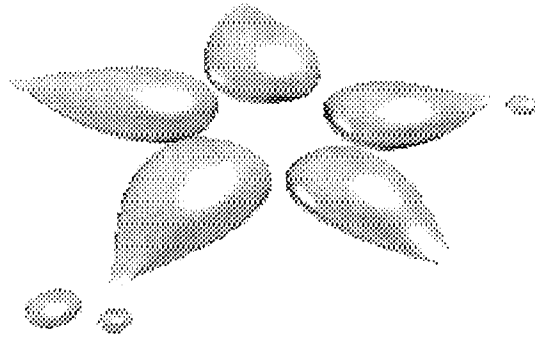


ORIGINAL



United Water

Before the
Florida Public Service Commission
Docket No. 980214-WS
Application for a General Rate Increase
H - 5 Schedule
Containing
25-30.440
Additional Engineering Information
Required of Class A & B
Water and Sewer Utilities

DOCUMENT NUMBER-DATE

05510 MAY 18 88

FPSC-RECORDS/REPORTING

Book 7 of 7

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoke Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/04/01
LIMIT: Final
CLASS SIZE: Major

To: 97/04/30
REPORT: Monthly
GROUP: Domestic

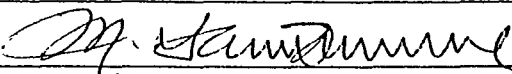
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1,942				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	2.25	mgd				Continuous	Meter or Instrument
Mon. Site No. EFD-1		(Ann. Avg.)						
Flow	Sample Measurement	1,843				0	cont	Flow Meter
STORET No. 50050 I	Permit Measurement	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. EFD-1		(Mo. Avg.)						
CBOD5	Sample Measurement			3.2		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			10.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1				(Ann. Avg.)				
CBOD5	Sample Measurement			3.4		0	1/7	16 Comp
STORET No. 80082 I	Permit Measurement			12.5	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1				(Mo. Avg.)				
TSS	Sample Measurement			6.8		0	1/30	calc
STORET No. 00530 Y	Permit Measurement			20.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1				(Ann. Avg.)				
TSS	Sample Measurement			3.5		0	1/7	16 Comp
STORET No. 00530 I	Permit Measurement			30.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1				(Mo. Avg.)				
pH	Sample Measurement			6.5		0	cont	Chart Recorder
STORET No. 00406 I	Permit Measurement			6.5	g.U.		Continuous	Grab
Mon. Site No. EFD-1				(Min.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/05/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER: D001 & D002 WAFR SITE No.: 9153

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			19		0	1/30	Grab
STORET No. 31616 Y	Permit Measurement			200 (Ann. Avg.)	#/100ml		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement			18	33	0	1/7	Grab
STORET No. 31616 I	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		Weekly	Grab
Dissolved Oxygen	Sample Measurement			4.0		0	1/Day	Grab
STORET No. 00300 I	Permit Measurement			Report (Min.)	mg/L		Daily, 7/Week	Grab
Total Chlorine Residual (for Disinfection)	Sample Measurement			0.5		0	1/Hour	Grab
STORET No. 50060 I	Permit Measurement			0.5 (Min.)	mg/L		Continuous	Meter or Instrument
Total Chlorine Residual (for Dechlorination)	Sample Measurement			NO Δ I = B	*	0	1/Day	Grab
STORET No. 50060 I	Permit Measurement			0.01 (Max.)	mg/L		Daily, 1/Week	Grab
CBOD5	Sample Measurement			123		0	1/7	16 comp
STORET No. 80082 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FIC
TSS	Sample Measurement			168		0	1/7	16 comp
STORET No. 00530 G	Permit Measurement			Report (Mo. Avg.)	mg/L		Weekly	16-hour FIC
				*				

* method code for TSS is 4500 CI (6), Detection limit is 0.20 mg/L.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/04/03
LIMIT: Final
CLASS SIZE: Major

To: 97/04/30
REPORT: Toxicity
GROUP: Domestic

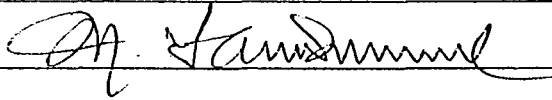
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement			NODI=9			1/6 mos	4 Grabs/24 Hrs
STORET No. TAN3E P Mon Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement			NODI=9				
STORET No. TAN3E Q Mon Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			NODI=9			1/6 mos	4 Grabs/24 Hrs
STORET No. TAN6B P Mon Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement			NODI=9				
STORET No. TAN6B Q Mon Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/05/20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/04/01
LIMIT: Final
CLASS SIZE: Major

FL0023663
3116P01471
D001 & D002
IIB

To: 97/04/30
REPORT: Quarterly
GROUP: Domestic

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			14.78		0	1/90	calc
STORET No. 00600 1 Mon. Site No. EFD-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			0.60		0	1/90	calc
STORET No. 00605 1 Mon. Site No. EFD-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			2.98		0	1/90	16 comp
STORET No. 00630 1 Mon. Site No. EFD-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
AMMONIA, TOTAL AS N	Sample Measurement			11.20		0	1/90	16 comp
STORET No. 00610 1 Mon. Site No. EFD-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
PHOSPHOROUS, TOTAL AS P	Sample Measurement			2.30		0	1/90	16 comp
STORET No. 00665 1 Mon. Site No. EFD-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			0.92		0	1/90	16 comp
STORET No. 70507 1 Mon. Site No. EFD-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
NITROGEN, TOTAL KJELDAHL	Sample Measurement			11.80		0	1/90	16 comp
STORET No. 00625 1 Mon. Site No. EFD-1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: March Year: 1997

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: D016-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thomas R. Jones
signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.682
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.841
(19) Percent of permitted capacity	%	---	82
(20) CBOD5 Effluent	mg/L	08008	5.8
(21) TSS Effluent	mg/L	900201	13.1
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	7.7
(24) Organic N	mg/L	---	6.23
(25) TKN	mg/L	000625	9.43
(26) Total Ammonia	mg/L	000610	3.20
(27) Nitrite + Nitrate	mg/L	---	2.61
(28) Total Phosphorus	mg/L	000665	1.63
(29) Ortho Phosphates	mg/L	---	1.59
(30) Total N	mg/L	---	12.04
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		29
Fecal Coliform (Arithmetic Mean)	#/100 ml		29
(34) TRC method code: 4500 CL (6)			
minimum detection level: 0.20			
(35) Sample Date For Nutrients: 03-06-97			

(*) Duval Septic hauled 40 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116P01471

(34)

Month: March Year: 1997

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECH D.O. EFF	COLIFORM (#/100ML)
01	1.682	0.5	<0.20					7.4	7.0	3.8	
02	1.826	0.5	<0.20					7.3	6.9	3.4	
03	1.742	0.5	<0.20					7.2	6.8	5.2	
04	1.594	0.5	<0.20					7.3	6.9	4.2	36
05	1.767	0.6	<0.20					7.5	6.8	5.3	
06	1.635	0.7	<0.20	180	264	4.8	10.9	7.1	6.8	5.5	
07	1.636	0.6	<0.20					7.2	6.7	5.0	
08	1.767	0.5	<0.20					7.1	6.7	5.0	
09	1.762	0.7	<0.20					7.0	6.8	4.6	
10	1.562	0.5	<0.20					7.1	6.7	4.8	
11	1.562	0.5	<0.20					6.9	6.5	5.0	27
12	1.520	0.7	<0.20					6.9	6.7	4.5	
13	1.642	0.5	<0.20	212	480	5.4	16.5	6.8	6.7	4.6	
14	1.784	0.5	<0.20					7.2	6.9	5.0	
15	1.742	0.5	<0.20					7.2	6.9	4.8	
16	1.813	0.5	<0.20					7.2	6.8	5.0	
17	1.730	0.5	<0.20					7.2	6.8	6.1	
18	1.758	0.5	<0.20					7.0	6.6	5.6	26
19	1.462	0.5	<0.20					7.5	6.8	5.0	
20	1.684	0.5	<0.20	146	229	4.9	12.9	7.3	6.8	6.0	
21	1.687	0.5	<0.20					7.5	6.6	5.3	
22	1.431	0.5	<0.20					7.7	6.7	6.1	
23	1.767	0.5	<0.20					7.1	6.8	6.9	
24	1.578	0.5	<0.20					7.3	6.5	6.0	
25	1.672	0.5	<0.20					7.5	7.0	4.6	27
26	1.703	0.5	<0.20	148	301	8.0	12.2	7.4	7.0	4.6	
27	1.703	0.6	<0.20					7.5	7.0	4.0	
28	1.699	0.5	<0.20					7.5	6.8	3.9	
29	1.704	0.5	<0.20					7.3	6.9	3.5	
30	1.762	0.5	<0.20					7.3	6.7	3.0	
31	1.762	0.5	<0.20					7.2	6.7	7.2	
Tot	52.138	16.4		686	1274	23.1	52.5			153.5	116
Avg	1.682	0.5		172	319	5.8	13.1			5.0	29
Max	1.826	0.7	<0.20	212	480	8.0	16.5	7.7	7.0	7.2	36
Min	1.431	0.5	<0.20	146	229	4.8	10.9	6.8	6.5	3.0	26

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Thomas G. JonesDate: 4-10-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambanurthi, Vice President, Manager
1400 Millco Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/03/01
LIMIT: Final
CLASS SIZE: Major

To: 97/03/31
REPORT: Monthly
GROUP: Domestic

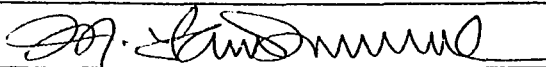
FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	1.908				0	1/30	calc
STORET No. 30050 Y	Permit	2.25	mgd				Continuous	Meter or Instrument
Mon. Site No. EFD-1	Measurement	(Ann. Avg.)						
Flow	Sample Measurement	1.682				0	cont	Flow Meter
STORET No. 30050 I	Permit	Report	mgd				Continuous	Meter or Instrument
Mon. Site No. EFD-1	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			3.2		0	1/30	calc
STORET No. 80082 Y	Permit			10.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement			(Ann. Avg.)				
CBOD5	Sample Measurement			5.8		0	1/7	16 comp
STORET No. 80082 I	Permit			12.5	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement			(Mo. Avg.)				
TSS	Sample Measurement			6.7		0	1/30	calc
STORET No. 00530 Y	Permit			20.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement			(Ann. Avg.)				
TSS	Sample Measurement			13.1		0	1/7	16 comp
STORET No. 00530 I	Permit			30.0	mg/L		Weekly	16-hour FPC
Mon. Site No. EFD-1	Measurement			(Mo. Avg.)				
pH	Sample Measurement			6.5		0	cont	Chart Recorder
STORET No. 00406 I	Permit			6.5	S.U.		Continuous	Grab
Mon. Site No. EFD-1	Measurement			(Min.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambanurthi Vice President		(904) 721-4600	97/04/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: San Jose WWTF

PERMIT NUMBER: FL0023663

DISCHARGE POINT NUMBER: D001&D002 WAFR SITE No.: 9153

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				19				0	1/30	calc
STORET No. 31616 Y Mon. Site No. EFD-1	Permit Measurement				200 (Ann. Avg.)			#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				29				0	1/7	Grab
STORET No. 31616 I Mon. Site No. EFD-1	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100mL		Weekly	Grab
Dissolved Oxygen	Sample Measurement				3.0				0	1/Day	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement				Report (Min.)			mg/L		Daily, 7/Week	Grab
Total Chlorine Residual (for Disinfection)	Sample Measurement				0.5				0	1/Hour	Grab
STORET No. 50060 I Mon. Site No. EFA-1	Permit Measurement				0.5 (Min.)			mg/L		Continuous	Meter or Instrument
Total Chlorine Residual (for Dechlorination)	Sample Measurement				N007-B				*	1/Day	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement				0.01 (Max.)			mg/L		Daily, 1/Week	Grab
CBOD5	Sample Measurement				172				0	1/7	16 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)			mg/L		Weekly	16-hour FPC
TSS	Sample Measurement				319				0	1/7	16 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)			mg/L		Weekly	16-hour FPC

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
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LIMIT: Final
CLASS SIZE: Major

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GROUP: Domestic

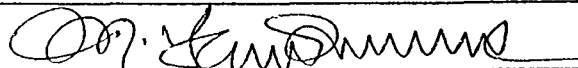
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LOCATION: 7128 Balboa Road
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COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (ROUTINE)	Sample Measurement			NOOZ=9			1/6 mos	4 Grab/24 Hrs
STORET No. TAN3E P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MYSID.BAHIA (DEFINITIVE)*	Sample Measurement							
STORET No. TAN3E Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (ROUTINE)	Sample Measurement			NOOZ=9			1/6 mos	4 Grab/24 Hrs
STORET No. TAN6B P Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		Semi-Annual	4 Grabs/24 hours
LC50 STATRE 96HOUR ACUTE MENIDIA (DEFINITIVE)*	Sample Measurement							
STORET No. TAN6B Q Mon.Site No. EFD-1	Permit Measurement			100 (Min)	Percent		As Required	4 Grabs/24 hours

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/04/23

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida, Inc.
MAILING ADDRESS: Mr. Munipalli Sambamurthi, Vice President, Manager
1400 Millcoe Road
Jacksonville, Florida 32225

PERMIT NUMBER: FL0023663
MONITORING PERIOD From: 97/03/01
LIMIT: Final
CLASS SIZE: Major

To: 97/03/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: San Jose WWTF
LOCATION: 7128 Balboa Road
Jacksonville, FL 32217
COUNTY: Duval

FACILITY ID: FL0023663
GMS ID NO.: 3116P01471
DISCHARGE POINT NUMBER: D001 & D002
PLANT SIZE/TREATMENT TYPE: IIB

WAFR SITE NO.: 9153
GMS TEST SITE NO.: 3116X00023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
NITROGEN, TOTAL AS N	Sample Measurement			12.04		0	1/90	calc
STORET No. 00600 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
ORGANIC NITROGEN, TOTAL AS N	Sample Measurement			6.23		0	1/90	calc
STORET No. 00605 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, NITRITE+NITRATE AS N	Sample Measurement			2.61		0	1/90	16 comp
STORET No. 00630 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
AMMONIA, TOTAL AS N	Sample Measurement			3.20		0	1/90	16 comp
STORET No. 00610 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
PHOSPHOROUS, TOTAL AS P	Sample Measurement			1.63		0	1/90	16 comp
STORET No. 00665 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
PHOSPHOROUS, ORTHO- AS P	Sample Measurement			1.59		0	1/90	16 comp
STORET No. 70507 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								
NITROGEN, TOTAL KJELDAHL	Sample Measurement			9.43		0	1/90	16 comp
STORET No. 00625 1	Permit Measurement			Report (Max)	mg/L		Once/quarter	16-hour FPC
Mon. Site No. EFD-1								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: February Year: 1997

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: D016-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thomas J. Jones

signature Cert. No. 3305

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.754
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	1.960
(19) Percent of permitted capacity	%	---	87
(20) CBOD5 Effluent	mg/L	08008	2.9
(21) TSS Effluent	mg/L	900201	6.2
(22) Minimum pH	mg/L	---	6.4
(23) Maximum pH	mg/L	---	7.2
(24) Organic N	mg/L	---	0.66
(25) TKN	mg/L	000625	9.95
(26) Total Ammonia	mg/L	000610	9.29
(27) Nitrite + Nitrate	mg/L	---	3.65
(28) Total Phosphorus	mg/L	000665	2.99
(29) Ortho Phosphates	mg/L	---	1.41
(30) Total N	mg/L	---	13.60
(31) Minimum Chlorine Residual(pre So2)	mg/L	---	0.5
(32) Maximum Chlorine Residual(post So2)	mg/L	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		8
Fecal Coliform (Arithmetic Mean)	#/100 ml		15
(34) TRC method code: 4500 CL (G)			
minimum detection level: 0.20			
(35) Sample Date For Nutrients: 02-06-97			

(*) Duval Septic hauled 35 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116P01471

Month: February Year: 1997

34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
1	1.691	0.5	<0.20					7.0	6.7	
2	2.031	0.6	<0.20					6.9	6.7	
3	2.031	0.5	<0.20					7.0	6.6	
4	1.893	0.5	<0.20					7.0	6.8	37
5	1.800	0.7	<0.20					7.2	6.7	
6	1.715	0.6	<0.20	161	200	2.5	2.0	7.0	6.5	
7	1.737	0.5	<0.20					6.9	6.4	
8	2.008	0.5	<0.20					6.9	6.6	
9	1.886	0.6	<0.20					6.7	6.4	
10	1.805	0.6	<0.20					6.7	6.5	
11	1.693	0.5	<0.20					7.0	6.8	8
12	1.739	0.6	<0.20					6.8	6.5	
13	1.894	0.5	<0.20	156	153	3.4	10.6	7.1	6.8	
14	1.770	0.5	<0.20					7.0	6.8	
15	1.738	0.5	<0.20					7.0	6.9	
16	1.718	0.8	<0.20					7.0	6.7	
17	1.735	0.9	<0.20					7.1	6.8	
18	1.593	0.5	<0.20					7.1	6.9	1
19	1.593	0.5	<0.20					7.1	6.7	
20	1.747	0.5	<0.20	366	559	2.3	1.2	6.9	6.5	
21	1.601	0.6	<0.20					6.8	6.5	
22	1.703	0.5	<0.20					6.6	6.5	
23	1.734	0.5	<0.20					7.0	6.5	
24	1.727	0.5	<0.20					7.0	6.6	
25	1.660	0.5	<0.20					7.0	6.8	14
26	1.625	0.5	<0.20					7.0	6.9	
27	1.630	0.5	<0.20	147	154	3.5	11.0	7.0	6.8	
28	1.616	0.5	<0.20					7.0	6.5	

Total	49.113	15.5		830	1066	11.7	24.8			60
Avg	1.754	0.6		208	267	2.9	6.2			15
Max	2.031	0.9	<0.20	366	559	3.5	11.0	7.2	6.9	37
Min	1.593	0.5	<0.20	147	153	2.3	1.2	6.6	6.4	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Thomas G. JonesDate: 3-18-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTIL-SAN JOSE

ADDRESS 1400 MILLCOE RD

SUITE 108

JACKSONVILLE

FL 32239

FACILITY JAX SUBURBAN UTIL-SAN JOSE

LOCATION

32239

ATTN: PHILLIP HWIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-18)

(17-19)

FL0023663

PERMIT NUMBER

002 1

DISCHARGE NUMBER

TOTAL FACILITY DISCHARGE

(SUBR JA)

F - FINAL

MAJOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

12345

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	02	01	97	02	28
(20-21)		(22-23)	(24-25)	(26-27)	(28-29)
		(30-31)			

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	00400 1 0 0	*****	*****		6.4	*****	7.2	(12)	0	cont	meter
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		CONTIN	TOTAL
SOLIDS, TOTAL SUSPENDED	00530 Y 0 0	*****	*****		*****	6.1	*****	(19)	0	1/30	calc
ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	20.0	*****	MG/L		ONCE/	CALCT
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****		*****	6.2	11.0	(19)	0	1/7	16 comp
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	30.0	60.0	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	50050 Y 0 0	1.894	*****	(03)	*****	*****	*****		0	1/30	calc
ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*****	MGD	*****	*****	*****	****		ONCE/	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	50050 1 0 0	1.754	2.031	(03)	*****	*****	*****		0	cont	Flow meter
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD *	*****	*****	*****	****		CONTIN	TOTAL
CHLORINE, TOTAL RESIDUAL	50060 1 0 1	*****	*****		*****	*****	NODZ=B	(19)	0	1/day	Grab
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01	MG/L		DAILY	GRAB
LENGTH OF LONGEST P EXCURSION	72107 P 0 1	*****	*****		*****	*****	0	(14)	0	1/30	calc
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60 MIN- DAILY MX	UTES		ONCE/	CALCT
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
M. Sambamurthi Vice President TYPED OR PRINTED							904, 721-4600		97	03	25
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY	

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

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME JAX SUBURBAN UTIL-SAN JOSE ADDRESS 1400 WILCOX RD SUITE 108 JACKSONVILLE FL 32239		LOCATION 32239		ATTN: PHILIP HEIL-VICE PRESIDENT	
FROM YEAR 97 MO 07 DAY 01 TO YEAR 97 MO 07 DAY 28		MONITORING PERIOD		DISCHARGE NUMBER 002 1	
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (12-16)		PERMIT NUMBER FL0023663		DISCHARGE NUMBER 002 1	
TOTAL FACILITY DISCHARGE (SUBR JA) 125495-05-31-98		F - FINAL MAJOR EFFLUE		*** NO DISCHARGE *** *** NOTE: Read instructions before completing this form.	

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

[illegible]

TOXICITY TESTING OMB No. 2040-0004
Form Approved. Approval expires 05-31-98
F - FINAL
(SUBR JA)
12345
MAJOR
EFFLU
*** NO DISCHARGE | ☐ ***
NOTE: Read instructions before completing this form.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: January Year: 1997

(2) Plant's DEP Identification Number: 3116P01471

(3) Plant Name: San Jose Wastewater Treatment Facility

(4) Plant Address: 7126 Balboa Road

(5) City: Jacksonville

(6) County: Duval

(7) Phone Number: (904) 725-2865

(8) Permit Number: D016-163452

(9) Plant Type: 2-B

(10) Test Site Identification Number: 3116X00023

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:

Surface Waters

(13) Limited Wet Weather Discharge Activated:

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing:

DAY SHIFT OPERATOR CLASS: "B" Cert. No. 3305

Day Shift Operator Class: "B" Cert. No. 6329

Day Shift Operator Class: "B" Cert. No. 7173

Evening Shift Operator Class: "B" Cert. No. 2726

Lead Operator: Thimma Jones
signature Cert. No. 3305

PARAMETER	UNITS	STORED CODE	VALUE
(16) Monthly average daily flow	mgd	050053	1.896
(17) Permitted Capacity	mgd	---	2.250
(18) Three-month average daily flow	mgd	---	2.051
(19) Percent of permitted capacity	%	---	91
(20) CBOD5 Effluent	mg/L	08006	4.7
(21) TSS Effluent	mg/L	900201	12.8
(22) Minimum pH	mg/L	---	6.5
(23) Maximum pH	mg/L	---	7.5
(24) Organic N	mg/L	---	0.51
(25) TKN	mg/L	000625	2.23
(26) Total Ammonia	mg/L	000610	1.72
(27) Nitrite + Nitrate	mg/L	---	6.60
(28) Total Phosphorus	mg/L	000665	2.67
(29) Ortho Phosphates	mg/L	---	2.12
(30) Total N	mg/L	---	8.83 15.43
(31) Minimum Chlorine Residual(pre So2) mg/L	---	---	0.5
(32) Maximum Chlorine Residual(post So2)mg/L	---	---	<0.20
(33) Other Effluent Parameters			
Fecal Coliform (Geometric Mean)	#/100 ml		7
Fecal Coliform (Arithmetic Mean)	#/100 ml		13
(34) TRC method code: 4500 CL (G)			
minimum detection level: 0.20			
(35) Sample Date For Nutrients:01-09-97			

(*) Duval Septic hauled 34 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Plant Name: San Jose Wastewater Treatment Facility

Plant DEP ID #: 3116P01471

Month: January Year: 1997

(34)

Day of Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after De-chlor	CBOD5 Inf (mg/L)	TSS Inf (mg/L)	CBOD5 Eff (mg/L)	TSS Eff (mg/L)	MAX pH EFF	MIN pH EFF	FECAL COLIFORM (#/100ML)
01	2.028	0.5	<0.20					6.9	6.7	
02	1.832	0.5	<0.20	142	159	5.4	18.2	7.1	6.7	
03	2.030	0.5	<0.20					6.9	6.7	
04	2.114	0.5	<0.20					7.0	6.8	
05	2.148	0.5	<0.20					7.0	6.7	
06	2.032	0.5	<0.20					7.0	6.8	
07	1.987	0.5	<0.20					7.0	6.8	20
08	2.019	0.8	<0.20					7.1	6.8	
09	2.122	0.6	<0.20	168	165	3.7	8.9	6.9	6.7	
10	2.095	0.6	<0.20					7.0	6.8	
11	1.921	0.6	<0.20					7.1	6.8	
12	1.840	0.9	<0.20					7.1	6.9	
13	1.805	0.9	<0.20					7.1	6.9	
14	1.749	0.7	<0.20					7.1	6.8	23
15	1.855	0.5	<0.20					7.2	7.0	
16	1.835	0.8	<0.20	150	136	3.8	10.4	7.3	6.8	
17	1.862	0.6	<0.20					7.1	6.8	
18	1.850	0.5	<0.20					7.1	6.9	
19	1.826	0.6	<0.20					7.1	7.0	
20	1.552	0.8	<0.20					7.5	7.0	
21	1.725	0.5	<0.20					7.4	7.1	<1
22	1.824	0.5	<0.20					7.5	6.6	
23	1.840	0.7	<0.20	142	138	5.4	12.6	7.0	6.7	
24	1.695	0.5	<0.20					7.0	6.8	
25	2.082	0.5	<0.20					7.2	6.7	
26	1.890	0.5	<0.20					7.0	6.6	
27	2.036	0.5	<0.20					6.9	6.6	
28	1.991	0.6	<0.20					6.9	6.5	6
29	1.793	0.5	<0.20					7.2	6.5	
30	1.685	0.5	<0.20	246	307	5.0	13.9	6.8	6.5	
31	1.714	0.5	<0.20					6.9	6.5	
Tot	58.777	18.2		848	905	23.3	64.0			50
Avg	1.896	0.6		170	181	4.7	12.8			13
Max	2.148	0.9	<0.20	246	307	5.4	18.2	7.5	7.1	23
Min	1.552	0.5	<0.20	142	136	3.7	8.9	6.8	6.5	<1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Thomas G. JonesDate: 2-7-97

Name (Please Type) Thomas G. Jones

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

TOTAL FACILITY D OMB No. 12040-0004
(SUB JA) Approval Expires 05-31-98
12/95

JACKSONVILLE FL 32239
JAX SUBURBAN UTIL-SAN JOSE

ATTN: PHILLIP HEIL-VICE PRESIDENT

PARAMETER	(1-27) (2-28) (2-29) (2-30) (2-31)	(26-27) (28-29) (30-31)
(3 Card Only) QUANTITY OF LOADING		

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)	MINIMUM (58-59)	AVERAGE (60-61)	MAXIMUM (62-63)			
PH									
00400 1 0 0									
EFFLUENT GROSS VALU									
SOLIDS, TOTAL									
SUSPENDED									
00530 Y 0 0									
ANNUAL AVERAGE									
SOLIDS, TOTAL									
SUSPENDED									
00530 1 0 0									
EFFLUENT GROSS VALU									
FLOW, IN CONDUIT OR									
THRU TREATMENT PLAN									
50050 Y 0 0									
ANNUAL AVERAGE									
FLOW, IN CONDUIT OR									
THRU TREATMENT PLAN									
50050 1 0 0									
EFFLUENT GROSS VALU									
CHLORINE, TOTAL									
RESIDUAL									
50060 1 0 1									
EFFLUENT GROSS VALU									
LENGTH OF LONGEST P									
EXCURSION									
72107 P 0 1									
SEE COMMENTS BELOW									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. Samba mudi Vice President TYPED OR PRINTED									
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT [Signature] DATE 97 02 27									
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) THE REQUIRED RANGE FOR PH IS 6.5 TO 8.5									

* Method code for THC is 4500 C1 (b). Detection limit is 0.20 mg/L.

ADDRESS 1400 MILLCOE RD
SUITE 108

JACKSONVILLE

FL 32239

FACILITY JAX SUBURBAN UTIL-SAN JOSE

LOCATION

32239

ATTN: PHILLIP HEIL-VICE PRESIDENT

(12-16)
FL0023663
PERMIT NUMBER

(17-19)
001 1
DISCHARGE NUMBER

TOTAL FACILITY DISCHARGE 0040-0004
(SUBR JA)
Approval expires 05-31-98

F - FINAL

MAJOR

EFFLUE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	01	01	97	01	31
(20-21)		(22-23)	(24-25)	(26-27)	
(28-29)		(30-31)			

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	PER- CENT		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	17	*****	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	200 ANNUAL AVG	*****	#/ 100MI		ONCE/ MONTH	CALCTD
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	23	*****	(13)	0	1/7	grab
	PERMIT REQUIREMENT	*****	*****	****	*****	800 7 DA GEO	*****	#/ 100MI		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	3.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	20.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCTD
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	4.7	5.4	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 MO AVG	60.0 DAILY MX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

784 721-4600

97 02 27

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

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD UNITS.

JAY SUBURBAN UTIL-SAN JOSE
ADDRESS 1400 MILLCOE RD
SUITE 108
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTIL-SAN JOSE
LOCATION 32239
ATTN: PHILLIP HEIL-VICE PRESIDENT

DISCHARGE MONITORING REPORT (DMR)
(2-16)

FL0023663

PERMIT NUMBER

002 1

DISCHARGE NUMBER

TOTAL FACILITY DISCHARGE MONITORING REPORT (SUBR JA)
F - FINAL
MAJOR EFFLUE
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

OMB No. 2040-0004
Approval expires 05-31-98
12345

MONITORING PERIOD

FROM YEAR 97 MO 01 DAY 01 TO YEAR 97 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****		6.5	*****	7.5	(12)	0	Cont	Flow Meter
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SO		CONTIN	TOTAL
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	6.0	*****	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	20.0	*****	MG/L		ONCE/	CALCTD
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12.8	18.2	(19)	0	1/4	1/6 comp
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	30.0	60.0	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.870	*****	(03)	*****	*****	*****		0	1/30	calc
50050 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	REPORT ANNL AVG	*****	MGD	*****	*****	*****	****		ONCE/	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	1.896	2.148	(03)	*****	*****	*****		0	Cont	Flow Meter
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	TOTAL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	NOZ = B	(19)	0	1/Day	Grab
50060 1 0 1 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01	MG/L		DAILY	GRAB
LENGTH OF LONGEST P EXCURSION	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(14)	0	1/30	calc
72107 P 0 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	60	MIN-UTES		ONCE/	CALCTD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
M. Sambamurthy Vice President								904-721-4600		97 02 27	
TYPED OR PRINTED								AREA CODE NUMBER		YEAR MO DAY	

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

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

* Method code for TPC is 4500 Cl (G). Detection limit is 0.20 mg/L.

DISCHARGE MONITORING REPORT (DMR) (17-19) TOTAL FACILITY D JOMBING 12940-0004 Approval 12/19/98 05-31-98

FL 002 23663 DISCHARGE NUMBER 002 1

PERMIT NUMBER

MONITORING PERIOD YEAR 97 MO 01 DAY 31 TO YEAR 97 MO 01 DAY 31

FROM 32239

FL 32239

JACKSONVILLE

FACILITY JAX SUBURBAN UTIL-SAN JOSE

LOCATION

ATTN: PHILIP HEIL-VICE PRESIDENT

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
% OF TIME EXCEEDING PH LIMITS 72108 P 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/30	calc
SEE COMMENTS, BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE / MONTH	calc
COLIFORM, FECAL GENERAL 74055 Y 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/30	calc
ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE / MONTH	calc
COLIFORM, FECAL GENERAL 74055 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/4	Grab
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/30	calc
ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE / MONTH	calc
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/4	16 comp
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	WEEKLY	COMPL
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambaruthi

Vice President

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

904 721-4600

97 02 27

TELEPHONE

DATE

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

THE REQUIRED RANGE FOR PH IS 6.0 - 8.5 STD. UNITS.

ERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))

IAME JAX SUBURBAN UTIL-SAN JOSE

ADDRESS 1400 MILLCOE RD

SUITE 108

JACKSONVILLE

FL 32239

ACTIVITY JAX SUBURBAN UTIL-SAN JOSE

LOCATION 32239

ATTN: PHILLIP HEIL-VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0023663

PERMIT NUMBER

001 T

DISCHARGE NUMBER

TOXICITY TESTING

(SUBR JA)

F - FINAL

MAJOR

EPA

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STAT 48HR ACU YSID. BAHIA TAA3E P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STAT 48HR ACU YSID. BAHIA TAA3E Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA TAN6B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU MENIDIA TAN6B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		NODI=9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President

TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

904 721-4600

97 02 27

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

P=ROUTINE TESTS. Q=ADDITIONAL TESTS. IF ANY LINE NOT USED, ENTER "NCDI=9".

IF MORE THAN ONE ADDITIONAL TEST TAKEN, ENTER WORST RESULT AND ENTER NUMBER OF FAILED TESTS IN "NO. EX."

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: December YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☐ NOT APPLICABLE

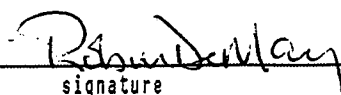
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.435
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.396
(19) PERCENT OF PERMITTED CAPACITY	%	****	79
(20) CBOD 5 EFFLUENT	mg/l	000082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.4
(22) TSS EFFLUENT	mg/l	900201	1.9
(23) TSS EFFLUENT	lbs/day	****	6.0
(24) MINIMUM pH		****	7.0
(25) MAXIMUM pH		****	7.0
(26) TOTAL N	mg/l	000600	N/
(27) TKN	mg/l	000625	0.4
(28) AMMONIA (NH3-N)	mg/l	000610	N/
(29) NITRATE	mg/l	071850	N/
(30) TOTAL PHOSPHORUS	mg/l	000685	N/
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.2
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	
(35) UOD	lbs/day	****	1
(36) TRC METHOD CODE 4500 Cl(5) MINIMUM DETECTION LIMIT	mg/l		0.2

LEAD OPERATOR


signature

B-6270

cert. no.

(*) 10 LOADS (07000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH December YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.366	0.6	< 0.20					7.0	7.1			
02	0.408	0.9	< 0.20					7.0	7.1		9	
03	0.372	0.8	< 0.20					7.0	7.1			
04	0.393	0.7	< 0.20	127	157	<1.0	1.6	7.0	7.1	<0.05		5
05	0.397	0.8	< 0.20					7.0	7.1			
06	0.482	0.9	< 0.20					7.0	7.0			
07	0.253	0.8	< 0.20					7.0	7.0			
08	0.351	0.7	< 0.20					7.0	7.1			
09	0.379	0.9	< 0.20					7.1	7.2		<1	
10	0.359	0.7	< 0.20					7.1	7.2			
11	0.398	0.7	< 0.20	166	377	<1.0	1.5	7.0	7.1	1.64		30
12	0.531	0.8	< 0.20					7.1	7.2			
13	0.486	1.3	< 0.20					7.0	7.0			
14	0.643	1.0	< 0.20					7.0	7.0			
15	0.503	1.0	< 0.20					7.1	7.2			
16	0.490	0.7	< 0.20					7.2	7.3		2	
17	0.431	0.8	< 0.20					7.2	7.3			
18	0.414	0.6	< 0.20	132	163	1.0	2.3	7.2	7.3	<0.05		6
19	0.432	0.7	< 0.20					7.1	7.1			
20	0.419	0.6	< 0.20					7.0	7.0			
21	0.451	0.6	< 0.20					7.0	7.0			
22	0.400	0.6	< 0.20					7.2	7.3			
23	0.397	0.8	< 0.20	138	182	<1.0	1.8	7.1	7.2	<0.05	<1	5
24	0.412	1.0	< 0.20					7.1	7.2			
25	0.440	0.9	< 0.20					7.2	7.2			
26	0.457	0.7	< 0.20					7.2	7.1			
27	0.486	0.8	< 0.20					7.3	7.3			
28	0.512	0.8	< 0.20					7.3	7.2			
29	0.460	0.6	< 0.20					7.1	7.3			
30	0.411	0.7	< 0.20	131	179	<1.0	2.2	7.2	7.3	0.28	<1	9
31	0.549	0.9	< 0.20					7.2	7.3			
TOTAL	13.484	24.4	< 0.20	694	1058	5.0	9.4			2.07	14	56
AMEAN	0.435	0.8	< 0.20	139	212	1.0	1.9			0.41	3	11
MAX	0.643	1.3	< 0.20	166	377	1.0	2.3	7.3	7.3	1.64	9	30
MIN	0.253	0.6	< 0.20	127	157	1.0	1.5	7.0	7.0	0.05	1	5

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: Robin Denay

DATE: 1-9-98

NAME: ROBIN DENAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILLCOE RD.

P.O. BOX 8004

JACKSONVILLE

FL 32239

FACILITY SAN PABLO WWT

LOCATION JACKSONVILLE

FL 32207

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

FL0024767

PERMIT NUMBER

001 1

DISCHARGE NUMBER

SANITARY WASTEWATER

(SUBR JA)

F - FINAL

MINOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	10.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	***	*****	12.5 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMPARISON
PH	SAMPLE MEASUREMENT	*****	*****		7.0		7.3	(12)	0	1/Hour	Grab
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ 2 WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.9	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	20.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.9	2.3	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	***	*****	30.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMPARISON
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	0.86	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	4.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.41	1.64	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	***	*****	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMPARISON

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurti

Vice President

TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

904 781-4600

98 01 19

AREA CODE

NUMBER

YEAR

MO

DAY

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILLCREE RD.

P.O. BOX 8004

JACKSONVILLE

FL 32239

FACILITY SAN PABLO WWTP

FL 32207

ATTN: P. HEIL, VICE PRESIDENT

FROM

YEAR MO DAY
91 12 01

TO

YEAR MO DAY
91 12 31

MONITORING PERIOD

PERMIT NUMBER

FL0024761

DISCHARGE NUMBER

001 I

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(17-19)

F - FINAL

(SUB JA)

Approval 05-31-98

SANITARY WASTEWATER

Form Approved.

NOTE: Read instructions before completing this form.

*** NO DISCHARGE ***

EFFLU

MINOR

F - FINAL

(SUB JA)

Approval 05-31-98

PARAMETER (132-37)

FL0024761

0.435

0.643

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. Sambamurti
Vice President

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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. SEE 18 U.S.C. § 1001 AND 33
U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000
and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

AREA
CODE

NUMBER

TELEPHONE

DATE

DAY
MO
YEAR

SAN PABLO WWT
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: November YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR

Rosenduran
signature

B-6270

cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.374
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.403
(19) PERCENT OF PERMITTED CAPACITY	%	****	81
(20) CBOD 5 EFFLUENT	mg/l	000082	1.5
(21) CBOD 5 EFFLUENT	lbs/day	****	4.6
(22) TSS EFFLUENT	mg/l	900201	1.7
(23) TSS EFFLUENT	lbs/day	****	5.3
(24) MINIMUM pH		****	6.8
(25) MAXIMUM pH		****	7.2
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	1.65
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	27
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	16
(35) UOD	lbs/day	****	28
(36) TRC METHOD CODE 4500 C1(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) 8 LOADS (27000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

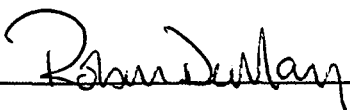
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH November YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.471	0.9	< 0.20					6.9	6.9			
02	0.322	0.8	< 0.20					6.9	6.9			
03	0.375	0.5	< 0.20					6.8	7.0			
04	0.444	0.7	< 0.20					7.0	7.1		16	
05	0.330	1.0	< 0.20					6.9	7.1			
06	0.375	1.0	< 0.20	125	197	< 1.0	1.6	6.9	6.9	< 0.05		5
07	0.372	0.8	< 0.20					6.8	6.9			
08	0.378	0.8	< 0.20					6.9	6.9			
09	0.380	0.7	< 0.20					7.0	7.0			
10	0.344	0.7	< 0.20					6.9	7.0			
11	0.384	0.9	< 0.20					6.9	7.0		8	
12	0.337	0.8	< 0.20					6.9	7.1			
13	0.432	0.7	< 0.20	138	193	1.1	2.0	6.9	7.0	< 0.05		6
14	0.433	0.8	< 0.20					6.9	7.0			
15	0.374	0.8	< 0.20					6.9	6.9			
16	0.430	0.7	< 0.20					6.9	6.9			
17	0.335	0.9	< 0.20					6.9	7.0			
18	0.383	0.9	< 0.20					6.9	7.0		78	
19	0.338	0.6	< 0.20					6.9	7.0			
20	0.340	0.7	< 0.20	148	132	3.0	1.4	6.9	7.0	6.44		96
21	0.329	0.9	< 0.20					7.0	7.0			
22	0.417	1.1	< 0.20					7.0	7.0			
23	0.368	0.9	< 0.20					6.9	6.9			
24	0.350	0.8	< 0.20					6.9	7.0			
25	0.320	0.7	< 0.20	150	150	< 1.0	1.9	7.0	7.1	0.07	6	5
26	0.451	0.6	< 0.20					7.0	7.2			
27	0.324	1.0	< 0.20					7.1	7.1			
28	0.380	1.0	< 0.20					7.0	7.0			
29	0.431	1.0	< 0.20					7.0	7.0			
30	0.284	0.6	< 0.20					7.0	7.0			
TOTAL	11.231	24.3	< 0.20	561	672	6.1	6.9			6.61	108	112
AMEAN	0.374	0.8	< 0.20	140	168	1.5	1.7			1.65	27	28
MAX	0.471	1.1	< 0.20	150	197	3.0	2.0	7.1	7.2	6.44	78	96
MIN	0.284	0.5	< 0.20	125	132	1.0	1.4	6.8	6.9	0.05	6	5

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: _____



DATE: _____

12-10-97

NAME: ROBIN DENAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILLCOE RD.

