manager

Permit No. **FLA014686**
 Monitoring period: **10/1/04 to 10/31/04**
 Limit: Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units			
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement 0.077 0.247 (03)	*****	*****	*****	*****	*****	Continuous Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	181.5 254 (19)	0 Every Two Weeks 8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	403 652 (19)	0 Every Two Weeks 8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	5.5 7 (19)	0 Every Two Weeks 8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	1.569 3.2 (19)	0 4 days / week Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	<1 <1 <1 (13)	0 4 days / week Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
RANDLE D. FARRINGTON		941-907-7400	11/11/2004

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

DEP Form 62-620.910(10), effective November 29, 1994

OCT

DAILY SAMPLE RESULTS - PART B

Facility ID: **FLA014686**
 Month/Year **OCTOBER 2004**

Three-month Average Daily Flow: **0.087**
 (TMADF/Permitted Capacity) x 10 **33.09**

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600			
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.100					7.7	8.0		2.0		0.800			
2	0.075					7.2	8.0		5.0		0.700			
3	0.069					7.2	8.2		5.0		0.600			
4	0.071				1.0	7.4	8.0	< 1	5.0		0.700		7:00	G
5	0.079				2.1	7.3	8.1	< 1	5.0		0.900		7:15	G
6	0.073				2.3	7.4	8.1	< 1	5.0		0.900		7:20	G
7	0.077				1.0	7.8	8.2	< 1	5.0		0.700		7:00	G
8	0.055					7.7	8.0		5.0		0.400			
9	0.052					7.7	8.1		5.0		0.300			
10	0.047					7.7	8.1		5.0		0.400			
11	0.096	254	652	7	1.1	7.8	8.2	< 1	5.0		0.600		7:15	C/G
12	0.069				3.2	7.8	8.2	< 1	5.0		0.800		7:15	G
13	0.005				2.6	7.7	8.0	< 1	5.0		0.700		7:00	G
14	0.122				0.8	7.6	8.3	< 1	5.0		0.300		7:00	G
15	0.073					7.7	8.0		5.0		0.400			
16	0.022					7.9	7.9		5.0		0.400			
17	0.018					7.9	8.1		5.0		0.900			
18	0.086				2.1	7.9	8.1	< 1	5.0		0.900		6:45	G
19	0.079				2.1	7.8	8.1	< 1	5.0		0.900		7:00	G
20	0.247				2.2	7.7	8.2	< 1	5.0		1.100		7:00	G
21	0.026				1.0	7.8	8.3	< 1	5.0		0.500		7:30	G
22	0.108					7.7	8.2		5.0		0.400			
23	0.112					7.6	8.0		5.0		0.800			
24	0.092					7.8	8.1		5.0		0.300			
25	0.114	109	154	4	1.2	7.9	8.0	< 1	5.0		0.280		7:15	C/G
26	0.115				0.6	7.7	7.8	< 1	5.0		0.140		7:00	G
27	0.120				1.1	7.6	7.9	< 1	5.0		0.400		6:45	G
28	0.083				0.7	7.9	8.1	< 1	5.0		0.400		7:00	G
29	0.034					7.9	8.0		5.0		0.200			
30	0.000					8.0	8.0		5.0		0.200			
31	0.073					8.0	8.0		5.0		0.200			
TOTAL	2.392													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**

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

*Attach additional sheets if necessary to list all certified operators

NOV

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **11/1/04 to 11/30/04**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum				Average	Maximum	Units
pH	Sample Measurement	*****	*****	*****	7.3	*****	7.9	(12)	0	5 days / week	Grab
000400 I 20091-EFF Minimum	Permit Requirement				Minimum		Daily Max			See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	1.7	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 I 20091-EFF Effluent Gross Value	Permit Requirement				Minimum					See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 I 20091-EFF Effluent Gross Value	Permit Requirement						1.0 mg/l			See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.067	2.005	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Report Daily	MGD						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.84	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Ave					See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.442	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report Annual Ave		mg/l			See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type/print) Randle Farrington	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO. 941-907-7400	DATE (MM/DD/Y) 12/14/2004
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

DEC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR Form)

NOV

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From: 11/1/04 To 11/30/04
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum				Average	Maximum	Units
Flow	Sample Measurement	0.067	0.104	(03)	*****	*****	*****	*****	Continuous	Flowmeter, Totalizer Recorder	
50050 FLW - 1 Monthly Average Daily	Report Monthly Average	Report Monthly Average	Report Monthly Average	MGD					See Permit	See Permit	
CBOD5, Influent	Sample Measurement	*****	*****	*****	*****	57.5	73	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 G INF - 1 Influent Gross Value	Report Monthly Average	Report Monthly Average	Report Monthly Average	mg/L		Report Monthly Average	Report Daily Max	Report	See Permit	See Permit	
TSS, Influent	Sample Measurement	*****	*****	*****	*****	99.4	147	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
60530 G INF - 1 Influent Gross Value	Report Monthly Average	Report Monthly Average	Report Monthly Average	mg/L		Report Monthly Average	Report Daily Max	Report	See Permit	See Permit	
CBOD5, Effluent	Sample Measurement	*****	*****	*****	*****	2	2	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
80082 I EFA - 1 Effluent Gross Value	Report Monthly Average	Report Monthly Average	Report Monthly Average	mg/L		Report Monthly Average	Report Daily Max	Report	See Permit	See Permit	
TSS, Effluent	Sample Measurement	*****	*****	*****	*****	1.822	3.6	(19)	0	4 days / week	Grab
000530 I EFB - 1 Effluent Gross Value	Report Monthly Average	Report Monthly Average	Report Monthly Average	mg/L		Report Monthly Average	Report Daily Max	Report	See Permit	See Permit	
Coliform, Fecal	Sample Measurement	*****	*****	*****	< 1	< 1	8	(13)	0	4 days / week	Grab
031616 I EFA - 1 Effluent Gross Value	Report Weekly Average	Report Monthly Average	Report Daily Max	1000		Report Weekly Average	Report Monthly Average	Report Daily Max	See Permit	See Permit	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	12/14/2004

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

NOV

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year NOVEMBER 2004

Three-month Average Daily Flow: 0.072
 (TMADF/Permitted Capacity) x 10 27.12

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.090				< 0.8	7.7	8.0	< 1	5.0		0.800		6:45	G
2	0.085				1.3	7.7	8.2	< 1	5.0		0.700		7:00	G
3	0.088				2.5	7.7	8.0	< 1	5.0		0.800		7:00	G
4	0.098				3.6	7.3	7.6	< 1	5.0		0.700		6:45	G
5	0.096					7.6	7.6		5.0		0.400			
6	0.087					7.6	7.9		5.0		0.400			
7	0.094					7.7	7.9		5.0		0.600			
8	0.084	42	51.8	< 2	3.3	7.6	8.0	< 1	5.0		1.200		7:10	C/G
9	0.090				2.8	7.6	8.2	< 1	5.0		1.200		7:00	G
10	0.080				1.3	7.4	8.2	< 1	5.0		0.500		7:00	G
11	0.087				1.0	7.7	8.3	< 1	5.0		0.300		7:00	G
12	0.104					7.4	8.0		5.0		0.400			
13	0.073					7.9	8.1		5.0		0.800			
14	0.058					7.8	8.0		5.0		0.800			
15	0.069				3.1	7.8	8.0	< 1	5.0		0.800		12:45	G
16	0.066				3.2	7.8	8.1	< 1	5.0		0.700		7:00	G
17	0.053				2.2	7.7	7.9	8	3.5		0.600		7:15	G
18	0.054				0.9	7.9	7.9	< 1	5.0		1.400		7:15	G
19	0.040					7.9	8.3		5.0		0.400			
20	0.043					7.9	8.3		3.9		0.400			
21	0.040					7.8	8.3		1.7		0.400			
22	0.050				< 0.6	7.9	8.4	< 1	3.2		0.245		7:45	C/G
23	0.052	73	147	< 2	1.2	7.8	8.2	< 1	5.0		0.300		7:15	G
24	0.051				0.8	7.9	8.1	< 1	5.0		0.380		7:00	G
25	0.047					7.7	8.0		5.0		0.600			
26	0.036				1.1	7.8	8.1	< 1	5.0		0.700		7:00	G
27	0.048					7.7	8.0		5.0		0.800			
28	0.039					7.7	7.9		5.0		0.800			
29	0.049				2.5	7.8	8.0	< 1	5.0		0.800		7:00	G
30	0.054				2.0	7.9	8.0	< 1	5.0		0.700		7:00	G
31														
TOTAL	2.005													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Oper Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or I Reclaimed Water Reuse: **Spray Irrigation (Reuse)**

Limited Wet Weather Discharge Activated: Yes: No: **Not Applicable**: If yes, Cumulative Days of Wet Weather Discharge:

*Attach additional sheets if necessary to list all certified operators

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Arca Manger

Permit No. **FLA014686**
 Monitoring Period--From: **12/1/04 to 12/31/04**
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

***No Discharge ***

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	7.6	*****	8.3	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum	Permit Requirement				6					See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	5	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value	Permit Requirement				Minimum					See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****		(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value	Permit Requirement									See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.052	1.608	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Total Daily	Microl						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	3.382	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report					See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.529	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				Report					See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	1/6/2005

