1

# Rosalie Oaks

Docket No. 060368-WS

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

Florida

**VOLUME 6** 

Book 8

Set 16 of 24

Containing
Additional Engineering Requirements

Discharge Monitoring Report

Aqua Utilities Florida, Inc.

00982 JAN 30 5

# Aqua Utilities Florida, Inc. Discharge Monitoring Reports

## Rosalie Oaks

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#### 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

PERMITEE NAME:

Donald J. Clayton, President

Crystal River Utilities, Inc

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 1/1/04

To: 1/31/04

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

R001

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

THREE MONTH AVERAGE DAILY FLOW: 0.009

60 % of capacity GROUP: Domestic

LOCATION:

Camp Mack Road and Silver Oaks Drive

DISCHARGE POINT NUMBER:

11 miles East of Lake Wales, FL

PLANT SIZE/TREATMENT TYPE:

WAFR NUMBER: 37258

COUNTY:

Polk

NO DISCHARGE FROM SITE: [ ]

		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter	<u></u>								ŀ		
Flow	Sample Measurement	0.010		MGD			-	-	0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.010		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD					#13×4-3	5x/Week	Elapsed Time Meters.
CBOD5	Sample Measurement				3.1			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				2.0		2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg
Solids, Total Suspended	Sample Measurement				1.6		1.6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement =	gan en			30,0 (Mo Avg.)		60.0 (Max)	mg/L	**************************************	Monthly	Grab
рН	Sample Measurement				6.3		7.2	s.u.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646 Calculated Rolling Annual Average is the avera	Permit Requirement				6.0 (Min)		8:5 (Max)	S.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

, and the state of	to penalties for submitting false information including the possibility of fine and imprisonner	it.	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	l I
And the second separations superintendent		332-309-4001	
COLO (DI ME LA PARTE			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Version 07/9/99

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR:

1/04

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity of	or Loading	Units	Qua	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				4.5		8.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				656				1	Monthly	Calculated Rolling Annua Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						2.97	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				142			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				118			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab

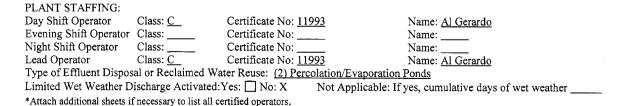
Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Three month Average Daily Flow:0.009

Month/Year: 1/04

(TMADF/Permitted Capacity)x100: 60%

nth/Yea	ır: 1/04				Rosalie Oaks		MADF/Permi	itted Capacity	)x100: 60%
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	- INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.015				The second second second	7.1		1.5	
2	.010					6.9		3.0+	
3	.010								
4	.010								
5	.010					6.7	-	3.0+	
6	.014					7.0		2.2+	
7	.006					6.8		3.0+	
8	.010					6.9		2.2+	
9	.010	2.0 U	142	1.6	118	6.7	8	3.0+	2.97
10	.010								
11	.010								
12	.011					6.8		1.3	
13	.008					6.9		1.1	
14	.012					6.6		3.0+	
15	.006					7.1		2.2+	
16	.011					6.7		1.7	
17	.011								
18	.010								
19	.010					6.7		3.0+	
20	.008					7.0	1 U	2.2+	
21	.016					6.3		3.0+	
22	.005					7.1		2.2+	
23	.010					6.8		3.0+	
24	.010								
25	.010								
26	.008					7.1		2.2+	
27	.010					7.2		2.2+	
28	.014					7.1		2.2+	
29	.012					7.0		2.2+	
30	.011					7.0		2.2+	
31	.011			· -					



## 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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

Crystal River Utilities, Inc. 6960 Professional Parkway East, Suite 400

MONITORING PERIOD LIMIT:

From: February 1.2004

To: February 29,2004

Sarasota, FL 34240

11 miles East of Lake Wales, FL

CLASS SIZE:

Final N/A

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

THREE MONTH AVERAGE DAILY FLOW: 0.011

73 % of capacity GROUP: Domestic

DISCHARGE POINT NUMBER:

LOCATION:

Camp Mack Road and Silver Oaks Drive

R001 PLANT SIZE/TREATMENT TYPE:

WAFR NUMBER: 37258

COUNTY:

NO DISCHARGE FROM SITE: [ ]

Parameter		Quantity	or Loading	Units	Qı	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Flow	Sample Measurement	0.010		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.013		MGD			7. V. V.		0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.2			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An
CBOD5	Sample Measurement				3.3		3.3	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	.mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.3		(i.m.y	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit * Requirement				20.0 (An Avg.)			mg/L	a je ne	Report Monthly	Calculated-Roll-An Avg
Solids, Total Suspended	Sample Measurement				2	a presidenti di Santo di Persanda di P	2	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement	er de la companya de			30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
pН	Sample Measurement	and an office of the specific Company	retraine event a subfrequent in	and the second second	6.8	<u>。                                    </u>	7.0	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646 alculated Rolling Annual Average is the avera	Permit Requirement		201		6,0 **** (Min): **		8.5 (Max)	S.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

	NAME/ITTLE OF DDINCIDAL EVECUTIVE OFFICER OF AUTHORIZED ACTIVE	CLC VI TO THE CONTROL OF THE CONTROL		
	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE WWA DAME
		THE EMELON THE EMELON THE CONTINUE OF ACTION ENTERNA	LEPELLONE NO	DATE-YY/MM/DD
	Michael V. Fitzgerald, Operations Superintendent			
i	wichael v. ritzgeraid, Operations Superintendent		252 260 4001	1
			352-369-4881	1 1
	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Pafarance all attachment		1	
	CUMBULENT AND EXPLANATION DE ANY VIOLATIONS (Peterongo all attachment	ta hora).		

Version 07/9/99

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR:

February 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity (	or Loading	Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1		1	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				656				1	Monthly	Calculated Rolling Annua Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						0.97	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample		100 to 10	mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: February 2004

Three month Average Daily Flow: 0.011 (TMADF/Permitted Capacity)x100: 73%

					Rosalie Oaks	WWTF			1 ,
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.011								7 200
2	.012					7.0		2.2+	
3	.011					6.9		2.2+	
4	.009			4,		6.9		2.2+	
5	.012					6.9 .		2.2+	
6	.015					6.8		2.2+	
7	.015								
8	.015								
9	.012			'		6.9		2.2+	
10	.012					6.9		2.2+	
11	.010					6.9		2.2+	
12	.013					6.8		2.2+	
13	.013								
14	.014					6.9		2.2+	
15	.014								
16	.007					6.8		2.2+	
17	.009					6.9		2.2+	
18	.014					6.9		2.2+	
19	.012			:		6.9		2.2+	
20	.017					6.9		2.2+	
21	.017								
22	.013					6.9		2.2+	
23	.013								
24	.008	3.3		2		7.0	1U	2.2+	0.97
25	.008					6.9		2.2+	-
26	.012					7.0		2.2+	
27	.016					7.0		2.2+	
28	.018					7.0		2.2+	
29	.018								1
30								,	
31									

PLANT STAFFING:				
Day Shift Operator	Class: C_	Certificate No: 1199	<u>93</u>	Name: Al Gerardo
Evening Shift Operator	Class:	Certificate No:		Name:
Night Shift Operator	Class:	Certificate No:		Name:
Lead Operator	Class: C	Certificate No: 1199	<u>93</u>	Name: Al Gerardo
Type of Effluent Dispos	al or Reclaimed Wa	ter Reuse: (2) Perco	lation/Evaporation I	<u>Ponds</u>
Limited Wet Weather D	ischarge Activated:	Yes: 🔲 No: X	Not Applicable: If y	ves, cumulative days of wet weather
*Attach additional sheets if	necessary to list all ce	rtified operators.		