P.O. BOX 8004

JACKSONVILLE

FL 32239

FACILITY SAN PABLO WWTP

LOCATION JACKSONVILLE

FL 32207

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0024767

PERMIT NUMBER

001 1

DISCHARGE NUMBER

SANITARY WASTEWATER (SUBR JA)

F - FINAL

MINOR

EFFLUENT

*** NO DISCHARGE ***

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	11	01	97	11	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)					
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS				
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.1	*****	(19)	0	1/30 calc					
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	10.0 ANNL AVG	*****	MG/L	0	ONCE/MONTH					
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.5	3.0	(19)	0	1/7 8 comp					
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	12.5 MO AVG	20.0 DAILY MX	MG/L	0	ONCE/2 WEEKS					
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.8	*****	7.2	(12)	0	1/Hour grab					
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU	0	ONCE/2 WEEKS					
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.9	*****	(19)	0	1/30 calc					
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	20.0 ANNL AVG	*****	MG/L	0	ONCE/MONTH					
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.7	2.0	(19)	0	1/7 8 comp					
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30.0 MO AVG	40.0 DAILY MX	MG/L	0	ONCE/2 WEEKS					
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.83	*****	(19)	0	1/30 calc					
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	4.0 ANNL AVG	*****	MG/L	0	ONCE/MONTH					
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.65	6.44	(19)	0	1/7 8 comp					
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 MO AVG	8.0 DAILY MX	MG/L	0	ONCE/2 WEEKS					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)				TELEPHONE		DATE							
Mr. Sambamurthi Vice President TYPED OR PRINTED						784 781-4600		97 12 17							
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR		MO		DAY	

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME JAX SUBURBAN UTILITIES CORP.
 ADDRESS 1400 MILLCOE RD. AC
 P.O. BOX 8004
 JACKSONVILLE FL 32239
 FACILITY SAN PABLO WWTP
 LOCATION JACKSONVILLE FL 32207
 ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)

FL0024761
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

SANITARY WASTEWATER
 (SUBR JA)
 F - FINAL
 MINOR
 EFFLUE

Form Approved.
 OMB No. 2040-0004
 Approval Expires 05-31-98

MONITORING PERIOD
 FROM YEAR 97 MO 11 DAY 01 TO YEAR 97 MO 11 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	0.420	REPORT	*****	(03)	*****	*****	*****	0	1/30	calc
	PERMIT REQUIREMENT	ANNL AVG	*****	MGD	*****	*****	*****		ONCE / MONTH	CALCULATED
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.374	REPORT	0.471	(03)	*****	*****	*****	0	cont	Flow Meter
	PERMIT REQUIREMENT	MO AVG	REPORT DAILY MX	MGD	*****	*****	*****		5 TIME / WEEK	MEASURED
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****		*****	*****	*****	0	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		ONCE / 2 WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	*****	*****	*****		*****	19	*****	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	*****		QTRLY	CALCULATED
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****		*****	96	*****	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	800	*****		QTRLY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President

TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

904, 721-4600

DATE

97 12 17

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

M. Sambamurthi

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: October YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☐ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.407
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.418
(19) PERCENT OF PERMITTED CAPACITY	%	****	84
(20) CBOD 5 EFFLUENT	mg/l	000082	1.1
(21) CBOD 5 EFFLUENT	lbs/day	****	3.4
(22) TSS EFFLUENT	mg/l	000201	2.2
(23) TSS EFFLUENT	lbs/day	****	7.0
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.1
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.72
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	14
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	8
(35) UOD	lbs/day	****	15
(36) TRC METHOD CODE 4500 C1(6) MINIMUM DETECTION LIMIT	mg/l		0.20

LEAD OPERATOR Robert D. May 8-6270
signature cert. no.

(*) 4 LOADS (27000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWT

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP. ID # 3116P01984

MONTH October YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.386	1.0	< 0.20					7.0	7.1			
02	0.383	0.7	< 0.20	143	140	<1.0	1.6	6.9	7.0	0.18		7
03	0.410	0.7	< 0.20					6.9	7.0			
04	0.414	0.6	< 0.20					6.9	6.9			
05	0.395	0.7	< 0.20					7.0	7.0			
06	0.366	0.7	< 0.20					7.0	7.0			
07	0.439	0.8	< 0.20					6.9	6.9		16	
08	0.348	0.9	< 0.20					7.0	7.0			
09	0.389	0.6	< 0.20	179	235	<1.0	1.4	7.0	7.0	0.28		9
10	0.478	0.9	< 0.20					6.9	6.9			
11	0.362	0.6	< 0.20					7.0	7.0			
12	0.331	0.5	< 0.20					6.9	6.9			
13	0.372	0.9	< 0.20					7.0	7.0			
14	0.347	1.0	< 0.20					7.0	7.0		29	
15	0.437	0.7	< 0.20					7.0	7.0			
16	0.361	0.6	< 0.20	111	189	<1.0	3.1	6.9	6.9	1.34		23
17	0.497	0.9	< 0.20					7.0	7.0			
18	0.417	0.8	< 0.20					6.9	6.9			
19	0.452	0.7	< 0.20					6.9	6.9			
20	0.476	0.6	< 0.20					7.0	7.0			
21	0.350	0.7	< 0.20					7.0	7.0		8	
22	0.423	0.5	< 0.20					6.9	6.9			
23	0.343	0.8	< 0.20	104	113	1.3	3.4	7.1	7.1	1.33		23
24	0.356	0.8	< 0.20					7.0	7.0			
25	0.403	0.8	< 0.20					7.0	7.0			
26	0.390	1.0	< 0.20					7.0	7.0			
27	0.291	0.5	< 0.20					7.0	7.0			
28	0.492	0.5	< 0.20					7.0	7.0		<1	
29	0.429	0.7	< 0.20					7.0	7.0			
30	0.449	0.9	< 0.20	130	113	< 1.0	1.7	6.9	6.9	0.46		13
31	0.554	1.0	< 0.20					6.9	7.0			
TOTAL	12.619	23.1	< 0.20	667	790	5.3	11.2			3.59	54	75
AMEAN	0.407	0.7	< 0.20	133	158	1.1	2.2			0.72	14	15
MAX	0.554	1.0	< 0.20	179	235	1.3	3.4	7.1	7.1	1.34	29	23
MIN	0.291	0.5	< 0.20	104	113	1.0	1.4	6.9	6.9	0.18	1	7

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: Robin DemayDATE: 11-13-97

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILLCUE RD.

P.O. BOX 8004

JACKSONVILLE

FACILITY SAN PABLO WWTP

LOCATION JACKSONVILLE

ATTN: P. HEIL, VICE PRESIDENT

FL 32239

FL 32207

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0024767

PERMIT NUMBER

001 1

DISCHARGE NUMBER

SANITARY WASTEWATER

(SUBR JA)

F - FINAL

MINOR

EFFLUE

*** NO DISCHARGE ☐ ***

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	1.1	*****	(19)	0	1/30	calc
00310 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCT
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	1.1	1.3	(19)	0	1/7	8comp
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	12.5 MO AVG	20.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMP-
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.1	(12)	0	1/4our	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ 2 WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1.8	*****	(19)	0	1/30	calc
00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	20.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.2	3.4	(19)	0	1/7	8comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 MO AVG	40.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMP-
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	0.70	*****	(19)	0	1/30	calc
00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	****	*****	4.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCT
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	0.72	1.34	(19)	0	1/7	8comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	5.0 MO AVG	8.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMP-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President

TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

904 725-2865

97 11 25

AREA
CODE

NUMBER

YEAR

MO

DAY

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILCOE RD. VC
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY SAN PABLO WTP
LOCATION JACKSONVILLE FL 32207
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

FL0024767
PERMIT NUMBER

0011
DISCHARGE NUMBER

SANITARY WASTEWATER (SUBR JA)
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE 1-1 ***
Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	10	01	97	10	31
(20-21)		(22-23)	(24-25)		(26-27)
(28-29)		(30-31)			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.423	*****	(03)	*****	*****	*****		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNUAL AVG	*****	MGD	*****	*****	*****	*****		ONCE/ MONTH	CALCULATED
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.407	0.554	(03)	*****	*****	*****		0	cont	Flow meter
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		5 TIME /WEEK	MEASURED
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)	0	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.010 DAILY MX MG/L		ONCE/ 2 WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	19	*****	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 ANNUAL AVG	*****	/ 100ML		QUARTLY	CALCULATED
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	29	*****	(13)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	800 DAILY MX	/ 100ML			QUARTLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
M. Sambamurthi Vice President TYPED OR PRINTED						904-725-2865		97 11 25			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 C1 (G). Detection limit is 0.20 mg/L.

SAN PABLO WWT
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: September YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.394
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.430
(19) PERCENT OF PERMITTED CAPACITY	%	****	86
(20) CBOD 5 EFFLUENT	mg/l	080082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.2
(22) TSS EFFLUENT	mg/l	900201	2.2
(23) TSS EFFLUENT	lbs/day	****	7.1
(24) MINIMUM pH		****	6.8
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.08
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	1/100ml	****	30
(34) FECAL COLIFORM (GEO MEAN)	1/100ml	****	15
(35) UOD	lbs/day	****	6
(36) TRC METHOD CODE 4500 C1(6) MINIMUM DETECTION LIMIT	mg/l		0.20

LEAD OPERATOR

signature

B-6270

cert. no.

(*) 9 LOADS (27000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH September YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.423	0.6	< 0.20					7.0	7.0			
02	0.392	0.5	< 0.20					6.9	7.1		80	
03	0.385	0.7	< 0.20					6.9	7.0			
04	0.415	0.9	< 0.20	320	152	< 1.0	2.5	6.8	7.0	< 0.05		6
05	0.408	0.8	< 0.20					6.8	7.0			
06	0.427	0.7	< 0.20					6.9	6.9			
07	0.417	0.8	< 0.20					6.8	6.8			
08	0.359	0.6	< 0.20					6.8	7.0			
09	0.434	0.6	< 0.20					6.9	7.1		16	
10	0.329	0.6	< 0.20					6.9	7.0			
11	0.387	0.7	< 0.20	184	204	< 1.0	2.8	6.9	7.0	0.15		7
12	0.342	0.7	< 0.20					6.8	7.0			
13	0.410	1.1	< 0.20					7.0	7.0			
14	0.466	1.2	< 0.20					6.9	6.9			
15	0.364	0.9	< 0.20					6.9	7.0			
16	0.390	0.8	< 0.20					7.0	7.3		26	
17	0.358	0.9	< 0.20					6.8	6.9			
18	0.367	0.6	< 0.20	258	209	< 1.0	2.1	7.0	7.1	< 0.05		5
19	0.502	0.5	< 0.20					6.9	7.1			
20	0.375	1.0	< 0.20					7.0	7.0			
21	0.295	1.0	< 0.20					7.0	7.0			
22	0.351	0.8	< 0.20					6.9	7.0			
23	0.408	0.9	< 0.20					7.0	7.1		< 1	
24	0.337	0.9	< 0.20					6.9	7.0			
25	0.367	0.8	< 0.20	180	185	< 1.0	1.4	6.9	7.0	< 0.05		5
26	0.504	1.1	< 0.20					6.9	7.0			
27	0.472	1.0	< 0.20					6.9	6.9			
28	0.333	0.9	< 0.20					6.9	6.9			
29	0.390	0.8	< 0.20					7.0	6.9			
30	0.403	1.0	< 0.20					7.0	6.9		26	
TOTAL	11.811	24.4	< 0.20	942	750	4.0	8.8			0.30	149	23
AMEAN	0.394	0.8	< 0.20	236	188	1.0	2.2			0.08	30	6
MAX	0.504	1.2	< 0.20	320	209	1.0	2.8	7.0	7.3	0.15	80	7
MIN	0.295	0.5	< 0.20	180	152	1.0	1.4	6.8	6.8	0.05	1	5

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: Robin Denay

DATE: 10-9-97

NAME: ROBIN DENAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 HILLCOCK RD.

P.O. BOX 8004

JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

810824737

PERMIT NUMBER

0011

DISCHARGE NUMBER

SANITARY WASTEWATER

(SUBJ JA)

F - FINAL

MINOR

EFFLUENT

*** NO DISCHARGE ***

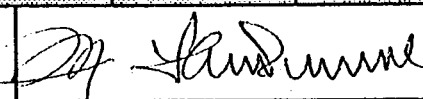
NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

12545

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DO, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
DO, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	***	*****	12.0 MD. AVG	20.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	CAMP-8
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.3	(12)	0	1/Hour	Grab
	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ 2 WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.8	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	20.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.2	2.8	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	***	*****	30.0 MD. AVG	40.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	CAMP-8
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****	*	*****	0.69	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	4.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.08	0.15	(19)	0	1/7	16 comp
	PERMIT REQUIREMENT	*****	*****	***	*****	5.0 MD. AVG	8.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	CAMP-8
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
TYPED OR PRINTED							904/721-4600	97	10	20	

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 HILLCOE RD.

P.O. BOX 8004

JACKSONVILLE

FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE

FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

FL9024757

PERMIT NUMBER

001 1

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

SANITARY WASTEWATER

(SUBR JA)

F - FINAL

MINOR

EFFLUENT

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.428	*****	(03)	*****	*****	*****		0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNUAL AVG	*****	MGD	*****	*****	*****	***		ONCE/ MONTH	CALCUL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.394	0.504	(03)	*****	*****	*****		0	cont	Flow meter
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	***		TIME /WEEK	MEASUR
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)	0	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	6.010 DAILY MAX	MG/L		ONCE/ 2 WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	20	*****	(13)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	200 ANNUAL AVG	*****	/		DAILY	CALCUL
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	80	(13)	0	1/4	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	800 DAILY MAX	/		DAILY	GRAB
	SAMPLE MEASUREMENT			*							
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President

TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

904 721-4600

97 10 20

AREA
CODE

NUMBER

YEAR

MO

DAY

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 C16. Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: August YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☐ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR

Robert D. May
signature

B-6270

cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.457
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.437
(19) PERCENT OF PERMITTED CAPACITY	%	****	88
(20) CBOD 5 EFFLUENT	mg/l	080082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.8
(22) TSS EFFLUENT	mg/l	900201	1.4
(23) TSS EFFLUENT	lbs/day	****	5.5
(24) MINIMUM pH		****	6.6
(25) MAXIMUM pH		****	7.2
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.19
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	7
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	2
(35) UOD	lbs/day	****	9
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) 11 LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH August YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.503	0.5	< 0.20					6.7	7.0			
02	0.452	0.7	< 0.20					6.9	6.9			
03	0.487	0.8	< 0.20					6.8	6.8			
04	0.470	0.6	< 0.20					6.7	7.0			
05	0.434	0.7	< 0.20					6.7	6.9		26	
06	0.438	0.9	< 0.20					6.7	6.8			
07	0.488	0.9	< 0.20	102	201	<1.0	2.4	6.6	6.7	0.19		9
08	0.454	0.5	< 0.20					6.7	6.8			
09	0.506	1.1	< 0.20					6.7	6.7			
10	0.569	0.7	< 0.20					6.9	6.9			
11	0.445	0.6	< 0.20					6.9	7.0			
12	0.479	0.8	< 0.20					6.9	7.0		<1	
13	0.453	0.7	< 0.20					6.9	7.1			
14	0.476	0.5	< 0.20	170	146	<1.0	0.9	6.9	7.1	0.16		9
15	0.595	0.7	< 0.20					6.9	7.1			
16	0.451	1.0	< 0.20					6.9	6.9			
17	0.401	1.0	< 0.20					6.9	6.9			
18	0.472	0.9	< 0.20					7.1	7.2			
19	0.445	0.5	< 0.20					7.0	7.2		<1	
20	0.440	0.6	< 0.20					7.0	7.1			
21	0.447	0.7	< 0.20	124	142	1.0	1.0	7.0	7.1	< 0.05		6
22	0.448	0.6	< 0.20					7.0	7.1			
23	0.489	0.8	< 0.20					7.1	7.1			
24	0.399	0.9	< 0.20					7.1	7.1			
25	0.439	0.6	< 0.20					6.9	7.1			
26	0.434	0.7	< 0.20					6.9	7.0		<1	
27	0.369	0.9	< 0.20					6.9	7.0			
28	0.411	1.0	< 0.20	167	166	<1.0	1.4	6.9	7.0	0.37		11
29	0.552	0.6	< 0.20					6.9	7.0			
30	0.269	0.5	< 0.20					6.9	7.0			
31	0.450	0.6	< 0.20					7.0	7.0			
TOTAL	14.166	22.6	< 0.20	563	655	4.0	5.7			0.77	29	35
AMEAN	0.457	0.7	< 0.20	141	164	1.0	1.4			0.19	7	9
MAX	0.595	1.1	< 0.20	170	201	1.0	2.4	7.1	7.2	0.37	26	11
MIN	0.269	0.5	< 0.20	102	142	1.0	0.9	6.6	6.7	0.05	1	6

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: Robin DemayDATE: 9-11-97

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

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

NAME JAX SUBURBAN UTILITIES CORP. - San Angelo		ADDRESS 1400 MILLCOE RD. P.O. BOX 8004 JACKSONVILLE FL 32239		FACILITY JAX SUBURBAN UTILITIES CORP. JACKSONVILLE FL 32239		LOCATION JACKSONVILLE FL 32239		ATTN: P. HEIL, VICE PRESIDENT	
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)									
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)		DISCHARGE MONITORING REPORT (DMR) (17-19)		PERMIT NUMBER FL0024767		DISCHARGE NUMBER 001 1			
MONITORING PERIOD		FROM YEAR MO DAY 97 08 01		TO YEAR MO DAY 97 08 31		EFFLUE *** NO DISCHARGE ***		NOTE: Read instructions before completing this form.	
SANITARY WASTEWATER (SBR JA)		F - FINAL		MINOR		APPROVAL (SBR JA)		APPROVAL (SBR JA)	
FORM APPROVED.		QMB No. 2040-0004		APPROVAL (SBR JA)		APPROVAL (SBR JA)		APPROVAL (SBR JA)	
FORM APPROVED.		QMB No. 2040-0004		APPROVAL (SBR JA)		APPROVAL (SBR JA)		APPROVAL (SBR JA)	

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME JAX SUBURBAN UTILITIES CORP. - *San Pablo*
 ADDRESS 1400 MILLCOE RD. *AC*
 P.O. BOX 8004
 JACKSONVILLE FL 32239
 FACILITY JAX SUBURBAN UTILITIES CORP.
 LOCATION JACKSONVILLE FL 32239
 ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

FL0024767
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

SANITARY WASTEWATER (SUBR JA)
 F - FINAL
 MINOR
 EFFLUE
 *** NO DISCHARGE 1-1 ***
 NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	08	01		97	08	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	0.425	*****	(03)	*****	*****	*****	*****	0	1/30	calc	
PERMIT REQUIREMENT	REPORT	*****		*****	*****	*****	*****		ONCE/MONTH	CALCULATED	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.457	0.595	(03)	*****	*****	*****	*****	0	cont	Flow Mtr	
PERMIT REQUIREMENT	REPORT	*****		*****	*****	*****	*****		5 TIME MEASUREMENTS/WEEK		
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	*****	*****		*****	*****	*****	*****	0	1/day	Grab	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		ONCE/2 WEEKS	GRAB	
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	*****	*****		*****	21	*****	*****	0	1/30	calc	
PERMIT REQUIREMENT	*****	*****	*****	*****	200 ANNL AVG	*****	*****		DIRTY	CALCULATED	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	*****	*****	*****	0	1/4	Grab	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		DIRTY	GRAB	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Mr. Sambamurthi</i> <i>Vice President</i> TYPED OR PRINTED	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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>P. Heil</i>	TELEPHONE 721-4600 AREA CODE NUMBER	DATE 97 09 22 YEAR MO DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500C1(G). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: July YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR

Robert DeMay
signature

-B-6270

cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.417
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.440
(19) PERCENT OF PERMITTED CAPACITY	%	****	88
(20) CBOD 5 EFFLUENT	mg/l	000082	1.2
(21) CBOD 5 EFFLUENT	lbs/day	****	3.9
(22) TSS EFFLUENT	mg/l	900201	1.2
(23) TSS EFFLUENT	lbs/day	****	4.1
(24) MINIMUM pH		****	6.5
(25) MAXIMUM pH		****	7.2
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.48
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	11
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	9
(35) UOD	lbs/day	****	14
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) 10 LOADS (07000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH July YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.515	0.7	< 0.20					6.8	7.0		18	
02	0.391	0.6	< 0.20	158	174	< 1.0	1.4	6.8	7.0	0.36		10
03	0.352	0.6	< 0.20					6.9	7.2			
04	0.449	0.9	< 0.20					7.0	7.0			
05	0.430	1.4	< 0.20					7.0	7.0			
06	0.528	1.2	< 0.20					7.0	7.0			
07	0.396	0.5	< 0.20					7.1	7.2			
08	0.454	0.6	< 0.20					7.1	7.2		8	
09	0.404	0.5	< 0.20					7.1	7.2			
10	0.419	0.9	< 0.20	116	180	< 1.0	1.4	7.0	7.1	0.27		9
11	0.418	0.5	< 0.20					6.9	6.9			
12	0.485	1.0	< 0.20					7.2	7.2			
13	0.384	1.0	< 0.20					7.1	7.1			
14	0.426	1.0	< 0.20					6.9	7.1			
15	0.439	0.7	< 0.20					6.9	7.1		3	
16	0.356	0.9	< 0.20					7.0	7.1			
17	0.393	0.9	< 0.20	134	192	1.7	0.9	6.9	7.0	< 0.05		9
18	0.528	1.0	< 0.20					6.8	7.0			
19	0.368	0.9	< 0.20					7.0	7.0			
20	0.349	1.5	< 0.20					6.9	6.9			
21	0.407	0.5	< 0.20					6.9	7.0			
22	0.385	0.7	< 0.20					6.8	7.0		13	
23	0.393	0.6	< 0.20					6.8	6.9			
24	0.406	0.6	< 0.20	128	137	< 1.0	1.1	6.9	7.0	< 0.05		6
25	0.521	0.9	< 0.20					6.7	6.8			
26	0.403	0.5	< 0.20					6.5	6.5			
27	0.329	0.5	< 0.20					6.8	6.8			
28	0.412	0.7	< 0.20					6.8	6.9			
29	0.476	0.6	< 0.20					6.8	7.0		12	
30	0.288	0.5	< 0.20					6.9	7.0			
31	0.439	1.0	< 0.20	134	157	1.1	1.2	6.8	6.9	1.69		34
TOTAL	12.941	24.4	< 0.20	670	840	5.8	6.0			2.42	54	68
ANEAN	0.417	0.8	< 0.20	134	168	1.2	1.2			0.48	11	14
MAX	0.528	1.5	< 0.20	158	192	1.7	1.4	7.2	7.2	1.69	18	34
MIN	0.288	0.5	< 0.20	116	137	1.0	0.9	6.5	6.5	0.05	3	6

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: Robin DenayDATE: 8-9-97

NAME: ROBIN DENAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME JAX SUBURBAN UTILITIES CORP. - San Pablo
ADDRESS 1400 MILLCOE RD.
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-18)
FL 0024767
PERMIT NUMBER
0011
DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 97 07 01 TO 97 07 31
(20-21) (22-23) (24-26) (26-27) (28-29) (30-31)

SANITARY WASTEWATER
(SUBR JA)
F - FINAL
MINOR
EFFLUE
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

Form Approved
OMB No. 2040-0004
Approval expires 05-31-98
12345

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (14 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	10.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.7	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	***	*****	12.5 MD AVG	20.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMP-8
PH	SAMPLE MEASUREMENT	*****	*****		6.5	*****	7.2	(12)	0	1/Hour	Grab
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ 2 WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	2.2	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	20.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.4	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	***	*****	30.0 MD AVG	40.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMP-8
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	0.68	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	4.0 ANNL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.48	1.69	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	***	*****	5.0 MD AVG	8.0 DAILY MX	MG/L		ONCE/ 2 WEEKS	COMP-8
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Mr. Sambamurti Vice President TYPED OR PRINTED							884 721-4600		97	08	21
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

SAN PABLO WWT
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: June YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.447
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.436
(19) PERCENT OF PERMITTED CAPACITY	%	****	87
(20) CBOD 5 EFFLUENT	mg/l	000002	1.2
(21) CBOD 5 EFFLUENT	lbs/day	****	4.5
(22) TSS EFFLUENT	mg/l	900201	2.6
(23) TSS EFFLUENT	lbs/day	****	10.2
(24) MINIMUM pH		****	6.7
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	1.05
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000605	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.2
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	2
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	1
(35) UOD	lbs/day	****	2
(36) TRC METHOD CODE 4500 C1(6) MINIMUM DETECTION LIMIT	mg/l		0.2

LEAD OPERATOR

Robert DeMay
signature

B-6270

cert. no.

(*) LOADS (87000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWT

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH June YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.495	0.8	< 0.20					7.2	7.2			
02	0.452	0.6	< 0.20					6.9	7.1			
03	0.452	0.9	< 0.20					7.0	7.1		1	
04	0.407	0.7	< 0.20					6.9	7.0			
05	0.486	0.8	< 0.20	70	115	1.7	4.5	7.0	7.2	2.82		62
06	0.570	0.8	< 0.20					7.0	7.1			
07	0.426	1.0	< 0.20					7.0	7.0			
08	0.404	0.8	< 0.20					7.0	7.0			
09	0.434	0.6	< 0.20					7.0	7.1			
10	0.453	0.8	< 0.20					6.9	7.1		8	
11	0.437	0.7	< 0.20					7.0	7.4			
12	0.450	1.0	< 0.20	116	168	1.0	2.4	6.9	7.0	0.05		6
13	0.578	1.0	< 0.20					7.0	7.1			
14	0.441	1.0	< 0.20					7.2	7.2			
15	0.363	1.2	< 0.20					7.1	7.1			
16	0.441	0.7	< 0.20					7.0	7.2			
17	0.436	0.9	< 0.20					6.7	7.1		66	
18	0.458	1.0	< 0.20					6.8	6.9			
19	0.472	0.7	< 0.20	108	135	1.0	2.0	6.9	7.0	1.28		29
20	0.484	0.9	< 0.20					7.0	7.0			
21	0.485	0.8	< 0.20					7.0	7.0			
22	0.333	0.9	< 0.20					6.9	6.9			
23	0.444	0.8	< 0.20					6.9	7.0			
24	0.410	0.8	< 0.20					6.9	7.0		18	
25	0.449	0.9	< 0.20					6.9	7.0			
26	0.420	0.7	< 0.20	98	122	1.0	1.6	6.8	7.0	0.05		6
27	0.436	0.9	< 0.20					6.8	7.0			
28	0.436	0.8	< 0.20					7.0	7.0			
29	0.463	0.7	< 0.20					7.1	7.0			
30	0.382	0.5	< 0.20					6.8	7.0			
TOTAL	13.397	24.7	< 0.20	392	540	4.7	10.5			4.20	93	103
AMEAN	0.447	0.8	< 0.20	98	135	1.2	2.6			1.05	23	26
MAX	0.578	1.2	< 0.20	116	168	1.7	4.5	7.2	7.4	2.82	66	62
MIN	0.333	0.5	< 0.20	70	115	1.0	1.6	6.7	6.9	0.05	1	6

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: _____

Robin Denay

DATE: _____

7-22-97

NAME: ROBIN DENAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTILITIES CORP. *San Pablo*

ADDRESS 1400 MILLCOE RD.

P.O. BOX 8004

JACKSONVILLE

FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE

FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

FL0024767

PERMIT NUMBER

001 1

DISCHARGE NUMBER

SANITARY WASTEWATER

(SUBR JA)

F - FINAL

MINOR

EFFLUE

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

Form Approved.

DMR No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNL AVG	*****			ONCE/ MONTH	CALCT
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.7	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	****	*****	12.5 MO AVG	20.0 DAILY MX			ONCE/ 2 WEEKS	COMP-
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.4	(12)	0	1/10	Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	8.5 MAXIMUM			ONCE/ 2 WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	2.4	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	20.0 ANNL AVG	*****			ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.6	4.5	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 MO AVG	40.0 DAILY MX			ONCE/ 2 WEEKS	COMP-
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	0.68	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	4.0 ANNL AVG	*****			ONCE/ MONTH	CALCT
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.05	2.82	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	****	*****	5.0 MO AVG	8.0 DAILY MX			ONCE/ 2 WEEKS	COMP-
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
<i>M. Samba murthi</i> <i>Vice President</i> TYPED OR PRINTED							<i>M. Samba murthi</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		904 721-4600 AREA CODE NUMBER		97 07 21 YEAR MO DAY

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: May YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☐ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR

signature

B-6270

cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.431
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.426
(19) PERCENT OF PERMITTED CAPACITY	%	****	85
(20) CBOD 5 EFFLUENT	mg/l	000082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.6
(22) TSS EFFLUENT	mg/l	900201	2.3
(23) TSS EFFLUENT	lbs/day	****	8.1
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.51
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071050	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	19
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	17
(35) UOD	lbs/day	****	13
(36) TRC METHOD CODE 4500 C1(6)			
MINIMUM DETECTION LIMIT	mg/l		0.20

(*) 8 LOADS (07000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

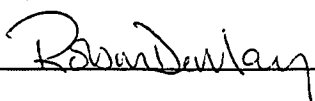
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH May YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.458	0.8	< 0.20	168	85	< 1.0	2.9	6.9	7.0	0.22		9
02	0.592	0.7	< 0.20					7.0	7.3			
03	0.520	1.0	< 0.20					7.0	7.0			
04	0.329	1.0	< 0.20					7.0	7.0			
05	0.440	0.7	< 0.20					6.9	7.1			
06	0.490	0.7	< 0.20					6.9	7.2		24	
07	0.420	0.6	< 0.20					6.9	7.1			
08	0.416	0.7	< 0.20	166	124	1.2	1.7	7.0	7.2	0.63		16
09	0.588	0.6	< 0.20					7.0	7.1			
10	0.402	0.8	< 0.20					7.1	7.1			
11	0.346	0.9	< 0.20					7.1	7.1			
12	0.472	0.5	< 0.20					7.0	7.1			
13	0.437	0.5	< 0.20					7.0	7.2		16	
14	0.413	0.7	< 0.20					7.0	7.1			
15	0.413	0.6	< 0.20	122	141	< 1.0	2.1	6.9	7.1	1.37		26
16	0.437	0.8	< 0.20					6.9	7.1			
17	0.427	0.7	< 0.20					7.0	7.0			
18	0.297	0.7	< 0.20					7.0	7.0			
19	0.389	0.6	< 0.20					6.9	7.0			
20	0.446	0.6	< 0.20					6.9	7.0		7	
21	0.373	0.6	< 0.20					7.0	7.1			
22	0.348	0.8	< 0.20	120	135	< 1.0	2.4	6.9	7.1	< 0.05		5
23	0.412	0.9	< 0.20					6.9	7.1			
24	0.393	0.5	< 0.20					6.9	6.9			
25	0.385	0.6	< 0.20					7.0	7.0			
26	0.437	1.1	< 0.20					7.0	7.0			
27	0.454	0.6	< 0.20					6.9	7.1		28	
28	0.464	0.6	< 0.20					7.0	7.1			
29	0.436	0.6	< 0.20	73	127	1.0	2.5	7.0	7.1	1.37 0.05		10
30	0.432	0.8	< 0.20					7.0	7.1			
31	0.482	1.0	< 0.20					7.0	7.0			
TOTAL	13.346	22.3	< 0.20	649	612	5.2	11.6			2.56 0.046	75	67
ANEAN	0.431	0.7	< 0.20	130	122	1.0	2.3			0.51	19	13
MAX	0.592	1.1	< 0.20	168	141	1.2	2.9	7.1	7.3	1.37	28	26
MIN	0.297	0.5	< 0.20	73	85	1.0	1.7	6.9	6.9	0.05	7	5

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: _____



DATE: _____

6-10-97

NAME: ROBIN DENAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTILITIES CORP. *San Pablo*
 ADDRESS 1400 MILLCREE RD. *VC*
 P.O. BOX 8004
 JACKSONVILLE FL 32239
 FACILITY JAX SUBURBAN UTILITIES CORP.
 LOCATION JACKSONVILLE FL 32239
 ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

FL0024767
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

SANITARY WASTEWATER
 (SUBR JA)
 F - FINAL
 MINOR
 EFFLUE
 *** NO DISCHARGE ☐ ***
 NOTE: Read Instructions before completing this form.

Form Approved.
 EPA No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD							
YEAR			MO			DAY	
FROM	97	05	01	TO	97	05	31
(20-21)			(22-23)			(24-25)	

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.1	*****	(19)	0	1/30 calc
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	10.0 ANNL AVG	*****	(19)	0	1/30 calc
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	12.5 MO AVG	20.0 DAILY MX	(19)	0	1/7 16comp
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	*****	*****	2.5 20.0 ANNL AVG	*****	(19)	0	1/30 calc
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2.3 30.0 MO AVG	2.9 40.0 DAILY MX	(19)	0	1/7 16comp
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.61 4.0 ANNL AVG	*****	(19)	0	1/30 calc
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.46 5.0 MO AVG	1.37 8.0 DAILY MX	(19)	0	1/7 16comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President
 TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

TELEPHONE

901 721-4600

DATE

97 06 26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1400 MILLCOE RD. AC

P.O. BOX 8004

JACKSONVILLE

FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0024767

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 TO 97 05 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. DMR No. 2040-0004
Approval expires 05-31-98

SANITARY WASTEWATER

(SUBR JA)

F - FINAL

MINOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	0.410	*****	(03)	*****	*****	*****	0	1/30	calc
	PERMIT REQUIREMENT	REPORT ANNUAL AVG	*****	MGD	*****	*****	*****		ONCE/ MONTH	CALCT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.431	0.592	(03)	*****	*****	*****	0	cont	Flow
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****		5 TIME /WEEK	MEASR
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	NONI=B	0	1/Day	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.010 DAILY MX		ONCE/ 2 WEEKS	GRAB
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	22	*****	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	***	*****	200 ANNUAL AVG	*****		QTRLY	CALCT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	28	*****	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	800 DAILY MX	100ML		QTRLY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sankar murthi
Vice President

TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

904.721-4600

AREA CODE

NUMBER

97 06 26

YEAR MO DAY

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code for TRC is 4500 CI (6). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: April YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: 0016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.438
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.411
(19) PERCENT OF PERMITTED CAPACITY	%	****	82
(20) CBOD 5 EFFLUENT	mg/l	000082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.4
(22) TSS EFFLUENT	mg/l	900201	2.0
(23) TSS EFFLUENT	lbs/day	****	6.6
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.95
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	20
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	16
(35) UOD	lbs/day	****	20
(36) TRC METHOD CODE 4500 C1(6) MINIMUM DETECTION LIMIT	mg/l		0.20

LEAD OPERATOR *R. D. D. May* B-6270
signature cert. no.

(*) 9 LOADS (87000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH April YEAR 199

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	VOD EFF lbs/d
01	0.418	0.5	< 0.20					7.2	7.4		6	
02	0.368	0.5	< 0.20					7.2	7.4			
03	0.395	0.6	< 0.20	118	168	1.0	1.4	7.2	7.3	0.31		9
04	0.508	0.5	< 0.20					7.2	7.3			
05	0.386	0.5	< 0.20					7.3	7.3			
06	0.323	0.5	< 0.20					7.3	7.3			
07	0.395	0.7	< 0.20					7.2	7.3			
08	0.430	0.5	< 0.20					7.1	7.2		20	
09	0.329	0.8	< 0.20					7.1	7.2			
10	0.399	0.8	< 0.20	124	155	< 1.0	1.9	7.1	7.3	0.65		15
11	0.513	0.8	< 0.20					7.1	7.2			
12	0.390	0.5	< 0.20					7.2	7.2			
13	0.328	0.5	< 0.20					7.2	7.2			
14	0.416	0.5	< 0.20					7.1	7.3			
15	0.388	1.0	< 0.20					7.2	7.3		52	
16	0.402	1.0	< 0.20					7.1	7.2			
17	0.402	0.7	< 0.20	102	115	1.0	2.1	7.2	7.2	< 0.05		6
18	0.428	0.5	< 0.20					7.1	7.2			
19	0.416	0.6	< 0.20					7.1	7.1			
20	0.417	0.5	< 0.20					7.2	7.2			
21	0.403	0.5	< 0.20					7.1	7.2			
22	0.462	0.6	< 0.20					7.1	7.2		12	
23	0.394	0.5	< 0.20					7.1	7.2			
24	0.431	0.7	< 0.20	158	199	1.0	2.4	7.0	7.2	2.79		51
25	0.489	0.9	< 0.20					7.1	7.2			
26	0.481	0.7	< 0.20					7.1	7.1			
27	0.752	0.6	< 0.20					7.1	7.1			
28	0.589	0.7	< 0.20					6.9	7.0			
29	0.511	0.7	< 0.20					6.9	7.0		12	
30	0.574	0.5	< 0.20					6.9	7.2			
TOTAL	13.135	18.9	< 0.20	502	637	4.0	7.8			3.80	102	80
AMEAN	0.438	0.6	< 0.20	126	159	1.0	2.0			0.95	20	20
MAX	0.752	1.0	< 0.20	158	199	1.0	2.4	7.3	7.4	2.79	52	51
MIN	0.323	0.5	< 0.20	102	115	1.0	1.4	6.9	7.0	0.05	6	6

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: Robin Demay

DATE: 5-8-97

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME JAX SUBURBAN UTILITIES CORP. - *San Pablo*
 ADDRESS 1400 MILLCREE RD.
 P.O. BOX 8004
 JACKSONVILLE FL 32239
 FACILITY JAX SUBURBAN UTILITIES CORP.
 LOCATION JACKSONVILLE FL 32239
 ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)

FL0024767
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

SANITARY WASTEWATER DMR No. 2040-0004
 (SUBR JA)
 F - FINAL
 MINOR
 EFFLUE
 *** NO DISCHARGE 1-1 ***
 NOTE: Read instructions before completing this form.

MONITORING PERIOD
 FROM YEAR 97 MO 04 DAY 01 TO YEAR 97 MO 04 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****			ONCE/ MONTH	CALCT
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(19)	0	1/7	Scomp
	PERMIT REQUIREMENT	*****	*****	****	*****	12.5 MD AVG	20.0 DAILY MX			ONCE/ 2 WEEKS	COMP-
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.4	(12)	0	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	8.5 MAXIMUM			ONCE/ 2 WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	2.5	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	20.0 ANNUAL AVG	*****			ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.4	(19)	0	1/7	Scomp
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 MD AVG	40.0 DAILY MX			ONCE/ 2 WEEKS	COMP-
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	0.58	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	4.0 ANNUAL AVG	*****			ONCE/ MONTH	CALCT
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.95	2.79	(19)	0	1/7	Scomp
	PERMIT REQUIREMENT	*****	*****	****	*****	5.0 MD AVG	8.0 DAILY MX			ONCE/ 2 WEEKS	COMP-
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)				TELEPHONE		DATE			
M. Sambamurthy Vice President TYPED OR PRINTED						904-221-4600		97 05 20			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

SAN PABLO WWT
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: March YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☐ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

LEAD OPERATOR


signature

B-6270

cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.412
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.418
(19) PERCENT OF PERMITTED CAPACITY	%	****	84
(20) CBOD 5 EFFLUENT	mg/l	080082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.4
(22) TSS EFFLUENT	mg/l	900201	3.1
(23) TSS EFFLUENT	lbs/day	****	10.2
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.34
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	113
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	85
(35) UOD	lbs/day	****	16
(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20

(*) 15 LOADS (27000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH March YEAR 199

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FE CAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.444	0.7	< 0.20					7.3	7.3			
02	0.303	0.8	< 0.20					7.4	7.4			
03	0.423	0.6	< 0.20					7.3	7.4			
04	0.376	0.6	< 0.20					7.2	7.4		31	
05	0.429	0.8	< 0.20					7.2	7.3			
06	0.389	0.7	< 0.20	155	141	< 1.0	2.1	7.2	7.3	0.63		14
07	0.426	0.7	< 0.20					7.2	7.4			
08	0.394	0.7	< 0.20					7.2	7.2			
09	0.398	0.7	< 0.20					7.2	7.2			
10	0.377	0.6	< 0.20					7.3	7.4			
11	0.446	0.6	< 0.20					7.2	7.4		228	
12	0.376	0.5	< 0.20					7.2	7.3			
13	0.407	1.2	< 0.20	131	147	< 1.0	2.5	6.9	7.3	< 0.05		6
14	0.398	0.8	< 0.20					7.2	7.4			
15	0.415	1.0	< 0.20					7.1	7.1			
16	0.433	0.9	< 0.20					7.2	7.2			
17	0.411	0.7	< 0.20					7.2	7.4			
18	0.385	0.7	< 0.20					7.2	7.3		54	
19	0.380	0.5	< 0.20					7.1	7.3			
20	0.389	0.6	< 0.20	183	238	1.0	5.0	7.2	7.4	< 0.05		5
21	0.401	0.5	< 0.20					7.3	7.4			
22	0.433	1.0	< 0.20					7.3	7.3			
23	0.441	0.8	< 0.20					7.3	7.3			
24	0.424	0.7	< 0.20					7.2	7.4			
25	0.529	0.5	< 0.20					7.2	7.3		140	
26	0.429	0.5	< 0.20	106	105	1.0	2.6	7.2	7.2	0.61		15
27	0.579	0.5	< 0.20					7.2	7.3			
28	0.420	1.0	< 0.20					7.2	7.2			
29	0.442	1.0	< 0.20					7.2	7.2			
30	0.279	1.0	< 0.20					7.2	7.2			
31	0.406	0.5	< 0.20					7.2	7.4			
TOTAL	12.780	22.4	< 0.20	575	631	4.0	12.2			1.34	453	40
AMEAN	0.412	0.7	< 0.20	144	158	1.0	3.1			0.34	113	10
MAX	0.579	1.2	< 0.20	183	238	1.0	5.0	7.4	7.4	0.63	228	15
MIN	0.279	0.5	< 0.20	106	105	1.0	2.1	6.9	7.1	0.05	31	5

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: Robin DemayDATE: 4-22-97

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

NAME JAX SUBURBAN UTILITIES CORP. - San Pablo

ADDRESS 1400 MILLCOE RD.