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

DEC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

EDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From: **12/1/04 To 12/31/04**
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: .264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type				
		Average	Maximum	Units	Minimum				Average	Maximum	Units	
Flow	Sample Measurement	0.052	0.069	(03)	*****	*****	*****	*****	Continuous	Flowmeter, Totalizer Recorder		
50050 FLW - 1 Monthly Average Daily	Permit Requirement	Report Monthly	Report Monthly	MGD	Report	Report	Report	Report	See Permit	See Permit		
CBOD5, Influent	Sample Measurement	*****	*****	*****	*****	49	54	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite	
080082 G INF - 1 Influent Gross Value	Permit Requirement	Report Monthly	Report Monthly	mg/L	Report	Report	Report	Report	See Permit	See Permit		
TSS, Influent	Sample Measurement	*****	*****	*****	*****	63.15	73.6	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite	
00530 G INF - 1 Influent Gross Value	Permit Requirement	Report Monthly	Report Monthly	mg/L	Report	Report	Report	Report	See Permit	See Permit		
CBOD5, Effluent	Sample Measurement	*****	*****	*****	*****	0	0	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite	
80082 1 EFA - 1 Effluent Gross Value	Permit Requirement	Report Monthly	Report Monthly	mg/L	Report	Report	Report	Report	See Permit	See Permit		
TSS, Effluent	Sample Measurement	*****	*****	*****	*****	1.9	4.5	(19)	0	4 days / week	Grab	
000530 1 EFB - 1 Effluent Gross Value	Permit Requirement	Report Monthly	Report Monthly	mg/L	Report	Report	Report	Report	See Permit	See Permit		
Coliform, Fecal	Sample Measurement	*****	*****	*****	*****	0	0	0	(13)	0	4 days / week	Grab
031616 1 EFA - 1 Effluent Gross Value	Permit Requirement	Report Monthly	Report Monthly	1000/100ml	Report	Report	Report	Report	See Permit	See Permit		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	1/6/2005

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

DEC

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year: DECEMBER 2004

Three-month Average Daily Flow: 0.065
 (TMADF/Permitted Capacity) x 10 24.73

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C/G)
050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600			
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.053				1.3	7.8	7.9	<1	5.0		0.600		G	7:00
2	0.058				3.2	7.8	8.0	<1	5.0		1.200		G	7:10
3	0.060					7.7	8.0		5.0		0.400			
4	0.052					7.8	8.0		5.0		0.820			
5	0.062					7.8	8.1		5.0		0.812			
6	0.069	44	52.7	<2	2.5	7.8	8.0	<1	5.0		1.120		C/G	7:00
7	0.057				1.4	7.7	8.0	<1	5.0		0.420		G	7:10
8	0.048				0.8	7.8	8.1	<1	5.0		0.360		G	7:00
9	0.054				0.6	7.6	8.1	<1	5.0		0.520		G	7:00
10	0.064					7.7	7.9		5.0		0.350			
11	0.041					7.8	8.0		5.0		0.400			
12	0.035					7.8	8.0		5.0		0.600			
13	0.046				2.4	7.8	8.0	<1	5.0		0.700		G	12:30
14	0.046				3.9	7.9	8.2	<1	5.0		1.100		G	7:00
15	0.044				4.5	7.8	8.0	<1	5.0		1.500		G	7:00
16	0.047				1.6	7.9	8.1	<1	5.0		0.707		G	7:00
17	0.042					7.8	8.1		5.0		0.605			
18	0.039					7.8	8.2		5.0		0.415			
19	0.036					7.9	8.2		5.0		0.326			
20	0.040	54	73.6	<2	0.7	7.9	8.3	<1	5.0		0.345		C/G	7:00
21	0.046				0.8	7.8	8.2	<1	5.0		0.426		G	7:00
22	0.055				1.5	7.8	8.2	<1	5.0		0.525		G	7:10
23	0.069				0.7	7.9	8.1	<1	5.0		0.500		G	7:00
24	0.055					7.9	8.0		5.0		0.700			
25	0.064					7.7	8.0		5.0		0.800			
26	0.048					7.7	8.0		5.0		0.800			
27	0.054				1.5	7.7	8.0	<1	5.0		0.700		G	7:20
28	0.057				2.6	7.7	8.0	<1	5.0		0.700		G	7:00
29	0.056				1.3	7.8	8.1	<1	5.0		0.430		G	6:55
30	0.055				2.9	7.9	8.1	<1	5.0		0.100			
31	0.056					7.8	8.1		5.0		0.420			
TOTAL	1.608													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, Fl 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn:

Permit No. **FLA014686**
 Monitoring Period--From: 1/1/05 to 1/31/05
 Limit : Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: 264mgd / Contact Stab.
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quantity or Concentration			No. EX.	Frequency of Analysis	Sample Type				
		Average	Maximum	Units							
Flow	Sample Measurement	0.044	0.086	(03)	*****	*****	*****	*****	Continuous	Flowmeter, Totalizer Recorder	
50050 FLW - 1 Monthly Average Daily	Permit Requirements	Report	0.044	0.086	Permit	Permit	Permit	Permit	See Permit	See Permit	
CBOD5, Influent	Sample Measurement	*****	*****	*****	*****	63	87	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 G INF - 1 Influent Gross Value	Permit Requirements	Report	Report	Report	Report	Monthly Avg	Daily Max	Permit	See Permit	See Permit	
TSS, Influent	Sample Measurement	*****	*****	*****	*****	114	173	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
00530 G INF - 1 Influent Gross Value	Permit Requirements	Report	Report	Report	Report	Monthly Avg	Daily Max	Permit	See Permit	See Permit	
CBOD5, Effluent	Sample Measurement	*****	*****	*****	*****	<2	<2	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
80082 1 EFA - 1 Effluent Gross Value	Permit Requirements	Report	Report	Report	Report	Monthly Avg	Daily Max	Permit	See Permit	See Permit	
TSS, Effluent	Sample Measurement	*****	*****	*****	*****	1.876	4.2	(19)	0	4 days / week	Grab
000530 1 EFB - 1 Effluent Gross Value	Permit Requirements	Report	Report	Report	Report	Monthly Avg	Daily Max	Permit	See Permit	See Permit	
Coliform, Fecal	Sample Measurement	*****	*****	*****	<1	<1	<1	(13)	0	4 days / week	Grab
031616 1 EFA - 1 Effluent Gross Value	Permit Requirements	Report	Report	Report	Report	Monthly Avg	Daily Max	Permit	See Permit	See Permit	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	2/10/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From: **1/1/05 to 1/31/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measurement	*****	*****	*****	7.6	*****	8.3	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum					Minimum	Daily Max					
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	5	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value					Minimum						
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value						12.0	mg/l				
Flow, Total Facility	Sample Measurement	0.044	1.379	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value		Average	Report Daily	MGD							
CBOD5, Effluent	Sample Measurement	*****	*****	*****	2.97	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average					Report Annual Avg						
TSS, Effluent	Sample Measurement	*****	*****	*****	1.608	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average					Report Annual Avg		mg/l				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	2/10/2005

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

FECTIVE 1-1 REUSE

DEC 0.069 NOV 0.067

DAILY SAMPLE RESULTS - PART B

Facility ID: **FLA014686**
 Month/Year: **Jan 05**

Three-month Average Daily Flow: **0.060**
 (TMADF/Permitted Capacity) x 10 **22.79**

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.052					7.7	8.0		5.0		0.730			
2	0.056					7.8	8.1		5.0		1.520			
3	0.057	46	71.8	< 2		7.7	8.1		5.0		1.541		14:00	C
4	0.056				4.2	7.8	8.2	< 1	5.0		0.720		7:00	G
5	0.051				2.4	7.8	8.1	< 1	5.0		0.890		7:00	G
6	0.061				1.5	7.7	8.1	< 1	5.0		0.680		6:50	G
7	0.064				2.1	7.7	8.1	< 1	5.0		0.810		6:50	G
8	0.051					7.8	8.0		5.0		0.800			
9	0.050					7.7	8.0		5.0		0.700			
10	0.086				1.7	7.8	8.0	< 1	5.0		0.800		7:00	G
11	0.071				1.3	7.7	8.0	< 1	5.0		0.750		7:00	G
12	0.053				3.0	7.6	7.9	< 1	5.0		0.750		6:45	G
13	0.044				0.8	7.6	8.0	< 1	5.0		0.720		6:40	G
14	0.045					7.7	7.9		5.0		0.400			
15	0.028					7.7	8.1		5.0		0.400			
16	0.028					7.8	8.1		5.0		0.312			
17	0.034	56	97.3	< 2	1.2	7.7	8.1	< 1	5.0		0.300		6:45	C/G
18	0.038				1.3	7.8	8.2	< 1	5.0		0.420		7:00	G
19	0.037				1.2	7.7	8.3	< 1	5.0		0.650		6:55	G
20	0.036				0.9	7.8	8.2	< 1	5.0		0.600		7:00	G
21	0.042					7.6	8.1		5.0		0.800			
22	0.037					7.7	8.2		5.0		0.300			
23	0.030					7.8	8.1		5.0		0.200			
24	0.039				3.3	7.8	8.1	< 1	5.0		0.400		7:00	G
25	0.035				1.8	7.7	8.0	< 1	5.0		0.500		7:10	G
26	0.036				1.3	7.7	8.0	< 1	5.0		0.400		7:15	G
27	0.038				1.7	7.7	8.2	< 1	5.0		0.320		7:00	G
28	0.044					7.7	8.2		5.0		0.532			
29	0.023					7.7	8.2		5.0		0.832			
30	0.024					7.8	8.3		5.0		0.601			
31	0.033	87	173	< 2	2.2	7.8	8.3	< 1	5.0		0.802		6:45	C/G
TOTAL	1.379													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From : **2/1/05 to 2/28/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration						No. EX.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
Flow	Sample Measurement	0.044	0.065	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
50050 FLW - 1 Monthly Average Daily	Permit Requirement	Monthly Average	Permitted Capacity	MGD						See Permit	See Permit
CBOD5, Influent	Sample Measurement	*****	*****	*****	*****	142	197	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 G INF - 1 Influent Gross Value	Permit Requirement					Report Monthly Avg	Report Daily Max	mg/l		See Permit	See Permit
TSS, Influent	Sample Measurement	*****	*****	*****	*****	219.5	266	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
00530 G INF - 1 Influent Gross Value	Permit Requirement					Report Monthly Avg	Report Daily Max	mg/l		See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	*****	1	2	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
80082 1 EFA - 1 Effluent Gross Value	Permit Requirement					Report Monthly Avg	Report Daily Max	mg/l		See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	*****	1.723	3.9	(19)	0	4 days / week	Grab
000530 1 EFB - 1 Effluent Gross Value	Permit Requirement					Report Monthly Avg	Report Daily Max	mg/l		See Permit	See Permit
Coliform, Fecal	Sample Measurement	*****	*****	*****	<1	<1	<1	(13)	0	4 days / week	Grab
031616 1 EFA - 1 Effluent Gross Value	Permit Requirement				Weekly Avg	Monthly Avg	Daily Max	/Month		See Permit	See Permit