P.O. BOX 2004

JACKSONVILLE

FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE

FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0024757

PERMIT NUMBER

001 1

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

SANITARY WASTEWATER
(SUBS JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	03	01	97	03	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				UNITS (54-61)
BOB, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****			ONCE/ MONTH	CALCT
MOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	****	*****	12.5 MO AVG	20.0 DAILY MAX			ONCE/ 2 WEEKS	COMP-
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.4	(12)	0	1/day	Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	8.5 MAXIMUM			ONCE/ 2 WEEKS	CRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	2.6	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	20.0 ANNUAL AVG	*****			ONCE/ MONTH	CALCT
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	3.1	5.0	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 MO AVG	40.0 DAILY MAX			ONCE/ 2 WEEKS	COMP-
NITROGEN, KJELDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	0.53	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	4.0 ANNUAL AVG	*****			ONCE/ MONTH	CALCT
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	0.34	0.63	(19)	0	1/7	8comp
	PERMIT REQUIREMENT	*****	*****	****	*****	5.0 MO AVG	8.0 DAILY MAX			ONCE/ 2 WEEKS	COMP-
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
M. Sombamurthi Vice President TYPED OR PRINTED							904-721-4600		97 04 23		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))

NAME JAX SUBURBAN UTILITIES CORP.

ADDRESS 1490 MILLCOE RD. NC

P.O. BOX 8004

JACKSONVILLE FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE FL 32239

ATTN: P. BELL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0024767

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 97 MO 03 DAY 01 TO YEAR 97 MO 03 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

SANITARY WASTEWATER

(5088 JA)

F - FINAL

MINOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

12345

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 ANNUAL AVERAGE	0.395	*****	(03)	*****	*****	*****	*****	0	1/30	calc	
	PERMIT REQUIREMENT	REPORT ANNUAL AVG	*****	MGD	*****	*****	*****	****	ONCE / MONTH	CALCT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.412	0.579	(03)	*****	*****	*****	*****	0	cont	Flow meter	
	PERMIT REQUIREMENT	REPORT 30 AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****	TIME BASED 1 WEEK	MEASR	
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(19)	1/Day	Grab	
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***	ONCE / 2 WEEKS	GRAB	
COLIFORM, FECAL GENERAL 74055 1 0 0 ANNUAL AVERAGE	*****	*****	*****	*****	*****	*****	*****	(13)	1/30	calc	
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	1	TRLY	CALCT	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(13)	1/4	Grab	
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	1	TRLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

M. Sambamurthi
Vice President

TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

M. Sambamurthi

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

904 721-4600

AREA CODE NUMBER

DATE

97 04 23

YEAR MO DAY

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

THE FINAL TEC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* Method code on TRC is 4500 CI (6). Detection limit is 0.20 mg/L.

SAN PABLO WWTP
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

	PARAMETER	UNITS	STORET CODE	VALUE
(1) MONTH: February YEAR: 1997	(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.406
(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984	(17) PERMITTED CAPACITY	mgd	****	0.499
(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT	(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.422
(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE	(19) PERCENT OF PERMITTED CAPACITY	%	****	85
(5) CITY: JACKSONVILLE	(20) CBOD 5 EFFLUENT	mg/l	080082	1.0
(6) COUNTY: DUVAL	(21) CBOD 5 EFFLUENT	lbs/day	****	3.4
(7) PHONE NUMBER: (904) 725-2865	(22) TSS EFFLUENT	mg/l	900201	1.1
(8) PERMIT NUMBER: D016-162840	(23) TSS EFFLUENT	lbs/day	****	4.1
(9) PLANT TYPE: 3C	(24) MINIMUM pH		****	7.1
(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096	(25) MAXIMUM pH		****	7.5
(11) FECAL COLIFORM SAMPLE METHOD: [X] MEMBRANE FILTER [] MOST PROBABLE NUMBER	(26) TOTAL N	mg/l	000600	N/A
(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE: SURFACE WATERS	(27) TKN	mg/l	000625	3.93
(13) LIMITED WET WEATHER DISCHARGE ACTIVATED: [] YES [] NO [] NOT APPLICABLE	(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:	(29) NITRATE	mg/l	071850	N/A
(15) PLANT STAFFING: DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270	(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
	(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
	(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
	(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	40
	(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	15
	(35) UOD	lbs/day	****	64
LEAD OPERATOR <u>Robert DeMay</u> B-6270	(36) TRC METHOD CODE 4500 Cl(6) MINIMUM DETECTION LIMIT	mg/l		0.20
signature	cert. no.			

(*) 13 LOADS (@7000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH February YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF min	pH EFF max	TKN EFF mg/l	FECAL COLIFORM #/100ml	UOD EFF lbs/d
01	0.381	1.2	< 0.20					7.2	7.2			
02	0.319	0.6	< 0.20					7.2	7.2			
03	0.387	0.8	< 0.20					7.3	7.4			
04	0.468	0.5	< 0.20					7.2	7.3		< 2	
05	0.307	0.5	< 0.20					7.2	7.3			
06	0.375	0.7	< 0.20	187	242	< 1.0	0.8	7.3	7.4	< 0.05		5
07	0.415	0.8	< 0.20					7.3	7.4			
08	0.416	0.8	< 0.20					7.3	7.3			
09	0.386	0.6	< 0.20					7.3	7.3			
10	0.373	0.7	< 0.20					7.4	7.5			
11	0.500	0.7	< 0.20					7.4	7.5		8	
12	0.353	0.7	< 0.20					7.2	7.3			
13	0.393	0.6	< 0.20	186	179	< 1.0	0.6	7.3	7.4	15.30		234
14	0.423	1.0	< 0.20					7.2	7.3			
15	0.417	0.8	< 0.20					7.4	7.4			
16	0.461	0.9	< 0.20					7.5	7.5			
17	0.427	0.5	< 0.20					7.4	7.4			
18	0.403	0.6	< 0.20					7.3	7.2		22	
19	0.417	0.5	< 0.20					7.4	7.3			
20	0.434	0.7	< 0.20	166	138	< 1.0	1.0	7.2	7.3	< 0.05		6
21	0.499	1.0	< 0.20					7.2	7.3			
22	0.414	1.0	< 0.20					7.2	7.2			
23	0.298	0.6	< 0.20					7.2	7.2			
24	0.412	0.7	< 0.20					7.4	7.5			
25	0.434	0.5	< 0.20					7.3	7.4		128	
26	0.342	0.5	< 0.20					7.4	7.5			
27	0.410	0.8	< 0.20	155	175	< 1.0	2.4	7.4	7.5	0.31		10
28	0.499	0.7	< 0.20					7.2	7.3			
TOTAL	11.361	20.0	< 0.20	694	734	4.0	4.8			15.71	160	255
AMEAN	0.406	0.7	< 0.20	174	184	1.0	1.2			3.93	40	64
MAX	0.500	1.2	< 0.20	187	242	1.0	2.4	7.5	7.5	15.30	128	234
MIN	0.298	0.5	< 0.20	155	138	1.0	0.6	7.2	7.2	0.05	2	5

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: _____

Rob Demay

DATE: _____

3-20-97

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))

NAME JAX SUBURBAN UTILITIES CORP. - San Pablo

ADDRESS 1400 MILLCOE RD.

P.O. BOX 8004

JACKSONVILLE

FL 32239

FACILITY JAX SUBURBAN UTILITIES CORP.

LOCATION JACKSONVILLE

FL 32239

ATTN: P. HEIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FLO024767

PERMIT NUMBER

001 1

DISCHARGE NUMBER

SANITARY WASTEWATER TOMB No. 2040-0004

(SUHR JA)

Approval expires 05-31-98

F - FINAL

MINOR

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEG. C) 00310 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	1.0	*****	(19)	0	1/30	calc
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	10.0 ANNUAL AVG	*****	MG/L	ONCE/ MONTH	CALCT	
PH	PERMIT REQUIREMENT	*****	*****	***	*****	1.0	*****	(19)	0	1/7	8comp
PH 00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	12.5 MO AVG	20.0 DAILY MX	MG/L	ONCE/ 2 WEEKS	COMP-	
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	7.2	*****	(12)	0	1/day	Grab
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	6.0 MINIMUM	8.5 MAXIMUM	SO	ONCE/ 2 WEEKS	GRAB	
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	2.8	*****	(19)	0	1/30	calc
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	20.0 ANNUAL AVG	*****	MG/L	ONCE/ MONTH	CALCT	
NITROGEN, KJSLDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	1.2	*****	(19)	0	1/7	8comp
NITROGEN, KJSLDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	30.0 MO AVG	40.0 DAILY MX	MG/L	ONCE/ 2 WEEKS	COMP-	
NITROGEN, KJSLDAHL TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	PERMIT REQUIREMENT	*****	*****	***	*****	0.53	*****	(19)	0	1/30	calc
NITROGEN, KJSLDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	4.0 ANNUAL AVG	*****	MG/L	ONCE/ MONTH	CALCT	
NITROGEN, KJSLDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	3.93	15.3	(19)	1	1/7	8comp
NITROGEN, KJSLDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	5.0 MO AVG	8.0 DAILY MX	MG/L	ONCE/ 2 WEEKS	COMP-	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
M. Sambamurthi Vice President TYPED OR PRINTED						904 721-4600		97 03 25			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

* TO TKO daily max was exceeded on 2/13 (15,30).

SAN PABLO WWT
DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II GENERAL INFORMATION

(1) MONTH: January YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3116P01984

(3) PLANT NAME: SAN PABLO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: 14738 MARSHVIEW DRIVE

(5) CITY: JACKSONVILLE

(6) COUNTY: DUVAL

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D016-162840

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER: 3116x10096

(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
SURFACE WATERS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

(15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: B CERT. NO. 6270

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE DAILY FLOW	mgd	050053	0.424
(17) PERMITTED CAPACITY	mgd	****	0.499
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.426
(19) PERCENT OF PERMITTED CAPACITY	%	****	85
(20) CBOD 5 EFFLUENT	mg/l	080082	1.0
(21) CBOD 5 EFFLUENT	lbs/day	****	3.2
(22) TSS EFFLUENT	mg/l	900201	1.4
(23) TSS EFFLUENT	lbs/day	****	4.4
(24) MINIMUM pH		****	6.9
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	0.05
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	N/A
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	0.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	< 0.20
(33) FECAL COLIFORM (ARITH MEAN)	#/100ml	****	28
(34) FECAL COLIFORM (GEO MEAN)	#/100ml	****	20
(35) UOD	lbs/day	****	5
(36) TRC METHOD CODE 4500 C1(6) MINIMUM DETECTION LIMIT	mg/l		0.20

LEAD OPERATOR

Ron DeMay
signature

B-6270

cert. no.

(*) 4 LOADS (27000 GALS) OF DIGESTER SLUDGE HAULED TO LANDFILL.

(*)

SAN PABLO WWTP

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
DEP ID # 3116P01984

MONTH January YEAR 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES. AFTER CONTACT mg/l	CL2 RES. AFTER DE-CHLOR mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EPP mg/l	TSS EPP mg/l	pH EPP min	pH EPP max	TKN EPP mg/l	FECAL COLIFORM #/100ml	UOD EPP lbs/d
01	0.468	1.0	< 0.20					7.2	7.2			
02	0.385	0.6	< 0.20	162	160	< 1.0	3.1	6.9	7.1	< 0.05		5
03	0.433	0.6	< 0.20					6.9	7.1			
04	0.436	0.8	< 0.20					6.9	7.2			
05	0.491	0.8	< 0.20					6.9	7.2			
06	0.397	0.9	< 0.20					7.1	7.2			
07	0.366	0.9	< 0.20					7.0	7.2		62	
08	0.425	0.8	< 0.20					7.1	7.3			
09	0.262	0.7	< 0.20	182	161	< 1.0	1.5	7.2	7.4	< 0.05		4
10	0.385	1.0	< 0.20					7.1	7.2			
11	0.473	1.6	< 0.20					7.4	7.4			
12	0.513	1.8	< 0.20					7.2	7.2			
13	0.416	0.5	< 0.20					7.2	7.4			
14	0.433	0.7	< 0.20					7.2	7.3		16	
15	0.425	0.5	< 0.20					7.2	7.3			
16	0.446	0.8	< 0.20	194	175	1.2	1.0	7.2	7.2	< 0.05		7
17	0.668	0.8	< 0.20					7.2	7.3			
18	0.463	1.0	< 0.20					7.0	7.0			
19	0.395	1.0	< 0.20					7.0	7.0			
20	0.431	0.7	< 0.20					7.2	7.3			
21	0.405	0.6	< 0.20					7.2	7.5		26	
22	0.348	0.5	< 0.20					7.2	7.3			
23	0.396	0.8	< 0.20	172	169	< 1.0	0.6	7.2	7.3	< 0.05		5
24	0.479	0.5	< 0.20					7.2	7.3			
25	0.398	0.9	< 0.20					7.2	7.2			
26	0.352	0.8	< 0.20					7.3	7.3			
27	0.381	0.7	< 0.20					7.2	7.3			
28	0.412	0.7	< 0.20					7.2	7.3		6	
29	0.372	0.7	< 0.20					7.2	7.3			
30	0.365	0.9	< 0.20	143	140	< 1.0	1.0	7.3	7.5	< 0.05		5
31	0.524	0.7	< 0.20					7.3	7.4			
TOTAL	13.141	25.3	< 0.20	853	805	5.2	7.2			0.25	110	27
AMEAN	0.424	0.8	< 0.20	171	161	1.0	1.4			0.05	28	5
MAX	0.668	1.8	< 0.20	194	175	1.2	3.1	7.4	7.5	0.05	62	7
MIN	0.262	0.5	< 0.20	143	140	< 1.0	0.6	6.9	7.0	0.05	6	4

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE AND ACCURATE.

SIGNED: _____

*Robin DeMay*DATE: 2-7-97

NAME: ROBIN DEMAY

COMPANY: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER: (904) 725-2865

NAME JAX SUBURBAN UTILITIES CORP. - *San Pablo*
ADDRESS 1400 MILLCOE RD. NC
P.O. BOX 8004
JACKSONVILLE FL 32239
FACILITY JAX SUBURBAN UTILITIES CORP.
LOCATION JACKSONVILLE FL 32239
ATTN: P. ABIL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

FL0024767
PERMIT NUMBER

001 1
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98
SANITARY WASTEWATER (SUBR JA)
F - FINAL
MINOR
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	01	01	97	01	31
(20-21)		(22-23)	(24-25)	(26-27)	(28-29) (30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY (20 DEC. C) 00310 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	1.1	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
BOD, 5-DAY (20 DEC. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.2	(19)	0	1/7	8 comp
	PERMIT REQUIREMENT	*****	*****	****	*****	12.5 MC AVG	20.0 DAILY MAX	MG/L		ONCE/ 2 WEEKS	COMPARISON
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.5	(12)	0	1/Day	Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	8.5 MAXIMUM	SD		ONCE/ 2 WEEKS	GRAB
SOLIDS, TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	2.8	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	20.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.4	3.1	(19)	0	1/7	8 comp
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 MC AVG	40.0 DAILY MAX	MG/L		ONCE/ 2 WEEKS	COMPARISON
NITROGEN, NITRATE TOTAL (AS N) 00625 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	*****	*****		*****	0.23	*****	(19)	0	1/30	calc
	PERMIT REQUIREMENT	*****	*****	****	*****	0.0 ANNUAL AVG	*****	MG/L		ONCE/ MONTH	CALCULATED
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.05	0.05	(19)	0	1/7	8 comp
	PERMIT REQUIREMENT	*****	*****	****	*****	0.0 MC AVG	1.0 DAILY MAX	MG/L		ONCE/ 2 WEEKS	COMPARISON
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
M. Sambamurthi Vice President							904-721-4600		97 02 27		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME JAX SUBURBAN UTILITIES CORP.
 ADDRESS 1400 MILLCOE RD. AC
 P.O. BOX 8004
 JACKSONVILLE FL 32239
 FACILITY JAX SUBURBAN UTILITIES CORP.
 LOCATION JACKSONVILLE FL 32239
 ATTN: P. HILL, VICE PRESIDENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)

FL0024767
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

SANITARY WASTEWATER
 (SUBR JA)
 F - FINAL
 MINOR
 EFFLUENT

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
 12345

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 97	01	01	TO 97	01	31
(20-21)		(22-23)	(24-25)		(26-27)
		(28-29)			(30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	0.390	*****	(03)	*****	*****	*****	*****	0	1/30	calc	
	PERMIT REQUIREMENT	REPORT ANNUAL AVG	*****	1GD	*****	*****	*****	****		CNCT/ MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 I 0 0 EFFLUENT GROSS VALU	0.424	0.668	(03)	*****	*****	*****	*****	0	cont	Flow Meter	
	PERMIT REQUIREMENT	REPORT MO AVG	*****	DAILY MAX	*****	*****	*****	****		TIME MEASUREMENT	
CHLORINE, TOTAL RESIDUAL 50060 I 0 1 EFFLUENT GROSS VALU	*****	*****		*****	*****	*****	*****	0	1/Day	Grab	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		CNCT/ 2 WEEKS	
COLIFORM, FECAL GENERAL 74055 Y 0 0 ANNUAL AVERAGE	*****	*****		*****	19	*****	*****	0	1/30	calc	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1		STRLY CALCTD	
COLIFORM, FECAL GENERAL 74055 I 0 0 EFFLUENT GROSS VALU	*****	*****		*****	*****	62	*****	0	1/7	Grab	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1		STRLY GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 M. Sambamurthi
 Vice President
 TYPED OR PRINTED

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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE
 904 721-4600

DATE
 97 02 27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THE FINAL TRC SHALL BECOME EFFECTIVE TWO YEARS FROM THE EFFECTIVE DATE OF THE PERMIT. (09/01/92)
 * Method code for TRC is 4500 CI (6). Detection limit is 0.20 mg/L.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 022067070100-1742 PAGE OF 2

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: December Year: 1997

(2) Plants DEP Identification Number: 3155P02141

(3) Plant Name: Saint Johns Forest Wastewater Treatment Plant

(4) Plant Address: 2740-2 CR 210 West

(5) City:

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-245214

(9) Plant Type: 1-C

(10) Test Site Identification Number: 3155X12695

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Michael R. [Signature] B7627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.049
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.032
(19) Percent of permitted capacity	%	---	17.7
(20) CBOD5 Effluent	mg/L	080082	4.6
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	13.6
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0.31
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	5.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		15
(35) TRC method code: 4500 Cl (G)			

(*) Duval Septic hauled

Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month December Year 1997

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.034	2.5		75		8.5	7.2		<1
02	0.040	1.0		35		13.1	7.3		280
03	0.046	4.5		52		5.3	7.1		<1
04	0.055	5.0		51		10.7	7.2		<1
05	0.040	5.0					7.1		
06	0.042	1.0					7.2		
07	0.049	1.0					7.0		
08	0.071	5.0		39		14.8	7.0		< 1
09	0.051	5.0		132		16.0	7.0		1
10	0.034	5.0		66		16.8	7.0		<1
11	0.057	5.0	113	112	5.5	8.3	7.0	0.31	<1
12	0.038	1.1					7.1		
13	0.050	1.0					7.1		
14	0.072	1.1					7.2		
15	0.045	1.0		29		27.2	7.2		<1
16	0.039	3.0		97		10.8	7.1		<1
17	0.040	2.0		47		18.6	7.2		<2
18	0.071	3.0		45		11.4	7.0		6
19	0.073	2.1					7.1		
20	0.047	2.0					7.3		
21	0.045	2.7		150		8.3	7.3		<1
22	0.045	2.0		74		16.0	7.2		<1
23	0.045	1.8	110	31	3.6	10.2	7.1	0.95	<1
24	0.051	2.3		58		7.7	7.1		<1
25	0.063	2.1					7.0		
26	0.036	2.3					7.1		
27	0.058	1.8					7.0		
28	0.043	1.5		18		24.3	7.0		< 1
29	0.050	1.0		242		7.7	7.0		<1
30	0.048	3.5		28		19.1	7.2		<1
31	0.029	2.8		26		18.1	7.0		<1
Tot	1.507	80.1	223	1407	9.1	272.9		0.31	305
Avg	0.049	2.6	112	70	4.6	13.6		0.31 0.63	15
Max	0.073	5.0	113	242	5.5	27.2	7.3	0.31	280
Min	0.029	1.0	110	18	3.6	5.3	7.0	0.31	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Mike D. Akers

Date: 01-12-98

Mike D. Akers

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

- (1) Month: November Year: 1997
- (2) Plants DEP Identification Number: 3155PO2141
- (3) Plant Name: Saint Johns Forest Wastewater Treatment Plant
- (4) Plant Address: 2740-2 CR 210 West
- (5) City:
- (6) County: St. Johns
- (7) Phone Number: (904) 725-2865
- (8) Permit Number: D055-245214
- (9) Plant Type: 1-C
- (10) Test Site Identification Number: 3155X12695
- (11) Fecal Coliform Sample Method: *
- ☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse
- Percolation Pond
- (13) Limited Wet Weather Discharge Activated
- ☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Milo Allen* RT627

signature

Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.037
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.025
(19) Percent of permitted capacity	%	---	14.1
(20) CBOD5 Effluent	mg/L	080082	2.6
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	7.2
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	6.9
(25) Maximum pH		---	7.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH ₃ - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	4.77
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	3.0
(32) Maximum Chlorine Residual	n/a	---	5.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		1
(35) TRC method code: 4500 Cl (G)			

(*) Duval Septic hauled 2 Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month November Year 1997

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.016	5.0					7.0		
02	0.072	4.5					7.0		
03	0.034	5.0		31		8.3	6.9		<1
04	0.022	5.0		73		7.5	7.0		<1
05	0.035	4.5		127		8.1	7.0		<1
06	0.021	5.0		46		5.6	7.0		<1
07	0.033	5.0					7.0		
08	0.041	4.5					7.0		
09	0.041	5.0					7.0		
10	0.056	5.0		32		5.5	7.1		< 1
11	0.076	5.0		47		6.4	7.2		< 1
12	0.044	5.0		27		3.9	7.1		< 1
13	0.029	5.0	147	96	2.5	6.1	7.0	<0.05	< 1
14	0.038	5.0					7.0		
15	0.032	3.5					7.3		
16	0.038	3.5					7.3		
17	0.024	3.8		30		6.8	7.1		< 1
18	0.031	5.0		53		12.8	7.1		< 1
19	0.024	4.6		48		8.3	7.0		< 1
20	0.026	5.0		52		7.4	7.0		< 1
21	0.025	5.0					6.9		
22	0.026	3.0					7.0		
23	0.034	3.0		30		8.4	7.0		< 1
24	0.034	4.3		39		6.1	6.9		< 1
25	0.042	3.8		27		6.4	7.0		< 1
26	0.040	3.8	126	33	2.7	7.9	7.0	9.48	< 1
27	0.043	3.8					7.0		
28	0.046	4.0					7.0		
29	0.044	3.5					7.1		
30	0.037	3.0					7.1		
Tot	1.104	131.1	273	791	5.2	115.5		9.53	16
Avg	0.037	4.4	137	49	2.6	7.2		4.77	1
Max	0.076	5.0	147	127	2.7	12.8	7.3	9.48	1
Min	0.016	3.0	126	27	2.5	3.9	6.9	0.05	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Michael D. AkersDate: 12-10-97

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1997

(2) Plants DEP Identification Number: 3155P02141

(3) Plant Name: Saint Johns Forest Wastewater Treatment Plant

(4) Plant Address: 2740-2 CR 210 West

(5) City:

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-245214

(9) Plant Type: 1-C

(10) Test Site Identification Number: 3155X12695

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Mike Cohen B7627

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.0
(17) Permitted capacity	mgd	---	0.0
(18) Three-month average daily flow	mgd	---	0.0
(19) Percent of permitted capacity	%	---	13
(20) CBOD5 Effluent	mg/L	080082	2
(21) CBOD5 Effluent	lbs/day	---	N
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	---	N
(24) Minimum pH		---	6
(25) Maximum pH		---	7
(26) Total N	mg/L	000600	N
(27) TKN	mg/L	000625	N
(28) Ammonia (NH3 - N)	mg/L	000610	N
(29) Nitrate	mg/L	071850	0.
(30) Total Phosphorus	mg/L	000665	N
(31) Minimum Chlorine Residual	mg/L	900243	1
(32) Maximum Chlorine Residual	n/a	---	7
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		
(35) TRC method code: 4500 Cl (G)			

(*) Duval Septic hauled

Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month October Year 1997

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.019	4.5		54		3.3	7.1		<1
02	0.035	5.0	128	51	2.4	4.3	7.4	0.23	<1
03	0.030	5.0					7.3		
04	0.015	5.0					7.2		
05	0.022	5.0					7.3		
06	0.020	4.1		92		4.2	7.0		<1
07	0.023	7.8		197		5.3	7.0		<1
08	0.022	5.0		29		3.8	7.0		<1
09	0.016	5.0		68		3.9	7.0		<1
10	0.017	5.0					7.0		
11	0.031	3.3					7.1		
12	0.016	4.5					7.1		
13	0.015	4.8		101		3.6	7.0		<1
14	0.025	5.0		61		5.4	7.1		<1
15	0.021	5.0		267		5.5	7.0		<1
16	0.034	5.0	148	42	2.6	5.0	7.0	0.60	<1
17	0.013	5.0					7.1		
18	0.021	5.0					7.0		
19	0.030	5.0					7.1		
20	0.044	5.0		47		3.9	7.2		<1
21	0.026	5.0		31		8.8	7.2		8
22	0.017	4.0		45		5.4	7.1		<1
23	0.044	3.1		52		5.2	6.9		<1
24	0.019	3.8					6.9		
25	0.021	1.4					7.4		
26	0.033	2.8					7.4		
27	0.030	3.0		261		12.6	7.1		28
28	0.025	4.5		47		10.6	7.1		<1
29	0.020	3.8		30		6.9	7.0		<1
30	0.031	4.0	114	31	2.3	6.2	7.0	1.49	<1
31	0.031	4.0					7.0		
Tot	0.766	138.4	390	1506	7.3	103.9		2.32	52
Avg	0.025	4.5	130	84	2.4	5.8		0.77	3
Max	0.044	7.8	148	267	2.6	12.6	7.4	1.49	28
Min	0.013	1.4	114	29	2.3	3.3	6.9	0.23	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Mike D. AkersDate: 11-17-97

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

1) Month: September Year: 1997

2) Plants DEP Identification Number: 3155P02141

3) Plant Name: Saint Johns Forest Wastwater Treatment Plant

4) Plant Address: 2740-2 CR 210 West

5) City:

6) County: St. Johns

7) Phone Number: (904) 725-2865

8) Permit Number: D055-245214

9) Plant Type: 1-C

10) Test Site Identification Number: 3155X12695

11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge:

15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: M. B. Allen B7627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.027
(19) Percent of permitted capacity	%	---	15.1
(20) CBOD5 Effluent	mg/L	080082	1.5
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	5.3
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	5.06
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.7
(32) Maximum Chlorine Residual	n/a	---	5.0
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		1
(35) TRC method code: 4500 Cl (G)			

*) Duval Septic hauled 2 Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month September Year 1997

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.028	5.0		54		2.4	7.2		< 1
02	0.028	5.0		47		2.9	7.2		< 1
03	0.023	5.0		50		2.2	7.1		< 1
04	0.033	5.0	236	50	2.0	3.2	7.2	7.84	< 1
05	0.025	4.5					7.2		
06	0.017	2.0					7.3		
07	0.015	1.7					7.2		
08	0.015	5.0		71		30.6	7.2		< 1
09	0.014	4.3		34		10.5	7.1		< 1
10	0.023	5.0		49		2.9	7.1		< 1
11	0.024	2.8		71		4.9	7.1		8
12	0.020	4.8					7.1		
13	0.010	5.0					7.2		
14	0.013	3.7					7.1		
15	0.011	4.5		31		2.4	7.0		< 1
16	0.011	5.0		26		1.9	7.1		< 1
17	0.012	5.0		128		2.0	7.1		< 1
18	0.018	5.0	241	333	< 1.0	2.4	7.1	2.27	< 1
19	0.015	4.5					7.1		
20	0.018	4.5					7.1		
21	0.025	4.0					7.2		
22	0.025	3.9		44		4.3	7.2		< 1
23	0.021	4.4		29		5.0	7.1		< 1
24	0.030	5.0		95		3.6	7.1		< 1
25	0.034	5.0		197		4.4	7.1		< 1
26	0.033	5.0					7.1		
27	0.036	3.5					7.4		
28	0.012	3.5					7.4		
29	0.013	4.2		27		5.8	7.2		< 1
30	0.020	3.8		110		4.8	7.2		< 1
Tot	0.622	129.6	477	1446	3.0	96.2		10.11	25
Avg	0.021	4.3	239	80	1.5	5.3		5.06	1
Max	0.036	5.0	241	333	2.0	30.6	7.4	7.84	8
Min	0.010	1.7	236	26	1.0	1.9	7.0	2.27	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Mike D. Akers

Date: 10-10-97

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: August Year: 1997
 (2) Plants DEP Identification Number: 3155P02141
 (3) Plant Name: Saint Johns Forest Wastewater Treatment Plant
 (4) Plant Address: 2740-2 CR 210 West
 (5) City:

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-245214

(9) Plant Type: 1-C

(10) Test Site Identification Number: 3155X12695

(11) Pecal Coliform Sample Method: *

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Mike Oliver B-7627
 signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.026
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.030
(19) Percent of permitted capacity	%	---	16.9
(20) CBOD5 Effluent	mg/L	080082	3.7
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	8.1
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0.51
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	3.5
(32) Maximum Chlorine Residual	n/a	---	5.0
(33) Other Effluent Parameters			
Pecal Coliform (Arithmetic Mean)	no/100 ml		2
(35) TRC method code: 4500 Cl (G)			
(36) Nutrient Sample Date: 08-07-00			

(*) Duval Septic hauled 1 Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month August Year 1997

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.040	3.8					7.1		
02	0.035	3.5					7.4		
03	0.036	3.5					7.5		
04	0.036	5.0		32		6.8	7.0		<1
05	0.024	5.0		38		6.1	7.1		<1
06	0.025	5.0		25		5.1	7.1		<1
07	0.037	5.0	112	39	5.4	6.0	7.1	0.06	<1
08	0.024	4.0					7.0		
09	0.022	4.2					7.1		
10	0.030	4.0					7.1		
11	0.021	5.0		33		5.2	7.2		<1
12	0.030	5.0		35		3.2	7.1		<1
13	0.021	5.0		31		6.5 6.2	7.2		<1
14	0.023	5.0		51		6.0	7.1		<1
15	0.037	5.0					7.2		
16	0.025	5.0					7.1		
17	0.022	5.0					7.1		
18	0.026	5.0		185		6.6	7.2		<1
19	0.026	5.0		33		15.7	7.1		<1
20	0.023	5.0		45		6.4	7.1		<1
21	0.025	5.0	151	24	1.9	7.2	7.2	0.96	<1
22	0.020	5.0					7.2		
23	0.025	5.0					7.3		
24	0.033	5.0					7.2		
25	0.027	5.0		97		7.6	7.1		<1
26	0.022	5.0		38		14.2	7.2		<1
27	0.020	5.0		44		2.8	7.3		6
28	0.020	5.0		63		24.4	7.2		18
29	0.023	5.0					7.2		
30	0.019	5.0					7.2		
31	0.021	5.0					7.2		
Tot	0.818	148.0	263	813	7.3	129.8		1.02	38
Avg	0.026	4.8	132	51	3.7	8.1		0.51	2
Max	0.040	5.0	151	185	5.4	24.4	7.5	0.96	18
Min	0.019	3.5	112	24	1.9	2.8	7.0	0.06	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Michael D. AkersDate: 09-10-97

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

- (1) Month: July Year: 1997
- (2) Plants DEP Identification Number: 3155P02141
- (3) Plant Name: Saint Johns Forest Wastewater Treatment Plant
- (4) Plant Address: 2740-2 CR 210 West
- (5) City:
- (6) County: St. Johns
- (7) Phone Number: (904) 725-2865
- (8) Permit Number: D055-245214
- (9) Plant Type: 1-C
- (10) Test Site Identification Number: 3155X12695
- (11) Fecal Coliform Sample Method:
- ☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse
- Percolation Pond
- (13) Limited Wet Weather Discharge Activated
- ☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge:
- (15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Michael A. Allen* 27627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.030
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.032
(19) Percent of permitted capacity	%	---	17.5
(20) CBOD5 Effluent	mg/L	080082	2.1
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	4.1
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	6.7
(25) Maximum pH		---	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	6.73
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.4
(32) Maximum Chlorine Residual	n/a	---	5.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)			no/100 ml
			5
(35) TRC method code: 4500 Cl (G)			
(36) Nutrient Sample Date: 07-10-97			

(*) Duval Septic hauled

Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month July Year 1997

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.029	5.0		73		9.2	7.4		< 1
02	0.032	5.0		40		6.7	7.3		< 1
03	0.045	4.5		34		4.3	7.3		< 1
04	0.043	5.0					7.3		
05	0.030	5.0					7.3		
06	0.037	5.0					7.2		
07	0.026	5.0		37		4.5	7.3		
08	0.033	5.0		40		4.4	7.3		> 80
09	0.026	5.0		31		5.5	7.3		< 1
10	0.030	5.0	106	56	2.0	4.5	7.3	4.41	< 1
11	0.033	5.0					7.3		
12	0.027	3.5					7.4		
13	0.020	3.8					7.3		
14	0.015	4.2		75		3.8	7.3		< 1
15	0.017	5.0		32		2.2	6.7		< 1
16	0.022	5.0		38		2.3	6.8		< 1
17	0.040	5.0		38		1.8	6.8		< 1
18	0.032	4.5					7.2		
19	0.043	5.0					7.2		
20	0.033	4.3					7.2		
21	0.036	5.0		41		2.9	7.1		< 1
22	0.023	1.4		32		1.5	7.1		< 1
23	0.025	2.8		187		1.7	7.1		< 1
24	0.023	5.0	144	51	2.2	2.2	7.1	9.05	< 1
25	0.026	1.5					7.1		
26	0.020	3.7					7.2		
27	0.026	3.0					7.1		
28	0.022	2.2		224		3.0	7.1		< 1
29	0.033	2.4		26		4.4	7.1		< 1
30	0.033	2.8		33		3.8	7.1		< 1
31	0.038	3.0		44		9.7	7.1		< 1
Tot	0.918	127.6	250	1132	4.2	78.4		13.46	97
Avg	0.030	4.1	125	60	2.1	4.1		6.73	5
Max	0.045	5.0	144	224	2.2	9.7	7.4	9.05	80
Min	0.015	1.4	106	26	2.0	1.5	6.7	4.41	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Mike D. Akers

Date: 08-11-97

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: June Year: 1997

) Plants DEP Identification Number: 3155P02141

) Plant Name: Saint Johns Forest Wastwater Treatment Plant

) Plant Address: 2740-2 CR 210 West

) City:

) County: St. Johns

) Phone Number: (904) 725-2865

) Permit Number: D055-245214

) Plant Type: 1-C

) Test Site Identification Number: 3155X12695

) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

) Cumulative Days of Wet Weather Discharge:

) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Michael Du Plessis 87627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.031
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.031
(19) Percent of permitted capacity	%	---	17.0
(20) CBOD5 Effluent	mg/L	080082	2.2
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	5.2
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.1
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0.12
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.5
(32) Maximum Chlorine Residual	n/a	---	5.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		3
(35) TRC method code: 4500 Cl (G)			
(36) Nutrient Sample Date: 06-12-97			

*) Duval Septic hauled 2 Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

34)

Month June Year 1997

Day of Month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
1	0.035	3.0					7.1		
2	0.025	3.3		84		2.5	7.1		< 1
3	0.029	5.0		54		3.7	7.3		< 1
4	0.050	5.0		49		4.5	7.3		< 1
5	0.038	5.0		34		7.8	7.3		< 1
6	0.024	5.0					7.2		
7	0.029	3.5					7.4		
8	0.038	3.5					7.4		
9	0.038	5.0		75		4.0	7.3		< 1
10	0.036	5.0		35		4.0	7.2		< 1
11	0.037	5.0		59		5.7	7.2		< 1
12	0.037	5.0	101	22	2.3	6.6	7.3	0.06	< 1
13	0.037	5.0					7.3		
14	0.033	5.0					7.2		
15	0.034	5.0					7.1		
16	0.022	5.0		28		3.9	7.1		< 1
17	0.022	5.0		45		4.1	7.1		< 1
18	0.029	5.0		62		3.9	7.4		< 1
19	0.038	5.0		48		5.7	7.2		< 1
20	0.021	5.0					7.2		
21	0.013	5.0					7.2		
22	0.014	4.5					7.2		
23	0.018	5.0		55		3.1	7.3		< 1
24	0.033	3.1		50		6.1	7.1		< 1
25	0.030	1.5		39		8.8	7.5		40
26	0.044	5.0	120	34	2.1	6.2	7.4	0.18	< 1
27	0.026	3.7					7.3		
28	0.035	3.0					7.3		
29	0.038	3.0		62		7.0	7.3		< 1
30	0.025	3.5					7.3		
tot	0.928	130.6	221	835	4.4	87.6		0.24	56
avg	0.031	4.4	111	49	2.2	5.2		0.12	3
max	0.050	5.0	120	84	2.3	8.8	7.5	0.18	40
min	0.013	1.5	101	22	2.1	2.5	7.1	0.06	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Mike D. Akers

Date: 07-07-97

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

Month: May Year: 1997

Plant DEP Identification Number: 3155PD2141

Plant Name: Saint Johns Forest Wastewater Treatment Plant

Plant Address: 2740-2 CR 210 West

City:

County: St. Johns

Phone Number: (904) 725-2865

Permit Number: D055-245214

Plant Type: I-C

Test Site Identification Number: 3155X12695

Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge:

Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: B Cert. No.: 7627

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Michael D. P. P. 87627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.031
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.027
(19) Percent of permitted capacity	%	---	14.8
(20) CBOD5 Effluent	mg/L	080082	11.9
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	8.5
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.1
(25) Maximum pH		---	7.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0.16
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	2.0
(32) Maximum Chlorine Residual	n/a	---	5.0
(33) Other Effluent Parameters			
Fecal Coliform (Arthmetic Mean)	no/100 ml		2
(35) TRC method code: 4500 C1 (G)			

Duval Septic hauled 1 Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: April Year: 1997

) Plants DEP Identification Number: 3155P02141

) Plant Name: Saint Johns Forest Wastewater Treatment Plant

) Plant Address: 2740-2 CR 210 West

) City:

) County: St. Johns

) Phone Number: (904) 725-2865

) Permit Number: D055-245214

) Plant Type: 1-C

) Test Site Identification Number: 3155X12695

1) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

3) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

4) Cumulative Days of Wet Weather Discharge:

5) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Michael Du Pless B7627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.032
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.023
(19) Percent of permitted capacity	%	---	13.0
(20) CBOD5 Effluent	mg/L	080082	7.7
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	14.1
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.1
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	< 0.05
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	2.0
(32) Maximum Chlorine Residual	n/a	---	5.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		1
(35) TRC method code: 4500 Cl (6)			
(36) Nutrient Sample Date: 04-17-97			

) Duval Septic hauled

1 Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

34)

Month April Year 1997

Day of Month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
1	0.032	3.0		38		10.2	7.4		<1
2	0.022	3.0		27		7.3	7.4		<1
3	0.032	3.0	176	58	9.8	12.1	7.4	<0.05	<1
4	0.033	2.9					7.3		
5	0.020	2.5					7.3		
6	0.022	2.0					7.3		
7	0.019	2.5		186		11.6	7.4		<1
8	0.022	4.0		42		8.1	7.4		2
9	0.032	3.9		53		8.8	7.5		<1
0	0.040	5.0		153		18.2	7.4		<1
1	0.027	3.0					7.3		
2	0.022	3.0					7.4		
3	0.029	3.0					7.4		
4	0.027	3.0		29		16.4	7.4		1
5	0.041	5.0		42		23.4	7.3		3
6	0.025	5.0		798		22.6	7.2		<1
7	0.027	5.0	129	23	5.6	24.0	7.1	<0.05	<1
8	0.043	5.0					7.1		
9	0.028	4.2					7.1		
0	0.029	5.0					7.2		
1	0.027	4.1		1118		9.2	7.2		<1
2	0.039	5.0		35		11.2	7.2		2
3	0.031	3.0		38		9.2	7.2		<1
4	0.032	3.0		77		21.4	7.2		<1
5	0.030	3.0					7.2		
6	0.057	3.0					7.3		
7	0.066	3.0					7.2		
8	0.034	3.0		197		16.4	7.2		<1
9	0.047	3.0		55		19.6	7.2		3
0	0.028	3.0		31		4.8	7.3		<1
ot	0.963	106.1	305	3000	15.4	254.5		0.10	24
vg	0.032	3.5	153	167	7.7	14.1		<0.05	1
ax	0.066	5.0	176	1118	9.8	24.0	7.5	<0.05	3
in	0.019	2.0	129	23	5.6	4.8	7.1	<0.05	<1

Head Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Michael D. Akers

Date: 05-09-97

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: March Year: 1997

(2) Plants DEP Identification Number: 3155P02141

(3) Plant Name: Saint Johns Forest Wastewater Treatment Plant

(4) Plant Address: 2740-2 CR 210 West

(5) City:

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-245214

(9) Plant Type: 1-C

(10) Test Site Identification Number: 3155X12695

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Mike Akers B7627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.024
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.022
(19) Percent of permitted capacity	%	---	12.0
(20) CBOD5 Effluent	mg/L	080082	11.6
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	13.7
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.3
(25) Maximum pH		---	7.6
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0.22
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.5
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		2
(35) TRC method code: 4500 Cl (G)			
(36) Nutrient Sample Date:			

(*) Duval Septic hauled 3 Loads of Digester Sludge to Landfill at 5000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

(34)

Month March Year 1997

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.017	2.9					7.4		
02	0.011	2.9					7.4		
03	0.019	1.5		47		8.1	7.4		6
04	0.018	2.8		62		12.6	7.5		3
05	0.014	3.0		86		8.7	7.4		1
06	0.033	2.8	200	59	9.8	15.9	7.3	0.38	<1
07	0.017	3.0					7.4		
08	0.017	3.0					7.4		
09	0.024	3.0					7.3		
10	0.013	3.0		68		13.4	7.5		1
11	0.014	3.0		46		13.2	7.3		8
12	0.022	2.9		49		9.0	7.6		<1
13	0.024	3.0		359		9.0	7.5		<1
14	0.021	3.0					7.4		
15	0.021	3.0					7.5		
16	0.035	3.0					7.5		
17	0.037	3.0		41		19.8	7.5		<1
18	0.025	3.0		36		20.8	7.5		1
19	0.024	3.0		38		9.2	7.5		<1
20	0.047	3.0	213	145	13.3	4.5	7.5	<0.05	3
21	0.025	3.0					7.5		
22	0.020	3.0					7.4		
23	0.034	2.9					7.4		
24	0.027	3.0		69		21.0	7.6		<1
25	0.040	3.0		73		16.2	7.4		1
26	0.022	3.0		218		14.4	7.4		<1
27	0.023	3.0		139		24.0	7.4		<1
28	0.021	3.0					7.4		
29	0.031	3.0					7.4		
30	0.026	3.0					7.4		
31	0.027	3.0		39		12.6	7.5		<1
Tot	0.749	90.7	413	1574	23.1	245.8		0.43	33
Avg	0.024	2.9	207	93	11.6	13.7		0.22	2
Max	0.047	3.0	213	359	13.3	24.0	7.6	0.38	8
Min	0.011	1.5	200	36	9.8	4.5	7.3	0.05	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Mike D. Akers

Date: 04-10-97

Mike D. Akers

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

Month: February Year: 1997

Plants DEP Identification Number: 3155P02141

Plant Name: Saint Johns Forest Wastwater Treatment Plant

Plant Address: 2740-2 CR 210 West

City:

County: St. Johns

Phone Number: (904) 725-2865

Permit Number: D055-245214

Plant Type: 1-C

) Test Site Identification Number: 3155X12695

) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

) Cumulative Days of Wet Weather Discharge:

5) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Mike P. [Signature] 87627
signature Cert No.

) Duval Septic hauled

Loads of Digester Sludge to Landfill at 7000 gal/load.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.001
(19) Percent of permitted capacity	%	---	0.4
(20) CBOD5 Effluent	mg/L	080082	8.1
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	7.7
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	7.0
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0.39
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	3.1
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		2
(35) TRC method code: 4500 Cl (G)			
(36) Nutrient Sample Date: 02-06-97			

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: January Year: 1997

(2) Plants DEP Identification Number: 3155P02141

(3) Plant Name: Saint Johns Forest Wastewater Treatment Plant

(4) Plant Address: 2740-2 CR 210 West

(5) City:

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-245214

(9) Plant Type: 1-C

(10) Test Site Identification Number: 3155X12695

(11) Faecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 7627

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Michael R. O'Keefe 87627
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.022
(17) Permitted capacity	mgd	---	0.070
(18) Three-month average daily flow	mgd	---	0.018
(19) Percent of permitted capacity	%	---	10.3
(20) CBOD5 Effluent	mg/L	080082	5.9
(21) CBOD5 Effluent	lbs/day	---	N/A
(22) TSS Effluent	mg/L	900201	7.8
(23) TSS Effluent	lbs/day	---	N/A
(24) Minimum pH		---	6.9
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	1.40
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.1
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Faecal Coliform (Arithmetic Mean)	no/100 ml		2
(35) TRC method code: 4500 Cl (G)			
(36) Nutrient Sample Date:			

(x) Duval Septic hauled 2 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns Forest Wastewater Treatment Facility

D.E.P. Identification Number: 3155P02141

Month January Year 1997

(34)

day of month	Flow (mgd)	Chlorine residual after contact	BOD5 Inf (mg/L)	TSS Inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	Nitrate Eff (mg/L)	Facal Coliform (#/100ml)
01	0.017	2.4				12.8	7.2		
02	0.025	3.0		220			7.2		< 1
03	0.021	2.8					7.1		
04	0.028	2.5					7.1		
05	0.031	2.1					7.1		
06	0.015	2.6		207		7.3	7.2		< 1
07	0.021	2.9		33		8.5	7.2		4
08	0.026	2.8		37		5.9	7.1		< 1
09	0.028	3.0	342	86	10.7	11.5	7.1	0.02 0.17	< 1
10	0.011	2.9					7.1		
11	0.018	3.0					7.1		
12	0.028	3.0					7.1		
13	0.020	3.0	25	25		4.7	6.9		< 4
14	0.029	3.0	44	44		10.0	7.0		< 1
15	0.015	2.8	68	68		8.8	6.9		< 1
16	0.025	2.8	35	35		6.3	7.5		< 1
17	0.024	3.0					7.1		
18	0.025	3.0					7.1		
19	0.023	3.0					7.2		
20	0.026	2.8	30	30		6.1	7.2		< 1
21	0.019	3.0	286	286		10.6	7.1		< 1
22	0.017	2.9	42	42		5.2	7.0		< 1
23	0.018	1.5	246	219	< 1.0	6.4	7.1	2.63	< 4
24	0.015	2.1					7.1		
25	0.024	1.7					7.3		
26	0.028	1.1					7.3		
27	0.021	2.1	425	425		5.4	7.2		1
28	0.026	2.6	58	58		9.6	7.2		14
29	0.021	2.0	93	93		7.7	7.2		< 1
30	0.025	2.6	130	130		5.7	7.3		< 1
31	0.015	2.6					7.2		
Tot	0.685	80.8	588	2038	11.7	132.5		2.65	39
Avg	0.022	2.6	234	120	5.9	7.8		1.82 1.40	2
Max	0.031	3.0	342	425	10.7	12.8	7.5	2.63	14
Min	0.011	1.1	246	25	1.0	4.7	6.9	0.02 0.17	< 1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Michael D. AkersDate: 02-10-97

Mike D. Akers

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2855

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: December Year: 1997

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Sam P. Kelly* B-6914
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.230
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.192
(19) Percent of permitted capacity	%	---	107
(20) CBOD5 Effluent	mg/L	080082	1.0
(21) CBOD5 Effluent	lbs/day	---	1.7
(22) TSS Effluent	mg/L	900201	7.4
(23) TSS Effluent	lbs/day	---	13.0
(24) Minimum pH		---	6.9
(25) Maximum pH		---	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	7.18
(29) Nitrate	mg/L	071850	2.66
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	mg/L	---	2.4
(33) Other Effluent Parameters			
Nitrite + Nitrate	mg/L	---	
Ortho Phosphate	mg/L	---	
Organic N	mg/L	---	
Fecal Coliform (Arithmetic Mean) no/100 ml			1

(34) TRC Method Code 4500 Cl (G)

Minimum Detection Level: 0.02

(*) Duval Septic hauled 4 Loads of Digester Sludge to Landfill at 7000 gal/load.

St. Johns North Wastewater Treatment Facility

Permit #: FLO117668

Discharge Point#:D001

Month December Year 1997

day of month	Flow (mgd)	Chlorine Residual Pre SO2 EFA-1	Chlorine Residual D001	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) D001	TSS (mg/L) EFA-1	pH D001	D.O. (mg/L) D001	NH3-N (mg/L) D001	Nitrate (mg/L) EFA-1	Fecal Coliform EFA-1
01	0.177	>2.2					4.2					<1
02	0.222	>2.2					10.1					<1
03	0.154	>2.2					8.4					<1
04	0.178	1.5					2.5					<1
05	0.193	1.6										
06	0.210	2.2										
07	0.154	1.0										
08	0.193	>2.2					8.2					<1
09	0.182	1.6					6.7	6.9	2.0			<1
10	0.206	2.2					6.3	7.0	2.1			<1
11	0.202	>2.2		100	92	<1.0	4.5	7.0	1.9	1.16	4.63	<1
12	0.310	>2.2						7.0	2.0			
13	0.248	2.1										
14	0.422	2.0										
15	0.259	1.7					9.5	6.9	1.9			<1
16	0.223	2.2					10.8	7.0	2.1			<1
17	0.195	>2.2					14.6	7.1	1.7			<2
18	0.205	>2.2					9.0	7.1	1.6			<1
19	0.252	>2.2	<0.20					7.0	1.9			
20	0.149	2.2										
21	0.263	2.2					8.3					<1
22	0.182	2.3					7.2	7.1	2.1			<1
23	0.237	2.4					2.7				0.69	<1
24	0.278	2.1		151	210		8.1					<1
25	0.374	1.8										
26	0.275	2.3										
27	0.335	1.8										
28	0.140	2.2					7.0					<1
29	0.224	2.1					7.0	7.0	1.8			<1
30	0.237	>2.2					6.7					<1
31	0.252	>2.2					5.8					<1
Avg	0.230	2.1	<0.20	126	151	1.0	7.4		1.9	1.16	2.66	1
Max	0.422	2.4	<0.20	151	210	1.0	14.6	7.1	2.1	1.16	4.63	2
Min	0.140	1.0	<0.20	100	92	1.0	2.5	6.9	1.6	1.16	0.69	<1

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.192

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: James P. Kelly B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 107

St. Johns North Wastewater Treatment Facility

Permit#: FLO117668

Discharge Point#: D002

Month December Year 1997

day of month	chlorine residual	CBOD (mg/L)	pH	D.O. (mg/L)	NH3-N (mg/L)
	D002	D002	D002	D002	D002
01			6.9	1.9	
02	<0.20		6.9	1.7	
03			6.9	1.6	
04			7.0	1.9	
05			7.0	1.8	
06					
07					
08			6.9	1.9	
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23		<1.0	7.0	1.8	13.2
24			7.1	2.2	
25					
26					
27					
28					
29					
30			7.3	2.1	
31			7.2	1.9	
Avg	<0.20	1.0	7.0	1.9	13.2
Max	<0.20	1.0	7.3	2.2	13.2
Min	<0.20	1.0	6.9	1.6	13.2

Day Shift Operator Class: "B" Cert. No.: 6916

Day Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Laura P. Willy B-6916
signature Cert. No.

Permitted Capacity mgd --- 0.225

Three-Month Average Daily Flow mgd --- 0.192

Percent of Permitted Capacity % --- 107

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/12/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/12/31
REPORT: Monthly
GROUP: Domestic

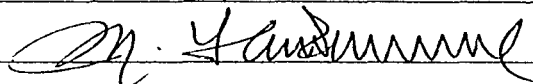
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.183				0	1/30	cat
STORET No. 50050 Y	Permit	0.225	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-1	Measurement	(An. Avg.)						
Flow through WWTP	Sample Measurement	0.230				1	cont	Flow meter
STORET No. 50050 I	Permit	0.225	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-1	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			2.7		0	1/30	cat
STORET No. 80082 Y	Permit			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	Measurement			(An. Avg.)				
CBOD5	Sample Measurement			1.0		0	1/4	8 comp
STORET No. 80082 I	Permit			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	Measurement			(Mo. Avg.)				
TSS	Sample Measurement					16	4/7	Grab
STORET No. 00530 I	Permit						4 Days per Week	Grab
Mon. Site No. EFA-2	Measurement							
Fecal Coliform Bacteria	Sample Measurement			100 %		0	4/7	Grab
STORET No. 31616 I	Permit			75% NON-DETECTABLE			4 Days per Week	Grab
Mon. Site No. EFA-1	Measurement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	98/01/19

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

- * Monthly Average Flow limit was exceeded.
- ** TSS limit for EFA-2 was exceeded on 16 of 20 samples.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.9	7.1	0	Daily	Grab
STORET No. 00400 I	Permit Measurement			6.0 Min	7.5 Max	0	5 Days/Week	Grab
Mon. Site No. EFD-1	Sample Measurement			1.0		0	Daily	Grab
TRC for disinfection	Permit Measurement			1.0 (Min)		0	5 Days/Week	Grab
STORET No. 50060 A	Sample Measurement				NODT=B	0	1/14	Grab
Mon. Site No. EFA-1	Permit Measurement				0.01 (Max)	0	Every 2 Weeks	Grab
TRC for dechlorination	Sample Measurement			1.64		0	1/30	calc
STORET No. 00610 Y	Permit Measurement			2.2 (Ann. Avg.)		0	Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	Sample Measurement			1.16	1.16	0	1/14	8comp
STORET No. 00610 I	Permit Measurement			2.75 (Mo. Avg.)	4.4 (Max)	0	Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	Sample Measurement				1.6	11	Daily	Grab
Oxygen, Dissolved (DO)	Permit Measurement				5.0 (Min)	0	5 Days/Week	Grab
STORET No. 00300 I	Sample Measurement					0	1/14	8comp
Mon. Site No. EFD-1	Permit Measurement					0	Every 2 Weeks	8-hour F.P.C.
NO3-Nitrogen, Total as N	Sample Measurement				4.63	0	1/14	8comp
STORET No. 00620 I	Permit Measurement				12.0 (Max)	0	Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFA-1	Sample Measurement			126		0	1/14	8comp
CBOD5	Permit Measurement			Report (Mo. Avg.)		0	Every Two Weeks	8-hour F.P.C.
STORET No. 80082 G	Sample Measurement			151		0	1/14	8comp
Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		0	Every Two Weeks	8-hour F.P.C.
TSS	Sample Measurement					0	1/14	8comp
STORET No. 00530 O	Permit Measurement					0	Every Two Weeks	8-hour F.P.C.
Mon. Site No. INF-1	Sample Measurement					0	1/14	8comp

* Method code for TRC is 4500 Cl₂. Detection limit is 0.20 mg/L.

** Minimum DO was not met on all 11 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

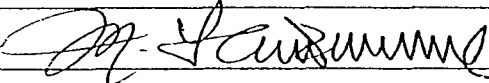
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 9/7/12/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 9/7/12/31
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X14782

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			1.7				0	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0 (An. Avg.)			mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2	Sample Measurement			1.0		1.0		0	1/14	8comp
STORET No. 80082 I	Permit Measurement			20.0 (Mo. Avg.)		40.0 (Max.)	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2	Sample Measurement				6.9	7.3		0	Daily	Grab
pH	Permit Measurement				6.0 Min	7.3 Max	Std. Units		5 Days/Week	Grab
STORET No. 00400 I	Permit Measurement									
Mon. Site No. EFD-2	Sample Measurement					NODF=B	*	0	1/14	Grab
TRC for dechlorination	Permit Measurement					0.01 (Max.)	mg/L		Every 2 Weeks	Grab
STORET No. 50060 I	Permit Measurement									
Mon. Site No. EFD-2	Sample Measurement			2.91			**	1	1/30	calc
Nitrogen, Total Ammonia as N	Permit Measurement			2.2 (Ann. Avg.)			mg/L as N		Every 2 Weeks	8-hour F.P.C.
STORET No. 00610 Y	Permit Measurement									
Mon. Site No. EFD-2	Sample Measurement			13.2		13.2	**	1	1/14	8comp
STORET No. 00610 I	Permit Measurement			2.75 (Mo. Avg.)		4.4 (Max.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2	Sample Measurement									
Oxygen, Dissolved (DO)	Permit Measurement				1.6		(#3)	10	Daily	Grab
STORET No. 00300 I	Permit Measurement				5.0 (Min.)		mg/L		5 Days/Week	Grab
Mon. Site No. EFD-2	Sample Measurement									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 731-4600	98/01/19

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

* Method code for TRC is 4500^{Cl}(G). Detection limit is 0.20 mg/L.

** Total NH3 limits were exceeded.

(#3) minimum DO was not met on all 10 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225-4442

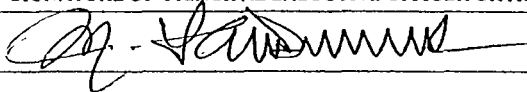
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/12/01 To: 97/12/31
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			NOI = 9			1/90	8 comp
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Organic, Total as N	Sample Measurement			NOI = 9			1/90	8 comp
STORET No. 00605 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Total Kjeldahl as N	Sample Measurement			NOI = 9			1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
NO2+NO3, Total I DET. as N	Sample Measurement			NOI = 9			1/90	8 comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Unionized Ammonia, Total as N	Sample Measurement			NOI = 9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Mon. Site No. EFD-1								
Temperature	Sample Measurement			NOI = 9			1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Quar. Avg.)	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Mon. Site No. EFD-1								
Phosphorus, Total as P	Sample Measurement			NOI = 9			1/90	8 comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Phosphorus in Total Orthophosphate as P	Sample Measurement			NOI = 9			1/90	8 comp
STORET No. 70307 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	98/01/19

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: November Year: 1997

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Samuel A. Kelly* B-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.193
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.179
(19) Percent of permitted capacity	%	---	100
(20) CBOD5 Effluent	mg/L	080082	2.7
(21) CBOD5 Effluent	lbs/day	---	3.8
(22) TSS Effluent	mg/L	900201	6.3
(23) TSS Effluent	lbs/day	---	9.5
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	0.58
(29) Nitrate	mg/L	071850	3.51
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.3
(32) Maximum Chlorine Residual	mg/L	---	3.5
(33) Other Effluent Parameters			
Nitrite + Nitrate	mg/L	---	
Ortho Phosphate	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml		1
(34) TRC Method Code 4500 Cl (G)			

Minimum Detection Level: 0.02

(*) Duval Septic hauled 3 Loads of Digester Sludge to Landfill at 7000 gal/load.

St. Johns North Wastewater Treatment Facility

Permit #: FLO117668

Discharge Point#:D001

Month November Year 1997

day of month	Flow (mgd)	Chlorine Residual Pre SO2 EFA-1	Chlorine Residual DO01	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) DO01	TSS (mg/L) EFA-1	pH DO01	D.O. (mg/L) DO01	NH3-N (mg/L) DO01	Nitrate (mg/L) EFA-1	Fecal Coliform EFA-1
01	0.215	1.6										
02	0.239	2.3										
03	0.141	>2.2					9.2					<1
04	0.175	>2.2					8.0					<1
05	0.173	>2.2					9.0	7.1	2.0			<1
06	0.175	>2.2					6.9	7.2	2.1			<1
07	0.182	2.2						7.1	2.0			
08	0.195	>2.2										
09	0.231	>2.2										
10	0.166	>2.2					6.3	6.9	1.6			<1
11	0.215	>2.2					5.3	6.8	1.7			<1
12	0.182	>2.2					4.4	7.1	1.8			<1
13	0.183	2.2		100	115		6.4				3.36	<1
14	0.259	>2.2										
15	0.199	2.2										
16	0.132	2.2										
17	0.177	>2.2					7.6					<1
18	0.225	>2.2					9.1	7.0	2.1			<1
19	0.149	2.0					7.9	7.1	2.1			<1
20	0.235	1.8					7.3	7.1	2.3			<1
21	0.230	2.5						7.0	2.0			
22	0.213	2.0										
23	0.113	1.3					3.6					<1
24	0.185	>2.2					3.1	7.0	2.2			<1
25	0.168	1.8	<0.20			2.7	4.2	7.1	2.3	0.58	3.66	<1
26	0.265	>2.2		117	122		2.3	7.1	2.3			<1
27	0.233	3.5										
28	0.108	3.2										
29	0.273	3.0										
30	0.143	2.9										

Avg	0.193	2.3	<0.20	109	119	2.7	6.3		2.0	0.58	3.51	1
Max	0.273	3.5	<0.20	117	122	2.7	9.2	7.2	2.3	0.58	3.66	1
Min	0.108	1.3	<0.20	100	115	2.7	2.3	6.8	1.6	0.58	3.36	1

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.179

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Sam P. Kelly B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 100

St. Johns North Wastewater Treatment Facility

Permit#: FLO117668

Discharge Point#:D002

Month November Year 1997

day of month	chlorine residual D002	CBOD (mg/L) D002	pH D002	D.O. (mg/L) D002	NH3-N (mg/L) D002
01			7.0	1.7	
02			7.2	1.9	
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13		2.8	7.1	1.8	2.2
14	<0.20		7.0	2.0	
15					
16					
17			7.1	1.9	
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

Avg	<0.20	2.8	7.1	1.9	2.2
Max	<0.20	2.8	7.2	2.0	2.2
Min	<0.20	2.8	7.0	1.7	2.2

Day Shift Operator Class: "B" Cert. No.: 6916

Day Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Sam P. Kelly* B-6916
signature Cert. No.

Permitted Capacity mgd --- 0.225

Three-Month Average Daily Flow mgd --- 0.179

Percent of Permitted Capacity % --- 100

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/11/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/11/30
REPORT: Monthly
GROUP: Domestic

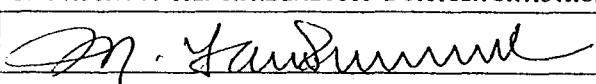
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.175				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	0.225 (An. Avg.)	mgd				5 Days/Week	Flow Meters
Flow through WWTP	Sample Measurement	0.193				0	cont	Flow meter
STORET No. 50050 I	Permit Measurement	0.225 (Mo. Avg.)	mgd				5 Days/Week	Flow Meters
CBOD5	Sample Measurement			3.2		0	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0 (An. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			2.7	2.7	0	1/14	8 comp
STORET No. 80082 I	Permit Measurement			20.0 (Mo. Avg.)	40.0 (Max.)		Every 2 Weeks	8-hour F.P.C.
TSS	Sample Measurement				9.2	*	4/7	Grab
STORET No. 00530 I	Permit Measurement				5 (Max.)		4 Days per Week	Grab
Fecal Coliform Bacteria	Sample Measurement			100	NBFB	(**)	4/7	Grab
STORET No. 31616 I	Permit Measurement			75% NON DETECTABLE	25 (Max.)		4 Days per 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/12/17

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

(**) Method code for Fecal Coliform is 9222 D. Detection limit is 1 unit/100ml.

* TSS limit was exceeded on 11 of 16 samples.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.8	7.2	0	Daily	Grab
STORET No. 00400 I Mon. Site No. EFD-1	Permit Measurement			6.0 Min	7.5 Max	Std Units	5 Days/Week	Grab
TRC for disinfection	Sample Measurement			1.3		0	Daily	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement			1.0 (Min)		mg/L	5 Days/Week	Grab
TRC for dechlorination	Sample Measurement				NO ₂ -B	*	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement				0.01 (Max)	mg/L	Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			1.69		0	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-1	Permit Measurement			2.2 (Ann. Avg.)		mg/L as N	Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			0.58	0.58	0	1/14	8comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement			2.75 (Mo. Avg.)	4.4 (Max)	mg/L as N	Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			1.6		(12) 13	Daily	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement			5.0 (Min)		mg/L	5 Days/Week	Grab
NO ₃ -Nitrogen, Total as N	Sample Measurement				3.66	0	1/14	8comp
STORET No. 00620 I Mon. Site No. EFA-1	Permit Measurement				12.0 (Max)	mg/L as N	Every 2 Weeks	8-hour F.P.C.
CBOD ₅	Sample Measurement			109		0	1/14	8comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L	Every Two Weeks	8-hour F.P.C.
TSS	Sample Measurement			119		0	1/14	8comp
STORET No. 00530 O Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)		mg/L	Every Two Weeks	8-hour F.P.C.

* Method code for TRC is 4500 Cl(6) Detection limit is 0.20 mg/L.

(12) Minimum DO was not met on 13 of 13 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

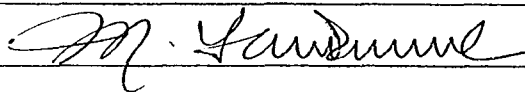
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 9/7/01 to 11/30/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3153P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 9/7/11/30
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3153X14782

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			1.77		0	1/30	calc
STORET No. 80082 Y Mon. Site No. EFD-2	Permit Measurement			20.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			2.8	2.8	0	1/14	8 comp
STORET No. 80082 I Mon. Site No. EFD-2	Permit Measurement			20.0 (Mo. Avg.)	40.0 (Max.)	mg/L	Every 2 Weeks	8-hour F.P.C.
pH	Sample Measurement			7.0	7.2	0	Daily	Grab
STORET No. 00400 I Mon. Site No. EFD-2	Permit Measurement			6.0 Min	7.5 Max	Std. Units	5 Days/Week	Grab
TRC for dechlorination	Sample Measurement				NOB# = B	*	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-2	Permit Measurement				0.01 (Max.)	mg/L	Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			1.20		0	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-2	Permit Measurement			2.2 (Ann. Avg.)		mg/L as N	Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			2.19	2.19	0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-2	Permit Measurement			2.75 (Mo. Avg.)	4.4 (Max.)	mg/L as N	Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			1.7		(12) 5	Daily	Grab
STORET No. 00300 I Mon. Site No. EFD-2	Permit Measurement				1.0 (Min.)	mg/L	5 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 431-4600	9/7/12/17

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

* method code for TRC is 4500 Cl (6). Detection limit is 0.20 mg/L.

(12) DO minimum was not met on 5 of 5 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

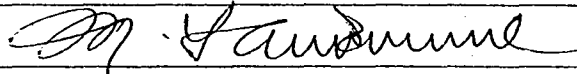
FACILITY: St. Johns North WWT
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 9/7/11 To: 11/30/11
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			NO ₃ -N = 9			1/90	8 comp
STORET No. 00600 1 Mon. Site No. EFD-1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Nitrogen, Organic, Total as N	Sample Measurement			NO ₃ -N = 9			1/90	8 comp
STORET No. 00603 1 Mon. Site No. EFD-1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Nitrogen, Total Kjeldahl as N	Sample Measurement			NO ₃ -N = 9			1/90	8 comp
STORET No. 00625 1 Mon. Site No. EFD-1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
NO ₂ +NO ₃ , Total 1 DET. as N	Sample Measurement			NO ₃ -N = 9			1/90	8 comp
STORET No. 00630 1 Mon. Site No. EFD-1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Unionized Ammonia, Total as N	Sample Measurement			NO ₃ -N = 9			1/90	calc
STORET No. 00612 1 Mon. Site No. EFD-1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Temperature	Sample Measurement			NO ₃ -N = 9			1/90	Grab
STORET No. 00010 1 Mon. Site No. EFD-1	Permit Measurement			Report (Quar. Avg.)	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Phosphorus, Total as P	Sample Measurement			NO ₃ -N = 9			1/90	8 comp
STORET No. 00665 1 Mon. Site No. EFD-1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Phosphorus in Total Orthophosphate as P	Sample Measurement			NO ₃ -N = 9			1/90	8 comp
STORET No. 70507 1 Mon. Site No. EFD-1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	9/7/11/17

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: October Year: 1997

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Sam P. Little B-6816
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.187
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.172
(19) Percent of permitted capacity	%	---	96
(20) CBOD5 Effluent	mg/L	080082	2.4
(21) CBOD5 Effluent	lbs/day	---	4.3
(22) TSS Effluent	mg/L	900201	8.3
(23) TSS Effluent	lbs/day	---	12.6
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.0
(26) Total N	mg/L	000600	2.74
(27) TKN	mg/L	000625	2.61
(28) Ammonia (NH3 - N)	mg/L	000610	0.28
(29) Nitrate	mg/L	071850	4.07
(30) Total Phosphorus	mg/L	000665	0.92
(31) Minimum Chlorine Residual	mg/L	900243	1.3
(32) Maximum Chlorine Residual	mg/L	---	2.9
(33) Other Effluent Parameters			
Nitrite + Nitrate	mg/L	---	0.13
Ortho Phosphate	mg/L	---	0.90
Organic N	mg/L	---	2.56
Fecal Coliform (Arithmetic Mean) no/100 ml			<1

(34) TRC Method Code 4500 Cl (G)

(*) Duval Septic hauled 5 Loads of Digester Sludge to Landfill at 7000 gal/load.

Minimum Detection Level: 0.02

St. Johns North Wastewater Treatment Facility

Permit #: FLO117668

Discharge Point#:D001

Month October Year 1997

day of month	Flow (mgd)	Chlorine Residual Pre SO2 EFA-1	Chlorine Residual DO01	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) DO01	TSS (mg/L) EFA-1	pH DO01	D.O. (mg/L) DO01	NH3-N (mg/L) DO01	Nitrate (mg/L) EFA-1	Fecal Coliform EFA-1
01	0.151	>2.2					4.7	6.8	1.0			<1
02	0.167	>2.2	<0.20	119	125	3.8	4.7	6.8	1.1	0.51	5.62	<1
03	0.277	>2.2						6.8	1.2			
04	0.177	1.8										
05	0.118	>2.2										
06	0.183	>2.2					3.4	7.0	1.3			<1
07	0.170	>2.2					3.1	6.9	1.3			<1
08	0.170	2.2					3.9	6.9	1.1			<1
09	0.197	1.6					4.9	6.9	1.4			<1
10	0.162	1.8						6.8	1.8			
11	0.283	2.0										
12	0.148	2.5										
13	0.153	>2.2					8.5	6.9	2.3			<1
14	0.170	2.2					8.5	6.9	2.3			<1
15	0.204	1.6				10.2		7.0	2.3			<1
16	0.169	>2.2		110	116	2.3	8.2	6.9	2.1	<0.05	2.84	<1
17	0.180	>2.2						6.9	2.1			
18	0.200	>2.2										
19	0.227	2.2										
20	0.188	>2.2					13.2	6.8	1.9			<1
21	0.127	2.1					11.8					<1
22	0.203	>2.2					12.0					<1
23	0.171	2.4					11.6					<1
24	0.218	2.9										
25	0.200	2.2										
26	0.162	2.2										
27	0.230	>2.2					12.3					<1
28	0.201	>2.2					9.7					<1
29	0.172	1.4					9.4					<1
30	0.201	1.6		131	95		9.4				3.76	<1
31	0.213	1.3										
Avg	0.187	2.1	<0.20	120	112	3.1	8.3		1.7	0.28	4.07	1
Max	0.283	2.9	<0.20	131	125	3.8	13.2	7.0	2.3	0.51	5.62	1
Min	0.118	1.3	<0.20	110	95	2.3	3.1	6.8	1.0	0.05	2.84	1

Day Shift Operator Class: "B" Cert. No.: 6916

Day Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Sam P. [Signature] B-6916
signature Cert. No.

Permitted Capacity mgd --- 0.225

Three-Month Average Daily Flow mgd --- 0.172

Percent of Permitted Capacity % --- 96

St. Johns North Wastewater Treatment Facility

Permit#: FLO117668

Discharge Point#:D002

Month October Year 1997

day of month	chlorine residual	CBOD (mg/L)	pH	D.O. (mg/L)	NH3-N (mg/L)
	D002	D002	D002	D002	D002
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21			6.8	2.0	
22			7.1	2.3	
23			6.9	2.1	
24			7.0	2.4	
25					
26					
27			7.0	2.1	
28			7.1	1.8	
29			7.0	1.7	
30	<0.20	<1.0	7.0	1.7	0.3
31			6.8	1.6	

Avg	<0.20	1.0	7.0	2.0	0.3
Max	<0.20	1.0	7.1	2.4	0.3
Min	<0.20	1.0	6.8	1.6	0.3

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.172

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Sam P. Little* 13-6916
signature Cert. No.

Percent of Permitted Capacity % --- 96

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/10/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/10/31
REPORT: Monthly
GROUP: Domestic

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.170				6	1/30	calc
STORET No. 50050 Y Mon. Site No. EFA-1	Permit Measurement	0.225 (An. Avg.)	mgd				5 Days/Week	Flow Meters
Flow through WWTP	Sample Measurement	0.187				0	cont	Flow Meter
STORET No. 50050 I Mon. Site No. EFA-1	Permit Measurement	0.225 (Mo. Avg.)	mgd				5 Days/Week	Flow Meters
CBOD5	Sample Measurement			3.2		0	1/30	calc
STORET No. 80082 Y Mon. Site No. EFD-1	Permit Measurement			20.0 (An. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			3.1		0	1/14	8 camp
STORET No. 80082 I Mon. Site No. EFD-1	Permit Measurement			20.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
TSS	Sample Measurement					12	4/7	Grab
STORET No. 00530 I Mon. Site No. EFA-2	Permit Measurement				5 (Max.)		4 Days per Week	Grab
Fecal Coliform Bacteria	Sample Measurement			100		0	4/7	Grab
STORET No. 31616 I Mon. Site No. EFA-1	Permit Measurement			75% NON-DETECTABLE	25 (Max.)		4 Days per 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President	<i>[Signature]</i>	(904) 721-4600	97/11/25

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

* TSS max of 5 was exceeded on 12 of 18 samples.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.8 7.0		0	Daily	Grab
STORET No. 00400 I Mon. Site No. EFD-1	Permit Measurement			6.0 Min 7.5 Max	Std Units		5 Days/Week	Grab
TRC for disinfection	Sample Measurement			1.3		0	Daily	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement			1.0 (Min)	mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement				NODI=B	*	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement				0.01 (Max)		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NODI=9		**	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-1	Permit Measurement			2.2 (Ann. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C
Nitrogen, Total Ammonia as N	Sample Measurement			0.28		0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement			2.75 (Mo. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C
Oxygen, Dissolved (DO)	Sample Measurement			1.0		(A3)	Daily	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement			5.0 (Min)	mg/L	14	5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement					0	1/14	8 comp
STORET No. 00620 I Mon. Site No. EFA-1	Permit Measurement				12.0 (Max)		Every 2 Weeks	8-hour F.P.C
CBOD5	Sample Measurement			120		0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Every Two Weeks	8-hour F.P.C
TSS	Sample Measurement			112		0	1/14	8 comp
STORET No. 00530 O Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)	mg/L		Every Two Weeks	8-hour F.P.C

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

** 12 months of NH3 data are not available to calculate annual average.

(A3) DO minimum of 5.0 mg/L was not met on all 14 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3351, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millicoe Road
Jacksonville, FL 32225-4442

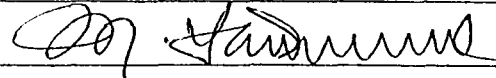
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32239
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/10/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/10/31
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X14782

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			NODI=9		*	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2				(Ann. Avg.)				
CBOD5	Sample Measurement			1.0	1.0	0	1/14	8 comp
STORET No. 80082 I	Permit Measurement			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2				(Mo. Avg.)	40.0 (Max.)			
pH	Sample Measurement			6.8	7.1	0	Daily	Grab
STORET No. 00400 I	Permit Measurement			6.0	7.3	Std. Units	5 Days/Week	Grab
Mon. Site No. EFD-2				Min	Max			
TRC for dechlorination	Sample Measurement				NODI=8	**	1/14	Grab
STORET No. 50060 I	Permit Measurement				0.01	mg/L	Every 2 Weeks	Grab
Mon. Site No. EFD-2					(Max.)			
Nitrogen, Total Ammonia as N	Sample Measurement			NODI=9		*	1/30	calc
STORET No. 00610 Y	Permit Measurement			2.2	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2				(Ann. Avg.)				
Nitrogen, Total Ammonia as N	Sample Measurement			0.28	0.28	0	1/14	8 comp
STORET No. 00610 I	Permit Measurement			2.75	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2				(Mo. Avg.)	4.4 (Max.)			
Oxygen, Dissolved (DO)	Sample Measurement			1.6		#3	Daily	Grab
STORET No. 00300 I	Permit Measurement			5.0	mg/L	9	5 Days/Week	Grab
Mon. Site No. EFD-2				(Min.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/11/25

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

* 12 months of data are not available for EFD-2 for CBOD and NH3 to calculate annual average.

** Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

#3 DO minimum of 5 mg/L was not met on all 9 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

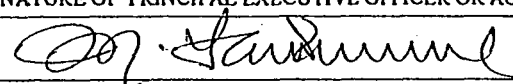
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/10/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/10/31
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			2.74		0	1/90	8 comp
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Nitrogen, Organic, Total as N	Sample Measurement			2.56		0	1/90	8 comp
STORET No. 00605 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Nitrogen, Total Kjeldahl as N	Sample Measurement			2.61		0	1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
NO2+NO3, Total I DET. as N	Sample Measurement			0.13		0	1/90	8 comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Unionized Ammonia, Total as N	Sample Measurement			<0.0041	#	0	1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Temperature	Sample Measurement			1.6	#	0	1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Quar. Avg.)	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Phosphorus, Total as P	Sample Measurement			0.92		0	1/90	8 comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Phosphorus in Total Orthophosphate as P	Sample Measurement			0.90		0	1/90	8 comp
STORET No. 70507 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/10/25

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

* Effluent sample T = 1.6°C, pH = 7.76; NH3 = <0.05 on 10/16/97.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: September Year: 1997

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkerest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Lester P. White B-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.172
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.172
(19) Percent of permitted capacity	%	---	96
(20) CBOD5 Effluent	mg/L	080082	2.0
(21) CBOD5 Effluent	lbs/day	---	
(22) TSS Effluent	mg/L	900201	3.1
(23) TSS Effluent	lbs/day	---	4.2
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.0
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	0.44
(29) Nitrate	mg/L	071850	3.09
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.1
(32) Maximum Chlorine Residual	mg/L	---	2.9
(33) Other Effluent Parameters			
Nitrite + Nitrate	mg/L	---	
Ortho Phosphate	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml		15
(34) TBC Method Code 4500 Cl (G)			

Minimum Detection Level: 0.02

(*) Duval Septic hauled

4 Loads of Digester Sludge to Landfill at 7000 gal/load.

St. Johns North Wastewater Treatment Facility

Permit #: FLO117668

Discharge Point#: D001

Month September Year 1997

day of month	Flow (mgd)	Chlorine Residual Pre SO2 EFA-1	Chlorine Residual D001	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) D001	TSS (mg/L) EFA-1	pH D001	D.O. (mg/L) D001	NH3-N (mg/L) D001	Nitrate (mg/L) EFA-1	Fecal Coliform EFA-1
01	0.100	1.8					1.1					<1
02	0.194	>2.2					2.5	6.9	0.8			<1
03	0.200	>2.2					2.2					<1
04	0.162	1.7		134	111		1.6				3.65	<1
05	0.222	2.1										
06	0.178	2.2										
07	0.175	2.2										
08	0.088	1.8					3.4					<1
09	0.212	2.2					2.4					<1
10	0.170	2.4					2.2					<1
11	0.092	2.8					3.6					<1
12	0.089	2.5										
13	0.255	2.6										
14	0.120	2.9										
15	0.190	1.6					5.4					260
16	0.156	>2.2					3.6					<1
17	0.140	>2.2					2.2					<1
18	0.156	>2.2		142	92		3.0				2.52	<1
19	0.168	1.7										
20	0.154	1.1										
21	0.173	>2.2										
22	0.183	>2.2					4.8					<1
23	0.165	>2.2					2.4	6.8	1.6			<1
24	0.173	>2.2					3.7	7.0	1.8			<1
25	0.169	1.5					4.0	6.9	1.7			<1
26	0.308	>2.2						6.8	1.1			
27	0.249	2.2										
28	0.150	2.2										
29	0.178	>2.2					5.4	6.9	1.3			<1
30	0.189	>2.2	<0.20				2.1	6.8	1.1			<1

Avg	0.172	2.1	<0.20	138	102		3.1		1.3		3.09	15
Max	0.308	2.9	<0.20	142	111		5.4	7.0	1.8		3.65	260
Min	0.088	1.1	<0.20	134	92		1.1	6.8	0.8		2.52	<1

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.172

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Sam P. L. D.* B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 96

St. Johns North Wastewater Treatment Facility

Permit#: FLO117668

Discharge Point#:D002

Month September Year 1997

day of month	chlorine residual D002	CBOD (mg/L) D002	pH D002	D.O. (mg/L) D002	NH3-N (mg/L) D002
01					
02					
03			6.8	1.3	
04		1.3	6.9	1.3	0.3
05			6.8	1.4	
06					
07					
08			6.8	1.4	
09			6.8	0.7	
10			6.9	1.5	
11			6.9	1.1	
12			6.9	0.8	
13					
14					
15			6.9	1.3	
16			6.9	1.0	
17			6.9	1.5	
18	<0.20	2.7	6.8	1.4	0.6
19			6.8	1.0	
20					
21					
22			6.9	1.3	
23					
24					
25					
26					
27					
28					
29					
30					

Avg	<0.20	2.0	6.9	1.2	0.4
Max	<0.20	2.7	6.9	1.5	0.6
Min	<0.20	1.3	6.8	0.7	0.3

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.172

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Sam P. Lally* B. 6916
signature Cert. No.