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 (MM/DD/YY)
Randle Farrington		941-907-7400	3/23/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **2/1/05 to 2/28/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum						
pH	Sample Measurement	*****	*****	*****	7.3	*****	8.2	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum					Minimum		Daily Max			See Permit	See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	5	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value					Minimum					See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value										See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.044	1.239	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value		Average	Spot Daily	MGD						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	2.882	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average					Report					See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.630	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PP Annual Average					Report					See Permit	See Permit

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

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

Randle Farrington _____ 941-907-7400 3/23/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year February 2005

Three-month Average Daily Flow: 0.053
 (TMADF/Permitted Capacity) x 10 19.92

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600			
MON SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	0.731			
1	0.032				2.1	7.8	8.1	<1	5.0		0.731		7:10	G
2	0.036				2.2	7.8	8.0	<1	5.0		0.690		7:20	G
3	0.041				1.4	7.8	8.0	<1	5.0		0.750		7:00	G
4	0.018					7.9	8.0		5.0		0.801			
5	0.033					7.8	8.0		5.0		0.800			
6	0.038					7.7	8.1		5.0		1.200			
7	0.037				3.9	7.8	8.2	<1	5.0		0.400		7:08	G
8	0.048				2.5	7.7	8.1	<1	5.0		0.500		7:00	G
9	0.064				2.3	7.7	8.0	<1	5.0		0.500		6:50	G
10	0.055				2.4	7.7	8.1	<1	5.0		0.130		7:00	G
11	0.056					7.7	8.2		5.0		0.520			
12	0.050					7.7	8.1		5.0		0.350			
13	0.065					7.6	8.1		5.0		0.320			
14	0.050	87	173	<2	1.2	7.6	8.1	<1	5.0		0.727		7:00	C/G
15	0.044				1.0	7.6	8.1	<1	5.0		0.920		7:00	G
16	0.044				1.1	7.6	7.9	<1	5.0		0.386		7:15	G
17	0.065				0.6	7.5	7.8	<1	5.0		0.430		6:45	G
18	0.043					7.4	7.8		5.0		0.420			
19	0.037					7.6	7.9		5.0		0.340			
20	0.034					7.7	7.9		5.0		0.280			
21	0.042				<0.6	7.7	8.1	<1	5.0		0.350		12:00	G
22	0.046				0.9	7.5	8.0	<1	5.0		0.420		9:40	G
23	0.043				0.8	7.4	7.9	<1	5.0		0.280		7:30	G
24	0.044				<0.6	7.3	7.9	<1	5.0		0.520		6:55	G
25	0.042					7.3	7.9		5.0		0.240			
26	0.041					7.4	8.0		5.0		0.186			
27	0.041					7.6	8.2		5.0		0.221			
28	0.050	197	266	2	<0.6	7.5	8.1	<1	5.0		0.322		6:55	C/G
29														
30														
31														
TOTAL	1.239													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From : **3/1/05 to 3/31/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow	Sample Measurement	0.049	0.086	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
50050 FLW - 1 Monthly Average Daily	Report Monthly Avg.	0.049	0.086	(03)	*****	*****	*****	*****	0	See Permit	See Permit
CBOD5, Influent	Sample Measurement	*****	*****	*****	*****	92.5	118	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 G INF - 1 Influent Gross Value	Report Monthly Avg. Daily Max.	*****	*****	*****	*****	92.5	118	(19)	0	See Permit	See Permit
TSS, Influent	Sample Measurement	*****	*****	*****	*****	215	245	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
00530 G INF - 1 Influent Gross Value	Report Monthly Avg. Daily Max.	*****	*****	*****	*****	215	245	(19)	0	See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	*****	1	2	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
80082 1 EFA - 1 Effluent Gross Value	Report Monthly Avg. Daily Max.	*****	*****	*****	*****	1	2	(19)	0	See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	*****	2.142	15	(19)	1	4 days / week	Grab
000530 1 EFB - 1 Effluent Gross Value	Report Monthly Avg. Daily Max.	*****	*****	*****	*****	2.142	15	(19)	1	See Permit	See Permit
Coliform, Fecal	Sample Measurement	*****	*****	*****	<1	<1	<1	(13)	0	4 days / week	Grab
031616 1 EFA - 1 Effluent Gross Value	Report Monthly Avg. Daily Max. /100ml	*****	*****	*****	<1	<1	<1	(13)	0	See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	4/21/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, Fl 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **3/1/05 to 3/31/05**
 Limit: Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter	STORET CODE MON. SITE No.	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measurement	*****	*****	*****	7.5	*****	8.3	(12)	0	5 days / week	Grab
000400 I 20091-EFF Minimum	Permit Requirement				Minimum			SD		Permit	Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	5	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 I 20091-EFF Effluent Gross Value	Permit Requirement				Minimum			SD		Permit	Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 I 20091-EFF Effluent Gross Value	Permit Requirement							mg/l		Permit	Permit
Flow, Total Facility	Sample Measurement	0.049	1.512	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Range Daily	MGD						Permit	Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	2.688	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				Report Annual Avg			mg/l		Permit	Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.708	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PP1 Annual Average	Permit Requirement				Report Annual Avg			mg/l		Permit	Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	4/21/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

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DAILY SAMPLE RESULTS - PART B

Facility ID: **FLA014686**
 Month/Year: **MARCH 2005**

Three-month Average Daily Flow: **0.046**
 (TMADF/Permitted Capacity) x 10 **17.36**

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
MON SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.039				0.8	7.6	8.1	<1	5.0		0.320		6:45	G
2	0.032				<0.6	7.5	8.1	<1	5.0		0.280		6:55	G
3	0.060				0.9	7.5	8.1	<1	5.0		0.263		7:00	G
4	0.029					7.6	8.0		5.0		0.500			
5	0.037					7.6	8.0		5.0		0.400			
6	0.025					7.6	8.0		5.0		0.200			
7	0.060				0.7	7.6	8.1	<1	5.0		0.200		7:00	G
8	0.050				<0.6	7.6	8.0	<1	5.0		0.200		7:00	G
9	0.050				<0.9	7.7	8.1	<1	5.0		0.400		7:00	G
10	0.052				0.6	7.7	8.0	<1	5.0		0.950		7:00	G
11	0.059					7.6	8.1		5.0		0.279			
12	0.043					7.6	8.3		5.0		0.621			
13	0.050					7.6	8.2		5.0		0.311			
14	0.023	67	185	<2	<0.6	7.6	8.2	<1	5.0		0.579		7:00	C/G
15	0.086				<0.6	7.7	8.3	<1	5.0		0.791		7:15	G
16	0.056				1.1	7.7	8.2	<1	5.0		0.992		6:45	G
17	0.078				1.5	7.5	8.0	<1	5.0		0.850		7:00	G
18	0.057					7.7	8.0		5.0		0.700			
19	0.030					7.6	8.0		5.0		0.250			
20	0.028					7.7	8.0		5.0		0.320			
21	0.048				1.0	7.8	8.2	<1	5.0		0.400		7:00	G
22	0.056				<0.6	7.7	8.0	<1	5.0		0.240		7:00	G
23	0.053				15.0	7.7	8.2	<1	5.0		0.250		7:00	G
24	0.058				1.0	7.6	8.2	<1	5.0		0.300		7:00	G
25	0.050					7.6	8.0		5.0		1.620			
26	0.060					7.5	8.1		5.0		0.530			
27	0.051					7.6	8.2		5.0		0.487			
28	0.054	118	245	2	1.0	7.5	8.1	<1	5.0		0.785		6:45	C/G
29	0.048				0.9	7.6	8.2	<1	5.0		0.808		7:15	G
30	0.033				1.2	7.6	8.1	<1	5.0		0.380		7:00	G
31	0.057				<0.6	7.5	8.1	<1	5.0		0.188		6:45	G
TOTAL	1.512													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From: **4/01/05 To 4/30/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