Percent of Permitted Capacity % --- 96

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/09/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/09/30
REPORT: Monthly
GROUP: Domestic

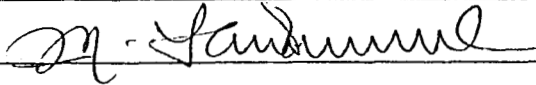
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Paramcter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.168							0	1/30	calc
STORET No. 50050 Y	Permit	0.225		mgd						5 Days/Week	Flow Meters
Mon. Site No. EFA-1	Measurement	(An. Avg.)									
Flow through WWTP	Sample Measurement	0.172							0	cont	Flow meter
STORET No. 50050 I	Permit	0.225		mgd						5 Days/Week	Flow Meters
Mon. Site No. EFA-1	Measurement	(Mo. Avg.)									
CBOD5	Sample Measurement				NOA = 9			*	-	1/30	calc
STORET No. 80082 Y	Permit				20.0			mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	Measurement				(An. Avg.)						
CBOD5	Sample Measurement				NOA = 9		NOA = 9	**	-	1/14	8 camp
STORET No. 80082 I	Permit				20.0		40.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	Measurement				(Mo. Avg.)		(Max.)				
TSS	Sample Measurement						5.4	(#3)	2	4/7	Grab
STORET No. 00530 I	Permit						5	mg/L		4 Days per Week	Grab
Mon. Site No. EFA-2	Measurement						(Max.)				
Fecal Coliform Bacteria	Sample Measurement				94				0	4/7	Grab
STORET No. 31616 I	Permit				75% NON-DETECTABLE		25	#/100mL		4 Days per Week	Grab
Mon. Site No. EFA-1	Measurement						(Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/10/20

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

* 12 months of CBOD data are not available for EFD-1 to calculate annual average.

** effluent flow was to EFD-2 for both September samples.

(#3) TSS limit was exceeded on 2 samples.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.8		0	Daily	Grab
STORET No. 00400 I	Permit Measurement			6.0 Min	7.5 Max	Std Units	5 Days/Week	Grab
TRC for disinfection	Sample Measurement			1.1		0	Daily	Grab
STORET No. 50060 A	Permit Measurement			1.0 (Min.)		mg/L	5 Days/Week	Grab
TRC for dechlorination	Sample Measurement				NDAI = B	*	1/14	Grab
STORET No. 50060 I	Permit Measurement				0.01 (Max.)	mg/L	Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NDAI = 9		**	1/30	calc
STORET No. 00610 Y	Permit Measurement			2.2 (Ann. Avg.)		mg/L as N	Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			NDAI = 9	NDAI = 9	(#3)	1/14	8 comp
STORET No. 00610 I	Permit Measurement			2.75 (Mo. Avg.)	4.4 (Max.)	mg/L as N	Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			0.8		(#4)	Daily	Grab
STORET No. 00300 I	Permit Measurement			5.0 (Min.)		mg/L	5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement				3.65	0	1/14	8 comp
STORET No. 00620 I	Permit Measurement				12.0 (Max.)	mg/L as N	Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			138		0	1/14	8 comp
STORET No. 80082 G	Permit Measurement			Report (Mo. Avg.)		mg/L	Every Two Weeks	8-hour F.P.C.
TSS	Sample Measurement			102		0	1/14	8 comp
STORET No. 00530 O	Permit Measurement			Report (Mo. Avg.)		mg/L	Every Two Weeks	8-hour F.P.C.

A Method code for TRC is 4500 Cl (6). Detection limit is 0.20 mg/L.

** 12 months of Total NH3 data are not available to calculate annual average.

(#3) effluent flow was to EPA-2 for both September samples.

(#4) DO minimum was not met on all 7 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millco Road
Jacksonville, FL 32225-4442

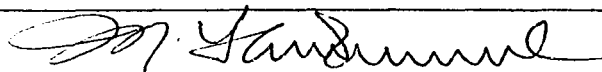
PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/09/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/09/30
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X14782

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			NDAI = 9			*	—	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0			mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2				(Ann. Avg.)						
CBOD5	Sample Measurement			2.0		2.7		0	1/14	8 comp
STORET No. 80032 I	Permit Measurement			20.0		40.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2				(Mo. Avg.)		(Max.)				
pH	Sample Measurement				6.8	6.9		0	Daily	Grab
STORET No. 00400 I	Permit Measurement				6.0	7.5	Std. Units		5 Days/Week	Grab
Mon. Site No. EFD-2					Min	Max				
TRC for dechlorination	Sample Measurement					NDAI = B	**	0	1/14	Grab
STORET No. 50060 I	Permit Measurement					0.01	mg/L		Every 2 Weeks	Grab
Mon. Site No. EFD-2						(Max.)				
Nitrogen, Total Ammonia as N	Sample Measurement			NDAI = 9			*	—	1/30	calc
STORET No. 00610 Y	Permit Measurement			2.2			mg/L as N		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2				(Ann. Avg.)						
Nitrogen, Total Ammonia as N	Sample Measurement			0.44		0.59		0	1/14	8 comp
STORET No. 00610 I	Permit Measurement			2.75		4.4	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2				(Mo. Avg.)		(Max.)				
Oxygen, Dissolved (DO)	Sample Measurement				0.7		(A3)	14	Daily	Grab
STORET No. 00300 I	Permit Measurement				5.0		mg/L		5 Days/Week	Grab
Mon. Site No. EFD-2					(Min.)					

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/10/20

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

- * 12 months of data for CBOD and Total NH3 are not available to calculate annual average.
- ** Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.
- (A3) DO minimum was not met on all 14 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225-4442

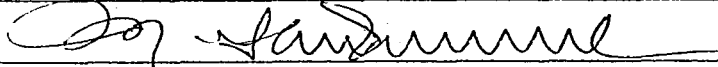
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/07/30
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Organic, Total as N	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00605 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Total Kjeldahl as N	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
NO2+NO3, Total 1 DET. as N	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Unionized Ammonia, Total as N	Sample Measurement			NDAI = 9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Mon. Site No. EFD-1								
Temperature	Sample Measurement			NDAI = 9			1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Quar. Avg.)	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Mon. Site No. EFD-1								
Phosphorus, Total as P	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Phosphorus in Total Orthophosphate as P	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 70507 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/10/20

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

- (1) Month: August Year: 1997
- (2) Plants DEP Identification Number: 3155P00425
- (3) Plant Name: Saint Johns North Wastewater Treatment Facility
- (4) Plant Address: 2369 Hawkcrest Drive East
- (5) City: Fruit Cove
- (6) County: St. Johns
- (7) Phone Number: (904) 725-2865
- (8) Permit Number: D055-194157 / DC55-236590
- (9) Plant Type: 2-C
- (10) Test Site Identification Number: 3155X12540
- (11) Fecal Coliform Sample Method:
- ☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse
- Percolation Pond
- (13) Limited Wet Weather Discharge Activated
- ☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge:
- (15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Lane P. Williams 6-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.170
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.178
(19) Percent of permitted capacity	%	---	99
(20) CBOD5 Effluent	mg/L	080082	1.0
(21) CBOD5 Effluent	lbs/day	---	1.5
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	---	3.5
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.0
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	1.19
(29) Nitrate	mg/L	071850	4.77
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	mg/L	---	2.3
(33) Other Effluent Parameters			
Nitrite + Nitrate	mg/L	---	
Ortho Phosphate	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml		1
(34) TRC Method Code 4500 Cl (G)			

Minimum Detection Level: 0.02

(*) Duval Septic hauled 5 Loads of Digester Sludge to Landfill at 7000 gal/load.

St. Johns North Wastewater Treatment Facility

Permit #: FL0117668

Discharge Point#:D001

Month August Year 1997

day of month	Flow (mgd)	chlorine residual Pre S02 EPA-1	chlorine residual D001	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) D001	TSS (mg/L) EPA-1	pH D001	D.O. (mg/L) D001	NH3-N (mg/L) D001	Nitrate (mg/L) EPA-1	Fecal Coliform EPA-1
01	0.260	>2.2										
02	0.220	2.2										
03	0.123	2.2										
04	0.146	1.9					4.4					<1
05	0.191	1.0					2.7	6.8	1.0			2
06	0.148	>2.2					2.1	6.9	0.9			<1
07	0.206	>2.2		132	214	<1.0	2.8	6.9	0.9	1.65	5.39	<1
08	0.109	1.5						6.8	1.1			
09	0.129	>2.2										
10	0.197	>2.2										
11	0.172	1.1					4.2	6.8	0.9			<1
12	0.160	2.1					5.0	6.8	1.2			<1
13	0.219	1.7					2.1	6.9	1.1			2
14	0.122	1.3					2.2	6.9	1.0			<1
15	0.211	>2.2						6.8	1.3			
16	0.163	>2.3										
17	0.127	1.8										
18	0.191	>2.2					3.2	6.8	0.9			<1
19	0.160	>2.2	<0.20				1.4	6.9	0.8			1
20	0.165	1.4					1.6	7.0	0.9			<1
21	0.154	1.9		208	383	<1.0	1.1	7.0	0.9	0.73	4.14	<1
22	0.209	1.3						6.9	0.8			
23	0.136	>2.2										
24	0.181	>2.2										
25	0.203	>2.2					1.8	6.9	1.0			<1
26	0.117	1.8					2.1	6.8	1.0			<1
27	0.179	>2.2					1.6	6.8	0.8			<1
28	0.159	1.4					2.0	6.8	0.8			<1
29	0.195	2.1						6.8	1.1			
30	0.200	2.3										
31	0.120	2.0										
Avg	0.170	1.9	<0.20	170	299	1.0	2.5		1.0	1.19	4.77	1
Max	0.260	2.3	<0.20	208	383	1.0	5.0	7.0	1.3	1.65	5.39	2
Min	0.109	1.0	<0.20	132	214	1.0	1.1	6.8	0.8	0.73	4.14	1

Note:
Disinfecting
with Sodium
Hypochlorite

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.178

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Sam P. Little B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 99

St. Johns North Wastewater Treatment Facility

Permit#: FL0117668

Discharge Point#: D002

Month August Year 1997

day of month	chlorine residual	CBOD (mg/L)	pH	D.O. (mg/L)	NH3-N (mg/L)
	D002	D002	D002	D002	D002
01			6.9	1.8	
02					
03					
04	<0.20		6.8	1.9	
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Avg	<0.20		6.9	1.9	
Max	<0.20		6.9	1.9	
Min	<0.20		6.8	1.8	

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.178

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Sam P. Liddy 8.6916
signature Cert. No.

Percent of Permitted Capacity % --- 99

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/08/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/08/31
REPORT: Monthly
GROUP: Domestic

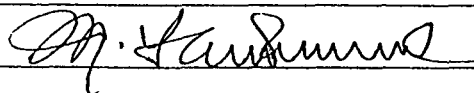
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.167				0	1/30	cat
STORET No. 50050 Y	Permit Measurement	0.225	mgd				5 Days/Week	Flow Meter
Mon. Site No. EFA-1	Measurement	(An. Avg.)						
Flow through WWTP	Sample Measurement	0.170				0	cat	Flow Meter
STORET No. 50050 I	Permit Measurement	0.225	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-1	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			NDA = 9		*	1/30	cat
STORET No. 80082 Y	Permit Measurement			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	Measurement			(An. Avg.)				
CBOD5	Sample Measurement			1.0		0	1/14	8 comp
STORET No. 80082 I	Permit Measurement			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	Measurement			(Mo. Avg.)				
TSS	Sample Measurement					0	4/7	Grab
STORET No. 00530 I	Permit Measurement			5.0	mg/L		4 Days per Week	Grab
Mon. Site No. EFA-2	Measurement			(Max.)				
Fecal Coliform Bacteria	Sample Measurement			81 %		0	4/7	Grab
STORET No. 31616 I	Permit Measurement			75% NON-DETECTABLE	#/100mL		4 Days per Week	Grab
Mon. Site No. EFA-1	Measurement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/09/22

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

* 12 months of data are not available to calculate annual average CBOD for D-001.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10-009

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
STORET No. 00400 Mon. Site No. EFD-1	Permit Measurement			6.8		0	Daily	Grab
TRC for disinfection	Sample Measurement			6.0 Min.			5 Days/Week	Grab
STORET No. 50060 Mon. Site No. EEA-1	Permit Measurement			1.0		0	Daily	Grab
TRC for dechlorination	Sample Measurement			1.0 (Min.)			5 Days/Week	Grab
STORET No. 50060 Mon. Site No. EFD-1	Permit Measurement			NO ₃ -N = B		0	1/14	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			0.01 (Max.)			Every 2 Weeks	Grab
STORET No. 00610 Mon. Site No. EFD-1	Permit Measurement			NO ₃ -N = 9		0	1/30	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			2.2 (Avg.)			Every 2 Weeks	Grab
STORET No. 00610 Mon. Site No. EFD-1	Permit Measurement			1.65		0	1/14	Grab
Oxygen, Dissolved (DO)	Sample Measurement			2.3 (Avg.)			Every 2 Weeks	Grab
STORET No. 00300 Mon. Site No. EFD-1	Permit Measurement			0.8		19	Daily	Grab
NO ₃ -Nitrogen, Total as N	Sample Measurement			5.0 (Min.)			5 Days/Week	Grab
STORET No. 00620 Mon. Site No. EFA-1	Permit Measurement			5139		0	1/14	Grab
COD ₅	Sample Measurement			120 (Max.)			Every 2 Weeks	Grab
STORET No. 80082 Mon. Site No. INF-1	Permit Measurement			170		0	1/14	Grab
TSS	Sample Measurement			Report (No. Ave.)			Every Two Weeks	Grab
STORET No. 00530 Mon. Site No. INF-1	Permit Measurement			299		0	1/14	Grab
	Sample Measurement			Report (No. Ave.)			Every Two Weeks	Grab

* Method code for TSS is 4500 C1(6). Detection limit is 0.20 mg/L.
 ** 12 months of data are not available to calculate Total NH₃ annual average.
 (13) Minimum DO for D-001 was not met on all 19 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225-4442

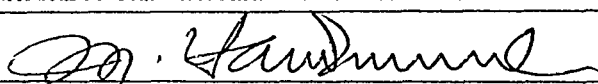
PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/08/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/08/31
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X14782

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			NODF=9		*	1/30	calc
STORET No. 80082 Y Mon. Site No. EFD-2	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			NODF=9		**	1/14	8 comp
STORET No. 80082 I Mon. Site No. EFD-2	Permit Measurement			20.0 (Mo. Avg.)	40.0 (Max.)	mg/L	Every 2 Weeks	8-hour F.P.C.
pH	Sample Measurement			6.8	6.9		Daily	Grab
STORET No. 00400 I Mon. Site No. EFD-2	Permit Measurement			6.0 Min	7.5 Max	Std. Units	5 Days/Week	Grab
TRC for dechlorination	Sample Measurement				NODF=B	(#3)	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-2	Permit Measurement				0.01 (Max.)	mg/L	Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NODF=9		*	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-2	Permit Measurement			2.2 (Ann. Avg.)		mg/L as N	Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			NODF=9		**	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-2	Permit Measurement			2.75 (Mo. Avg.)	4.4 (Max.)	mg/L as N	Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			1.8		(#4)	Daily	Grab
STORET No. 00300 I Mon. Site No. EFD-2	Permit Measurement			5.0 (Min.)		mg/L	5 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 731-4600	97/09/22

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

* 12 months of data are not available for CBOD and total NH3 to calculate annual averages.

** There was no flow to D002 on either sample date (D001 was used) for CBOD or total NH3.

(#3) Method code for TRE is 4500 G (b). Detection limit is 0.20 mg/L.

(#4) DO minimum was not met on 2 daily samples. ³

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

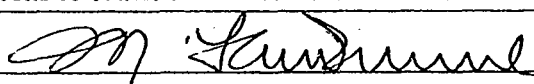
PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 9/7/08/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

To: 9/7/08/31
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			NDSI = 9			1/90	8 comp
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Organic, Total as N	Sample Measurement			NDSI = 9			1/90	8 comp
STORET No. 00605 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Total Kjeldahl as N	Sample Measurement			NDSI = 9			1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
NO2+NO3, Total 1 DET. as N	Sample Measurement			NDSI = 9			1/90	8 comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Unionized Ammonia, Total as N	Sample Measurement			NDSI = 9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Mon. Site No. EFD-1								
Temperature	Sample Measurement			NDSI = 9			1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Quar. Avg.)	Deg C		Quarterly	Hourly grab, during 8-hour composite sample
Mon. Site No. EFD-1								
Phosphorus, Total as P	Sample Measurement			NDSI = 9			1/90	8 comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Phosphorus in Total Orthophosphate as P	Sample Measurement			NDSI = 9			1/90	8 comp
STORET No. 70507 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	9/7/09/22

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: July Year: 1997

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Sam P. White* 3-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.169
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.186
(19) Percent of permitted capacity	%	---	103
(20) CBOD5 Effluent	mg/L	080082	1.2
(21) CBOD5 Effluent	lbs/day	---	1.6
(22) TSS Effluent	mg/L	900201	2.2
(23) TSS Effluent	lbs/day	---	3.9
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.0
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	0.66
(28) Ammonia (NH3 - N)	mg/L	000610	0.52
(29) Nitrate	mg/L	071850	3.60
(30) Total Phosphorus	mg/L	000665	1.45
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	mg/L	---	2.2
(33) Other Effluent Parameters			
Nitrite + Nitrate	mg/L	---	< 0.05
Ortho Phosphate	mg/L	---	0.77
Fecal Coliform (Arithmetic Mean)	no/100 ml		1
(34) TRC Method Code 4500 Cl (G)			

Minimum Detection Level: 0.02

(*) Duval Septic hauled 4 Loads of Digester Sludge to Landfill at 7000 gal/load.

St. Johns North Wastewater Treatment Facility

Permit #: FLO117668

Discharge Point#: D001

Month July Year 1997

day of month	Flow (mgd)	chlorine residual Pre SO2 EFA-1	chlorine residual DO01	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) DO01	TSS (mg/L) EFA-1	pH DO01	D.O. (mg/L) DO01	NH3-N (mg/L) DO01	Nitrate (mg/L) EFA-1	Fecal Coliform EFA-1
01	0.179	>2.2					5.4	6.9	1.4			<1
02	0.182	1.3					4.9	6.8	1.5			<1
03	0.254	1.3					1.8	6.8	1.3			2
04	0.200	1.5										with Sodium Hypochlorite
05	0.173	1.8										
06	0.127	1.4										
07	0.168	2.1					3.2	6.9	1.2			<1
08	0.188	1.5					3.2	6.8	1.4			<1
09	0.160	>2.2					2.9	6.8	1.3			<1
10	0.157	>2.2	<0.20	144	339	1.2	2.5	6.8	1.6	0.52	2.74	<1
11	0.245	1.8						6.8	1.2			
12	0.209	2.2										
13	0.128	2.2										
14	0.144	>2.2					3.0	6.8	1.2			<1
15	0.152	2.1					2.4	6.8	1.3			<1
16	0.154	1.3					1.8	6.9	1.2			<1
17	0.150	1.0					3.5	6.9	1.0			<1
18	0.147	2.1						7.0	1.1			
19	0.169	>2.2										
20	0.200	1.8										
21	0.151	1.5					0.8	6.9	1.2			<1
22	0.145	>2.2					1.5	6.9	1.2			<1
23	0.197	1.1					1.5					<1
24	0.129	1.3		158	307		2.0				4.46	<1
25	0.165	1.6										
26	0.166	2.1										
27	0.201	>2.2										
28	0.141	>2.2					6.3					<1
29	0.171	>2.2					2.8 3.8					<1
30	0.151	1.0					2.6					<1
31	0.151	1.2					2.0					<1
Avg	0.169	1.8	<0.20	151	323	1.2	2.8 2.9		1.3	0.52	3.60	1
Max	0.254	2.2	<0.20	158	339	1.2	6.3	7.0	1.6	0.52	4.46	2
Min	0.127	1.0	<0.20	144	307	1.2	0.8	6.8	1.0	0.52	2.74	1

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.186

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Sam P. Kelly* B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 103

St. Johns North Wastewater Treatment Facility

Permit#: FLO117668

Discharge Point#:D002

Month July Year 1997

day of month	chlorine residual	CBOD (mg/L)	pH	D.O. (mg/L)	NH3-N (mg/L)
01	D002	D002	D002	D002	D002
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23			6.8	1.3	
24		1.0	6.9	1.1	1.1
25			6.8	1.3	
26					
27					
28			6.8	1.2	
29	<0.20		6.9	2.0	
30			6.9	1.9	
31			6.8	1.9	

Avg	<0.20	1.0	6.8	1.5	1.1
Max	<0.20	1.0	6.9	2.0	1.1
Min	<0.20	1.0	6.8	1.1	1.1

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.186

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Kevin P. Kelly* B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 103

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/07/31
REPORT: Monthly
GROUP: Domestic

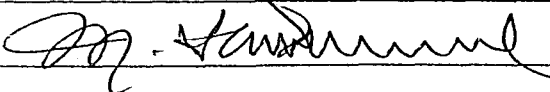
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
low through WWTP	Sample Measurement	0.166				0	1/30	calc
STORET No. 50050 Y	Permit	0.225	mgd				5 Days/Week	Flow Meters
Mon. Site No. EPA-1	Measurement	(An. Avg.)						
Flow through WWTP	Sample Measurement	0.254				0	cont	Flow Meter
STORET No. 50050 I	Permit	0.225	mgd				5 Days/Week	Flow Meters
Mon. Site No. EPA-1	Measurement	(Mo. Avg.)						
CBOD5	Sample Measurement			4.2		0	1/30	cat
STORET No. 80082 Y	Permit			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EPD-1	Measurement			(An. Avg.)				
CBOD5	Sample Measurement			1.2		0	1/14	8 comp
STORET No. 80082 I	Permit			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EPD-1	Measurement			(Mo. Avg.)				
TSS	Sample Measurement					2	4/7	Grab
STORET No. 00530 I	Permit						4 Days per Week	Grab
Mon. Site No. EPA-2	Measurement							
Fecal Coliform Bacteria	Sample Measurement			95		0	4/7	Grab
STORET No. 31616 I	Permit			75% NON-DETECTABLE			4 Days per Week	Grab
Mon. Site No. EPA-1	Measurement							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/08/21

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

* TSS limit was exceeded on 2 of 19 samples.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWT

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.8	7.0	0	Daily	Grab
STORET No. 00400 I	Permit Measurement			6.0 Min.	7.5 Max.	0	5 Days/Week	Grab
TRC for disinfection	Sample Measurement			1.0		0	Daily	Grab
STORET No. 50060 A	Permit Measurement			1.0 (Min.)		0	5 Days/Week	Grab
TRC for dechlorination	Sample Measurement				NODT=B	0	1/14	Grab
STORET No. 50060 I	Permit Measurement				0.01 (Max.)	0	Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NODT=9		0	1/30	calc
STORET No. 00610 Y	Permit Measurement			2.2 (Ann. Avg.)		0	Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			0.52	0.52	0	1/14	8 comp
STORET No. 00610 I	Permit Measurement			2.75 (Mo. Avg.)	4.4 (Max.)	0	Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			1.0		13	Daily	Grab
STORET No. 00300 I	Permit Measurement			5.0 (Min.)		15	5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement				4.46	0	1/14	8 comp
STORET No. 00620 I	Permit Measurement				12.0 (Max.)	0	Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			151		0	1/14	8 comp
STORET No. 80082 G	Permit Measurement			Report (Mo. Avg.)		0	Every Two Weeks	8-hour F.P.C.
TSS	Sample Measurement			323		0	1/14	8 comp
STORET No. 00530 O	Permit Measurement			Report (Mo. Avg.)		0	Every Two Weeks	8-hour F.P.C.

* Method code for TRC is 4500 Cl(G). Detection limit is 0.20 mg/L.

** 12 months of Total NH3 are not available to calculate annual average.

⑬ Minimum DO limit of 2.0 was not met on 15 of 15 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoo Road
Jacksonville, FL 32225-4442

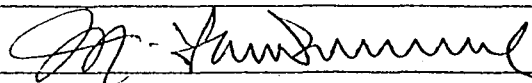
PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/07/31
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X14782

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			NODI=9			*	0	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0 (An. Avg.)			mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2	Sample Measurement			1.0				0	1/14	8comp
STORET No. 80082 I	Permit Measurement			20.0 (Mo. Avg.)			mg/L		Every 2 Weeks	8-hour F.P.C.
pH	Sample Measurement			6.8				0	Daily	Grab
STORET No. 00400 I	Permit Measurement			6.0 Min			Std. Units		5 Days/Week	Grab
Mon. Site No. EFD-2	Sample Measurement			6.9				0	Daily	Grab
TRC for dechlorination	Sample Measurement			NODI=B				0	1/14	Grab
STORET No. 50060 I	Permit Measurement			0.01 (Max.)			mg/L		Every 2 Weeks	Grab
Mon. Site No. EFD-2	Sample Measurement			NODI=9				0	1/30	calc
Nitrogen, Total Ammonia as N	Sample Measurement			2.2 (Ann. Avg.)			mg/L as N		Every 2 Weeks	8-hour F.P.C.
STORET No. 00610 Y	Permit Measurement			1.1				0	1/14	8comp
Mon. Site No. EFD-2	Sample Measurement			2.75 (Mo. Avg.)			mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			1.1				0	1/14	8comp
STORET No. 00610 I	Permit Measurement			4.4 (Max.)			mg/L as N		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2	Sample Measurement			1.1				0	1/14	8comp
Oxygen, Dissolved (DO)	Sample Measurement			1.0 (Min.)				6	Daily	Grab
STORET No. 00300 I	Permit Measurement			1.0 (Min.)			mg/L		5 Days/Week	Grab
Mon. Site No. EFD-2	Sample Measurement			1.0 (Min.)				6	Daily	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 731-4600	97/08/21

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

* 12 months of EFD-2 CBOD data are not available to calculate annual average.

** Method code for TRC is 4500 Cl (b)₆. Detection limit is 0.20 mg/L.

(#3) 12 months of EFD-2 Total NH₃ data are not available to calculate annual average.

(#4) Minimum DO limit of 2.0 was not met on 6 of 7 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225-4442

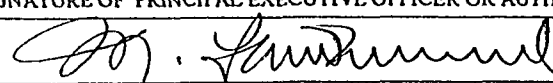
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/07/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/07/31
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			0.71		0	1/90	8 comp
STORET No. 00600 1	Permit			Report	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1	Measurement			(Maximum)				
Nitrogen, Organic, Total as N	Sample Measurement			0.14		0	1/90	8 comp
STORET No. 00605 1	Permit			Report	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1	Measurement			(Maximum)				
Nitrogen, Total Kjeldahl as N	Sample Measurement			0.66		0	1/90	8 comp
STORET No. 00625 1	Permit			Report	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1	Measurement			(Maximum)				
NO2+NO3, Total 1 DET. as N	Sample Measurement			<0.05		0	1/90	8 comp
STORET No. 00630 1	Permit			Report	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1	Measurement			(Maximum)				
Unionized Ammonia, Total as N	Sample Measurement			0.004		0	1/90	calc
STORET No. 00612 1	Permit			Report	mg/L		Quarterly	Calculated
Mon. Site No. EFD-1	Measurement			(Maximum)				
Temperature	Sample Measurement			1.4		0	1/90	Grab
STORET No. 00010 1	Permit			Report	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Mon. Site No. EFD-1	Measurement			(Quar. Avg.)				
Phosphorus, Total as P	Sample Measurement			1.45		0	1/90	8 comp
STORET No. 00665 1	Permit			Report	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1	Measurement			(Maximum)				
Phosphorus in Total Orthophosphate as P	Sample Measurement			0.77		0	1/90	8 comp
STORET No. 70507 1	Permit			Report	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1	Measurement			(Maximum)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/08/21

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

Nutrients sampled on 7/10/97: pH = 7.75, T = 1.4°C.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

- 1) Month: May Year: 1997
- 2) Plants DEP Identification Number: 3155P00425
- 3) Plant Name: Saint Johns North Wastewater Treatment Facility
- 4) Plant Address: 2369 Hawkcrest Drive East
- 5) City: Fruit Cove
- 6) County: St. Johns
- 7) Phone Number: (904) 725-2863
- 8) Permit Number: D055-194157 / DC55-236590
- 9) Plant Type: 2-C
- 10) Test Site Identification Number: 3155X12540
- 11) Fecal Coliform Sample Method:
- ☒ Membrane Filter ☐ Most Probable Number
- 12) Type of Effluent Disposal or Reclaimed Water Reuse
- Percolation Pond
- 13) Limited Wet Weather Discharge Activated
- ☐ Yes ☐ No ☒ Not Applicable
- 14) Cumulative Days of Wet Weather Discharge:
- 15) Plant Staffing
- Day Shift Operator Class: "B" Cert. No.: 6916
- DAY Shift Operator Class: Cert. No.:
- Night Shift Operator Class: Cert. No.:
- Lead Operator: Shirley B-6916
- signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	agd	050053	0.189
(17) Permitted capacity	agd	---	0.225
(18) Three-month average daily flow	agd	---	0.186
(19) Percent of permitted capacity	%	---	103
(20) CBOD5 Effluent	mg/L	080082	2.6
(21) CBOD5 Effluent	lbs/day	---	3.0
(22) TSS Effluent	mg/L	900201	5.4
(23) TSS Effluent	lbs/day	---	8.0
(24) Minimum pH		---	6.8
(25) Maximum pH		---	6.9
(26) Total N	mg/L	000600	5.66 1.18
(27) TKN	mg/L	000625	3.42
(28) Ammonia (NH3 - N)	mg/L	000610	1.72
(29) Nitrate	mg/L	071850	1.17
(30) Total Phosphorus	mg/L	000655	2.46
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	mg/L	---	2.2
(33) Other Effluent Parameters			
Nitrite + Nitrate	mg/L	---	2.24
Ortho Phosphate	mg/L	---	1.75
Fecal Coliform (Arithmetic Mean)	no/100 ml		1
(34) TRC Method Code 4500 CI (6)			

(*) Duval Septic hauled 5 Loads of Digester Sludge to Landfill at 7000 gal/load.

Minimum Detection Level: 0.02

St. Johns North Wastewater Treatment Facility

Permit #: FL0117668

Discharge Point#: D001

Month May Year 1997

day of month	Flow (mgd)	Chlorine Residual Pre S02 EFA-1	Chlorine Residual D001	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) D001	TSS (mg/L) EFA-1	pH D001	D.O. (mg/L) D001	NH3-N (mg/L) D001	Nitrate (mg/L) EFA-1	Fecal Coliform EFA-1
01	0.272	1.0		158	200	<1.0	2.1	6.8	1.4	1.82	0.15	20
02	0.201	1.1						6.8	1.3			
03	0.178	1.3										
04	0.165	1.5										
05	0.177	1.7					4.3	6.8	1.4			<1
06	0.177	2.2					7.3					<1
07	0.158	>2.2					7.5					<1
08	0.183	1.7					6.9					<1
09	0.163	1.0										
10	0.202	2.2										
11	0.210	2.2										
12	0.220	>2.2					3.8					<1
13	0.276	>2.2					4.1					<1
14	0.144	>2.2					4.4					<1
15	0.182	1.4		125	129		3.2				2.24	<1
16	0.252	1.1										
17	0.251	1.5										
18	0.119	1.9										
19	0.168	2.2					5.7					<1
20	0.166	>2.2					4.5	6.8	1.4			<1
21	0.165	>2.2					5.9	6.8	1.6			<1
22	0.187	1.2					5.5	6.8	1.8			<1
23	0.159	1.1						6.9	1.8			
24	0.179	1.6										
25	0.200	>2.2										
26	0.183	>2.2					6.2					<1
27	0.111	>2.2					7.2	6.9	1.4			<1
28	0.271	1.8					5.5	6.8	1.3			<1
29	0.141	1.7		118	58	3.2	7.1	6.8	1.4	1.26	1.12	<1
30	0.210	>2.2	<0.20					6.8	1.4			
31	0.185	2.2										
Avg	0.189	1.8	<0.20	134	129	2.1	5.4		1.5	1.54	1.17	2
Max	0.276	2.2	<0.20	158	200	3.2	7.5	6.9	1.8	1.82	2.24	20
Min	0.111	1.0	<0.20	118	58	1.0	2.1	6.8	1.3	1.26	0.15	1

Day Shift Operator Class: "B" Cert. No.: 6916

Day Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Anna P. Kelly B-6916
signature Cert. No.

Permitted Capacity mgd --- 0.225

Three-Month Average Daily Flow mgd --- 0.186

Percent of Permitted Capacity % --- 103

St. Johns North Wastewater Treatment Facility

Permit#: FL0117668

Discharge Point#: D002

Month

May Year 1997

day of month	chlorine residual	COD (mg/L)	pH	D.O. (mg/L)	NH3-N (mg/L)
	D002	D002	D002	D002	D002
01			6.8		
02			6.7		
03			6.7		
04			6.8		
05					
06				1.7	
07			6.8	1.7	
08			6.7	1.8	
09			6.8	1.8	
10			6.9		
11			6.9		
12				1.7	
13				1.6	
14			6.8	1.5	
15	<0.20	3.6	6.9	1.7	2.1
16			6.9	1.8	
17					
18					
19			6.8	1.7	
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Avg	<0.20	3.6	6.8	1.7	2.1
Max	<0.20	3.6	6.9	1.8	2.1
Min	<0.20	3.6	6.7	1.5	2.1

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.186

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: James P. Little B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 103

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/05/31
REPORT: Monthly
GROUP: Domestic

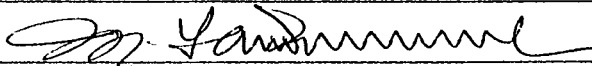
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.164				0	1/30	cat
STORET No. 50050 Y	Permit Measurement	0.225	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-1	(An. Avg.)							
Flow through WWTP	Sample Measurement	0.189				0	cat	Flow meter
STORET No. 50050 I	Permit Measurement	0.225	mgd				5 Days/Week	Flow Meters
Mon. Site No. EFA-1	(Mo. Avg.)							
CBOD5	Sample Measurement			NODI=9		①	1/30	cat
STORET No. 80082 Y	Permit Measurement			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	(An. Avg.)							
CBOD5	Sample Measurement			2.1		0	1/4	8 comp
STORET No. 80082 I	Permit Measurement			20.0	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-1	(Mo. Avg.)							
TSS	Sample Measurement					②	4/7	Grab
STORET No. 00530 I	Permit Measurement						4 Days per Week	Grab
Mon. Site No. EFA-2	(Max.)							
Fecal Coliform Bacteria	Sample Measurement			94		0	4/7	Grab
STORET No. 31616 I	Permit Measurement			75% NON-DETECTABLE			4 Days per Week	Grab
Mon. Site No. EFA-1	(Max.)							

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/06/26

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

- ① 12 months of data are not available for EFA-1 to calculate annual average for CBOD, Total NH₃,
- ② effluent TSS limit of 5 mg/L was exceeded on 10 of 17 samples.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	6.9		0	Daily	Grab
STORET No. 00400 I Mon. Site No. EFD-1	Permit Measurement				6.0 Min	7.5 Max	Sid Units		5 Days/Week	Grab
TRC for disinfection	Sample Measurement				1.0			0	Daily	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement				1.0 (Min.)		mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement					NODE=B	*	0	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement					0.01 (Max.)	mg/L		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement				NODE=9		①	0	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-1	Permit Measurement				2.2 (Ann. Avg.)		mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement				1.54	1.82		0	1/14	8comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement				2.75 (Mo. Avg.)	4.4 (Max)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement				1.3		③	11	Daily	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement				5.0 (Min.)		mg/L		5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement					2.24		0	1/14	8comp
STORET No. 00620 I Mon. Site No. EFA-1	Permit Measurement					12.0 (Max.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement				134			0	1/14	8comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)		mg/L		Every Two Weeks	8-hour F.P.C.
TSS	Sample Measurement				129			0	1/14	8comp
STORET No. 00530 O Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)		mg/L		Every Two Weeks	8-hour F.P.C.

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

③ Minimum DO was not met on all 11 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225-4442

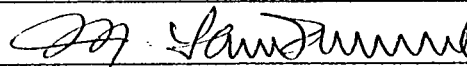
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 9/7/05/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 9/7/05/31
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X14782

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			NODI=9		②	1/30	calc
STORET No. 80082 Y Mon. Site No. EFD-2	Permit Measurement			20.0 (Ann. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
CHOD5	Sample Measurement			3.6		0	1/14	8comp
STORET No. 80082 I Mon. Site No. EFD-2	Permit Measurement			20.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
pH	Sample Measurement			6.7		0	Daily	Grab
STORET No. 00400 I Mon. Site No. EFD-2	Permit Measurement			6.0 Min	Std. Units		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement			NODI=B		*	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-2	Permit Measurement			0.01 (Max.)	mg/L		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NODI=9		②	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-2	Permit Measurement			2.2 (Ann. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			2.1		0	1/14	8comp
STORET No. 00610 I Mon. Site No. EFD-2	Permit Measurement			2.75 (Mo. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			1.5		③	Daily	Grab
STORET No. 00300 I Mon. Site No. EFD-2	Permit Measurement			5.0 (Min.)	mg/L	10	5 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	9/7/05/26

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

- ② 12 months of data are not available for EFD-2 to calculate annual average for CBOD, Total NH₃.
* Method code for TRC is 4500C (6). Detection limit is 0.20 mg/L.
③ Minimum DO was not met on all 10 samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

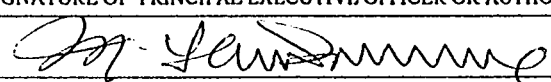
PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/05/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/05/31
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawerest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			5.66		0	1/90	8 comp
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Nitrogen, Organic, Total as N	Sample Measurement			1.70		0	1/90	8 comp
STORET No. 00603 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Nitrogen, Total Kjeldahl as N	Sample Measurement			3.42		0	1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
NO2+NO3, Total 1 DET. as N	Sample Measurement			2.24		0	1/90	8 comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Unionized Ammonia, Total as N	Sample Measurement			0.0024		0	1/90	calc.
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Temperature	Sample Measurement			4.9		0	1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Quar. Avg.)	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Phosphorus, Total as P	Sample Measurement			2.46		0	1/90	8 comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Phosphorus in Total Orthophosphate as P	Sample Measurement			1.79		0	1/90	8 comp
STORET No. 70307 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/06/26

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

Nutrient pH = 7.01, T = 4.9 on 5/2/97.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: April Year: 1997

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: DC55-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Ramon P. Little* B-6916

signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.181
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.174
(19) Percent of permitted capacity	%	---	97
(20) CBOD5 Effluent	mg/L	080082	1.0
(21) CBOD5 Effluent	lbs/day	---	1.3
(22) TSS Effluent	mg/L	900201	5.3
(23) TSS Effluent	lbs/day	---	7.8
(24) Minimum pH		---	6.7
(25) Maximum pH		---	6.9
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	2.9
(29) Nitrate	mg/L	071850	0.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	mg/L	---	2.0
(33) Other Effluent Parameters			
Nitrite + Nitrate	mg/L	---	
Ortho Phosphate	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml		
(34) TRC Method Code 4500 C1 (G)			

Minimum Detection Level: 0.02

(*) Duval Septic hauled 5 Loads of Digester Sludge to Landfill at 7000 gal/load.

St. Johns North Wastewater Treatment Facility

Permit #: FL0117668

Discharge Point#:D001

Month April Year 1997

day of month	Flow (mgd)	chlorine residual Pre S02 EFA-1	chlorine residual D001	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) D001	TSS (mg/L) EFA-1	pH D001	D.O. (mg/L) D001	NH3-N (mg/L) D001	Nitrate (mg/L) EFA-1	Fecal Coliform EFA-1	
01	0.156	>2.2					5.7					<1	Note: Disinfecting with Sodium Hypochlorite
02	0.167	1.6					5.1					<1	
03	0.144	1.4		148	178		5.2				0.34	<1	
04	0.185	1.5											
05	0.132	1.9											
06	0.182	2.1											
07	0.200	>2.2					4.5					<1	
08	0.174	>2.2					6.4					<1	
09	0.162	>2.2					5.6					<1	
10	0.161	1.6					4.6					<1	
11	0.142	>2.2											
12	0.173	2.2											
13	0.234	2.2											
14	0.147	2.0					5.1					<1	
15	0.166	>2.2					4.6	6.9	1.8			<1	
16	0.174	>2.2					6.0	6.9	1.8			<1	
17	0.159	1.3	<0.20	128	89	<1.0	5.6	6.9	1.9	2.92	0.67	<1	
18	0.241	1.1						6.9	1.8				
19	0.138	1.4											
20	0.120	1.8											
21	0.161	>2.2					6.7	6.9	1.9			<1	
22	0.190	>2.2					5.2	6.9	1.8			<1	
23	0.192	>2.2					5.4	6.8	1.8			<1	
24	0.142	1.1					6.1	6.7	1.8			<1	
25	0.142	1.2						6.7	1.9				
26	0.278	1.3											
27	0.283	1.0											
28	0.215	1.3					2.7	6.8	1.3			6	
29	0.261	1.5					6.4	6.8	1.5			18	
30	0.215	1.0					5.2	6.8	1.3			4	

Avg	0.181	1.8	<0.20	138	134	1.0	5.3		1.7	2.92	0.51	2
Max	0.283	2.2	<0.20	148	178	1.0	6.7	6.9	1.9	2.92	0.67	18
Min	0.120	1.0	<0.20	128	89	1.0	2.7	6.7	1.3	2.92	0.34	1

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.174

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Kevin P. Kelly B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 97

St. Johns North Wastewater Treatment Facility

Permit#: FL0117668

Discharge Point#: D002

Month April Year 1997

Day of Month	chlorine residual	CBOD (mg/L)	pH	D.O. (mg/L)	NH3-N (mg/L)
	D002	D002	D002	D002	D002
01			6.8	2.3	
02	<0.20		6.8	2.4	
03		<1.0	6.8	2.3	1.6
04			6.8	2.3	
05					
06					
07			6.8	2.4	
08			6.8	2.3	
09			6.7	2.3	
10			6.6	2.1	
11			6.8	2.1	
12					
13					
14			6.9		
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

Avg	<0.20	1.0	6.8	2.3	1.6
Max	<0.20	1.0	6.9	2.4	1.6
Min	<0.20	1.0	6.6	2.1	1.6

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.174

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: James P. Kelly 86916
signature Cert. No.

Percent of Permitted Capacity % --- 97

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/04/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/04/30
REPORT: Monthly
GROUP: Domestic

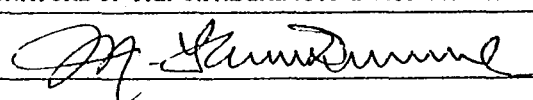
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.163				0	1/30	calc
STORET No. 50050 Y	Permit Measurement	0.225 (An. Avg.)	mgd				5 Days/Week	Flow Meters
Flow through WWTP	Sample Measurement	0.181				0	cont	Flow meter
STORET No. 50050 I	Permit Measurement	0.225 (Mo. Avg.)	mgd				5 Days/Week	Flow Meters
CBOD5	Sample Measurement			NO DATA = 9		*	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0 (An. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			1		0	1/14	8 comp
STORET No. 80082 I	Permit Measurement			20.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
TSS	Sample Measurement				6.7	14	4/7	Grab
STORET No. 00530 I	Permit Measurement				5 (Max.)		4 Days per Week	Grab
Fecal Coliform Bacteria	Sample Measurement			* 83%	18	0	4/7	Grab
STORET No. 31616 I	Permit Measurement			75% NON-DETECTABLE	25 (Max.)		4 Days per 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/05/20

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

** TSS max limit was exceeded on 14 samples.

* 12 months of data are not available for D001 CBOD annual average.

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.7	6.9		0	Daily	Grab
STORET No. 00400 I Mon. Site No. EFD-1	Permit Measurement				6.0 Min	7.5 Max	Std. Units		5 Days/Week	Grab
TRC for disinfection	Sample Measurement				1.0			0	Daily	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement				1.0 (Min.)		mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement					NOD = B	*	0	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement					0.01 (Max.)	mg/L		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement				NOD = 9		**	—	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-1	Permit Measurement				2.2 (Ann. Avg.)		mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement				2.92	2.92		1	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement				2.75 (Mo. Avg.)	4.4 (Max.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement				1.3		(#4)	12	Daily	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement				5.0 (Min.)		mg/L		5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement					0.67		0	1/14	8 comp
STORET No. 00620 I Mon. Site No. EFA-1	Permit Measurement					12.0 (Max.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement				138			0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)		mg/L		Every Two Weeks	8-hour F.P.C.
TSS	Sample Measurement				134			0	1/14	8 comp
STORET No. 00530 O Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)		mg/L		Every Two Weeks	8-hour F.P.C.

* Method code for TRC is 4500Cl (G). Detection limit is 0.20 mg/L.

** 12 months of data are not available for annual average calculation.

*** NH3 monthly average limit was exceeded for D001.

(#4) Minimum DO was not met on 12 daily samples.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225-4442

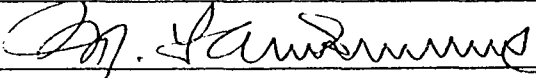
PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/04/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/04/30
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X14782

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			NDAI=9	*	-	1/30	calc
STORET No. 80082 Y	Permit Measurement			20.0 (An. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2								
CBOD5	Sample Measurement			1		0	1/14	8comp
STORET No. 80032 I	Permit Measurement			20.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2								
pH	Sample Measurement			6.6		0	Daily	Grab
STORET No. 00400 I	Permit Measurement			6.0 Min	Std. Units		5 Days/Week	Grab
Mon. Site No. EFD-2								
TRC for dechlorination	Sample Measurement			NDAI=B	**	0	1/14	Grab
STORET No. 50060 I	Permit Measurement			0.01 (Max.)	mg/L		Every 2 Weeks	Grab
Mon. Site No. EFD-2								
Nitrogen, Total Ammonia as N	Sample Measurement			NDAI=9	*	-	1/30	calc
STORET No. 00610 Y	Permit Measurement			2.2 (An. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2								
Nitrogen, Total Ammonia as N	Sample Measurement			1.6		0	1/14	8comp
STORET No. 00610 I	Permit Measurement			2.75 (Mo. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Mon. Site No. EFD-2								
Oxygen, Dissolved (DO)	Sample Measurement			*	2.1	(*) 3	Daily	Grab
STORET No. 00300 I	Permit Measurement			3.0 (Min.)	mg/L		5 Days/Week	Grab
Mon. Site No. EFD-2								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 431-4600	97/05/20

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

* 12 months of data are not available for D002 ^{CBOD₅, NH₃} annual average.

** Method code for TRC is 4500Cl (6). Detection limit is 0.20 mg/L.

(*) 3 Minimum DO was not met on 9 daily samples for D002.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Milcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/04/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/04/30
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Organic, Total as N	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00605 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Total Kjeldahl as N	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
NO2+NO3, Total 1 DET. as N	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Unionized Ammonia, Total as N	Sample Measurement			NDAI = 9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Mon. Site No. EFD-1								
Temperature	Sample Measurement			NDAI = 9			1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Quar. Avg.)	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Mon. Site No. EFD-1								
Phosphorus, Total as P	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Phosphorus in Total Orthophosphate as P	Sample Measurement			NDAI = 9			1/90	8 comp
STORET No. 70507 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President	<i>[Signature]</i>	(904) 721-4600	97/05/20

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: March Year: 1997

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2865

(8) Permit Number: D055-194157 / D055-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *James P. C. [Signature]* 3694
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.199
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.163
(19) Percent of permitted capacity	%	---	90
(20) CBOD5 Effluent	mg/L	080082	5.5
(21) CBOD5 Effluent	lbs/day	---	10.3
(22) TSS Effluent	mg/L	900201	4.5
(23) TSS Effluent	lbs/day	---	7.4
(24) Minimum pH		---	6.7
(25) Maximum pH		---	6.8
(26) Total N	mg/L	000500	N/A
(27) TKN	mg/L	000625	
(28) Ammonia (NH3 - N)	mg/L	000610	2.7
(29) Nitrate	mg/L	071850	0.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	mg/L	---	3.0
(33) Other Effluent Parameters			
Nitrate + Nitrate	mg/L	---	
Ortho Phosphate	mg/L	---	
Fecal Coliform (Arithmetic Mean)	no/100 ml		
(34) TRC Method Code 4500 C1 (G)			

Minimum Detection Level: 0.02

(*) Duval Septic hauled 3 loads of Digester Sludge to Landfill at 7000 gal/load.

St. Johns North Wastewater Treatment Facility

Permit #: FL0117668

Discharge Point#:D001

Month March Year 1997

day of month	Flow (mgd)	chlorine residual Pre S02 EFA-1	chlorine residual D001	CBOD inf (mg/L)	TSS inf (mg/L)	CBOD (mg/L) D001	TSS (mg/L) EFA-2	pH D001	D.O. (mg/L) D001	NH3-N (mg/L) D001	Nitrate (mg/L) EFA-1	Fecal Coliform EFA-1
01	0.150	1.8										
02	0.150	1.5										
03	0.167	1.4					4.3					
04	0.244	2.2					3.1					
05	0.265	3.0					3.1					
06	0.259	3.0		194	101	6.8	3.2			3.63	0.18	
07	0.287	2.9										
08	0.285	2.8										
09	0.231	2.9										
10	0.279	3.0					4.2	6.7	2.4			< 1
11	0.253	3.0					3.3	6.7	2.4			< 1
12	0.167	3.0					4.1	6.8	2.5			< 1
13	0.170	1.3					4.0	6.7	2.3			< 1
14	0.159	3.0						6.8	2.2			
15	0.185	2.8										
16	0.217	1.5										
17	0.207	1.3					3.4	6.7	2.2			8
18	0.119	1.8					5.8	6.8	2.2			14
19	0.183	3.0					7.6	6.7	2.2			< 1
20	0.171	1.2	<0.20	120	101	4.2	4.9	6.7	2.3	1.85	0.09	< 1
21	0.241	2.2						6.8	2.2			
22	0.157	2.2										
23	0.144	1.9										
24	0.259	1.3					6.9	6.7	2.3			< 1
25	0.166	2.2					3.8	6.8	2.0			< 1
26	0.186	2.2					5.4	6.8	2.2			< 1
27	0.168	2.2					3.9	6.8	2.3			< 1
28	0.168	2.2										
29	0.184	2.2										
30	0.181	1.3										
31	0.163	2.2					5.9					< 1
Avg	0.199	2.2	<0.20	157	101	5.5	4.5		2.3	2.74	0.14	5
Max	0.287	3.0	<0.20	194	101	6.8	7.6	6.8	2.5	3.63	0.18	43
Min	0.119	1.2	<0.20	120	101	4.2	3.1	6.7	2.0	1.85	0.09	< 1

Note:
Disinfecting
with Sodium
Hypochlorite

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.163

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: *Samuel R. Kelly* B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 90

St. Johns North Wastewater Treatment Facility

Permit#: FLD117668

Discharge Point#: D002

Month March Year 1997

Day of Month	chlorine residual	CBOD (mg/L)	pH	D.O. (mg/L)	NH3-N (mg/L)
D002	D002	D002	D002	D002	D002
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31	<0.20		6.7	2.2	
Avg	<0.20		6.7	2.2	
Max	<0.20		6.7	2.2	
Min	<0.20		6.7	2.2	

Day Shift Operator Class: "B" Cert. No.: 6916

Permitted Capacity mgd --- 0.225

Day Shift Operator Class: _____ Cert. No.:

Three-Month Average Daily Flow mgd --- 0.163

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Sam P. [Signature] B-6916
signature Cert. No.

Percent of Permitted Capacity % --- 90

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
 MAILING ADDRESS: 1400 Hillcoke Road
 Jacksonville, FL 32225-4442
 FACILITY: St. Johns North WWT
 LOCATION: 2369 Hawcrest Drive East
 Fruit Cove, FL 32259
 COUNTY: St. Johns
 PERMIT NUMBER: FL0117668
 MONITORING PERIOD From: Final 97/03/01
 CLASS SIZE: Minor
 WAFR SITE NO.: 10409
 GMS TEST SITE NO.: 3155X12540
 REPORT GROUP: Monthly Domestic
 To: 97/03/31

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWT	Sample				6	1/30	calc
STORST No. 50050	Permit	0.225		mgd			Flow Meters
Mon. Site No. EFA-1	Measurement					3 Days/Week	
Flow through WWT	Sample				0	cont	Flow Meters
STORST No. 50050	Permit	0.199		mgd			
Mon. Site No. EFA-1	Measurement					3 Days/Week	
CHODS	Sample				0	1/30	calc
STORST No. 80082	Permit	5.8					8-hour F.P.C.
Mon. Site No. EFD-1	Measurement					Every 2 Weeks	
CHODS	Sample				0	1/14	8comp
STORST No. 80082	Permit	5.5					8-hour F.P.C.
Mon. Site No. EFD-1	Measurement					Every 2 Weeks	
TSS	Sample				5	4/7	Grab
STORST No. 00530	Permit						Grab
Mon. Site No. EFA-2	Measurement					4 Days per Week	
Fecal Coliform Bacteria	Sample						
STORST No. 31616	Permit	76				4/7	Grab
Mon. Site No. EFA-1	Measurement						

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sankarathil	<i>[Signature]</i>	(904) 721-4600	97/04/24
Vice President			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 * TSS max was exceeded on 5 of 17 samples.
 * Fecal Coliform max was exceeded on 1 sample.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.7	6.8		0	5/7	Grab
STORET No. 00400 I Mon. Site No. EFD-1	Permit Measurement				6.0 Min	7.5 Max	Sid Units		5 Days/Week	Grab
TRC for disinfection	Sample Measurement				1.2			0	5/7	Grab
STORET No. 50060 A Mon. Site No. EPA-1	Permit Measurement				1.0 (Min.)		mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement					NOAE = B	*	0	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-1	Permit Measurement					0.01 (Max.)	mg/L		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement				NOAE = 9		**	0	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-1	Permit Measurement				2.2 (Ann. Avg.)		mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement				2.74	3.63		0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-1	Permit Measurement				2.75 (Mo. Avg.)	4.4 (Max.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement				2.0		⊕	14	5/7	Grab
STORET No. 00300 I Mon. Site No. EFD-1	Permit Measurement				5.0 (Min.)		mg/L		5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement					0.18		0	1/14	8 comp
STORET No. 00620 I Mon. Site No. EPA-1	Permit Measurement					12.0 (Max.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement				* 157			0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)		mg/L		Every Two Weeks	8-hour F.P.C.
TSS	Sample Measurement				101			0	1/14	8 comp
STORET No. 00330 G Mon. Site No. INF-1	Permit Measurement				Report (Mo. Avg.)		mg/L		Every Two Weeks	8-hour F.P.C.

* method code for TRC is 4500 Cl (6). Detection limit is 0.20 mg/L.

** 12 months of Total NH3 data are not available for annual average calculation.

⊕ DO minimum was not met on 14 days.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

FACILITY: St. Johns North WWT
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/03/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/03/31
REPORT: Monthly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X14782

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			NODF=9		0	1/30	calc
STORET No. 80082 Y Mon. Site No. EFD-2	Permit Measurement			20.0 (An. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			NODF=9		0	1/14	8 comp
STORET No. 80082 I Mon. Site No. EFD-2	Permit Measurement			20.0 (Mo. Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
pH	Sample Measurement					0	5/7	Grab
STORET No. 00400 I Mon. Site No. EFD-2	Permit Measurement			6.7 6.0 Min	Std. Units		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement					0	1/14	Grab
STORET No. 50060 I Mon. Site No. EFD-2	Permit Measurement			NODF=B 0.01 (Max.)	mg/L		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NODF=9		0	1/30	calc
STORET No. 00610 Y Mon. Site No. EFD-2	Permit Measurement			2.2 (Ann. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			NODF=9		0	1/14	8 comp
STORET No. 00610 I Mon. Site No. EFD-2	Permit Measurement			2.75 (Mo. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			*		1	5/7	Grab
STORET No. 00300 I Mon. Site No. EFD-2	Permit Measurement			2.2 5.0 (Min.)	mg/L		5 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/04/24

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

* Method code for TRC is 4500 Cl (G). Detection limit is 0.20 mg/L.

** DO minimum was not met on 3/31/97.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

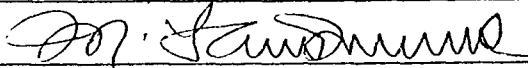
PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/03/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

To: 97/03/31
REPORT: Quarterly
GROUP: Domestic
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			NODI=9			1/90	8comp (calc)
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Organic, Total as N	Sample Measurement			NODI=9			1/90	8comp (calc)
STORET No. 00603 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Nitrogen, Total Kjeldahl as N	Sample Measurement			NODI=9			1/90	8comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
NO2+NO3, Total 1 DET. as N	Sample Measurement			NODI=9			1/90	8comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Unionized Ammonia, Total as N	Sample Measurement			NODI=9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Mon. Site No. EFD-1								
Temperature	Sample Measurement			NODI=9			1/90	Grab
STORET No. 00010 1	Permit Measurement			Report (Quar. Avg.)	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Mon. Site No. EFD-1								
Phosphorus, Total as P	Sample Measurement			NODI=9			1/90	8comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								
Phosphorus in Total Orthophosphate as P	Sample Measurement			NODI=9			1/90	8comp
STORET No. 70507 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. EFD-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	97/04/24

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

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

) Month: February Year: 1997

) Plants DEP Identification Number: 3155P00425

) Plant Name: Saint Johns North Wastewater Treatment Facility

) Plant Address: 2369 Hawkcrest Drive East

) City: Fruit Cove

) County: St. Johns

) Phone Number: (904) 725-2865

) Permit Number: D055-194157 / DC55-236590

) Plant Type: 2-C

0) Test Site Identification Number: 3155X12540

1) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

3) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

4) Cumulative Days of Wet Weather Discharge:

5) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Sam P. Eddy B-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.164
(17) Permitted capacity	mgd	---	0.225
(18) Three-month average daily flow	mgd	---	0.145
(19) Percent of permitted capacity	%	---	81
(20) CBOD5 Effluent	mg/L	080082	5.9
(21) CBOD5 Effluent	lbs/day	---	7.8
(22) TSS Effluent	mg/L	900201	5.7
(23) TSS Effluent	lbs/day	---	7.6
(24) Minimum pH		---	6.9
(25) Maximum pH		---	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	2.30
(28) Ammonia (NH3 - N)	mg/L	000610	2.14 0.44
(29) Nitrate	mg/L	071850	1.40 0.40
(30) Total Phosphorus	mg/L	000665	4.01
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	mg/L	---	3.0
(33) Other Effluent Parameters			
Nitrate + Nitrite	mg/L	---	2.16
Ortho Phosphate	mg/L	---	3.87
Fecal Coliform (Arithmetic Mean)	no/100 ml		1
(34) TRC Method Code 4500 Cl (G)			

Minimum Detection Level: 0.02

) Duval Septic hauled

4 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

34)

Month February Year 1997

Day of Month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Fecal Coliform (#/100ml)
1	0.142	2.9						7.0			
2	0.161	3.0						7.1			
3	0.157	3.0						7.2			
4	0.147	3.0						7.1			
5	0.147	2.1						7.0			
6	0.152	1.9		152	29	6.6	6.5	7.0	3.42 0.42	0.63	
7	0.150	2.3						6.9			
8	0.170	1.1						6.9			
9	0.150	2.5						6.9			
10	0.150	3.0						7.1			
11	0.159	3.0						7.1			
12	0.159	1.9						7.0			< 1
13	0.165	2.0						7.0			
14	0.211	2.3						7.1			
15	0.172	2.4						7.0			
16	0.191	2.1						7.1			
17	0.121	2.5						7.0			
18	0.163	1.9						7.0			
19	0.172	2.3						7.1			1
20	0.168	1.0		273	210	5.1	4.9	6.9	0.86	2.16 0.16	
21	0.165	3.0						7.1			
22	0.178	2.7						7.3			
23	0.201	1.3						7.3			
24	0.217	2.4						7.5			
25	0.160	2.0						7.0			
26	0.159	2.7						6.9			
27	0.147	2.8						7.0			
28	0.150	2.8						6.9			
tot	4.584	65.9		425	239	11.7	11.4		4.28	2.73	3
avg	0.164	2.4		213	120	5.9	5.7		2.14 0.42	0.42 1.40	1
max	0.217	3.0		273	210	6.6	6.5	7.5	0.86	0.63	1
min	0.121	1.0		152	29	5.1	4.9	6.9	0.42	0.16	1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Lawrence P. Willey

Date: 3-18-97

Lawrence P. Willey

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millicoe Road
Jacksonville, FL 32223-4442

PERMIT NUMBER: FLD0117668
MONITORING PERIOD From: 9/1/02 To: 9/30/02
LIMIT: Final
CLASS SIZE: Minor

REPORT GROUP: Monthly
Domestic

FACILITY: St. Johns North WWT
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FLD0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12340

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWT	Measurement	0.1583				0	cont	Flow Meter
STORET No. 50030	Permit Measurement	0.225 (An.Avg.)	mgd				5 Days/Week	Flow Meters
Non Site No. EL-ET	Sample Measurement			5.9		0	1/14	Scarf
STORET No. 80082	Permit Measurement			20.0 (An.Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
Non Site No. QJ-ET	Sample Measurement			5.9		0	1/14	Scarf
STORET No. 80082	Permit Measurement			20.0 (An.Avg.)	mg/L		Every 2 Weeks	8-hour F.P.C.
Non Site No. QJ-ET	Sample Measurement			5.9		0	4/7	Grab
STORET No. 00530	Permit Measurement			20.0 (An.Avg.)	mg/L		4 Days per Week	Grab
Non Site No. EL-ET	Sample Measurement			5.9		0	4/7	Grab
STORET No. 31616	Permit Measurement			20.0 (An.Avg.)	#/100ml		4 Days per Week	Grab
Non Site No. EL-ET	Sample Measurement			5.9		0	4/7	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	9/7/03/35

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

Underdrains are not in use. Effluent samples are chlorine contact chamber effluent.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			1	1	0	4/7	Grab
STORET No. 31616 I Mon. Site No. EEA-1	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		4 Days per Week	Grab
pH	Sample Measurement			6.9	7.5	0	1/Day	Grab
STORET No. 00400 I Mon. Site No. QLP-1	Permit Measurement			6.0 Min	7.5 Max		5 Days/Week	Grab
TRC for disinfection	Sample Measurement			1.0		0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EEA-1	Permit Measurement			1.0 (Min.)			5 Days/Week	Grab
TRC for dechlorination	Sample Measurement			NOI = 9		*	1/14	Grab
STORET No. 50060 I Mon. Site No. QLP-1	Permit Measurement			0.01 (Max.)			Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NOI = 9		**	1/14	8 comp
STORET No. 00610 G Mon. Site No. QLP-1	Permit Measurement			2.2 (Ann. Avg.)			Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			2.14	3.42	0	1/14	8 comp
STORET No. 00610 I Mon. Site No. QLP-1	Permit Measurement			2.75 (Mo. Avg.)	4.4 (Max.)		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			NOI = 9		*	1/Day	Grab
STORET No. 00300 I Mon. Site No. QLP-1	Permit Measurement			5.0 (Max.)			5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement			2.16		0	1/14	8 comp
STORET No. 00620 I Mon. Site No. EEA-1	Permit Measurement			12.0 (Max.)			Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			2.13		0	1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)			Every Two Weeks	8-hour F.P.C.
TSS	Sample Measurement			120		0	1/14	8 comp
STORET No. 00330 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)			Every Two Weeks	8-hour F.P.C.
	Sample Measurement							
	Permit Measurement							

* Underdrains to Biglidge Creek are not in use. Dechlorination is not applicable. DO is not applicable.

** 12 months of Total NH3 data are not available for Annual Average calculation.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road.
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/02/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/02/28
REPORT: Monthly
GROUP: Domestic

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 27184
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.158	0.164						0	cont	Flow Meter
STORET No. 50050 Y Mon. Site No. EFA-1	Permit Measurement	0.225 (An. Avg.)	0.225 (Mo. Avg.)	mgd						5 Days/Week	Flow Meters
CBOD5	Sample Measurement				5.9				0	1/14	8 comp
STORET No. 80082 Y Mon. Site No. OLA-2	Permit Measurement				20.0 (An. Avg.)			mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement				5.9	6.6			0	1/14	8 comp
STORET No. 80082 I Mon. Site No. OLA-2	Permit Measurement				20.0 (Mo. Avg.)	40.0 (Max.)		mg/L		Every 2 Weeks	8-hour F.P.C.
TSS	Sample Measurement				5.7	6.5			0	4/7	Grab
STORET No. 00530 I Mon. Site No. BEA-2	Permit Measurement				Report (Mo. Avg.)	5 (Max.)		mg/L		4 Days per Week	Grab
Fecal Coliform Bacteria	Sample Measurement				2				0	4/7	Grab
STORET No. 31616 Y Mon. Site No. EFA-1	Permit Measurement				200 (An. Avg.)			#/100mL		4 Days per Week	Grab
Fecal Coliform Bacteria	Sample Measurement				1	1			0	4/7	Grab
STORET No. 31616 I Mon. Site No. EFA-1	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)		#/100mL		4 Days per Week	Grab
pH	Sample Measurement				6.9		7.5		0	1/Day	Grab
STORET No. 00400 I Mon. Site No. OLA-2	Permit Measurement				6.0 Min		7.5 Max	Std. Units		5 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 27184

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection	Sample Measurement			1.0		0	1/Day	Grab
STORET No. 50060 A Mon. Site No. EPA-1	Permit Measurement			1.0 (Min.)	mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement			NODI = 9	*	-	1/14	Grab
STORET No. 50060 I Mon. Site No. OUT-2	Permit Measurement			0.01 (Max.)	mg/L		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NODI = 9	**	-	1/14	8 comp
STORET No. 00610 G Mon. Site No. OUT-2	Permit Measurement			2.2 (Ann. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			2.14	3.42	0	1/14	8 comp
STORET No. 00610 I Mon. Site No. OUT-2	Permit Measurement			2.75 (Mo. Avg.)	4.4 (Max.)		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			NODI = 9	*	-	1/Day	Grab
STORET No. 00300 I Mon. Site No. OUT-2	Permit Measurement			5.0 (Max.)	mg/L		5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement			2.16		0	1/14	8 comp
STORET No. 00620 I Mon. Site No. EPA-1	Permit Measurement			12.0 (Max.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
	Sample Measurement							
	Permit Measurement			*				

* Underdrains are not in use. Dechlorination and DO monitoring are not applicable.

** 12 months of Total NH3 data are not available for Annual Average calculation.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/02/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/02/28
REPORT: Quarterly
GROUP: Domestic

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			4.46		0	1/90	8 comp
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Nitrogen, Organic, Total as N	Sample Measurement			1.44		0	1/90	8 comp
STORET No. 00605 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Nitrogen, Total Kjeldahl as N	Sample Measurement			2.30		0	1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
NO2+NO3, Total 1 DET. as N	Sample Measurement			2.16		0	1/90	8 comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Ammonia, Total as N	Sample Measurement			0.86		0	1/90	8 comp
STORET No. 00610 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Unionized Ammonia, Total as N	Sample Measurement			0.0014		0	1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Mon. Site No. OUT-1								
Temperature	Sample Measurement			4.2		0	1/90	1/Hour
STORET No. 00010 1	Permit Measurement			Report (Average)	Deg C		Quarterly	Hourly grab during 8-hour composite sample
Mon. Site No. OUT-1								
Phosphorus, Total as P	Sample Measurement			4.01		0	1/90	8 comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Phosphorus in Total Orthophosphate as P	Sample Measurement			3.87		0	1/90	8 comp
STORET No. 70307 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

Part II General Information

(1) Month: January Year: 1997

(2) Plants DEP Identification Number: 3155P00425

(3) Plant Name: Saint Johns North Wastewater Treatment Facility

(4) Plant Address: 2369 Hawkcrest Drive East

(5) City: Fruit Cove

(6) County: St. Johns

(7) Phone Number: (904) 725-2855

(8) Permit Number: D055-194157 / DC55-236590

(9) Plant Type: 2-C

(10) Test Site Identification Number: 3155X12540

(11) Fecal Coliform Sample Method:

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing

Day Shift Operator Class: "B" Cert. No.: 6916

DAY Shift Operator Class: _____ Cert. No.:

Night Shift Operator Class: _____ Cert. No.:

Lead Operator: Sam P. Kelly B-6916
signature Cert No.

PARAMETER	UNITS	STORET CODE	VALUE
(16) Monthly average daily flow	mgd	050053	0.150
(17) Permitted capacity	mgd	---	0.180
(18) Three-month average daily flow	mgd	---	0.140
(19) Percent of permitted capacity	%	---	78
(20) CBOD5 Effluent	mg/L	080082	5.6
(21) CBOD5 Effluent	lbs/day	---	7.5
(22) TSS Effluent	mg/L	900201	7.3
(23) TSS Effluent	lbs/day	---	9.9
(24) Minimum pH		---	6.8
(25) Maximum pH		---	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH3 - N)	mg/L	000610	3.78 N/A
(29) Nitrate	mg/L	071850	1.32
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	900243	1.0
(32) Maximum Chlorine Residual	n/a	---	3.0
(33) Other Effluent Parameters			
Fecal Coliform (Arithmetic Mean)	no/100 ml		< 1

(*) Duval Septic hauled 6 Loads of Digester Sludge to Landfill at 7000 gal/load.

DOMESTIC WASTEWATER TREATMENT PLANT

MONTHLY OPERATING REPORT

St. Johns North Wastewater Treatment Facility

D.E.P. Identification Number: 3155P00425

(34)

Month January Year 1997

day of month	Flow (mgd)	chlorine residual after contact	chlorine residual after de-chlor	BOD5 inf (mg/L)	TSS inf (mg/L)	BOD5 Eff (mg/L)	TSS Eff (mg/L)	pH Eff	TKN Eff (mg/L)	NH3-N Eff (mg/L)	Nitrate Eff (mg/L)	Total P Eff (mg/L)	Fecal Coliform (#/100ml)
01	0.156	2.6						7.0					
02	0.134	2.9		181	112	6.1	5.6	7.0			2.20		
03	0.119	1.8						6.9					
04	0.154	2.8						7.0					
05	0.174	2.3						7.0					
06	0.172	3.0						7.1					
07	0.137	3.0						6.9					
08	0.115	2.8						7.1					
09	0.144	3.0		223	292	2.0	3.8	7.1		7.35	0.52		
10	0.146	3.0						6.9					
11	0.132	3.0						7.0					
12	0.178	2.5						7.0					
13	0.126	3.0						7.0					
14	0.140	3.0						7.1					
15	0.142	3.0						7.2					
16	0.160	3.0						7.1					
17	0.192	2.0						7.1					
18	0.142	2.6						7.1					
19	0.144	2.8						7.0					
20	0.204	3.0						7.1					
21	0.130	1.8						7.1					
22	0.115	2.6						6.9					
23	0.181	3.0		205	150	8.7	12.5	7.2		0.21	1.25		
24	0.158	3.0						7.0					
25	0.168	1.0						7.2					
26	0.142	3.0						7.2					
27	0.160	3.0						7.0					
28	0.167	3.0						6.9					
29	0.142	2.9						7.0					
30	0.142	2.6						6.8					
31	0.142	2.8						7.0					
Tot	4.658	83.8		609	554	16.8	21.9				3.97		4
Avg	0.150	2.7		203	185	5.6	7.3				1.32		1
Max	0.204	3.0		223	292	8.7	12.5	7.2			2.20		< 1
Min	0.115	1.0		181	112	2.0	3.8	6.8			0.52		< 1

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true and accurate.

Signed: Lawrence P. Willey

Date: 2-12-97

Lawrence P. Willey

Company Name: United Water Florida Inc.

Telephone No. (Please Type) (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 9/7/01/01
LIMIT: Final
CLASS SIZE: Minor

To: 9/7/01/31
REPORT: Monthly
GROUP: Domestic

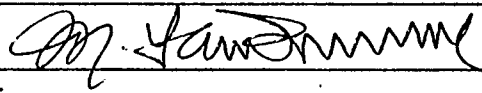
FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.158	0.150							cont	Flow Meter
STORET No. 50050 Y Mon. Site No. EFA-1	Permit Measurement	0.225 (An. Avg.)	0.225 (Mo. Avg.)	mgd						5 Days/Week	Flow Meters
CBOD5	Sample Measurement				NODI=9					1/14	8 comp
STORET No. 80082 Y Mon. Site No. OUT-1	Permit Measurement				20.0 (An. Avg.)			mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement				NODI=9	NODI=9				1/14	8 comp
STORET No. 80082 I Mon. Site No. OUT-1	Permit Measurement				20.0 (Mo. Avg.)	40.0 (Max.)		mg/L		Every 2 Weeks	8-hour F.P.C.
TSS	Sample Measurement				NODI=9	NODI=9				4/7	Grab
STORET No. 00530 I Mon. Site No. EFA-2	Permit Measurement				Report (Mo. Avg.)	5 (Max.)		mg/L		4 Days per Week	Grab
Fecal Coliform Bacteria	Sample Measurement				NODI=9					4/7	Grab
STORET No. 31616 Y Mon. Site No. EFA-1	Permit Measurement				200 (An. Avg.)			#/100mL		4 Days per 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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Sambamurthi Vice President		(904) 721-4600	9/7/02/27

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

Underdrain 001 (out-1) is not in service. These permit conditions are not applicable.
See attached MOR (old format) for effluent, influent data.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D001

WAFR SITE No.: 10409

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			NODI=9	NODI=9				4/7	Grab
STORET No. 31616 1 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Geo. Mean)	800 (Max.)		#/100mL		4 Days per Week	Grab
pH	Sample Measurement			NODI=9		NODI=9			1/Day	Grab
STORET No. 00400 1 Mon. Site No. OUT-1	Permit Measurement			6.0 Min		7.5 Max	Std. Units		5 Days/Week	Grab
TRC for disinfection	Sample Measurement			NODI=9					1/Day	Grab
STORET No. 50060 A Mon. Site No. EFA-1	Permit Measurement			1.0 (Min.)			mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement			NODI=9					1/14	Grab
STORET No. 50060 1 Mon. Site No. OUT-1	Permit Measurement			0.01 (Max.)			mg/L		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NODI=9	1				1/14	8 comp
STORET No. 00610 G Mon. Site No. OUT-1	Permit Measurement			2.2 (Ann. Avg.)			mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			NODI=9		NODI=9			1/14	8 comp
STORET No. 00610 1 Mon. Site No. OUT-1	Permit Measurement			2.75 (Mo. Avg.)		4.4 (Max)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			NODI=9					1/Day	Grab
STORET No. 00300 1 Mon. Site No. OUT-1	Permit Measurement			5.0 (Max.)			mg/L		5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement			NODI=9					1/14	8 comp
STORET No. 00620 1 Mon. Site No. EFA-1	Permit Measurement			12.0 (Max.)			mg/L as N		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement			NODI=9					1/14	8 comp
STORET No. 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
TSS	Sample Measurement			NODI=9					1/14	8 comp
STORET No. 00530 G Mon. Site No. INF-1	Permit Measurement			Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Measurement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road,
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/01/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/01/31
REPORT: Monthly
GROUP: Domestic

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D002
PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.: 27184
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow through WWTP	Sample Measurement	0.158	0.150							cont	Flow Meter
STORET No. 50030 Y Mon. Site No. EPA-1	Permit Measurement	0.225 (An. Avg.)	0.225 (Mo. Avg.)	mgd						5 Days/Week	Flow Meters
CBOD5	Sample Measurement				NODI=9					1/14	8 comp
STORET No. 80082 Y Mon. Site No. OUT-2	Permit Measurement				20.0 (An. Avg.)			mg/L		Every 2 Weeks	8-hour F.P.C.
CBOD5	Sample Measurement				NODI=9	NODI=9				1/14	8 comp
STORET No. 80082 I Mon. Site No. OUT-2	Permit Measurement				20.0 (Mo. Avg.)	40.0 (Max.)		mg/L		Every 2 Weeks	8-hour F.P.C.
TSS	Sample Measurement				NODI=9	NODI=9				4/7	Grab
STORET No. 00530 I Mon. Site No. EPA-2	Permit Measurement				Report (Mo. Avg.)	5 (Max.)		mg/L		4 Days per Week	Grab
Fecal Coliform Bacteria	Sample Measurement				NODI=9					4/7	Grab
STORET No. 31616 Y Mon. Site No. EPA-1	Permit Measurement				200 (An. Avg.)			#/100mL		4 Days per Week	Grab
Fecal Coliform Bacteria	Sample Measurement				NODI=9	NODI=9				4/7	Grab
STORET No. 31616 I Mon. Site No. EPA-1	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)		#/100mL		4 Days per Week	Grab
pH	Sample Measurement				NODI=9		NODI=9			1/Day	Grab
STORET No. 00400 I Mon. Site No. OUT-2	Permit Measurement				6.0 Min	7.5 Max		Std. Units		5 Days/Week	Grab

Underdrain 002 (Out-2) is not in service.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: St. Johns North WWTP

PERMIT NUMBER: FL0117668

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 27184

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
TRC for disinfection	Sample Measurement			NODI=9			1/Day	Grab
STORET No. 50060 A	Permit Measurement			1.0 (Min.)	mg/L		5 Days/Week	Grab
TRC for dechlorination	Sample Measurement			NODI=9			1/14	Grab
STORET No. 50060 1	Permit Measurement			0.01 (Max.)	mg/L		Every 2 Weeks	Grab
Nitrogen, Total Ammonia as N	Sample Measurement			NODI=9			1/14	8 comp
STORET No. 00610 G	Permit Measurement			2.2 (Ann. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Nitrogen, Total Ammonia as N	Sample Measurement			NODI=9			1/14	8 comp
STORET No. 00610 1	Permit Measurement			2.75 (Mo. Avg.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
Oxygen, Dissolved (DO)	Sample Measurement			NODI=9			1/Day	Grab
STORET No. 00300 1	Permit Measurement			5.0 (Max.)	mg/L		5 Days/Week	Grab
NO3-Nitrogen, Total as N	Sample Measurement			NODI=9			1/14	8 comp
STORET No. 00620 1	Permit Measurement			12.0 (Max.)	mg/L as N		Every 2 Weeks	8-hour F.P.C.
	Sample Measurement							
	Permit Measurement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, FL 32225-4442

PERMIT NUMBER: FL0117668
MONITORING PERIOD From: 97/01/01
LIMIT: Final
CLASS SIZE: Minor

To: 97/01/31
REPORT: Quarterly
GROUP: Domestic

FACILITY: St. Johns North WWTP
LOCATION: 2369 Hawcrest Drive East
Fruit Cove, FL 32259
COUNTY: St. Johns

FACILITY ID: FL0117668
GMS ID NO.: 3155P00425
DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC
WAFR SITE NO.: 10409
GMS TEST SITE NO.: 3155X12540

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total as N	Sample Measurement			NODI = 9			1/90	8 comp
STORET No. 00600 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Nitrogen, Organic, Total as N	Sample Measurement			NODI = 9			1/90	8 comp
STORET No. 00605 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Nitrogen, Total Kjeldahl as N	Sample Measurement			NODI = 9			1/90	8 comp
STORET No. 00625 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
NO2+NO3, Total I DET. as N	Sample Measurement			NODI = 9			1/90	8 comp
STORET No. 00630 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Ammonia, Total as N	Sample Measurement			NODI = 9			1/90	8 comp
STORET No. 00610 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Unionized Ammonia, Total as N	Sample Measurement			NODI = 9			1/90	calc
STORET No. 00612 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	Calculated
Mon. Site No. OUT-1								
Temperature	Sample Measurement			NODI = 9			1/90	1/Hour
STORET No. 00010 1	Permit Measurement			Report (Average)	Dep. C		Quarterly	Hourly grab during 8-hour composite sample
Mon. Site No. OUT-1								
Phosphorus, Total as P	Sample Measurement			NODI = 9			1/90	8 comp
STORET No. 00665 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								
Phosphorus in Total Orthophosphate as P	Sample Measurement			NODI = 9			1/90	8 comp
STORET No. 70507 1	Permit Measurement			Report (Maximum)	mg/L		Quarterly	8-hour flow proportioned composite
Mon. Site No. OUT-1								

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: December YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

(3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

(5) CITY: O'NEIL

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-239673

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER:

(11) FECAL COLIFORM SAMPLE METHOD:
☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
 EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
 NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth H. Lopez B 3180
 signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.043
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.056
(19) PERCENT OF PERMITTED CAPACITY	%	****	30
(20) CBOD5 EFFLUENT	mg/l	080082	2.5
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	2.3
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.30
(25) MAXIMUM pH		****	7.30
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	7.41
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

December 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.037	2.5					7.30		
02	0.044	2.5					7.30		< 1
03	0.041	2.5					7.30		
04	0.039	2.5	119	39	< 1.0	2.3	7.30	5.27	
05	0.037	2.5					7.30		
06	0.035								
07	0.048								
08	0.032	2.5					7.30		
09	0.058	2.5					7.30		
10	0.034	2.5					7.30		
11	0.058	2.5					7.30		
12	0.045	2.5					7.30		
13	0.054								
14	0.046								
15	0.062	2.5					7.30		
16	0.047	2.5					7.30		< 1
17	0.038	2.5					7.30		
18	0.037	2.5	104	28	1.9	1.9	7.30	8.29	
19	0.046	2.5					7.30		
20	0.044								
21	0.037								
22	0.048	2.5					7.30		
23	0.045	2.5					7.30		
24	0.054	2.5					7.30		
25	0.034								
26	0.045								
27	0.040								
28	0.048								
29	0.025	2.5					7.30		
30	0.040	2.5	126	29	4.7	2.6	7.30	8.66	< 1
31	0.048	2.5					7.30		

TOT	1.346	52.5	349	96	7.6	6.8	153.30	22.22	3
AVG	0.043	2.5	116	32	2.5	2.3	7.30	7.41	1
MAX	0.062	2.5	126	39	4.7	2.6	7.30	8.66	1
MIN	0.025	2.5	104	28	1.0	1.9	7.30	5.27	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth L Snyder DATE: 1-12-98

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: November YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

(3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

(5) CITY: O'NEIL

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-239673

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER:

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Banner E. Stoltz E-3180 C-5640

signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.043
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.064
(19) PERCENT OF PERMITTED CAPACITY	%	****	34
(20) CBOD5 EFFLUENT	mg/l	000082	3.2
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	2.5
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.26
(25) MAXIMUM pH		****	7.36
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	9.91
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

November 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.071								
02	0.079								
03	0.053	2.5					7.27		
04	0.092	2.5					7.29		<1
05	0.084	2.5					7.29		
06	0.038	2.5	167	75	2.1	3.6	7.31	12.20	
07	0.026	2.5					7.28		
08	0.046								
09	0.034								
10	0.036	2.5					7.32		
11	0.037	2.5					7.32		
12	0.027	2.5					7.27		
13	0.035	2.5					7.26		
14	0.036	2.5					7.31		
15	0.035								
16	0.028								
17	0.040	2.5					7.27		
18	0.031	2.5					7.30		<1
19	0.028	2.5					7.36		
20	0.050	2.5	186	95	4.2	1.4	7.34	7.63	
21	0.038	2.5					7.30		
22	0.042								
23	0.045								
24	0.031	2.5					7.26		
25	0.043	2.5					7.28		
26	0.032	2.5					7.26		
27	0.040								
28	0.053								
29	0.035								
30	0.036								

TOT	1.301	45.0	353	170	6.3	5.0	131.29	19.83	2
AVG	0.043	2.5	177	85	3.2	2.5	7.29	9.91	1
MAX	0.092	2.5	186	95	4.2	3.6	7.36	12.20	1
MIN	0.026	2.5	167	75	2.1	1.4	7.26	7.63	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Banner E. Strickland DATE: 12-11-97

NAME: ~~KENNETH SNYDER~~ BANNER E. STRICKLAND

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

PART II - GENERAL INFORMATION

LEAD OPERATOR *Gannett E. Smith* 2-3180 05640
signature cert. no.