***No Discharge | ***

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum				Average	Maximum	Units
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement 0.035 0.052 (03)	*****	*****	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder	
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	*****	84.5	90	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	*****	213	237	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 I EFA - 1 Effluent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	*****	1	2	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 I EFB - 1 Effluent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	*****	0.575	1.8	(19)		4 days / week	Grab
Coliform, Fecal 031616 I EFA - 1 Effluent Gross Value	Sample Measurement ***** ***** *****	*****	*****	*****	<1	<1	<1	(13)	0	4 days / week	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(type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	5/9/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **4/01/05 to 4/30/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No		Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measurement	*****	*****	*****	7.4	*****	8.3	(12)	0	5 days / week	Grab
000400 1 20091-EFF	Permit Requirement	*****	*****	*****	6	*****	8	SP		See Permit	See Permit
Minimum					Minimum		Daily Max				
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	5.0	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF	Permit Requirement	*****	*****	*****	Minimum	*****	*****	SP		See Permit	See Permit
Effluent Gross Value					*****		*****	SP			
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****		(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF	Permit Requirement	*****	*****	*****	*****	*****		*****		*****	*****
Effluent Gross Value					*****			mg/l			
Flow, Total Facility	Sample Measurement	0.035	1.053	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF	Permit Requirement	*****	*****	MGD	*****	*****	*****	*****		See Permit	*****
Effluent Gross Value					*****		*****	*****			
CBOD5, Effluent	Sample Measurement	*****	*****	*****	2.188	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF	Permit Requirement	*****	*****	*****	Report	*****	*****	*****		See Permit	See Permit
Annual Average					Annual Avg		*****	mg/l			
TSS, Effluent	Sample Measurement	*****	*****	*****	1.629	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PP1	Permit Requirement	*****	*****	*****	Report	*****	*****	*****		See Permit	See Permit
Annual Average					Annual Avg		*****	mg/l			

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	5/9/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Facility ID: **FLA014686**
 Month/Year: **APRIL 2005**

Three-month Average Daily Flow: **0.043**
 (TMADF/Permitted Capacity) x 10 **16.18**

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.044					7.8	7.9		5.0		0.140			
2	0.032					7.7	8.0		5.0		0.180			
3	0.027					7.6	8.0		5.0		0.130			
4	0.035				0.7	7.8	8.3	< 1	5.0		0.130		7:00	G
5	0.038				0.6	7.7	8.1	< 1	5.0		0.420		7:00	G
6	0.038				< 0.6	7.7	8.0	< 1	5.0		0.600		7:00	G
7	0.052				1.8	7.7	8.0	< 1	5.0		0.400		7:00	G
8	0.045					7.8	8.0		5.0		0.100			
9	0.041					7.5	8.1		5.0		0.085			
10	0.039					7.5	8.1		5.0		0.109			
11	0.035	79	237	< 2	1.0	7.5	8.0	< 1	5.0		0.115		6:45	G/C
12	0.040				< 0.6	7.4	8.1	< 1	5.0		0.134		7:00	G
13	0.045				0.8	7.6	8.1	< 1	5.0		0.130		6:40	G
14	0.035				< 0.6	7.6	8.0	< 1	5.0		0.112		6:40	G
15	0.032					7.7	8.0		5.0		0.110			
16	0.028					7.7	8.0		5.0		0.120			
17	0.026					7.7	8.0		5.0		0.330			
18	0.036				1.2	7.7	8.0	< 1	5.0		0.600		7:00	G
19	0.037				0.6	7.8	8.0	< 1	5.0		0.200		7:00	G
20	0.035				0.9	7.8	8.1	< 1	5.0		0.190		6:30	G
21	0.043				0.6	7.5	8.1	< 1	5.0		0.135		6:50	G
22	0.037					7.6	7.9		5.0		0.250			
23	0.033					7.7	8.0		5.0		0.650			
24	0.026					7.7	8.0		5.0		0.350			
25	0.031	90	189	2	< 0.6	7.8	8.2	< 1	5.0		0.360		7:00	G/C
26	0.043				1.0	7.8	8.1	< 1	5.0		0.950		7:00	G
27	0.019				< 0.6	7.7	8.0	< 1	5.0		0.800		7:00	G
28	0.023				< 0.6	7.6	8.0	< 1	5.0		0.420		7:00	G
29	0.011					7.7	8.0		5.0		0.500			
30	0.047					7.7	8.0		5.0		0.700			
31														
TOTAL	1.053													

Plant Staffing:
 Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**
 Limited Wet Weather Discharge Activated: Yes: No: **Not Applicable**: If yes, cumulative days of wet weather discharge:
 *Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, Fl 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From: **5/01/05 to 5/31/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow	Sample Measurement	0.036	0.064	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
50050 FLW - 1 Monthly Average Daily	Permit Requirement	Report Monthly	Report Monthly	MGD	*****	*****	*****	*****		See Permit	See Permit
CBOD5, Influent	Sample Measurement	*****	*****	*****	*****	353	454	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 G INF - 1 Influent Gross Value	Permit Requirement	*****	*****	*****	*****	Report Monthly Avg	Report Daily Max	mg/L		See Permit	See Permit
TSS, Influent	Sample Measurement	*****	*****	*****	*****	1005	1480	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
00530 G INF - 1 Influent Gross Value	Permit Requirement	*****	*****	*****	*****	Report Monthly Avg	Report Daily Max	mg/L		See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	*****	2.5	3	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
80082 1 EFA - 1 Effluent Gross Value	Permit Requirement	*****	*****	*****	*****	Report Monthly Avg	Report Daily Max	mg/L		See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	*****	0.894	2	(19)	0	4 days / week	Grab
000530 1 EFB - 1 Effluent Gross Value	Permit Requirement	*****	*****	*****	*****	Report Monthly Avg	Report Daily Max	mg/L		See Permit	See Permit
Coliform, Fecal	Sample Measurement	*****	*****	*****	<1	<1	<1	(13)		4 days / week	Grab
031616 1 EFA - 1 Effluent Gross Value	Permit Requirement	*****	*****	*****	Report Weekly Avg	Report Monthly Avg	Report Daily Max	CFU/100ml		See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington		941-907-7400	6/4/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

DEP LIMITS (Replaces MOR Form)

Permittee Name: AQUASOURCE UTILITY, INC.
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.T.P.
 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn: Carolyn McFalls/Area Manager
 Permit No. FLA014686
 Monitoring Period--From: 5/01/05 to 5/31/05
 Limit: Final
 Class Size: C
 Facility ID: FLA014686
 Discharge Point Number: R001
 Plant Size/ Treatment Type: 264mgd / Contact Stab
 Type of Effluent Disposal: Spray Irrigation
 Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:
 ***No Discharge | ***

Parameter	STORET CODE MON. SITE No.	Quantity or Loading		Quality or Concentration			No. Bx.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average			
pH	000400 1 20091-EFF				7.5	8.4	0	5 days / week	Grab
Chlorine, Total Residual	050060 1 20091-EFF				3.5		0	Continuous	Recorder
Nitrate (as N)	000620 1 20091-EFF (if required by permit)						0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
Flow, Total Facility	050050 20091-EFF		0.036	1.131			0	Continuous	Flowmeter, Totalizer Recorder
CBOD ₅ , Effluent	080082 Y 20091-EFF				2.5		0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent	000530 Y 2517-PP1				0.894		0	4 days / week	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 (type/print name)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE NO. 941-907-7400
 DATE (MM/DD/YY) 6/4/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month/Year: MAY 2005

Three-month Average Daily Flow: 0.030
 (TMADF/Permitted Capacity) x 10 11.31

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C/G)
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.037					7.5	8.1		5.0		0.050			
2	0.042				< 0.6	7.6	8.1	< 1	5.0		0.100		G	7:00
3	0.040				< 0.6	7.7	8.1	< 1	5.0		0.130		G	7:00
4	0.016				0.9	7.6	8.1	< 1	5.0		0.370		G	7:00
5	0.032				0.6	7.6	8.2	< 1	5.0		0.620		G	7:00
6	0.044					7.7	8.1		3.5		0.700			
7	0.033					7.9	8.3		5.0		0.690			
8	0.064					7.7	8.2		5.0		0.650			
9	0.058	252	530	3	0.9	7.6	8.2	< 1	5.0		0.923		C/G	6:45
10	0.028				1.3	7.6	8.1	< 1	5.0		0.623		G	6:30
11	0.027				0.8	7.5	8.0	< 1	5.0		0.230		G	7:00
12	0.035				0.8	7.8	8.1	< 1	5.0		0.321		G	6:30
13	0.051					7.6	7.8		5.0		0.224			
14	0.033					7.6	8.0		5.0		0.400			
15	0.031					7.7	8.0		5.0		0.590			
16	0.039				0.7	7.7	7.9	< 1	5.0		0.180		G	7:00
17	0.027				< 0.6	7.7	8.0	< 1	5.0		0.180		G	7:00
18	0.038				1.1	7.8	8.3	< 1	5.0		0.184		G	6:30
19	0.048				1.5	7.9	8.2	< 1	5.0		0.450		G	7:00
20	0.032					7.9	8.1		5.0		0.370			
21	0.030					7.8	8.4		5.0		0.480			
22	0.024					7.8	8.3		5.0		0.537			
23	0.043	454	1480	2	1.8	7.7	8.2	< 1	5.0		0.987		C/G	7:00
24	0.037				1.1	7.7	8.1	< 1	5.0		0.492		G	6:45
25	0.040				1.7	7.7	7.9	< 1	5.0		0.662		G	6:45
26	0.044				< 0.6	7.7	8.1	< 1	5.0		0.675		G	6:30
27	0.026					7.6	7.9		5.0		0.473			
28	0.042					7.7	8.0		5.0		0.530			
29	0.024					7.7	8.0		5.0		0.550			
30	0.029					7.7	8.0		5.0		0.900			
31	0.037				2.0	7.7	8.0	< 1	5.0		0.900		G	7:00
TOTAL	1.131													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period--From: **6/1/05 to 6/30/05**
 Limit: Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration						No. EX.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement 0.053 0.088 Monthly Average Daily MGD	0.053	0.088	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	213	227	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	1021.5	1800	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	2.5	3	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	2.39	6.2	(19)	1	4 days / week	Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	< 1	< 1	< 1	(13)	0	4 days / week	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 (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle D Farrington		941-907-7400	7/6/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUASOURCE UTILITY, INC.**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **6/1/05 to 6/30/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge | |

Parameter STORET CODE MON. SITE No.	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measurement	*****	*****	*****	7.4	*****	8.3	(12)	0	5 days / week	Grab
000400 I 20091-EFF Minimum	Permit Requirement				6.5 Minimum						See Permit
Chlorine, Total Residual	Sample Measurement	*****	*****	*****	1.5	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 I 20091-EFF Effluent Gross Value	Permit Requirement				1.5 Maximum					See Permit	See Permit
Nitrate (as N) (If required by permit)	Sample Measurement	*****	*****	*****	*****	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 I 20091-EFF Effluent Gross Value	Permit Requirement									See Permit	See Permit
Flow, Total Facility	Sample Measurement	0.053	1.580	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Permit Requirement	Average	Maximum	Daily						See Permit	See Permit
CBOD5, Effluent	Sample Measurement	*****	*****	*****	1.896	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Permit Requirement				1.896 Annual Ave.					See Permit	See Permit
TSS, Effluent	Sample Measurement	*****	*****	*****	1.688	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Permit Requirement				1.688 Annual Ave.					See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle D Farrington		941-907-7400	7/6/2005

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Facility ID: **FLA014686**
 Month/Year **JUNE 2005**

Three-month Average Daily Flow: **0.041**
 (TMADF/Permitted Capacity) x 10 **15.69**

	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
CODE	050050	080082	000530	080082	000530	000400	000400	074055	050060	000620	000070	000600		
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.085				1.9	7.7	8.1	<1	1.5		0.030		6:30	G
2	0.088				2.5	7.8	8.2	<1	5.0		1.250		6:40	G
3	0.076				1.7	7.7	8.0	<1	5.0		0.621		7:00	G
4	0.060					7.7	8.1		5.0		0.928			
5	0.051					7.8	8.2		5.0		1.120			
6	0.022	199	243	3	2.1	7.7	8.1	<1	5.0		0.602		6:25	C/G
7	0.044				1.7	7.6	8.0	<1	5.0		0.420		6:45	G
8	0.047				2.6	7.8	8.3	<1	5.0		0.430		6:40	G
9	0.070				2.7	7.7	8.1	<1	5.0		0.390		6:30	G
10	0.050					7.6	8.0		5.0		0.450			
11	0.060					7.7	8.0		5.0		0.500			
12	0.042					7.7	8.0		5.0		0.310			
13	0.058				6.2	7.9	8.2	<1	5.0		0.910		7:00	G
14	0.051				3.0	7.8	8.1	<1	5.0		0.930		7:00	G
15	0.042				1.8	8.0	8.2	<1	5.0		1.450		6:30	G
16	0.040				3.4	8.1	8.1	<1	5.0		1.210		6:45	G
17	0.046				3.0	7.8	7.8	<1	5.0		0.750		6:00	G
18	0.041					7.8	8.2		5.0		1.130			
19	0.036					7.8	8.2		5.0		1.170			
20	0.049	227	1800	2	2.5	7.9	8.2	<1	5.0		1.117		6:30	C/G
21	0.057				3.0	7.7	8.2	<1	5.0		1.190		6:45	G
22	0.054				1.3	7.6	8.1	<1	5.0		0.990		6:30	G
23	0.053				2.0	7.7	8.0	<1	5.0		1.090		6:45	G
24	0.055					7.8	7.8		5.0		2.000			
25	0.053					7.8	7.9		5.0		2.000			
26	0.049					7.8	7.9		5.0		1.500			
27	0.059				1.7	7.8	8.0	<1	5.0		1.500		7:00	G
28	0.038				1.2	7.8	8.0	<1	5.0		1.400		7:00	G
29	0.050				2.2	7.7	8.2	<1	5.0		1.400		6:30	G
30	0.054				1.3	7.4	8.0	<1	5.0		1.300		7:00	G
31														
TOTAL	1.580													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: **Spray Irrigation (Reuse)**

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

DEP LIMITS (Replaces MOK Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manager

Permit No. **FLA014686**
 Monitoring Period From: **7/1/05 to 7/31/05**
 Limit: Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter STORET CODE MON. SITE No.	Quantity or Loading	Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type			
		Average	Maximum	Units	Minimum				Average	Maximum	Units
Flow 50050 FLW - 1 Monthly Average Daily	Sample Measurement 0.054 0.137 Report Monthly Permit Capacity MGD	*****	*****	(03)	*****	*****	*****	*****	Continuous	Flowmeter, Totalizer Recorder	
CBOD5, Influent 080082 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	188	323	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Influent 00530 G INF - 1 Influent Gross Value	Sample Measurement *****	*****	*****	*****	*****	544	1020	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
CBOD5, Effluent 80082 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	1.5	3	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
TSS, Effluent 000530 1 EFB - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	*****	1.037	4.2	(19)	0	4 days / week	Grab
Coliform, Fecal 031616 1 EFA - 1 Effluent Gross Value	Sample Measurement *****	*****	*****	*****	<1	<1	<1	(13)	0	4 days / week	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(type/prin)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	8/5/2005
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)			
DEP Form 62-620.910(10), effective November 29, 1994			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A
FDEP LIMITS (Replaces MOR Form)

Permittee Name: **AQUA UTILITY FLORIDA**
 Mailing Address: 8374 Market Street, Bradenton, FL 34202
 Facility: South Seas Plantation W.W.T.P.
 Location: 5400 Plantation Road, Captiva, FL. 33924
 Attn: Carolyn McFalls/Area Manger

Permit No. **FLA014686**
 Monitoring Period--From: **7/1/05 to 7/31/05**
 Limit : Final
 Class Size: C
 Facility ID: **FLA014686**
 Discharge Point Number: **R001**
 Plant Size/ Treatment Type: **.264mgd / Contact Stab.**
 Type of Effluent Disposal: **Spray Irrigation**

Group: Domestic
 GMS Testsite ID No.:
 WAFR System ID No.:

No Discharge []

Parameter	STORET CODE MON. SITE No.	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH		*****	*****	*****	7.5	*****	8.3	(12)	0	5 days / week	Grab
000400 1 20091-EFF Minimum	Sample Measurement	*****	*****	*****	Minimum	*****	Daily-Max			See Permit	See Permit
Chlorine, Total Residual		*****	*****	*****	1.2	*****	*****	(12)	0	Continuous	Continuous Recorder
050060 1 20091-EFF Effluent Gross Value	Sample Measurement	*****	*****	*****	Minimum	*****	*****			See Permit	See Permit
Nitrate (as N) (If required by permit)		*****	*****	*****	*****	*****	*****	(19)		Every Two Weeks	8 Hrs. Flow Proportioned Composite
000620 1 20091-EFF Effluent Gross Value	Sample Measurement	*****	*****	*****	*****	*****	*****			See Permit	See Permit
Flow, Total Facility		0.054	1.677	(03)	*****	*****	*****	*****	0	Continuous	Flowmeter, Totalizer Recorder
050050 20091-EFF Effluent Gross Value	Sample Measurement	Average	Report	Units	*****	*****	*****	*****		See Permit	See Permit
CBOD5, Effluent		*****	*****	*****	1.521	*****	*****	(19)	0	Every Two Weeks	8 Hrs. Flow Proportioned Composite
080082 Y 20091-EFF Annual Average	Sample Measurement	*****	*****	*****	Report	*****	*****			See Permit	See Permit
TSS, Effluent		*****	*****	*****	1.628	*****	*****	(19)	0	4 days / week	Grab
000530 Y 25177-PPI Annual Average	Sample Measurement	*****	*****	*****	Report	*****	*****			See Permit	See Permit

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington	C-8737	941-907-7400	8/5/2005

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) : (Attach additional sheets if necessary.)
 DEP Form 62-620.910(10), effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014686
 Month / Year JULY 2005