PARAMETER	UNITS	STORED CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.069
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.067
(19) PERCENT OF PERMITTED CAPACITY	%	****	36
(20) CBOD5 EFFLUENT	mg/l	080082	2.3
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	1.5
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.10
(25) MAXIMUM pH		****	7.25
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	22.5
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

October 1997

JAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EPP mg/l	TSS EPP mg/l	pH EPP	NITRATE EPP mg/l	FECAL COLIFORM (#/100ml)
01	0.063	2.5					7.25		
02	0.080	2.5					7.27		
03	0.061	2.5					7.24		
04	0.081								
05	0.067								
06	0.063	2.5					7.28		
07	0.065	2.5					7.23		<1
08	0.070	2.5					7.21		
09	0.069	2.5	150	100	1.6	1.1	7.26	19.20	
10	0.076	2.5					7.22		
11	0.076								
12	0.070								
13	0.078	2.5					7.29		
14	0.047	2.5					7.23		
15	0.073	2.5					7.21		
16	0.073	2.5					7.21		
17	0.028	2.5					7.19		
18	0.100								
19	0.061								
20	0.059	2.5					7.22		
21	0.060	2.5					7.24		<1
22	0.082	2.5					7.18		
23	0.060	2.5	114	26	3.0	1.8	7.21	25.90	
24	0.091	2.5					7.21		
25	0.076								
26	0.077								
27	0.070	2.5					7.26		
28	0.051	2.5					7.27		
29	0.086	2.5					7.25		
30	0.032	2.5					7.23		
31	0.095	2.5					7.23		

TOT	2.140	57.5	264	126	4.6	2.9	166.39	45.10	2
AVG	0.069	2.5	132	63	2.3	1.5	7.23	22.55	1
MAX	0.100	2.5	150	100	3.0	1.8	7.29	25.90	1
MIN	0.028	2.5	114	26	1.6	1.1	7.18	19.20	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Banner E. Strickland DATE: 11-17-97

NAME: ~~KENNETH SNYDER~~ BANNER E. STRICKLAND

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

- (1) MONTH: September YEAR: 1997
- (2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228
- (3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT
- (4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD
- (5) CITY: O'NEIL
- (6) COUNTY: NASSAU
- (7) PHONE NUMBER: (904) 725-2865
- (8) PERMIT NUMBER: D045-239673
- (9) PLANT TYPE: 3C
- (10) TEST SITE IDENTIFICATION NUMBER:
- (11) FECAL COLIFORM SAMPLE METHOD:
- ☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER
- (12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
- EVAPORATION / PERCOLATION PONDS
- (13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
- ☐ YES ☐ NO ☒ NOT APPLICABLE
- (14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
- NOT APPLICABLE
- (15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Bennett E. Chisholm 3180 C-5540
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.066
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.065
(19) PERCENT OF PERMITTED CAPACITY	%	****	35
(20) CBOD5 EFFLUENT	mg/l	080082	2.8
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	1.3
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.15
(25) MAXIMUM pH		****	7.33
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	11.01
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

September 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.069								
02	0.063	2.5					7.17		
03	0.068	2.5					7.15		
04	0.072	2.5					7.20		
05	0.063	2.5					7.18		
06	0.067								
07	0.073								
08	0.050	2.5					7.27		
09	0.062	2.5					7.25		<1
10	0.059	2.5					7.18		
11	0.075	2.5	166	57	<1.0	0.8	7.17	9.42	
12	0.065	2.5					7.17		
13	0.066								
14	0.061								
15	0.071	2.5					7.28		
16	0.059	2.5					7.18		
17	0.056	2.5					7.31		
18	0.049	2.5					7.33		
19	0.058	2.5					7.23		
20	0.094								
21	0.070								
22	0.065	2.5					7.18		
23	0.077	2.5					7.25		<1
24	0.076	2.5					7.29		
25	0.055	2.5	288	114	4.5	1.8	7.28	12.60	
26	0.082	2.5					7.23		
27	0.062								
28	0.064								
29	0.075	2.5					7.25		
30	0.052	2.5					7.27		

TOT	1.978	52.5	454	171	5.5	2.6	151.82	22.02	2
AVG	0.066	2.5	227	86	2.8	1.3	7.23	11.01	1
MAX	0.094	2.5	288	114	4.5	1.8	7.33	12.60	1
MIN	0.049	2.5	166	57	1.0	0.8	7.15	9.42	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Banner E. Strickland DATE: 10-8-97

NAME: ~~KENNETH SNYDER~~ BANNER E. STRICKLAND

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

ESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: August YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

(3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

(5) CITY: O'NEIL

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-239673

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER:

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Benny E. Atchell B-3180 C 5640
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.068
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.065
(19) PERCENT OF PERMITTED CAPACITY	%	****	35
(20) CBOD5 EFFLUENT	mg/l	080082	2.5
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	1.5
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.12
(25) MAXIMUM pH		****	7.23
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	9.50
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	91

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

August 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	pH BPF	NITRATE BPF mg/l	FECAL COLIFORM (#/100ml)
01	0.077	2.5					7.15		
02	0.059								
03	0.065								
04	0.059	2.5					7.18		
05	0.062	2.5					7.23		
06	0.070	2.5					7.17		
07	0.056	2.5					7.19		
08	0.083	2.5					7.23		
09	0.075								
10	0.073								
11	0.068	2.5					7.18		
12	0.054	2.5					7.15		180
13	0.072	2.5					7.21		
14	0.065	2.5	113	37	2.3	1.4	7.18	11.00	
15	0.079	2.5					7.12		
16	0.068								
17	0.055								
18	0.075	2.5					7.17		
19	0.062	2.5					7.21		
20	0.071	2.5					7.21		
21	0.073	2.5					7.18		
22	0.066	2.5					7.18		
23	0.075								
24	0.063								
25	0.072	2.5					7.17		
26	0.063	2.5					7.22		1
27	0.056	2.5					7.21		
28	0.070	2.5	327	1690	2.7	1.5	7.19	7.99	
29	0.077	2.5					7.18		
30	0.070								
31	0.069								
TOT	2.102	52.5	440	1727	5.0	2.9	150.91	18.99	181
AVG	0.068	2.5	220	864	2.5	1.5	7.19	9.50	91
MAX	0.083	2.5	327	1690	2.7	1.5	7.23	11.00	180
MIN	0.054	2.5	113	37	2.3	1.4	7.12	7.99	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Burns G. Stiepland DATE: 7-14-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: July YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

(3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

(5) CITY: O'NEIL

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-239673

(9) PLANT TYPE: 3C

(10) TEST SITE IDENTIFICATION NUMBER:

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth A. Lynch B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.064
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.064
(19) PERCENT OF PERMITTED CAPACITY	%	****	34
(20) CBOD5 EFFLUENT	mg/l	080082	2.9
(21) CBOD5 EFFLUENT	lbs/day	****	1
(22) TSS EFFLUENT	mg/l	900201	1.8
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.03
(25) MAXIMUM pH		****	7.21
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	12.74
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

July 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFP mg/l	TSS EFP mg/l	pH EFP	NITRATE EFP mg/l	FECAL COLIFORM (#/100ml)
01	0.065	2.5					7.11		< 1
02	0.072	2.5	264	67	1.9	2.0	7.08	9.22	
03	0.064	2.5					7.10		
04	0.070								
05	0.064								
06	0.072								
07	0.042	2.5					7.03		
08	0.080	2.5					7.05		
09	0.044	2.5					7.10		
10	0.080	2.5					7.14		
11	0.059	2.5					7.09		
12	0.069								
13	0.055								
14	0.070	2.5					7.06		
15	0.049	2.5					7.03		< 1
16	0.063	2.5					7.07		
17	0.063	2.5	163	38	3.0	1.2	7.08	14.60	
18	0.082	2.5					7.08		
19	0.064								
20	0.070								
21	0.046	2.5					7.06		
22	0.061	2.5					7.18		
23	0.062	2.5					7.19		
24	0.069	2.5					7.20		
25	0.064	2.5					7.18		
26	0.057								
27	0.067								
28	0.073	2.5					7.21		
29	0.075	2.5					7.19		< 1
30	0.058	2.5					7.15		
31	0.053	2.5	115	29	3.8	2.2	7.13	14.40	
TOT	1.982	55.0	542	134	8.7	5.4	156.51	38.22	3
AVG	0.064	2.5	181	45	2.9	1.8	7.11	12.74	1
MAX	0.082	2.5	264	67	3.8	2.2	7.21	14.60	1
MIN	0.042	2.5	115	29	1.9	1.2	7.03	9.22	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth A. Snyder

DATE: 8-19-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: June YEAR: 1997

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

5) CITY: O'NEIL

6) COUNTY: NASSAU

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D045-239673

9) PLANT TYPE: 3C

10) TEST SITE IDENTIFICATION NUMBER:

11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
EVAPORATION / PERCOLATION PONDS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [X] NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
NOT APPLICABLE

15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
LEAD OPERATOR Kenneth A. Lynch B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.064
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.064
(19) PERCENT OF PERMITTED CAPACITY	%	****	34
(20) CBOD5 EFFLUENT	mg/l	080082	4.9
(21) CBOD5 EFFLUENT	lbs/day	****	3
(22) TSS EFFLUENT	mg/l	900201	2.3
(23) TSS EFFLUENT	lbs/day	****	2
(24) MINIMUM pH		****	7.01
(25) MAXIMUM pH		****	7.18
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	9.95
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

June 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.076								
02	0.059	2.5					7.16		
03	0.058	2.5					7.13		<1
04	0.070	2.5					7.12		
05	0.074	2.5	86	40	7.2	1.4	7.12	12.20	
06	0.074	2.5					7.15		
07	0.068								
08	0.072								
09	0.059	2.5					7.18		
10	0.069	2.5					7.16		
11	0.077	2.5					7.10		
12	0.069	2.5					7.16		
13	0.066	2.5					7.15		
14	0.066								
15	0.066								
16	0.034	2.5					7.10		
17	0.063	2.5					7.08		<1
18	0.064	2.5					7.11		
19	0.086	2.5	106	64	2.6	3.2	7.12	7.70	
20	0.068	2.5					7.09		
21	0.048								
22	0.048								
23	0.063	2.5					7.07		
24	0.055	2.5					7.06		
25	0.064	2.5					7.02		
26	0.061	2.5					7.05		
27	0.064	2.5					7.01		
28	0.056								
29	0.068								
30	0.056	2.5					7.07		

TOT	1.921	52.5	192	104	9.8	4.6	149.21	19.90	2
AVG	0.064	2.5	96	52	4.9	2.3	7.11	9.95	1
MAX	0.086	2.5	106	64	7.2	3.2	7.18	12.20	1
MIN	0.034	2.5	86	40	2.6	1.4	7.01	7.70	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 7-10-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: May YEAR: 1997

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

5) CITY: O'NEIL

6) COUNTY: NASSAU

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D045-239673

9) PLANT TYPE: 3C

10) TEST SITE IDENTIFICATION NUMBER:

11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth L. Hughes B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.063
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.063
(19) PERCENT OF PERMITTED CAPACITY	%	****	34
(20) CBOD5 EFFLUENT	mg/l	080082	3.9
(21) CBOD5 EFFLUENT	lbs/day	****	2
(22) TSS EFFLUENT	mg/l	900201	2.0
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.10
(25) MAXIMUM pH		****	7.25
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	16.45
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

May 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.058	2.5					7.18		
02	0.064	2.5					7.20		
03	0.063								
04	0.066								
05	0.072	2.5					7.23		
06	0.041	2.5					7.18		<1
07	0.062	2.5					7.20		
08	0.059	2.5	168	29	1.4	1.9	7.24	18.10	
09	0.068						7.21		
10	0.056								
11	0.055	2.5							
12	0.059	2.5					7.25		
13	0.059	2.5					7.23		
14	0.073	2.5					7.18		
15	0.052	2.5					7.19		
16	0.075						7.18		
17	0.052								
18	0.061	2.5							
19	0.061	2.5					7.16		
20	0.063	2.5					7.15		<1
21	0.067	2.5					7.21		
22	0.080	2.5	141	173	6.4	2.1	7.15	14.80	
23	0.075						7.20		
24	0.062								
25	0.042								
26	0.067	2.5							
27	0.065	2.5					7.14		
28	0.065	2.5					7.18		
29	0.064	2.5					7.10		
30	0.070	2.5					7.10		
31	0.086								

OT	1.962	52.5	309	202	7.8	4.0	150.86	32.90	2
VG	0.063	2.5	155	101	3.9	2.0	7.18	16.45	1
AX	0.086	2.5	168	173	6.4	2.1	7.25	18.10	1
IN	0.041	2.5	141	29	1.4	1.9	7.10	14.80	1

HEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 6-12-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: April YEAR: 1997

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

3) PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

5) CITY: O'NEIL

6) COUNTY: NASSAU

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D045-239673

9) PLANT TYPE: 3C

10) TEST SITE IDENTIFICATION NUMBER:

11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR *Kenneth A. Langford* B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.062
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.062
(19) PERCENT OF PERMITTED CAPACITY	%	****	33
(20) CBOD5 EFFLUENT	mg/l	080082	5.3
(21) CBOD5 EFFLUENT	lbs/day	****	3
(22) TSS EFFLUENT	mg/l	900201	2.1
(23) TSS EFFLUENT	lbs/day	****	1
(24) MINIMUM pH		****	7.18
(25) MAXIMUM pH		****	7.36
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	10.19
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

April 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.084	2.5					7.36		
02	0.043	2.5					7.34		
03	0.069	2.5					7.35		
04	0.061	2.5					7.34		
05	0.059	2.5							
06	0.057	2.5							
07	0.070	2.5					7.36		
08	0.054	2.5					7.30		< 1
09	0.049	2.5					7.34		
10	0.068	2.5	246	72	7.9	2.4	7.35	15.20	
11	0.074	2.5					7.35		
12	0.051								
13	0.052								
14	0.063	2.5					7.30		
15	0.057	2.5					7.34		
16	0.081	2.5					7.32		
17	0.043	2.5					7.34		
18	0.063	2.5					7.31		
19	0.057								
20	0.059								
21	0.062	2.5					7.22		
22	0.065	2.5					7.20		< 1
23	0.058	2.5					7.23		
24	0.046	2.5	137	77	2.7	1.7	7.19	5.18	
25	0.082	2.5					7.21		
26	0.063								
27	0.048								
28	0.063	2.5					7.18		
29	0.089	2.5					7.20		
30	0.057	2.5					7.18		

TOT	1.847	60.0	383	149	10.6	4.1	160.31	20.38	2
AVG	0.062	2.5	192	75	5.3	2.1	7.29	10.19	1
MAX	0.089	2.5	246	77	7.9	2.4	7.36	15.20	1
MIN	0.043	2.5	137	72	2.7	1.7	7.18	5.18	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 5-13-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

PART II - GENERAL INFORMATION

LEAD OPERATOR K. S. I. [Signature] B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.066
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.061
(19) PERCENT OF PERMITTED CAPACITY	%	****	32
(20) CBOD5 EFFLUENT	mg/l	080082	4.4
(21) CBOD5 EFFLUENT	lbs/day	****	3
(22) TSS EFFLUENT	mg/l	900201	3.4
(23) TSS EFFLUENT	lbs/day	****	2
(24) MINIMUM pH		****	7.27
(25) MAXIMUM pH		****	7.40
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	17.10
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

March 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.067								
02	0.058	2.5							
03	0.080	2.5					7.30		
04	0.058	2.5					7.28		
05	0.063	2.5					7.27		
06	0.072	2.5					7.32		
07	0.054	2.5					7.27		
08	0.070								
09	0.079								
10	0.050	2.5					7.34		
11	0.067	2.5					7.31		< 1
12	0.067	2.5					7.30		
13	0.073	2.5	144	37	3.5	4.0	7.33	17.50	
14	0.077	2.5					7.31		
15	0.043								
16	0.070								
17	0.058	2.5					7.30		
18	0.083	2.5					7.29		
19	0.048	2.5					7.34		
20	0.062	2.5					7.38		
21	0.064	2.5					7.35		
22	0.075								
23	0.083								
24	0.053	2.5					7.39		
25	0.065	2.5					7.33		< 1
26	0.066	2.5	212	49	5.3	2.8	7.40	16.70	
27	0.084	2.5					7.37		
28	0.068								
29	0.067								
30	0.050								
31	0.061	2.5					7.31		

TOT	2.035	52.5	356	86	8.8	6.8	146.49	34.20	2
AVG	0.066	2.5	178	43	4.4	3.4	7.32	17.10	< 1
MAX	0.084	2.5	212	49	5.3	4.0	7.40	17.50	< 1
MIN	0.043	2.5	144	37	3.5	2.8	7.27	16.70	< 1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 4-5-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

MONTHLY OPERATING REPORT
PART II - GENERAL INFORMATION

MONTH: February YEAR: 1997

PLANT'S DEP IDENTIFICATION NUMBER: 3145P01228

PLANT NAME: SUNRAY WASTEWATER TREATMENT PLANT

PLANT ADDRESS: S.R. 200 (A1A) AT CHESTER ROAD

CITY: O'NEIL

COUNTY: NASSAU

PHONE NUMBER: (904) 725-2865

PERMIT NUMBER: D045-239673

PLANT TYPE: 3C

TEST SITE IDENTIFICATION NUMBER:

FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR *James L. Boyd* B 3180
signature cert. no.

PARAMETER	UNITS	STOREY CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.061
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.060
(19) PERCENT OF PERMITTED CAPACITY	%	****	32
(20) CBOD5 EFFLUENT	mg/l	080082	4.5
(21) CBOD5 EFFLUENT	lbs/day	****	2
(22) TSS EFFLUENT	mg/l	900201	3.5
(23) TSS EFFLUENT	lbs/day	****	2
(24) MINIMUM pH		****	
(25) MAXIMUM pH		****	
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	30.30
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	3.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

PART II - GENERAL INFORMATION

LEAD OPERATOR Kenneth A. Knight B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.059
(17) PERMITTED CAPACITY	mgd	****	0.187
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.060
(19) PERCENT OF PERMITTED CAPACITY	%	****	32
(20) CBOD5 EFFLUENT	mg/l	080082	3.1
(21) CBOD5 EFFLUENT	lbs/day	****	2
(22) TSS EFFLUENT	mg/l	900201	3.8
(23) TSS EFFLUENT	lbs/day	****	2
(24) MINIMUM pH		****	
(25) MAXIMUM pH		****	
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	23.87
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	3.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
SUN RAY WWTP
DEP ID #: 3145P01228

January 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.040								
02	0.067	2.5	204	35	3.3	4.8	7.4	23.20	
03	0.087	2.5					7.3		
04	0.054								
05	0.058								
06	0.058	3.0					7.3		
07	0.058	3.0					7.4		
08	0.057	2.5					7.3		
09	0.065	2.5					7.0		
10	0.033	3.0					7.0		
11	0.065								
12	0.060								
13	0.056	2.6					7.1		
14	0.069	3.5					7.0		<1
15	0.045	3.5					7.1		
16	0.073	3.2	159	26	3.8	2.9	7.1	21.00	
17	0.064	3.0					7.1		
18	0.049								
19	0.040								
20	0.052	3.5					7.2		
21	0.061	3.5					7.2		
22	0.057	3.2					7.2		
23	0.065	3.0					7.2		
24	0.057	3.0					7.1		
25	0.061								
26	0.063								
27	0.061	3.5					7.0		
28	0.079	3.5					7.0		<1
29	0.042	3.5					7.0		
30	0.076	3.5	288	45	2.2	3.6	7.0	27.40	
31	0.054	3.5					7.0		
TOT	1.826	68.5	651	106	9.3	11.3	157.0	71.60	2
AVG	0.059	3.1	217	35	3.1	3.8	7.1	23.87	1
MAX	0.087	3.5	288	45	3.8	4.8	7.4	27.40	1
MIN	0.033	2.5	159	26	2.2	2.9	7.0	21.00	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 2-20-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: December YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth A. [Signature] B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0007
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0007
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	33.7
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	29.0
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.3
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	1.790
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	2

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

December 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0003	2.5					7.4		
02	0.0003	2.5					7.3		< 2
03	0.0001	2.5					7.3		
04	0.0002	2.5	44	56	33.7	29.0	7.4	1.790	
05	0.0003	2.5					7.3		
06	0.0008								
07	0.0011								
08	0.0004	2.5					7.3		
09	0.0003	2.5					7.3		
10	0.0003	2.5					7.3		
11	0.0004	2.5					7.3		
12	0.0005	2.5					7.3		
13	0.0006								
14	0.0001								
15	0.0001	2.5					7.4		
16	0.0004	2.5					7.4		
17	0.0003	2.5					7.4		
18	0.0002	2.5					7.3		
19	0.0006	2.5					7.4		
20	0.0007								
21	0.0003								
22	0.0004	2.5					7.3		
23	0.0014	2.5					7.3		
24	0.0035	2.5					7.4		
25	0.0033								
26	0.0009								
27	0.0006								
28	0.0003								
29	0.0003	2.5					7.4		
30	0.0004	2.5					7.4		
31	0.0012	2.5					7.4		

TOT	0.0206	52.5	44	56	33.7	29.0	154.3	1.790	2
AVG	0.0007	2.5	44	56	33.7	29.0	7.3	1.790	2
MAX	0.0035	2.5	44	56	33.7	29.0	7.4	1.790	2
MIN	0.0001	2.5	44	56	33.7	29.0	7.3	1.790	2

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 1-12-98

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
 Wastewater Facilities Mgmt, MS 3551,
 PERMITTEE NAME: United Water Florida
 MAILING ADDRESS: 1400 Millcoe Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675
 MONITORING PERIOD-From: 9/7/12/01
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: FLA011675
 GMS ID NO.: 3145P00033
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3D

To: 9/7/12/31
 REPORT: Monthly

FACILITY: Amoco Service Station WWTP
 LOCATION: State Road 200 At I-95
 COUNTY: Nassau

GROUP: DW
 GMS TEST SITE NO.: 3145X10478
 WAFR SITE NO.: 26096

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow	Sample Measurement	0.0007							0	cent	Flow meter
STORET No. 50053 G	Permit Requirement	.00336		mgd						Daily, 5/week	water meter
Mon. Site No. INF-1											
CBOD5	Sample Measurement		*			44			0	1/30	Grab
STORET No. 80082 G	Permit Requirement					Report		mg/L		Monthly	Grab
Mon. Site No. INF-1											
CBOD5	Sample Measurement					13.0	33.7		0	1/30	Grab
STORET No. 80082 I	Permit Requirement					20 Annual	60 Max	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
TSS	Sample Measurement					56			0	1/30	Grab
STORET No. 00530 G	Permit Requirement					Report		mg/L		Monthly	Grab
Mon. Site No. INF-1											
TSS	Sample Measurement					28.4	29.0	*	1	1/30	Grab
STORET No. 00530 I	Permit Requirement					20 Annual	60 Max	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
Fecal Coliform	Sample Measurement					6	2		0	1/30	Grab
STORET No. 31616 I	Permit Requirement					200 Annual	800 Max	#/100		Monthly	Grab
Mon. Site No. EFA-1											

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	<i>[Signature]</i>	(904) 771-4600	98/01/19

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

* TSS annual average limit was exceeded.

A-1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millco Road
Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 9/12/01

To: 9/12/31

LIMIT: Final

REPORT: Monthly

CLASS SIZE: Minor

FACILITY ID: FLA011675

GROUP: DW

GMS ID NO.: 3145P00053

GMS TEST SITE NO.: 3145X10478

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 26096

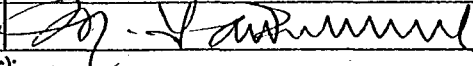
PLANT SIZE/TREATMENT TYPE: 3D

FACILITY: Amoco Service Station WWTP
LOCATION: S.R. 200 At I-95
COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement				7.3		7.4		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.	std.		Daily 5/week	Grab
TRC	Sample Measurement				2.5				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.			mg/L		Daily 5/week	Grab
Nitrate	Sample Measurement						1.79		0	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	98/01/19

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

PART II - GENERAL INFORMATION

LEAD OPERATOR Banner E. Strickland ~~B-3100~~ 25640
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0006
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0006
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	11.7
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	26.6
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.2
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	47.600
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	56

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

November 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0003								
02	0.0004								
03	0.0002	2.5					7.3		
04	0.0003	2.5					7.2		56
05	0.0007	2.5					7.2		
06	0.0004	2.5	25	152	11.7	26.6	7.2	47.600	
07	0.0008	2.5					7.3		
08	0.0020								
09	0.0004								
10	0.0003	2.5					7.3		
11	0.0002	2.5					7.3		
12	0.0002	2.5					7.3		
13	0.0004	2.5					7.3		
14	0.0017	2.5					7.3		
15	0.0002								
16	0.0005								
17	0.0005	2.5					7.3		
18	0.0006	2.5					7.3		
19	0.0002	2.5					7.4		
20	0.0030	2.5					7.4		
21	0.0007	2.5					7.4		
22	0.0007								
23	0.0004								
24	0.0006	2.5					7.3		
25	0.0008	2.5					7.3		
26	0.0006	2.5					7.3		
27	0.0004								
28	0.0007								
29	0.0006								
30	0.0005								
TOT	0.0193	45.0	25	152	11.7	26.6	131.4	47.600	56
AVG	0.0006	2.5	25	152	11.7	26.6	7.3	47.600	56
MAX	0.0030	2.5	25	152	11.7	26.6	7.4	47.600	56
MIN	0.0002	2.5	25	152	11.7	26.6	7.2	47.600	56

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Banner E. Strickland DATE: 12-11-97

NAME: ~~KENNETH SNYDER~~ BANNER E. STRICKLAND

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,

PERMITTEE NAME: United Water Florida

MAILING ADDRESS: 1400 Millco Road

Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/11/01

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

To: 97/11/30

REPORT: Monthly

GROUP: DW

GMS TEST SITE NO.: 3145X10478

WAFR SITE NO.: 26096

FACILITY: Amoco Service Station WWTP

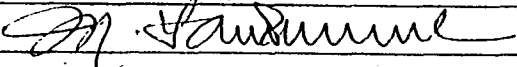
LOCATION: State Road 200 At I-95

COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow	Sample Measurement	0.0006							0	cont	Flow meter
STORET No. 50053 G	Permit Requirement	0.00336		mgd						Daily, 5/week	Water meter
Mon. Site No. INF-1											
CBOD5	Sample Measurement					25			0	1/30	Grab
STORET No. 80082 G	Permit Requirement					Report		mg/L		Monthly	Grab
Mon. Site No. INF-1											
CBOD5	Sample Measurement					11.7	11.7		0	1/30	Grab
STORET No. 80082 I	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
TSS	Sample Measurement					152			0	1/30	Grab
STORET No. 00530 G	Permit Requirement					Report		mg/L		Monthly	Grab
Mon. Site No. INF-1											
TSS	Sample Measurement					29.2	26.6	*	1	1/30	Grab
STORET No. 00530 I	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
Fecal Coliform	Sample Measurement					6	56		0	1/30	Grab
STORET No. 31616 I	Permit Requirement					200 Annual	800 Max.	#/100		Monthly	Grab
Mon. Site No. EFA-1											

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sankaranarayanan Vice President		(904) 771-4600	97/12/17

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

* TSS annual average limit was exceeded.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From:

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

To:

REPORT: Monthly

GROUP: DW

GMS TEST SITE NO.: 3145X10478

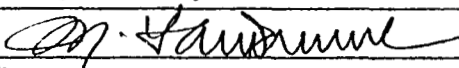
WAFR SITE NO.: 26096

FACILITY: Amoco Service Station WWTP
LOCATION: S.R. 200 At I-95
COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement			*	7.2		7.4		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.	dd.		Daily 5/week	Grab
TRC	Sample Measurement				2.5				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.			mg/L		Daily 5/week	Grab
Nitrate	Sample Measurement						47.6	*	1	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambarurthi Vice President		(904) 721-4600	97/12/17

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

* #03 limit was exceeded.

PART II - GENERAL INFORMATION

LEAD OPERATOR James E. Trubka B 3100 C5640
signature cert. no.

PARAMETER	UNITS	STORED CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0003
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0003
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	4.2
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	14.4
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.2
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	13.600
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ANOCO WWTP
DEP ID #: 3145P00053

October 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0002	2.5					7.3		
02	0.0003	2.5					7.2		
03	0.0003	2.5					7.2		
04	0.0003								
05	0.0002								
06	0.0004	2.5					7.3		
07	0.0001	2.5					7.3		< 1
08	0.0006	2.5					7.3		
09	0.0002	2.5	12	48	4.2	14.4	7.3	13.600	
10	0.0005	2.5					7.3		
11	0.0004								
12	0.0002								
13	0.0002	2.5					7.2		
14	0.0001	2.5					7.3		
15	0.0002	2.5					7.3		
16	0.0003	2.5					7.2		
17	0.0003	2.5					7.2		
18	0.0003								
19	0.0004								
20	0.0002	2.5					7.2		
21	0.0002	2.5					7.2		
22	0.0003	2.5					7.3		
23	0.0003	2.5					7.3		
24	0.0002	2.5					7.2		
25	0.0003								
26	0.0004								
27	0.0003	2.5					7.2		
28	0.0001	2.5					7.2		
29	0.0002	2.5					7.2		
30	0.0002	2.5					7.2		
31	0.0004	2.5					7.2		

TOT	0.0086	57.5	12	48	4.2	14.4	166.8	13.600	1
AVG	0.0003	2.5	12	48	4.2	14.4	7.3	13.600	1
MAX	0.0006	2.5	12	48	4.2	14.4	7.3	13.600	1
MIN	0.0001	2.5	12	48	4.2	14.4	7.2	13.600	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Banner E. Strickland DATE: 11-17-97

NAME: ~~KENNETH SNYDER~~ BANNER E. STRICKLAND

COMPANY NAME: UNITED WATER FLORIDA INC. TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD--From: 9/7/10/01

To: 9/7/10/31

LIMIT: Final

REPORT: Monthly

CLASS SIZE: Minor

FACILITY ID: FLA011675

GROUP: DW

GMS ID NO.: 3145P00053

GMS TEST SITE NO.: 3145X10478

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 26096

PLANT SIZE/TREATMENT TYPE: 3D

FACILITY: Amoco Service Station WWTP
LOCATION: State Road 200 At I-95
COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
Flow	Sample Measurement	0.0003						0	Cont	Flow meter
STORET No. 50053 G Mon. Site No. INF-1	Permit Requirement	0.00336		mgd					Daily, 5/week	Water meter
CBOD5	Sample Measurement					12		0	1/30	Grab
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					Report			Monthly	Grab
CBOD5	Sample Measurement					11.5	4.2	0	1/30	Grab
STORET No. 80082 I Mon. Site No. EFA-1	Permit Requirement					20 Annual	60 Max.		Monthly	Grab
TSS	Sample Measurement					48		0	1/30	Grab
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					Report			Monthly	Grab
TSS	Sample Measurement					30.9	14.4	0	1/30	Grab
STORET No. 00530 I Mon. Site No. EFA-1	Permit Requirement					20 Annual	60 Max.		Monthly	Grab
Fecal Coliform	Sample Measurement					3	<1	0	1/30	Grab
STORET No. 31616 I Mon. Site No. EFA-1	Permit Requirement					200 Annual	800 Max.		Monthly	Grab

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	<i>[Signature]</i>	(904) 731-4600	9/7/11/25

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millco Road
Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/10/01

To: 97/10/31

LIMIT: Final

REPORT: Monthly

CLASS SIZE: Minor

FACILITY ID: FLA011675

GROUP: DW

GMS ID NO.: 3145P0053

GMS TEST SITE NO.: 3145X10478

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 26096

PLANT SIZE/TREATMENT TYPE: 3D

FACILITY: Amoco Service Station WWTP

LOCATION: S.R. 200 At I-95

COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
pH	Sample Measurement				7.2		7.3	0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.		Daily 3/week	Grab
Mon. Site No. EFA-1										
TRC	Sample Measurement				2.5			0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.				Daily 3/week	Grab
Mon. Site No. EFA-1										
Nitrate	Sample Measurement						13.6	1	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.		Monthly	Grab
Mon. Site No. EFA-1										
STORET No. 1	Sample Measurement									
Mon. Site No.	Permit Requirement									
STORET No. 1	Sample Measurement									
Mon. Site No.	Permit Requirement									
STORET No. 1	Sample Measurement									
Mon. Site No.	Permit Requirement									

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Srinivasan Vice President	<i>[Signature]</i>	(904) 721-4600	97/11/25

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

NO3 max was exceeded.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: September YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:
☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
 EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
 NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Banner E. Stirling 3180 C-5840
 signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0004
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0004
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	12.0
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	10.7
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.1
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	0.690
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

September 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0004								
02	0.0006	2.5					7.1		
03	0.0007	2.5					7.2		
04	0.0008	2.5					7.2		
05	0.0005	2.5					7.2		
06	0.0005								
07	0.0007								
08	0.0002	2.5					7.2		
09	0.0008	2.5					7.2		<1
10	0.0004	2.5					7.2		
11	0.0008	2.5	31	70	12.0	10.7	7.2	0.690	
12	0.0007	2.5					7.2		
13	0.0008								
14	0.0008								
15	0.0009	2.5					7.3		
16	0.0004	2.5					7.3		
17	0.0002	2.5					7.3		
18	0.0002	2.5					7.3		
19	0.0003	2.5					7.3		
20	0.0003								
21	0.0001						7.3		
22	0.0001	2.5					7.3		
23	0.0003	2.5					7.2		
24	0.0003	2.5					7.2		
25	0.0002	2.5					7.2		
26	0.0003	2.5					7.2		
27	0.0003								
28	0.0003								
29	0.0002	2.5					7.3		
30	0.0001	2.5					7.2		
TOT	0.0132	52.5	31	70	12.0	10.7	159.0	0.690	<1
AVG	0.0004	2.5	31	70	12.0	10.7	7.2	0.690	<1
MAX	0.0009	2.5	31	70	12.0	10.7	7.3	0.690	<1
MIN	0.0001	2.5	31	70	12.0	10.7	7.1	0.690	<1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Banner E. Strickland DATE: 10-8-97

NAME: ~~KENNETH SNYDER~~ BANNER E. STRICKLAND

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
 Wastewater Facilities Mgmt, MS 3551,
 PERMITTEE NAME: United Water Florida
 MAILING ADDRESS: 1400 Millcoe Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 9/7/09/01

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

To: 9/7/09/30
 REPORT: Monthly

GROUP: DW

GMS TEST SITE NO.: 3145X10478

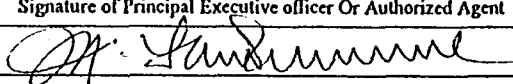
WAFR SITE NO.: 26096

FACILITY: Amoco Service Station WWTP
 LOCATION: State Road 200 At I-95
 COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow	Sample Measurement	0.0004							0	Cent	Flow meter
STORET No. 50053 G Mon. Site No. INF-1	Permit Requirement	.00336		mgd						Daily, 5/week	water meter
CBOD5	Sample Measurement					31			0	1/30	Grab
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					Report		mg/L		Monthly	Grab
CBOD5	Sample Measurement					14.6	12.0		0	1/30	Grab
STORET No. 80082 I Mon. Site No. EFA-1	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
TSS	Sample Measurement					70			0	1/30	Grab
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					Report		mg/L		Monthly	Grab
TSS	Sample Measurement					30.7	10.7	#	1	1/30	Grab
STORET No. 00530 I Mon. Site No. EFA-1	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Fecal Coliform	Sample Measurement					3	<1		0	1/30	Grab
STORET No. 31616 I Mon. Site No. EFA-1	Permit Requirement					200 Annual	800 Max.	#/100		Monthly	Grab

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 771-4600	9/7/10/20

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

TSS annual average limit was exceeded.