Three-month Average Daily Flow: 0.048
 (TMADF/Permitted Capacity) x 10 18.09

CODE	Daily Total Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect) (mg/L)	Nitrate (mg/L)	Turbidity (NTUs)	Total Nitrogen (mg/L)	Time of Sample	Type of Sample (C / G)
MON. SITE	FLW - 1	INF - 1	INF - 1	EFA - 1	EFB - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFA - 1	EFB - 1			
1	0.045					7.5	8.1		5.0		1.600			
2	0.043					7.5	8.2		5.0		1.900			
3	0.044					7.7	8.2		5.0		1.200			
4	0.042					7.6	7.8		5.0		1.400			
5	0.028	323	1020	3	1.1	7.6	8.2	<1	5.0		1.900		6:45	C/G
6	0.041				0.1	7.6	8.1	<1	5.0		1.700		6:45	G
7	0.068				1.5	7.6	7.8	<1	5.0		1.900		7:00	G
8	0.110				1.1	7.6	8.0	<1	5.0		1.200		6:30	G
9	0.050					7.7	8.0		5.0		1.300			
10	0.047					7.7	8.1		5.0		1.200			
11	0.050				<0.6	7.7	8.0	<1	5.0		1.300		7:00	G
12	0.137				<0.6	8.0	8.1	<1	5.0		1.300		7:00	G
13	0.036				1.4	7.8	8.3	<1	5.0		1.100		11:30	G
14	0.062				1.2	7.7	8.1	<1	5.0		1.100		6:30	G
15	0.070					7.6	8.0		5.0		0.400			
16	0.040					7.8	8.1		5.0		0.400			
17	0.039					7.9	8.0		5.0		0.700			
18	0.050				<0.6	7.8	8.0	<1	5.0		0.400		7:00	G
19	0.059	53	68	<2	<0.6	7.8	8.0	<1	5.0		0.500		7:00	C/G
20	0.047				1.2	7.8	8.0	<1	5.0		0.600		7:00	G
21	0.047				<0.6	7.7	8.0	<1	5.0		0.700		7:00	G
22	0.052					7.8	8.1		5.0		0.800			
23	0.061					7.7	8.0		5.0		0.800			
24	0.012					7.8	8.0		5.0		0.700			
25	0.040				0.8	7.8	8.0	<1	5.0		0.800		7:00	G
26	0.085				1.1	7.9	8.0	<1	5.0		0.800		7:00	G
27	0.098				4.2	7.8	8.2	<1	1.2		2.100		6:45	G
28	0.045				2.9	7.8	8.0	<1	5.0		1.989		6:30	G
29	0.047					7.8	8.2		5.0		1.550			
30	0.045					7.7	8.1		5.0		1.800			
31	0.037					7.7	8.2		5.0		1.500			
TOTAL	1.677													

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: David Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operat Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

Type of Effluent Disposal or Reclaimed Water Reuse: Spray Irrigation (Reuse)

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

Permittee Name: **Aqua Utilities Florida, Inc.**
 Mailing Address: 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240
 Facility: South Seas Resort W.W.T.P.
 Location: 5400 Plantation Rd, Captiva Island, FL33924
 County: Lee

Permit No **FLA-014686**
 Monitoring Period--From: **8/1/05 to 8/31/05**
 Limit : Final
 Class Size: Minor
 Facility ID: **FLA-014686**
 Monitoring Group Number: **R001**
 Plant Size/ Treatment Type: **264 mgd / 2C**
 Monitoring Group Desc: **Slow Rate Public, including Influent**

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow	Sample Measurement	0.054		(03)	*****	*****	*****	*****	0		
PARM Code 50050 Y Mon. Site No. FLW-1	Sample Measurement	0.053	*****	*****	*****	*****	*****	*****	0		
Flow	Sample Measurement	0.053	*****	*****	*****	*****	*****	*****	0		
PARM Code 50050 1 Mon. Site No. FLW-1	Sample Measurement	0.053	*****	*****	*****	*****	*****	*****	0		
Percent Capacity, (TMADP/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	1.645	*****	*****	20.2	0		
PARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement	*****	*****	*****	1.645	*****	*****	20.2	0		
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	1.556	*****	*****	*****	0		
PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	1.556	*****	*****	*****	0		
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	2.667	*****	*****	(19)	0		
PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	2.667	*****	*****	(19)	0		
Solids, Total Suspended	Sample Measurement	*****	*****	*****	2.474	*****	*****	*****	0		
PARM Code 00530 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	2.474	*****	*****	*****	0		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	9/27/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period--From: 8/1/05 to 8/31/05

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
								Units			
pH	Sample Measurement	*****	*****	*****	8.1	*****	*****		0		
PARM Code 00400 A Mon. Site No. EFA-1											
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****		0		
PARM Code 51005 A Mon. Site No. EFA-1											
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****		0		
PARM Code 74055 A Mon. Site No. EFA-1											
Total Residue Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	5.0	*****	*****	*****	0		
PARM Code 50060 A Mon. Site No. EFA-1											
Turbidity	Sample Measurement	*****	*****	*****	2.19	*****	*****		0		
PARM Code 00070 B Mon. Site No. EFB-1											
Solids, Total Suspended	Sample Measurement	*****	*****	*****	202.5	*****	*****		0		
PARM Code 00530 G Mon. Site No. INF-1											
BOD, Carbonaceous 5 day, 20°C	Sample Measurement	*****	*****	*****	112.33						
PARM Code 80082 Mon. Site No. INF-1											

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA-014686

Three-month Average Daily Flow: 0.053

Month/Year: August 2005

(TMADF/Permitted Capacity) x 100: 20.2%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	Cal-1	EFA - 1	EFA - 1	EFA-1	EFA - 1	EFA - 1	EFB - 1	EFB - 1	FLW - 1	INF - 1	INF - 1
1		4	0	100	8.1	5.0	3.0	1.000	0.056	214	320.0
2			0	100	8.1	5.0	1.9	1.800	0.047		
3			0	100	8.0	5.0	2.5	1.900	0.051		
4			0	100	8.0	5.0	2.9	0.900	0.093		
5					7.9	5.0		0.950	0.062		
6					8.0	5.0		1.304	0.063		
7					8.1	5.0		2.190	0.055		
8			0	100	8.1	5.0	1.5	1.370	0.058		
9			0	100	8.1	5.0	2.3	1.572	0.052		
10			0	100	8.1	5.0	1.9	1.380	0.046		
11			0	100	8.2	5.0	3.5	1.860	0.048		
12					8.2	5.0		1.810	0.044		
13					8.1	5.0		1.323	0.067		
14					7.9	5.0		1.021	0.043		
15			0	100	7.9	5.0	1.6	1.345	0.039		
16		0	0	100	8.1	5.0	1.7	0.845	0.050	81	208.0
17			0	100	8.0	5.0	4.2	2.100	0.051		
18			0	100	8.0	5.0	2.0	1.225	0.050		
19					8.1	5.0		1.301	0.044		
20					8.1	5.0		1.250	0.037		
21					8.2	5.0		1.668	0.035		
22			0	100	8.3	5.0	1.9	1.588	0.041		
23			0	100	8.2	5.0	2.8	1.820	0.108		
24			0	100	8.1	5.0	2.1	1.970	0.031		
25			0	100	8.1	5.0	1.8	1.900	0.070		
26					8.1	5.0		1.880	0.045		
27					8.2	5.0		1.980	0.048		
28					8.3	5.0		0.850	0.054		
29			0	100	8.2	5.0	1.7	0.850	0.054		
30		4	0	100	8.2	5.0	3.3	0.930	0.052	42	160.2
31			0	100	8.1	5.0	4.4	1.250	0.051		
TOTAL	20.2%								1.645		

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: Thomas D. Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operator Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle D. Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

Permittee Name: **Aqua Utilities Florida, Inc.**
 Mailing Address: 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240
 Facility: South Seas Resort W.W.T.P.
 Location: 5400 Plantation Rd, Captiva Island, FL33924
 County: Lee

Permit No. **FLA-014686**
 Monitoring Period--From: **9/1/05 to 9/30/05**
 Limit : Final
 Class Size: Minor
 Facility ID: **FLA-014686**
 Monitoring Group Number: **R001**
 Plant Size/ Treatment Type: **.264 mgd / 2C**
 Monitoring Group Desc: **Slow Rate Public, including Influent**

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units	*****	*****	*****	Units			
Flow	Sample Measurement	0.053	(03)	*****	*****	*****	*****	0		
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	(Annual)	(MG)						5 Days/Week	Flowmeter, Influent
Flow	Sample Measurement	0.06	*****	*****	*****	*****	*****	0		
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	(MO-AVG)	(MG)						5 Days/Week	Flowmeter, Influent
Percent Capacity, (TMADF/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement			1.803	*****	*****	21.2	0		Monthly
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			1.806	*****	*****	mg/l	0		Daily
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	*****	*****	(19)	0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			4	*****	*****	mg/l	0		Daily
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			2.688			mg/l	0		Daily

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	10/20/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period--From: 9/1/05 to 9/30/05

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
		*****	*****	*****	*****	*****	*****			
pH	Sample Measurement	*****	*****	*****	8.1	*****	*****	0		
PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	Minimum	Daily	Max		Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	0		
PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	75 (Mfg)	*****	*****		Days/Week	Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	0		
PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	5 (Max)	*****	*****		Days/Week	Grab
Total Residue Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	4.93	*****	*****	0		
PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	5 (Mfg)	*****	*****		Continuous	Water
Turbidity	Sample Measurement	*****	*****	*****	2.25	*****	*****	0		
PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	5 (Mfg)	*****	*****		Continuous	Water
Solids, Total Suspended	Sample Measurement	*****	*****	*****	50.9	*****	*****	0		
PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	50 (Mfg)	*****	*****		Days/Week	Composite
BOD, Carbonaceous 5 day, 2	Sample Measurement	*****	*****	*****	58	*****	*****			
PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	50 (Mfg)	*****	*****		Days/Week	Composite

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA-014686
 Month/Year: September 2005

Three-month Average Daily Flow: 0.056
 (TMADF/Permitted Capacity) x 100: 21.2%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
MON. SITE	Cal-1	EFA - 1	EFA - 1	EFA-1	EFA - 1	EFA - 1	EFB - 1	EFB - 1	FLW - 1	INF - 1	INF - 1
1			0	100	8.1	5.0	4.8	1.210	0.049		
2					8.2	5.0		1.160	0.050		
3					8.1	5.0		1.020	0.053		
4					8.2	5.0		1.930	0.052		
5					8.2	5.0		1.500	0.052		
6			0	100	8.2	5.0	4.4	1.600	0.051		
7			0	100	8.1	5.0	4.3	1.200	0.047		
8			0	100	8.1	5.0	1.7	0.600	0.019		
9			0	100	8.2	5.0	0.6	1.500	0.054		
10					7.8	5.0		1.270	0.057		
11					8.2	5.0		1.570	0.042		
12		3	0	100	8.2	5.0	2.0	2.250	0.069	54	44.5
13			0	100	8.2	5.0	3.3	2.000	0.021		
14			0	100	8.3	5.0	0.6	2.000	0.140		
15			0	100	8.2	5.0	3.7	2.000	0.070		
16					8.3	5.0		2.120	0.071		
17					8.2	5.0		0.560	0.040		
18					8.2	5.0		0.790	0.033		
19			0	100	8.2	5.0	0.7	0.800	0.045		
20			0	100	8.3	5.0	0.8	0.950	0.057		
21			0	100	8.3	5.0	2.4	1.250	0.054		
22			0	100	8.2	5.0	4.4	1.000	0.121		
23					7.7	3.0		1.000	0.107		
24					8.2	5.0		0.600	0.070		
25					8.3	5.0		0.800	0.059		
26		5	0	100	8.3	5.0	2.9	0.700	0.067	62	57.3
27			0	100	8.1	5.0	3.0	0.700	0.060		
28			0	100	8.1	5.0	4.4	1.000	0.055		
29			0	100	8.2	5.0	1.7	1.000	0.062		
30					8.1	5.0		0.900	0.076		
31											
TOTAL	21.2%										1.803

Plant Staffing:

Day Shift Operator Class: C Certificate No.: 10153 Name: Thomas D. Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operator Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

Permittee Name: **Aqua Utilities Florida, Inc.**
 Mailing Address: 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240
 Facility: South Seas Resort W.W.T.P.
 Location: 5400 Plantation Rd, Captiva Island, FL33924
 County: Lec

Permit No. **FLA-014686**
 Monitoring Period--From: **10/1/05 to 10/31/05**
 Limit : Final
 Class Size: Minor
 Facility ID: FLA-014686
 Monitoring Group Number: R001
 Plant Size/ Treatment Type: .264 mgd / 2C
 Monitoring Group Desc: Slow Rate Public, including Influent

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units				Units			
Flow	Sample Measurement	0.049	(03)	*****	*****	*****	*****	0		
PARM Code 50050 Y Mon. Site No. FLW-1	Sample Measurement	0.035	*****	*****	*****	*****	*****	0		
Flow	Sample Measurement	0.035	*****	*****	*****	*****	*****	0		
PARM Code 50050 I Mon. Site No. FLW-1	Sample Measurement	0.035	*****	*****	*****	*****	*****	0		
Percent Capacity, (TMADE/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
PARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
Solids, Total Suspended	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
PARM Code 00530 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	*****	*****	*****	0		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT(type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	11/21/2005

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period—From: 10/1/05 to 10/31/05

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
		*****	*****	*****	*****	*****	*****			
pH	Sample Measurement	*****	*****	*****	8.167	*****	*****	0		
PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	(Monthly) Max	*****	*****			Grab
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	0		
PARM Code 51005 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	(Monthly)	*****	*****			Grab
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	0		
PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	(Monthly)	*****	*****			Grab
Total Residue Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	4.95	*****	*****	0		
PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	(Monthly)	*****	*****			Grab
Turbidity	Sample Measurement	*****	*****	*****	16.064	*****	*****	0		
PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	(Monthly)	*****	*****			Grab
Solids, Total Suspended	Sample Measurement	*****	*****	*****	53.5	*****	*****	0		
PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	(Monthly)	*****	*****			Grab
BOD, Carbonaceous 5 day, 20°C	Sample Measurement	*****	*****	*****	36	*****	*****			
PARM Code 80082 Mon. Site No. INF-1	Sample Measurement	*****	*****	*****	(Monthly)	*****	*****			Grab

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA-014686
 Month/Year: October 2005

Three-month Average Daily Flow: 0.049
 (TMADF/Permitted Capacity) x 100: 18.7%

CODE	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
000180	80082	74055	51005	00400	00400	50060	00530	00070	50050	80082	00530
MON. SITE	Cal-1	EFA - 1	EFA - 1	EFA-1	EFA - 1	EFA - 1	EFB - 1	EFB - 1	FLW - 1	INF - 1	INF - 1
1					8.2	5.0		0.900	0.074		
2					8.1	5.0		0.900	0.049		
3			0	100	8.3	5.0	< 0.7	0.900	0.063		
4			0	100	8.2	5.0	1.1	0.700	0.052		
5			0	100	8.2	5.0	1.8	0.700	0.041		
6			0	100	8.3	5.0	1.6	0.600	0.083		
7					8.0	5.0		1.200	0.064		
8					8.2	5.0		0.600	0.065		
9					8.3	5.0		0.600	0.045		
10			0	100	8.2	5.0	1.8	0.600	0.013		
11	4		0	100	8.2	5.0	0.6	0.900	0.001	36	53.50
12			0	100	8.3	5.0	< 0.6	0.700	0.000		
13			0	100	8.2	5.0	< 0.6	0.800	0.141		
14					8.3	5.0		1.000	0.091		
15					8.1	5.0		0.800	0.035		
16					8.0	5.0		0.700	0.081		
17			0	100	8.2	5.0	1.1	0.700	0.052		
18			0	100	8.0	5.0	1.6	0.700	0.051		
19			0	100	8.0	5.0	2.6	0.700	0.055		
20			0	100	8.2	5.0	3.2	0.700	0.033		
21					8.3	5.0		7.500	0.000		
22					8.4	5.0		7.300	0.000		
23					8.4	5.0		7.500	0.000		
24			NO POWER		HURRICANE WILMA				0.000		
25					8.0	3.5		16.064	0.000		
26			0	100	8.0	5.0		9.970	0.000		
27			0	100	8.1	5.0		11.260	0.000		
28			0	100	7.8	5.0		11.270	0.000		
29					8.1	5.0		11.700	0.000		
30					8.2	5.0		12.300	0.000		
31			0	100	8.2	5.0		10.000	0.0		
TOTAL	18.70%										1.089

Plant Staffing:
 Day Shift Operator Class: C Certificate No.: 10153 Name: Thomas D. Tanner
 Day Shift Operator Class: Certificate No.: Name:
 Day Shift Operator Class: Certificate No.: Name:
 Evening Shift Operator Class: Certificate No.: Name:
 Lead Operator Class: C Certificate No.: 8737 Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

Permittee Name: **Aqua Utilities Florida, Inc.**
 Mailing Address: 6960 Professional Parkway East, Suite 20
 Sarasota, FL 34240
 Facility: South Seas Resort W.W.T.P.
 Location: 5400 Plantation Rd, Captiva Island, FL33924
 County: Lee

Permit No. **FLA-014686**
 Monitoring Period--From: **11/1/05 to 11/30/05**
 Limit : Final
 Class Size: Minor
 Facility ID: **FLA-014686**
 Monitoring Group Number: **R001**
 Plant Size/ Treatment Type: **.264 mgd / 2C**
 Monitoring Group Desc: **Slow Rate Public, including Influent**

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average	Units	mgd	mg/l	mg/l	Units			
Flow	Sample Measurement	0.045	(03)	*****	*****	*****	*****	0		
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	(Annual)	Mgd	*****	*****	*****	*****		Days/Week	Flowmeter Totalizer Recorder
Flow	Sample Measurement	0.028	*****	*****	*****	*****	*****	0		
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	(Mg/Day)	Mgd	*****	*****	*****	*****		Days/Week	Flowmeter Totalizer Recorder
Percent Capacity, (TMADF/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	*****	*****	*****	0		
Parm Code 00180 P Mon. Site No. CAL-1	Permit Requirement			0.838	*****	*****	15.6	0		Calculated
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	1.681	*****	*****	0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			(510.0 Mg/Day)	0	*****	*****		Days/Week	Sample BOD
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	0	*****	(19)	0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			(Mg/Day)	0	BOD (Mg/L)	mg/l		Days/Week	Sample BOD
Solids, Total Suspended	Sample Measurement	*****	*****	*****	2.193			0		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement								Days/Week	Sample

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	12/21/2005

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period--From: 11/1/05 to 11/30/05

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter	Quantity or Loading	Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type			
		Units								
pH	Sample Measurement	*****	*****	*****	8	*****	*****	0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				(Min/Daily Max)					
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	90	*****	*****	0		
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement				(MUD)					
Coliform, Fecal	Sample Measurement	*****	*****	*****	5	*****	*****	0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				(Max)					
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	6.1	*****	*****	0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				(Min)					
Turbidity	Sample Measurement	*****	*****	*****	12.7	*****	*****	0		
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement				(Max)					
Solids, Total Suspended	Sample Measurement	*****	*****	*****	312	*****	*****	0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				(Monthly)					
BOD, Carbonaceous 5 day, 20°C	Sample Measurement	*****	*****	*****	121	*****	*****			
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement				(Monthly)					