A-1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMITTEE NAME: United Water Florida

MAILING ADDRESS: 1400 Millcoke Road

Jacksonville, Florida 32225

FACILITY: Amoco Service Station WWTP

LOCATION: S.R. 200 At I-95

COUNTY: Nassau

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/09/01

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3143P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

To: 97/09/30
REPORT: Monthly

GROUP: DW

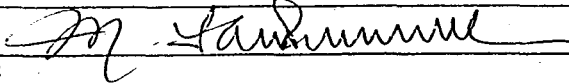
GMS TEST SITE NO.: 3145X10478

WAFR SITE NO.: 26096

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement				7.1		7.3		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min		8.5 Max	std.		Daily 3/Week	Grab
TRC	Sample Measurement				2.5				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min			mg/L		Daily 3/Week	Grab
Nitrate	Sample Measurement						0.69		0	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max	mg/L		Monthly	Grab
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthy Vice President		(904) 721-4600	97/10/30

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

MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

MONTH: August YEAR: 1997

PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

PLANT ADDRESS: STATE ROAD 11A AT I-95

CITY: YULEE

COUNTY: NASSAU

PHONE NUMBER: (904) 725-2865

PERMIT NUMBER: D045-184471

PLANT TYPE: 3D

1) TEST SITE IDENTIFICATION NUMBER: 3145X10478

2) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

3) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

4) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

5) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

6) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Banner E. Huchler B-3180 C5640
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0004
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0004
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	000082	9.7
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	5.8
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.2
(25) MAXIMUM pH		****	7.3
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	22.000
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ANOCO WWTP
DEP ID #: 3145P00053

August 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0005	2.5					7.2		
02	0.0005								
03	0.0007								
04	0.0002	2.5					7.2		
05	0.0002	2.5					7.2		
06	0.0002	2.5					7.2		
07	0.0002	2.5					7.2		
08	0.0007	2.5					7.3		
09	0.0003								
10	0.0005								
11	0.0003	2.5					7.2		
12	0.0002	2.5					7.2		<1
13	0.0004	2.5					7.2		
14	0.0003	2.5	72	23	9.7	5.8	7.2	22.000	
15	0.0006	2.5					7.3		
16	0.0006								
17	0.0002								
18	0.0005	2.5					7.2		
19	0.0003	2.5					7.2		
20	0.0003	2.5					7.2		
21	0.0003	2.5					7.2		
22	0.0009	2.5					7.3		
23	0.0004								
24	0.0003								
25	0.0003	2.5					7.2		
26	0.0002	2.5					7.2		
27	0.0003	2.5					7.2		
28	0.0008	2.5					7.2		
29	0.0005	2.5					7.2		
30	0.0003								
31	0.0008								
TOT	0.0128	52.5	72	23	9.7	5.8	151.4	22.000	1
AVG	0.0004	2.5	72	23	9.7	5.8	7.2	22.000	1
MAX	0.0009	2.5	72	23	9.7	5.8	7.3	22.000	1
MIN	0.0002	2.5	72	23	9.7	5.8	7.2	22.000	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Banner E. Strickland

DATE: 9-14-97

NAME: ~~KENNETH SYDNER~~ BANNER STRICKLAND

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millco Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 9/7/08/01

To: 9/7/08/31

LIMIT: Final

REPORT: Monthly

CLASS SIZE: Minor

FACILITY ID: FLA011675

GROUP: DW

GMS ID NO.: 3145P00053

GMS TEST SITE NO.: 3145X10478

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 26096

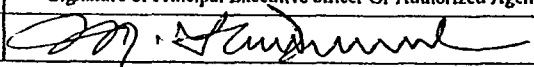
PLANT SIZE/TREATMENT TYPE: 3D

FACILITY: Amoco Service Station WWTP
LOCATION: State Road 200 At I-95
COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow	Sample Measurement	0.0004							0	Cont	Flow meter
STORET No. 50053 G	Permit Requirement	0.00336		mgd						Daily, 5/week	water meter
Mon. Site No. INF-1											
CBOD5	Sample Measurement					72			0	1/30	Grab
STORET No. 80082 G	Permit Requirement					Report		mg/L		Monthly	Grab
Mon. Site No. INF-1											
CBOD5	Sample Measurement					13.9	9.7		0	1/30	Grab
STORET No. 80082 1	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
TSS	Sample Measurement					23			0	1/30	Grab
STORET No. 00530 G	Permit Requirement					Report		mg/L		Monthly	Grab
Mon. Site No. INF-1											
TSS	Sample Measurement					30.7	5.8	*	1	1/30	Grab
STORET No. 00530 1	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
Fecal Coliform	Sample Measurement					3	1		0	1/30	Grab
STORET No. 31616 1	Permit Requirement					200 Annual	800 Max.	#/100		Monthly	Grab
Mon. Site No. EFA-1											

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 771-4600	9/7/09/22

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

* TSS annual average limit was exceeded.

A-1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
7825 Baymeadows Way, Jacksonville, FL 32256-7577

Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millco Road
Jacksonville, Florida 32225

FACILITY: Amoco Service Station WWTP
LOCATION: S.R. 200 At I-95
COUNTY: Nassau

PERMIT NUMBER: FLA011675
MONITORING PERIOD-From: 9/7/08/01 To: 9/7/08/31
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FLA011675
GMS ID NO.: 3145P00053
GROUP: DW
GMS TEST SITE NO.: 3145X10478
WAFR SITE NO.: 26096
PLANT SIZE/TREATMENT TYPE: 3D

Please read instructions before completing this form.

Parameter	Sample	Quantity or Loading			Quality or Concentration			Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
pH	Sample		7.2		6.0		7.3	0	1/Day	Grab
STORST No. 00400 1	Permit				6.0				Daily	Grab
Mon. Site No. EFA-1	Requirement				8.3				Daily	Grab
TRC	Sample		2.5		Min.			0	1/Day	Grab
STORST No. 50060 1	Measurement				0.5				Daily	Grab
Mon. Site No. EFA-1	Requirement				Min.				Daily	Grab
Nitrate	Sample							1	1/30	Grab
STORST No. 00620 1	Measurement						22.0		1/30	Grab
Mon. Site No. EFA-1	Requirement						12		Monthly	Grab
STORST No. 00620 1	Permit									
Mon. Site No. EFA-1	Requirement									
STORST No. 1	Sample									
STORST No. 1	Measurement									
Mon. Site No. 1	Requirement									
STORST No. 1	Permit									
Mon. Site No. 1	Requirement									
STORST No. 1	Sample									
STORST No. 1	Measurement									
Mon. Site No. 1	Requirement									

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	M. Sambarthi Vice President
Signature of Principal Executive Officer Or Authorized Agent	<i>[Signature]</i>
Telephone No. (incl. area code)	(904) 781-4600
Date (yy/mm/dd)	9/7/09/22

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

* NO3 limit was exceeded.

PART II - GENERAL INFORMATION

1) MONTH: July YEAR: 1997

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: STATE ROAD A1A AT I-95

5) CITY: YULEE

6) COUNTY: NASSAU

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D045-184471

9) PLANT TYPE: 3D

10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

11) FECAL COLIFORM SAMPLE METHOD:

[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

[] YES [] NO [X] NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR Kenneth A. Dwyer B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0005
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0005
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	000082	3.4
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	20.6
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.2
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	0.910
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

MONTHLY OPERATING REPORT

AMOCO WWTP

DEP ID #: 3145P00053

July 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0005	2.5					7.3		< 1
02	0.0005	2.5	50	26	3.4	20.6	7.3	0.910	
03	0.0005	2.5					7.2		
04	0.0007								
05	0.0005								
06	0.0007								
07	0.0005	2.0					7.3		
08	0.0003	1.6					7.3		
09	0.0005	1.5					7.3		
10	0.0005	2.5					7.3		
11	0.0011	2.5					7.3		
12	0.0005								
13	0.0010								
14	0.0003	2.5					7.3		
15	0.0004	2.5					7.3		
16	0.0003	2.5					7.3		
17	0.0004	2.5					7.3		
18	0.0006	2.5					7.3		
19	0.0005								
20	0.0004								
21	0.0003	2.5					7.3		
22	0.0004	2.5					7.4		
23	0.0004	2.5					7.2		
24	0.0005	2.5					7.2		
25	0.0005	2.5					7.2		
26	0.0005								
27	0.0005								
28	0.0003	2.5					7.2		
29	0.0003	2.5					7.2		
30	0.0004	2.5					7.2		
31	0.0004	2.5					7.2		

TOT	0.0152	52.6	50	26	3.4	20.6	160.0	0.910	1
AVG	0.0005	2.4	50	26	3.4	20.6	7.3	0.910	1
MAX	0.0011	2.5	50	26	3.4	20.6	7.4	0.910	1
MIN	0.0003	1.5	50	26	3.4	20.6	7.2	0.910	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth A. Snyder DATE: 8-15-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMITTEE NAME: United Water Florida

MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, Florida 32225

FACILITY: Amoco Service Station WWTP

LOCATION: State Road 200 At I-95

COUNTY: Nassau

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/07/01

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

To: 97/07/31

REPORT: Monthly

GROUP: DW

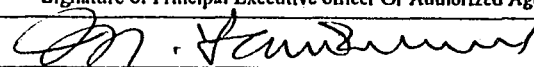
GMS TEST SITE NO.: 3145X10478

WAFR SITE NO.: 26096

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
Flow	Sample Measurement	0.0005						0	Cont	Flow meter
STORET No. 50053 G	Permit Requirement	0.00336		mgd					Daily, 5/week	water meter
Mon. Site No. INF-1										
CBOD5	Sample Measurement					50		0	1/30	Grab
STORET No. 80082 G	Permit Requirement					Report			Monthly	Grab
Mon. Site No. INF-1										
CBOD5	Sample Measurement					13.9	3.4	0	1/30	Grab
STORET No. 80082 1	Permit Requirement					20 Annual	60 Max.		Monthly	Grab
Mon. Site No. EFA-1										
TSS	Sample Measurement					26		0	1/30	Grab
STORET No. 00530 G	Permit Requirement					Report			Monthly	Grab
Mon. Site No. INF-1										
TSS	Sample Measurement					31.4	20.6	1	1/30	Grab
STORET No. 00530 1	Permit Requirement					20 Annual	60 Max.		Monthly	Grab
Mon. Site No. EFA-1										
Fecal Coliform	Sample Measurement					13	1	0	1/30	Grab
STORET No. 31616 1	Permit Requirement					200 Annual	800 Max.		Monthly	Grab
Mon. Site No. EFA-1										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 771-4600	97/08/21

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

TSS annual average limit was exceeded.

A-1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/07/01

To: 97/07/31

LIMIT: Final

REPORT: Monthly

CLASS SIZE: Minor

FACILITY ID: FLA011675

GROUP: DW

GMS ID NO.: 3145P00053

GMS TEST SITE NO.: 3145X10478

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 26096

PLANT SIZE/TREATMENT TYPE: 3D

FACILITY: Amoco Service Station WWTP

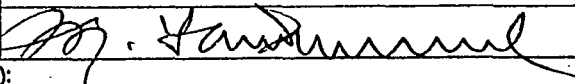
LOCATION: S.R. 200 At I-95

COUNTY: Nassau

Please read Instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement			*	7.2		7.4		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.	std.		Daily 3/week	Grab
Mon. Site No. EFA-1											
TRC	Sample Measurement				1.5				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.			mg/L		Daily 3/week	Grab
Mon. Site No. EFA-1											
Nitrate	Sample Measurement						0.91		0	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	97/08/21

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: June YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR *Kenneth A. Smith* B 3180
signature cert. no.

PARAMETER	UNITS	STORED CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0004
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0004
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	21.1
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	9.4
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.3
(25) MAXIMUM pH		****	7.4
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	31.100
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.8
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

June 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0005								
02	0.0004	2.5					7.4		
03	0.0003	2.5					7.4		<1
04	0.0002	2.5					7.4		
05	0.0004	2.5	56	229	21.1	9.4	7.4	31.100	
06	0.0004	2.5					7.4		
07	0.0003								
08	0.0005								
09	0.0002	2.5					7.3		
10	0.0003	2.5					7.4		
11	0.0002	2.1					7.4		
12	0.0005	2.5					7.3		
13	0.0006	2.5					7.3		
14	0.0005								
15	0.0002								
16	0.0003	1.8					7.4		
17	0.0002	2.0					7.4		
18	0.0003	2.5					7.3		
19	0.0004	2.5					7.3		
20	0.0005	2.5					7.3		
21	0.0003								
22	0.0003								
23	0.0003	2.5					7.4		
24	0.0005	2.5					7.4		
25	0.0005	2.5					7.4		
26	0.0005	2.5					7.4		
27	0.0005	2.1					7.4		
28	0.0005								
29	0.0008								
30	0.0005	2.5					7.3		
TOT	0.0119	50.5	56	229	21.1	9.4	154.7	31.100	1
AVG	0.0004	2.4	56	229	21.1	9.4	7.4	31.100	1
MAX	0.0008	2.5	56	229	21.1	9.4	7.4	31.100	1
MIN	0.0002	1.8	56	229	21.1	9.4	7.3	31.100	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 7-10-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcove Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675
MONITORING PERIOD-From: 9/7/06/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FLA011675
GMS ID NO.: 3145P00053
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3D

To: 9/7/06 30
REPORT: Monthly

FACILITY: Amoco Service Station WWTP
LOCATION: State Road 200 At I-95
COUNTY: Nassau

GROUP: DW
GMS TEST SITE NO.: 3145X10478
WAFR SITE NO.: 26096

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow	Sample Measurement	0.0004							0	Cont	Flow meter
STORET No. 50053 G Mon. Site No. INF-1	Permit Requirement	0.0036		mgd						Daily, 5/week	Water meter
CBOD5	Sample Measurement					56			0	1/30	Grab
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					Report		mg/L		Monthly	Grab
CBOD5	Sample Measurement					15.8	21.1		0	1/30	Grab
STORET No. 80082 1 Mon. Site No. EFA-1	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
TSS	Sample Measurement					229			0	1/30	Grab
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					Report		mg/L		Monthly	Grab
TSS	Sample Measurement					35.0	9.4	*	1	1/30	Grab
STORET No. 00530 1 Mon. Site No. EFA-1	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Fecal Coliform	Sample Measurement					13	1		0	1/30	Grab
STORET No. 31616 1 Mon. Site No. EFA-1	Permit Requirement					200 Annual	800 Max.	#/100		Monthly	Grab

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	<i>[Signature]</i>	(904) 721-4600	9/7/07/21

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

TSS annual average limit was exceeded.

A-1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMITTEE NAME: United Water Florida

MAILING ADDRESS: 1400 Millcoe Road

Jacksonville, Florida 32225

FACILITY: Amoco Service Station WWTP

LOCATION: S.R. 200 At I-95

COUNTY: Nassau

PERMIT NUMBER: FLA011675

MONITORING PERIOD—From: 97/06/01

To: 97/06/30

LIMIT: Final

REPORT: Monthly

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

GROUP: DW

GMS TEST SITE NO.: 3145X10478

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 26096

PLANT SIZE/TREATMENT TYPE: 3D

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement				7.3		7.4		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.	std.		Daily 5/week	Grab
TRC	Sample Measurement				1.8				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.			mg/L		Daily 5/week	Grab
Nitrate	Sample Measurement						31.1	*	0	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	<i>[Signature]</i>	(904) 721-4600	97/07/21

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

* Nitrate maximum was exceeded.

PART II - GENERAL INFORMATION

LEAD OPERATOR Kurt & Lloyd B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0004
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0004
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	11.0
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	28.8
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.3
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	42.500
(30) TOTAL PHOSPHORUS	mg/l	000605	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.8
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ANOCO WWTP
DEP ID #: 3145P00053

May 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EPF mg/l	TSS EPF mg/l	pH EPF	NITRATE EPF mg/l	FE CAL COLIFORM (#/100ml)
01	0.0005	2.5					7.4		
02	0.0004	2.5					7.4		
03	0.0005								
04	0.0008								
05	0.0003	1.9					7.4		
06	0.0004	2.5					7.4		<1
07	0.0003	2.5					7.4		
08	0.0003	2.5	167	728	11.0	28.8	7.4	42.500	
09	0.0005	2.5					7.4		
10	0.0004								
11	0.0004								
12	0.0004	2.5					7.4		
13	0.0003	2.0					7.4		
14	0.0004	2.1					7.4		
15	0.0008	2.0					7.4		
16	0.0006	2.0					7.4		
17	0.0003								
18	0.0005								
19	0.0004	1.8					7.3		
20	0.0002	2.5					7.4		
21	0.0005	2.5					7.3		
22	0.0003	2.5					7.4		
23	0.0006	2.5					7.4		
24	0.0002								
25	0.0002								
26	0.0005								
27	0.0003	2.5					7.4		
28	0.0003	2.5					7.4		
29	0.0003	2.5					7.4		
30	0.0004	2.5					7.5		
31	0.0003								
TOT	0.0126	49.3	167	728	11.0	28.8	155.2	42.500	1
AVG	0.0004	2.3	167	728	11.0	28.8	7.4	42.500	1
MAX	0.0008	2.5	167	728	11.0	28.8	7.5	42.500	1
MIN	0.0002	1.8	167	728	11.0	28.8	7.3	42.500	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 6-12-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675
MONITORING PERIOD-From: 9/7/05/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FLA011675
GMS ID NO.: 3145P00053
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3D

To: 9/7/05/31
REPORT: Monthly

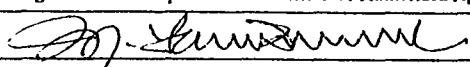
GROUP: DW
GMS TEST SITE NO.: 3145X10478
WAFR SITE NO.: 26096

FACILITY: Amoco Service Station WWTP
LOCATION: State Road 200 At I-95
COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow	Sample Measurement	0.0004							0	cont	Flow meter
STORET No. 50053 G	Permit Requirement	00336		mgd						Daily, 5/week	water meter
CBOD5	Sample Measurement		*			16.7			0	1/30	Grab
STORET No. 80082 G	Permit Requirement					Report		mg/L		Monthly	Grab
CBOD5	Sample Measurement					14.9	11.0		0	1/30	Grab
STORET No. 80082 I	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
TSS	Sample Measurement					7.28			0	1/30	Grab
STORET No. 00530 G	Permit Requirement					Report		mg/L		Monthly	Grab
TSS	Sample Measurement					34.4	28.8		0	1/30	Grab
STORET No. 00530 I	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Fecal Coliform	Sample Measurement					13	<1		0	1/30	Grab
STORET No. 31616 I	Permit Requirement					200 Annual	800 Max.	#/100		Monthly	Grab

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	9/7/05/26

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millco Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD--From: 97/05/01

To: 97/05/31
REPORT: Monthly

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

GROUP: DW

GMS TEST SITE NO.: 3145X10478

WAFR SITE NO.: 26096

FACILITY: Amoco Service Station WWTP

LOCATION: S.R. 200 At I-95

COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement				7.3		7.5		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.	Std.		Daily 5/week	Grab
Mon. Site No. EFA-1											
TRC	Sample Measurement				1.8				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.			mg/L		Daily 5/week	Grab
Mon. Site No. EFA-1											
Nitrate	Sample Measurement						42.5	*	1	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	[Signature]	(904) 721-4600	97/06/26

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

* NO3 limit was exceeded.

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: April YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:
[X] MEMBRANE FILTER [] MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:
EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:
[] YES [] NO [X] NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:
NOT APPLICABLE

(15) PLANT STAFFING:
DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180
EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A
LEAD OPERATOR *James C. Lloyd* B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0004
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0004
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	4.3
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	27.5
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.4
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	15.20
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.1
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.3
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

April 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FECAL COLIFORM (#/100ml)
01	0.0006	2.5					7.5		
02	0.0005	2.5					7.5		
03	0.0005	2.5					7.5		
04	0.0008	2.5					7.5		
05	0.0007								
06	0.0006								
07	0.0004	2.5					7.4		
08	0.0005	2.5					7.4		< 1
09	0.0005	2.5					7.4		
10	0.0004	2.5	72	817	4.3	27.5	7.4	15.200	
11	0.0003	2.5					7.5		
12	0.0007								
13	0.0002								
14	0.0004	2.5					7.4		
15	0.0002	2.5					7.4		
16	0.0002	2.5					7.4		
17	0.0003	2.5					7.4		
18	0.0003	2.5					7.5		
19	0.0002								
20	0.0002								
21	0.0002	2.5					7.4		
22	0.0002	2.5					7.5		
23	0.0002	2.5					7.4		
24	0.0003	2.3					7.4		
25	0.0005	2.5					7.4		
26	0.0008								
27	0.0003								
28	0.0012	1.2					7.4		
29	0.0006	2.5					7.4		
30	0.0002	2.5					7.4		

TOT	0.0130	53.5	72	817	4.3	27.5	163.4	15.200	1
AVG	0.0004	2.4	72	817	4.3	27.5	7.4	15.200	1
MAX	0.0012	2.5	72	817	4.3	27.5	7.5	15.200	1
MIN	0.0002	1.2	72	817	4.3	27.5	7.4	15.200	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder

DATE: 5-13-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
 Wastewater Facilities Mgmt, MS 3551,
 PERMITTEE NAME: United Water Florida
 MAILING ADDRESS: 1400 Millco Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675
 MONITORING PERIOD-From: 97/04/01
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: FLA011675
 GMS ID NO.: 3145P00053
 DISCHARGE POINT NUMBER: R001
 PLANT SIZE/TREATMENT TYPE: 3D

To: 97/04/30
 REPORT: Monthly

FACILITY: Amoco Service Station WWTP
 LOCATION: State Road 200 At I-95
 COUNTY: Nassau

GROUP: DW
 GMS TEST SITE NO.: 3145X10478
 WAFR SITE NO.: 26096

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
Flow	Sample Measurement	0.0004						0	Cont	Flow meter
STORET No. 50053 G Mon. Site No. INF-1	Permit Requirement	0.00336		mgd					Daily, 5/week	Water meter
CBOD5	Sample Measurement					72		0	1/30	Grab
STORET No. 80082 G Mon. Site No. INF-1	Permit Requirement					Report			Monthly	Grab
CBOD5	Sample Measurement					14.1	4.3	0	1/30	Grab
STORET No. 80082 1 Mon. Site No. EFA-1	Permit Requirement					20 Annual	60 Max.		Monthly	Grab
TSS	Sample Measurement					817		0	1/30	Grab
STORET No. 00530 G Mon. Site No. INF-1	Permit Requirement					Report			Monthly	Grab
TSS	Sample Measurement					32.8	27.5	1	1/30	Grab
STORET No. 00530 1 Mon. Site No. EFA-1	Permit Requirement					20 Annual	60 Max.		Monthly	Grab
Fecal Coliform	Sample Measurement					14	<1	0	1/30	Grab
STORET No. 31616 1 Mon. Site No. EFA-1	Permit Requirement					200 Annual	800 Max.		Monthly	Grab

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President	<i>[Signature]</i>	(904) 721-4600	97/05/20

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

TSS annual average limit was exceeded.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/04/01

To: 97/04/30

LIMIT: Final

REPORT: Monthly

CLASS SIZE: Minor

FACILITY ID: FLA011675

GROUP: DW

GMS ID NO.: 3145P00053

GMS TEST SITE NO.: 3145X10478

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 26096

PLANT SIZE/TREATMENT TYPE: 3D

FACILITY: Amoco Service Station WWTP

LOCATION: S.R. 200 At I-95

COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement				7.4		7.5		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.	std.		Daily/Week	Grab
Mon. Site No. EFA-1											
TRC	Sample Measurement				1.2				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.			mg/L		Daily/Week	Grab
Mon. Site No. EFA-1											
Nitrate	Sample Measurement						15.2		1	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthy Vice President	<i>[Signature]</i>	(904) 721-4600	97/05/20

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

Nitrate max limit was exceeded.

PART II - GENERAL INFORMATION

LEAD OPERATOR James L. Krusk B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0005
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0005
(19) PERCENT OF PERMITTED CAPACITY	%	****	1
(20) CBOD5 EFFLUENT	mg/l	080082	18.8
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	27.8
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.4
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	6.120
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	< 1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

March 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	PECAL COLIFORM (#/100ml)
01	0.0004								
02	0.0004								
03	0.0004	2.5					7.5		
04	0.0005	2.5					7.5		
05	0.0002	2.5					7.5		
06	0.0002	2.5					7.5		
07	0.0006	2.5					7.5		
08	0.0008								
09	0.0025								
10	0.0002	2.5					7.5		
11	0.0004	2.5					7.4		<1
12	0.0004	2.5					7.4		
13	0.0003	2.5	212	308	18.8	27.8	7.5	6.120	
14	0.0008	2.5					7.5		
15	0.0004								
16	0.0003								
17	0.0002	2.5					7.4		
18	0.0003	2.5					7.4		
19	0.0004	2.5					7.4		
20	0.0002	2.5					7.4		
21	0.0005	2.5					7.5		
22	0.0003								
23	0.0006								
24	0.0005	2.5					7.4		
25	0.0002	2.5					7.5		
26	0.0003	2.5					7.5		
27	0.0008	2.5					7.5		
28	0.0005								
29	0.0004								
30	0.0004								
31	0.0005	2.5					7.4		
TOT	0.0149	50.0	212	308	18.8	27.8	149.3	6.120	<1
AVG	0.0005	2.5	212	308	18.8	27.8	7.5	6.120	<1
MAX	0.0025	2.5	212	308	18.8	27.8	7.5	6.120	<1
MIN	0.0002	2.5	212	308	18.8	27.8	7.4	6.120	<1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 4-15-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
 Wastewater Facilities Mgmt, MS 3551,
 PERMITTEE NAME: United Water Florida
 MAILING ADDRESS: 1400 Millcoe Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/03/01

To: 97/03/31
 REPORT: Monthly

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

GROUP: DW

GMS TEST SITE NO.: 3145X10478

WAFR SITE NO.: 26096

FACILITY: Amoco Service Station WWTP

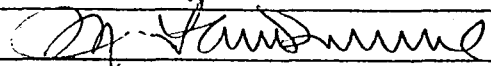
LOCATION: State Road 200 At I-95

COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow	Sample Measurement	0.0005							0	Cont	Flow meter
STORET No. 50053 G	Permit Requirement	00336		mgd						Daily, 5/week	water meter
Mon. Site No. INF-1											
CBOD5	Sample Measurement					2.2			0	1/30	Grab
STORET No. 80082 G	Permit Requirement					Report		mg/L		Monthly	Grab
Mon. Site No. INF-1											
CBOD5	Sample Measurement					14.8	18.8		0	1/30	Grab
STORET No. 80082 I	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
TSS	Sample Measurement					308			0	1/30	Grab
STORET No. 00530 G	Permit Requirement					Report		mg/L		Monthly	Grab
Mon. Site No. INF-1											
TSS	Sample Measurement					32.1	27.8		0	1/30	Grab
STORET No. 00530 I	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
Fecal Coliform	Sample Measurement					14	<1		0	1/30	Grab
STORET No. 31616 I	Permit Requirement					200 Annual	800 Max.	#/100		Monthly	Grab
Mon. Site No. EFA-1											

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	97/04/23

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMITTEE NAME: United Water Florida

MAILING ADDRESS: 1400 Millcove Road

Jacksonville, Florida 32225

FACILITY: Amoco Service Station WWTP

LOCATION: S.R. 200 At I-95

COUNTY: Nassau

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/03/01

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

To: 97/03/31

REPORT: Monthly

GROUP: DW

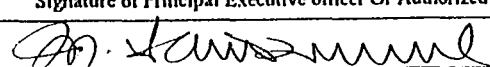
GMS TEST SITE NO.: 3145X10478

WAFR SITE NO.: 26096

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement				7.4		7.5		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.	std.		Daily/Week	Grab
Mon. Site No. EFA-1											
TRC	Sample Measurement				2.5				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.			mg/L		Daily/Week	Grab
Mon. Site No. EFA-1											
Nitrate	Sample Measurement						6.12		0	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
Mon. Site No. EFA-1											
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										
STORET No. 1	Sample Measurement										
Mon. Site No.	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	97/04/23

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

FORESTAL WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

1) MONTH: February YEAR: 1997

2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

4) PLANT ADDRESS: STATE ROAD A1A AT I-95

5) CITY: YULEE

6) COUNTY: NASSAU

7) PHONE NUMBER: (904) 725-2865

8) PERMIT NUMBER: D045-184471

9) PLANT TYPE: 3D

10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR *Kurt L. L...* B 3180
signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0005
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0005
(19) PERCENT OF PERMITTED CAPACITY	%	****	2
(20) CBOD5 EFFLUENT	mg/l	080082	11.7
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	55.4
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.3
(25) MAXIMUM pH		****	7.5
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	1.940
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.6
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	2.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	<10

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
ANOCO WWTP
DEP ID #: 3145P00053

February 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 EFF mg/l	TSS EFF mg/l	pH EFF	NITRATE EFF mg/l	FE CAL COLIFORM (#/100ml)
01	0.0002								
02	0.0002								
03	0.0002	1.6					7.5		
04	0.0005	2.5					7.5		
05	0.0003	2.0					7.5		
06	0.0004	2.0					7.4		
07	0.0001	2.2					7.5		
08	0.0003								
09	0.0004								
10	0.0004	2.0					7.4		
11	0.0003	2.5					7.3		<10
12	0.0003	2.5					7.5		
13	0.0003	2.5	147	262	11.7	55.4	7.5	1.940	
14	0.0006	2.5					7.5		
15	0.0007								
16	0.0004								
17	0.0004	1.8					7.5		
18	0.0002	2.5					7.5		
19	0.0003	2.5					7.5		
20	0.0004	2.5					7.5		
21	0.0002	2.5					7.5		
22	0.0005								
23	0.0005								
24	0.0006	2.1					7.5		
25	0.0017	2.5					7.4		
26	0.0018	2.5					7.5		
27	0.0005	2.5					7.5		
28	0.0003	2.5					7.4		

TOT	0.0130	46.2	147	262	11.7	55.4	149.4	1.940	10
AVG	0.0005	2.3	147	262	11.7	55.4	7.5	1.940	10
MAX	0.0018	2.5	147	262	11.7	55.4	7.5	1.940	10
MIN	0.0001	1.6	147	262	11.7	55.4	7.3	1.940	10

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: *Kenneth Snyder* DATE: 3-17-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMITTEE NAME: United Water Florida

MAILING ADDRESS: 1400 Millcoe Road

Jacksonville, Florida 32225

FACILITY: Amoco Service Station WWTP

LOCATION: State Road 200 At I-95

COUNTY: Nassau

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/02/01 To: 97/02/28

LIMIT: Final

REPORT: Monthly

CLASS SIZE: Minor

FACILITY ID: FLA011675

GROUP: DW

GMS ID NO.: 3145P00033

GMS TEST SITE NO.: 3145X10478

DISCHARGE POINT NUMBER: R001

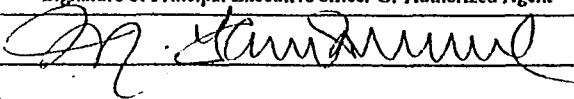
WAFR SITE NO.: 26096

PLANT SIZE/TREATMENT TYPE: 3D

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow	Sample Measurement	0.0005							0	Cont	Flow meter
STORET No. 50053 G	Permit Requirement	0.00336		mgd						Daily, 5/week	Water meter
CBOD5	Sample Measurement					147			0	1/30	Grab
STORET No. 80082 G	Permit Requirement					Report		mg/L		Monthly	Grab
CBOD5	Sample Measurement					15.8	11.7		0	1/30	Grab
STORET No. 80082 I	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
TSS	Sample Measurement					262			0	1/30	Grab
STORET No. 00530 G	Permit Requirement					Report		mg/L		Monthly	Grab
TSS	Sample Measurement					30.8	55.4		1	1/30	Grab
STORET No. 00530 I	Permit Requirement					20 Annual	60 Max.	mg/L		Monthly	Grab
Fecal Coliform	Sample Measurement					14	10		0	1/30	Grab
STORET No. 31616 I	Permit Requirement					200 Annual	800 Max.	#/100		Monthly	Grab

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	97/03/25

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

* TSS annual average limit was exceeded.

A-1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
 Wastewater Facilities Mgmt, MS 3551,
 PERMITTEE NAME: United Water Florida
 MAILING ADDRESS: 1400 Millco Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/02/01

To: 97/02/28

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

REPORT: Monthly

GROUP: DW

GMS TEST SITE NO.: 3145X10478

WAFR SITE NO.: 26096

FACILITY: Amoco Service Station WWTP
 LOCATION: S.R. 200 At I-95
 COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement				7.3		7.5		0	1/Day	Grab
STORET No. 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 Min.		8.5 Max.	std.		Daily 3/week	Grab
TRC	Sample Measurement				1.6				0	1/Day	Grab
STORET No. 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 Min.			mg/L		Daily 3/week	Grab
Nitrate	Sample Measurement						1.94		0	1/30	Grab
STORET No. 00620 1 Mon. Site No. EFA-1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	97/03/25

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

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT

PART II - GENERAL INFORMATION

(1) MONTH: January YEAR: 1997

(2) PLANT'S DEP IDENTIFICATION NUMBER: 3145P00053

(3) PLANT NAME: AMOCO WASTEWATER TREATMENT PLANT

(4) PLANT ADDRESS: STATE ROAD A1A AT I-95

(5) CITY: YULEE

(6) COUNTY: NASSAU

(7) PHONE NUMBER: (904) 725-2865

(8) PERMIT NUMBER: D045-184471

(9) PLANT TYPE: 3D

(10) TEST SITE IDENTIFICATION NUMBER: 3145X10478

(11) FECAL COLIFORM SAMPLE METHOD:

☒ MEMBRANE FILTER ☐ MOST PROBABLE NUMBER

(12) TYPE OF EFFLUENT DISPOSAL OR RECLAIMED WATER REUSE:

EVAPORATION / PERCOLATION PONDS

(13) LIMITED WET WEATHER DISCHARGE ACTIVATED:

☐ YES ☐ NO ☒ NOT APPLICABLE

(14) CUMULATIVE DAYS OF WET WEATHER DISCHARGE:

NOT APPLICABLE

(15) PLANT STAFFING:

DAY SHIFT OPERATOR CLASS: B CERT. NO. 3180

EVENING SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

NIGHT SHIFT OPERATOR CLASS: N/A CERT. NO. N/A

LEAD OPERATOR *Kimberly L. Bryant* B 3180

signature cert. no.

PARAMETER	UNITS	STORET CODE	VALUE
(16) MONTHLY AVERAGE FLOW	mgd	050053	0.0004
(17) PERMITTED CAPACITY	mgd	****	.00336
(18) THREE-MONTH AVERAGE DAILY FLOW	mgd	****	0.0004
(19) PERCENT OF PERMITTED CAPACITY	%	****	2
(20) CBOD5 EFFLUENT	mg/l	080082	13.8
(21) CBOD5 EFFLUENT	lbs/day	****	0
(22) TSS EFFLUENT	mg/l	900201	85.0
(23) TSS EFFLUENT	lbs/day	****	0
(24) MINIMUM pH		****	7.3
(25) MAXIMUM pH		****	7.6
(26) TOTAL N	mg/l	000600	N/A
(27) TKN	mg/l	000625	N/A
(28) AMMONIA (NH3-N)	mg/l	000610	N/A
(29) NITRATE	mg/l	071850	15.200
(30) TOTAL PHOSPHORUS	mg/l	000685	N/A
(31) MINIMUM CHLORINE RESIDUAL	mg/l	****	1.0
(32) MAXIMUM CHLORINE RESIDUAL	mg/l	****	3.5
(33) OTHER EFFLUENT PARAMETERS			
(34) FECAL COLIFORM	#/100 ml	****	1

DOMESTIC WASTEWATER TREATMENT PLANT
MONTHLY OPERATING REPORT
AMOCO WWTP
DEP ID #: 3145P00053

January 1997

DAY OF THE MONTH	FLOW mgd	CL2 RES AFTER CONTACT mg/l	CBOD5 INF mg/l	TSS INF mg/l	CBOD5 BPF mg/l	TSS BPF mg/l	pH BPF	NITRATE BPF mg/l	FECAL COLIFORM (#/100ml)
01	0.0003								
02	0.0003	1.7					7.51		
03	0.0013	1.0					7.53		
04	0.0003								
05	0.0002								
06	0.0002	1.8					7.40		
07	0.0005	2.5					7.29		
08	0.0012	1.9					7.29		
09	0.0005	2.5					7.54		
10	0.0007	2.0					7.47		
11	0.0005								
12	0.0004								
13	0.0005	3.0					7.59		
14	0.0003	2.5					7.53		<1
15	0.0005	2.5					7.50		
16	0.0003	2.5	127	457	13.8	85.0	7.53	15.200	
17	0.0005	2.8					7.54		
18	0.0006								
19	0.0004								
20	0.0003	3.5					7.41		
21	0.0002	3.5					7.53		
22	0.0002	3.5					7.40		
23	0.0002	2.8					7.40		
24	0.0003	2.3					7.50		
25	0.0003								
26	0.0004								
27	0.0003	1.2					7.50		
28	0.0005	2.5					7.50		
29	0.0004						7.50		
30	0.0004	3.0					7.50		
31	0.0004	2.5					7.50		

TOT	0.0134	51.5	127	457	13.8	85.0	164.46	15.200	1
AVG	0.0004	2.5	127	457	13.8	85.0	7.48	15.200	1
MAX	0.0013	3.5	127	457	13.8	85.0	7.59	15.200	1
MIN	0.0002	1.0	127	457	13.8	85.0	7.29	15.200	1

LEAD OPERATOR: THIS IS TO CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS INFORMATION IS TRUE, COMPLETE AND ACCURATE.

SIGNED: Kenneth Snyder DATE: 2-15-97

NAME: KENNETH SNYDER

COMPANY NAME: UNITED WATER FLORIDA INC.

TELEPHONE NUMBER (904) 725-2865

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District
Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoke Road
 Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675
MONITORING PERIOD-From: 97/01/01
LIMIT: Final
CLASS SIZE: Minor
FACILITY ID: FLA011675
GMS ID NO.: 3145P00053
DISCHARGE POINT NUMBER: R001
PLANT SIZE/TREATMENT TYPE: 3D

To: 97/01/31
REPORT: Monthly

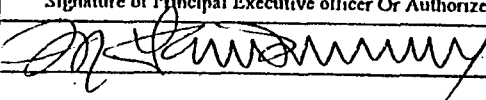
FACILITY: Amoco Service Station WWTP
LOCATION: State Road 200 At I-95
COUNTY: Nassau

GROUP: DW
GMS TEST SITE NO.: 3145X10478
WAFR SITE NO.: 26096

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
Flow	Sample Measurement	0.0004						0	Cent	Flow meter
STORET No. 50053 G	Permit Requirement	00336		mgd					Daily, 5/week	water meter
Mon. Site No. INF-1										
CBOD5	Sample Measurement					127		0	1/30	Grab
STORET No. 80082 G	Permit Requirement					Report			Monthly	Grab
Mon. Site No. INF-1										
CBOD5	Sample Measurement					16.2	13.8	0	1/30	Grab
STORET No. 80082 1	Permit Requirement					20 Annual	60 Max.		Monthly	Grab
Mon. Site No. EFA-1										
TSS	Sample Measurement					457		0	1/30	Grab
STORET No. 00530 G	Permit Requirement					Report			Monthly	Grab
Mon. Site No. INF-1										
TSS	Sample Measurement					27.2	85.0	2	1/30	Grab
STORET No. 00530 1	Permit Requirement					20 Annual	60 Max.		Monthly	Grab
Mon. Site No. EFA-1										
Fecal Coliform	Sample Measurement					13	<1	0	1/30	Grab
STORET No. 31616 1	Permit Requirement					200 Annual	800 Max.		Monthly	Grab
Mon. Site No. EFA-1										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	97/02/27

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

TSS daily max and annual average limits were exceeded.
 A-1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WHEN COMPLETED MAIL THIS REPORT TO: Department of Environmental Protection Northeast District

Wastewater Facilities Mgmt, MS 3551,
PERMITTEE NAME: United Water Florida
MAILING ADDRESS: 1400 Millcoe Road
Jacksonville, Florida 32225

7825 Baymeadows Way, Jacksonville, FL 32256-7577

PERMIT NUMBER: FLA011675

MONITORING PERIOD-From: 97/01/01

To: 97/01/31
REPORT: Monthly

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: FLA011675

GMS ID NO.: 3145P00053

DISCHARGE POINT NUMBER: R001

PLANT SIZE/TREATMENT TYPE: 3D

GROUP: DW

GMS TEST SITE NO.: 3145X10478

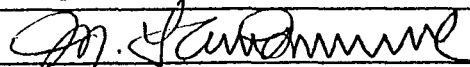
WAFR SITE NO.: 26096

FACILITY: Amoco Service Station WWTP
LOCATION: S.R. 200 At I-95
COUNTY: Nassau

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
pH	Sample Measurement				7.3		7.6		0	1/Day	Grab
STORET No. 00400 1	Permit Requirement				6.0 Min.		8.5 Max.	nd.		Daily 5/week	Grab
TRC	Sample Measurement				1.0				0	1/Day	Grab
STORET No. 50060 1	Permit Requirement				0.5 Min.			mg/L		Daily 5/week	Grab
Nitrate	Sample Measurement						15.2		1	1/30	Grab
STORET No. 00620 1	Permit Requirement						12 Max.	mg/L		Monthly	Grab
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										
STORET No. 1 Mon. Site No.	Sample Measurement										
	Permit Requirement										

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

Name/Title of Principal Executive Officer or Authorized Agent (Type or Print)	Signature of Principal Executive officer Or Authorized Agent	Telephone No. (incl. area code)	Date (yy/mm/dd)
M. Sambamurthi Vice President		(904) 721-4600	97/02/27

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

Nitrate daily max limit was exceeded.