DAILY SAMPLE RESULTS - PART B

Facility ID: **FLA-014686**
 Month/Year: **November 2005**

Three-month Average Daily Flow: **0.041**
 (TMADF/Permitted Capacity) x 100: **15.6%**

	Percent Capacity TMADF/Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
CODE	000180	80082	74055	51005	00400	50060	00530	00070	50050	80082	00530
MON. SITE	Cal-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW -1	INF-1	INF-1
1			0	90	8.3	5.0	0.8	6.6	0.000		
2					8.3	5.0		7.2	0.000		
3					8.1	5.0		5.5	0.000		
4					7.9	1.8		5.5	0.000		
5					8.2	5.0		6.4	0.000		
6					8.0	5.0		4.1	0.000		
7					8.0	4.3		4.2	0.000		
8					7.8	2.6		4.5	0.000		
9					8.0	3.4		3.4	0.000		
10					7.8	5.0		3.396	0.000		
11					7.9	5.0		3.46	0.000		
12					8.1	5.0		3.351	0.000		
13					8.0	3.2		3.82	0.000		
14					8.0	4.9		2.1	0.000		
15					8.0	5.0		2.49	0.000		
16			0	90	7.8	5.0	2.6	2.75	0.035		
17			0	90	7.6	8.2	3.6	2.57	0.036		
18					8.1	8.0		2.3	0.035		
19					7.9	3.5		2.57	0.048		
20					8.1	5.0		3.5	0.041		
21		< 2	0	90	8.0	21.8	4.4	3.6	0.059	121	312.00
22			0	90	8.0	8.7	4.4	3	0.047		
23			0	90	8.1	20.3	4.4	4.1	0.032		
24					8.1	11.6		6.697	0.031		
25			0	90	8.1	5.0	4.4	7.102	0.043		
26					7.8	1.2		12.34	0.049		
27					7.9	5.0		11.76	0.082		
28			5	90	8.0	5.0	14.0	12.71	0.118		
29			0	90	8.0	5.0	14.7	3	0.077		
30			0	90	8.1	5.0	15.7	3.1	0.105		
31											
TOTAL	15.60%								0.838		

Plant Staffing:

Day Shift Operator	Class:	Certificate No.:	Name:
Day Shift Operator	Class:	Certificate No.:	Name:
Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class:	Certificate No.:	Name:
Lead Operator	Class: C	Certificate No.: 8737	Name: Randle Farrington

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A

When Complete mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

Permittee Name: **Aqua Utilities Florida, Inc.**
 Mailing Address: 6960 Professional Parkway East, Suite 40
 Sarasota, FL 34240
 Facility: South Seas Resort W.W.T.P.
 Location: 5400 Plantation Rd, Captiva Island, FL33924
 County: Lee

Permit No. **FLA-014686**
 Monitoring Period--From: **12/1/05 to 12/31/05**
 Limit : Final
 Class Size: Minor
 Facility ID: **FLA-014686**
 Monitoring Group Number: **R001**
 Plant Size/ Treatment Type: **.264 mgd / 2C**
 Monitoring Group Desc: **Slow Rate Public, including Influent**

Report: Monthly
 Group: Domestic
 No Discharge []

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. EX.	Frequency of Analysis	Sample Type
		Average		Units				Units			
Flow	Sample Measurement	0.047		(03)	*****	*****	*****	*****	0		
PARM Code 50050 Y Mon. Site No. FLW-1	Sample Measurement	0.038	*****	*****	*****	*****	*****	*****	0	1 Day/Week	Flowmeter Totalizer Record
Flow	Sample Measurement	0.038	*****	*****	*****	*****	*****	*****	0		
PARM Code 50050 I Mon. Site No. FLW-1	Sample Measurement	0.038	*****	*****	*****	*****	*****	*****	0	1 Day/Week	Flowmeter Totalizer Record
Percent Capacity, (TMADF/Permitted Capacity)X 100	Sample Measurement	*****	*****	*****	1.19	*****	*****	12.8	0		
PARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement	*****	*****	*****	1.19	*****	*****	12.8	0	Monthly	Calculator
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	1.889	*****	*****		0		
PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	1.889	*****	*****		0	1 Day/Week	Flowmeter
BOD, Caronaceous 5 Day,20C	Sample Measurement	*****	*****	*****	2.5	*****	*****	(19)	0		
PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement	*****	*****	*****	2.5	*****	*****	(19)	0	1 Day/Week	Flowmeter
Solids, Total Suspended	Sample Measurement	*****	*****	*****	4.618				0		
PARM Code 00530 B Mon. Site No. EFB-1	Sample Measurement	*****	*****	*****	4.618				0	1 Day/Week	Flowmeter

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted.

Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (type/print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Randle Farrington C-8737		941-907-7400	1/12/2006

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

DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -Part A (Continued)

Monitoring Period--From: 12/1/05 to 12/31/05

Facility: South Seas Resort W.W.T.P.

Facility ID: FLA-014686

Monitoring Group Number: R001

Permit No. FLA-014686

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. EX.	Frequency of Analysis	Sample Type
		Min	Max	Avg	Min	Max	Avg			
pH	Sample Measurement	*****	*****	*****	7.8	*****	*****	0		
PARM Code 00400 A Mon. Site No. EFA-1					Minimum	Daily	Max			
Coliform, Fecal, % less than detection	Sample Measurement	*****	*****	*****	100	*****	*****	0		
PARM Code 51005 A Mon. Site No. EFA-1					(Min)		(Max)			
Coliform, Fecal	Sample Measurement	*****	*****	*****	0	*****	*****	0		
PARM Code 74055 A Mon. Site No. EFA-1					(Max)		(Min)			
Total Residual Chlorine (For Disinfection)	Sample Measurement	*****	*****	*****	1	*****	*****	0		
PARM Code 50060 A Mon. Site No. EFA-1					(Min)		(Max)			
Turbidity	Sample Measurement	*****	*****	*****	7.07	*****	*****	0		
PARM Code 00070 B Mon. Site No. EFB-1					(Max)		(Min)			
Solids, Total Suspended	Sample Measurement	*****	*****	*****	351.25	*****	*****	0		
PARM Code 00530 G Mon. Site No. INF-1					(Min)		(Max)			
BOD, Carbonaceous 5 day, 20°C	Sample Measurement	*****	*****	*****	111.5	*****	*****			
PARM Code 80082 Mon. Site No. INF-1					(Min)		(Max)			

DAILY SAMPLE RESULTS - PART B

Facility ID: **FLA-014686**
 Month/Year: **December 2005**

Three-month Average Daily Flow: **0.034**
 (TMADF/Permitted Capacity) x 100: **12.8%**

	Percent Capacity TMADF/ Permitted	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Coliform, Fecal, % less than Detection	pH (s.u.)	TRC (For Disinfect) (mg/L)	TSS (ML/G)	Turbidity (NTUs)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
CODE	000180	80082	74055	51005	00400	50060	00530	00070	50050	80082	00530
MON. SITE	Cal-1	EFA - 1	EFA - 1	EFA-1	EFA - 1	EFA - 1	EFB - 1	EFB - 1	FLW - 1	INF - 1	INF - 1
1			0	100.0	8.2	5.0	7.3	7.070	0.062		
2					8.3	5.0		3.710	0.029		
3					8.4	5.0		2.100	0.024		
4					8.4	5.0		2.500	0.025		
5			0	100.0	8.3	5.0	3.4	4.500	0.035		
6		2	0	100.0	8.3	5.0	4.4	5.100	0.023	57	94.50
7			0	100.0	8.5	5.0	1.0	1.750	0.036		
8			0	100.0	8.4	5.0	9.4	4.700	0.039		
9					8.1	5.0		4.500	0.041		
10					8.2	5.0		3.509	0.002		
11					8.5	5.0		0.671	0.008		
12			0	100.0	8.5	1.0	3.0	2.110	0.008		
13					8.5	1.0		1.700	0.006		
14			0	100.0	8.2	1.8	1.0	6.750	0.073		
15			0	100.0	8.2	12.5	4.0	3.000	0.016		
16			0	100.0	8.2	20.1	4.8	4.500	0.105		
17					8.1	3.5		1.720	0.037		
18					8.1	1.9		2.720	0.071		
19			0	100.0	8.3	5.0	5.6	6.900	0.034		
20		3	0	100.0	8.2	5.0	6.8	5.800	0.046	166	608.00
21			0	100.0	8.1	5.0	4.3	6.100	0.043		
22			0	100.0	8.1	5.0	7.4	2.500	0.024		
23					8.1	5.0		3.500	0.036		
24					8.0	5.0		4.700	0.037		
25					8.1	5.0		4.900	0.055		
26			0	100.0	8.3	5.0	4.4	4.300	0.066		
27					8.4	5.0		4.500	0.029		
28			0	100.0	8.2	5.0	4.7	5.700	0.033		
29			0	100.0	8.2	5.0	2.4	6.200	0.040		
30			0	100.0	7.8	5.0	4.6	2.200	0.080		
31					8.3	5.0		3.500	0.027		
TOTAL	12.80%								1.190		

Plant Staffing:

Day Shift Operator	Class:	Certificate No.:	Name:
Day Shift Operator	Class:	Certificate No.:	Name:
Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class:	Certificate No.:	Name:
Lead Operator	Class: C	Certificate No.: 8737	Name: Randle Farrington