## 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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

Crystal River Utilities, Inc 6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: March 1,2004

To: March 31,2004

**MAILING ADDRESS:** 

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

R001

REPORT: Monthly

FACILITY: LOCATION: Rosalie Oaks WWTF

Camp Mack Road and Silver Oaks Drive

DISCHARGE POINT NUMBER:

80 % of capacity GROUP: Domestic

11 miles East of Lake Wales, FL

THREE MONTH AVERAGE DAILY FLOW: 0.012

WAFR NUMBER: 37258

COUNTY:

Polk

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: [ ]

D		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter Flow	Sample Measurement	0.010		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.013		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.3			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				4.2		4.2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		,		2.4			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				3		3	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement			14 years of	30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				6.8		7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u	7-3-1-2	5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an complete. Lam aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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

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

Version 07/9/99

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR:

March 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity of	or Loading	Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				5		5	#100 ml	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				656				1	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.32			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						20.08	mg/L	1	Monthly	Grab
PARM Code 00620 1 Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: March 2004

Three month Average Daily Flow: 0.012 (TMADF/Permitted Capacity)x100: 80%

Rosalie Oaks WWTF

					Rosalie Oaks	WWTF			
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.016					6.9		2.2+	
2	.009					6.9		2.2+	
3	.015					6.9		2.0+	
4	.011					7.3		5.5	
5	.021					7.2		2.2+	
6	.021								
7	.021								
8	.011					7.1		2.2+	,
9	.013					7.0		2.2+	
10	.011					7.2	-	2.2+	
11	.014					7.3		2.2+	
12	.011					7.0		2.2+	
13	.011								
14	.011								
15	.012					6.9		3.55	
16	.019					7.0		4.05	
17	.013					7.0		1.32	
18	.014					6.8		2.2+	
19	.012					7.0		2.2+	
20	.012								
21	.012								
22	.013	4.2		3		7.0		2.2+	20.08
23	.015					6.8	5	2.2+	
24	.013					7.0		2.2+	
25	.006					7.1		2.2+	
26	.013					7.1		2.2+	
27	.013								
28	.013								
29	.011					7.2		2.2+	
30	.013					7.1		2.2+	0.34
31	.013					6.9		2.2+	

PLANT STAFFING:			
Day Shift Operator	Class: C_	Certificate No: 11993	Name: Al Gerardo
Evening Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
	Class: C_	Certificate No: 11993	Name: Al Gerardo
Type of Effluent Dispos	al or Reclaimed W	Vater Reuse: (2) Percolation/Evaporation	Ponds Ponds

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

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

## 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

PERMITEE NAME:

Donald J. Clayton, President Crystal River Utilities, Inc.

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 4/1/04

To: 4/30/04

Sarasota, FL 34240

LIMIT:

Final

R001

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

CLASS SIZE:

N/A THREE MONTH AVERAGE DAILY FLOW: .012 80% of capacity

GROUP: Domestic

LOCATION:

DISCHARGE POINT NUMBER:

Camp Mack Road and Silver Oaks Drive 11 miles East of Lake Wales, FL

WAFR NUMBER: 37258

PLANT SIZE/TREATMENT TYPE:

COUNTY: Polk NO DISCHARGE FROM SITE: [ ]

		Quantity	or Loading	Units	Qı	Quality or Concentration				Frequency/ Analysis	Sample Type
Parameter											
Flow	Sample Measurement	0.010		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.009		MGD		·			0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.0			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg
CBOD5	Sample Measurement				4.0		4.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.4			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				3.0		3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				6.8		7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646 Calculated Rolling Annual Average is the avera	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u		5x/Week	Grab

ted Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an complete. Lam aware that there are significant penaltias for submitting files information institute in the submitted information in the submitted in th

	i penalties for submitting false information including the possibility of fine and imprisonmen	ıt.	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Michael V. Fitzgerald, Operations Superintendent		352-369-4881	

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR:

4/2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter				or Loading	Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal		Sample Measurement				1		1	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal		Sample Measurement				643				0	Monthly	Calculated Rolling Annua Average
PARM Code 74055 Mon Site No EFA-01-06646	I	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)		Sample Measurement				2.2			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate		Sample Measurement						2.10	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I .	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5		Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended		Sample Measurement				MNR	,		mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab

FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 4/2004

Three month Average Daily Flow: .012 (TMADF/Permitted Capacity)x100: 80%

#### Rosalie Oaks WWTF

					Rosalie Oaks	WWTF			
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.016					7.1		2.2+	
2	.007					7.2		2.2+	
3	.007								
4	.007								
5	.008					7.3		2.2+	
6	.007	,				7.2		2.2+	
7	.011					7.2		2.2+	
8	.008					7.2		2.2+	
9	.008					7.1		2.2+	
10	.008								
11	.008								
12	.013					7.2		2.2+	
13	.011					7.1		2.2+	
14	.013					7.0		2.2+	
15	.012					7.2		2.2+	
16	.008					7.1		2.2+	
17	.008								
18	.008								
19	.008					7.0		2.2+	
20	.007	4.0		3		7.0	1U	2.2+	2.10
21	.008					7.1		2.2+	
22	.008					7.0		2.2+	
23	.008					6.9		2.2+	
24	.008								
25	.008								
26	.008					6.9		2.2+	
27	.007					6.8		2.2+	
28	.008					6.9		2.2+	
29	.006					7.0		2.2+	
30	.008					7.3		2.2+	
31									

ANT,		

Day Shift Operator	Class: C_	Certificate No: 11993	Name: Al Gerardo
Evening Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 11993	Name: Al Gerardo

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

## 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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

Crystal River Utilities, Inc

MONITORING PERIOD

From: May 1,2004

To: May 31,2004

MAILING ADDRESS:

6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

LIMIT:

Final N/A

R001

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

CLASS SIZE: THREE MONTH AVERAGE DAILY FLOW: 0.009

62 % of capacity

GROUP: Domestic

LOCATION:

Camp Mack Road and Silver Oaks Drive DISCHARGE POINT NUMBER:

11 miles East of Lake Wales, FL

PLANT SIZE/TREATMENT TYPE:

WAFR NUMBER: 37258

COUNTY:

Polk

NO DISCHARGE FROM SITE: [ ]

		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter							,				
Flow	Sample Measurement	0.011		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg
Flow	Sample Measurement	0.006		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD					3 (4)	5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.4			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				3.5		3.5	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20,0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				2.0	-	2.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				6.9		7.2	S.U.	0	5X/Week	Grab
PARM Code 00400 I  Mon Site No EFA-01-06646  Calculated Rolling Approal Average is the average.	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an complete. Lam aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

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

FACILITY NAME: Rosalie Oaks WWTF

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR - 37258

MONTH/YEAR:

May 2004

Parameter			Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	J	Sample Measurement				1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement	No.	g spilos a mitter Politica		Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal		Sample Measurement				697				1	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	- 1	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)		Sample Measurement				2.2			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate		Sample Measurement						0.04	mg/L	0	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	*: . P	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5		Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	-	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended		Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645		Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: May 2004

Three month Average Daily Flow: 0.009 (TMADF/Permitted Capacity)x100: 62%

Rosalie Oaks WWTF

					Rosalie Oaks WWTF						
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate		
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620		
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646		
1	.008										
2	.002										
3	.006					7.2		2.2+			
4	.004					7.1		2.2+			
5	.006					7.0		2.2+			
6	007					7.0		2.2+			
7	.006					7.0		2.2+			
8	.006					7.0		2.2+			
9	.006										
10	.008					7.1		2.2+			
11	.006					7.1		2.2+			
12	.007		,			7.0		2.2+			
13	.006					7.0		2.2+			
14	.007					7.0		2.2+			
15	.007										
16	.007										
17	.004					7.1		2.2+			
18	.002	_				7.1		2.2+			
19	.005					7.0		2.2+			
20	.006					7.0		2.2+			
21	.006					6.9		2.2+			
22	.006										
23	.006										
24	.006					7.0		2.2+			
25	.004	3.5		2		7.1	1U	2.2+	0.04		
26	.004					7.1		2.2+			
27	.006					7.1		2.2+			
28	.005					7.1		2.2+			
29	.005										
30	.005										
31	.006					7.1		2.2+			

PLANT STAFFING:			
Day Shift Operator	Class: C_	Certificate No: 11993	Name: Al Gerardo
Evening Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 11993	Name: Al Gerardo

Class: C Certificate No: 11993 Lead Operator Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

## 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

PERMITEE NAME:

Donald J. Clayton, President Crystal River Utilities, Inc

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 6/1/04

To: 6/30/04

Sarasota, FL 34240

LIMIT:

Final

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

CLASS SIZE:

N/A R001

GROUP: Domestic

THREE MONTH AVERAGE DAILY FLOW: 0.007

48 % of capacity

WAFR NUMBER: 37258

LOCATION:

Camp Mack Road and Silver Oaks Drive

DISCHARGE POINT NUMBER:

11 miles East of Lake Wales, FL COUNTY:

PLANT SIZE/TREATMENT TYPE:

Polk

NO DISCHARGE FROM SITE: [ ]

		Quantity	or Loading	Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter											
Flow	Sample Measurement	0.010		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD					2000	Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.007		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.5			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement	. X			20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg
CBOD5	Sample Measurement				3.7		3.7	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L	2 (A)	Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.6			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)	and the second s	in Armini	mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				1.0		1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
рН	Sample Measurement				7.0		7.2	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646 Calculated Rolling Annual Average is the average	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an complete. Lam aware that there are significant negatives for submitting false information including the possibility of fine and imprisonment

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

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

Version 07/9/99

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR:

June 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				697				1	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement					,	0.08	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12:0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/I		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample		100	mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 6/2004

Three month Average Daily Flow: 0.007 (TMADF/Permitted Capacity)x100: 48

## Rosalie Oaks WWTF

,					Rosalie Oaks				
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INE-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.006					7.1		2.2+	
2	.004	3.7		1U		7.1	1U	2.2+	0.08
3	.004					7.0		2.2+	
4	.004					7.0		2.2+	
5	.004								
6	.004								
7	.005					7.0		2.2+	
8	.004					7.0		2.2+	
9	.004					7.0		2.2+	
10	.004					7.1		2.2+	
11	.007					7.1		2.2+	
12	.007								
13	.007								
14	.004					7.2		2.2+	
15	.004					7.2		2.2+	
16	.006					7.1		2.2+	
17	.004					7.1		2.2+	
18	.006					7.0		2.2+	
19	.006								
20	.006								
21	.009					7.1		2.2+	
22	.010					7.1		2.2+	
23	.012					7.2		2.2+	
24	.013					7.2		2.2+	
25	.011					7.1		2.2+	
26	.011								
27	.011								
28	.013					7.2		2.2+	
29	.015					7.1		2.2+	
30	.015					7.1		2.2+	
31									

ILMII SIMIIIIO.			
Day Shift Operator	Class: C_	Certificate No: 11993	Name: Al Gerardo
Evening Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C_	Certificate No: 11993	Name: Al Gerardo
Type of Effluent Dienoe	al or Reclaimed Wa	ter Deuce: (2) Percolation/Evaporation	Donde

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

#### 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

PERMITEE NAME:

FACILITY:

COUNTY:

MAILING ADDRESS:

Donald J. Clayton, President

Crystal River Utilities, Inc

6960 Professional Parkway East, Suite 400

Sarasota, FL 34240

PERMIT NUMBER:

FLA011045-001-DW3P

MONITORING PERIOD LIMIT: CLASS SIZE:

From: 7/1/04

To: 7/31/04

Rosalie Oaks WWTF

LOCATION:

Camp Mack Road and Silver Oaks Drive

11 miles East of Lake Wales, FL

Polk

N/A

Final

R001

THREE MONTH AVERAGE DAILY FLOW: 0.007 48 % of capacity

GROUP: Domestic

REPORT: Monthly

WAFR NUMBER: 37258

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: [ ]

		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter		-									
Flow	Sample Measurement	0.010		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.007		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.5			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				2.0		2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			,	2.5			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				1.2		1.2	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 '(Max)	mg/L		Monthly	Grab
рН	Sample Measurement		<u> </u>		7.1		7.5	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646 Calculated Rolling Annual Average is the average	Permit Requirement		ye magazarina		6.0 (Min)		8.5 (Max)	s.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an 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 AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139 Chief Operator		863-858-2504	
		1	1

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR:

July 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity or Loading		Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				3.0		3.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement	,			55				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						26.0	mg/L	2	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab

FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 7/2004

Three month Average Daily Flow: 0.007 (TMADF/Permitted Capacity)x100: 46

#### Rosalia Oaks WWTF

	Rosalie Oaks WWTF											
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate			
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620			
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646			
1	.004					7.3		1.6				
2	.007					7.2		2.2				
3	.008											
4	.008											
5	.008					7.4		1.4				
6	.010					7.3		1.2				
7	.005					7.1		1.5				
8	.010					7.5		0.8				
9	.010					7.3		0.8				
10	.010											
11-	.007											
12	.007					7.5		0.8				
13	.007					7.3		0.6				
14	.008	2.0		1.2		7.3	3.0	0.7	23.0			
15	.006					7.4		1.2				
16	.010					7.5		1.5				
17	.006											
18	.007											
19	.008					7.5		1.6				
20	.008					7.4		1.2	26.0			
21	.007					7.5		1.5				
22	.008					7.5		1.6				
23	.009					7.5		1.5				
24	.010											
25	.008											
26	.008					7.1		3.5				
27	.008					7.3		3.5				
28	.006					7.2		2.5	3.1			
29	.008					7.4		2.5				
30	.007					7.5		1.6				
31	.008											



Day Shift Operator Certificate No: 8937 Name: Steve Fuller Class: B Evening Shift Operator Class: C Certificate No: 11993 Name: Al Gerardo Night Shift Operator Class: Certificate No: Name:

Certificate No: 9139 Lead Operator  $Class: \underline{A}$ Name: David Rodriguez Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

## 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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

Crystal River Utilities, Inc. 6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 8/1/04

To: 8/31/04

Sarasota, FL 34240

LIMIT:

Final

R001

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

CLASS SIZE:

N/A 60 % of capacity

GROUP: Domestic

LOCATION:

Camp Mack Road and Silver Oaks Drive

THREE MONTH AVERAGE DAILY FLOW: 0.009 DISCHARGE POINT NUMBER:

WAFR NUMBER: 37258

COUNTY:

11 miles East of Lake Wales, FL Polk

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: [ ]

	Quantity or Loading Units Quality or Concentration				tion	Units		Frequency/ Analysis	Sample Type		
Parameter			I			1			ļ		Calculated Rolling Annual
Flow	Sample Measurement	0.011		MGD					0	Monthly	Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.013		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement		·		3.3			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				2.0		2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.4			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-AnAvg
Solids, Total Suspended	Sample Measurement	·			2.5		2.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
рН	Sample Measurement				7.1		7.6	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement				6.0 (Min)		8.5 (Max)	S.U		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an 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 AGEN		DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator	863-858-2504	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Version 07/9/99

MONTH/YEAR:

FACILITY NAME: Rosalie Oaks WWTF August 2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter	Quantity or Loading		Units	Qu	ality or Concentrat	ion	Units	No Ex.	Frequency/ Analysis	Sample Type	
Coliform, Fecal	Sample Measurement				5.0		5.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				56				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement	•			0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						3.7	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				142.0			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				118.0			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report Annual Sample			mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 8/2004

Three month Average Daily Flow: 0.009 (TMADF/Permitted Capacity )x100: 60%

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	,,,	, vv	$\nu$	uks	17	IIP.	N/2	K /	

					Rosalie Oaks	WWTF			•
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1				,					
2	.020	,				7.5		1.7	
3	.005					7.4		1.0	
4	.005					7.4		0.7	
5	.006					7.6		0.7	
6	.007					7.5		0.9	
7									
8									
9	.020					7.6		0.6	
10	.007	2.0		2.5		7.5	5.0	0.6	3.7
11	.011					7.6		0.7.	
12	.007					7.3		0.7	
13	.007					7.2		0.8	
14									
15									
16	.015					7.1		0.7	
17	.006			- 10 200 - 200 - 1		7.1		0.6	
18	.078					7.3		0.9	
19	.022					7.4		1.0	
20	.018					7.5		0.6	
21									
22									
23	.053					7.5		0.7	
24	.018					7.5		0.6	
25	.017					7.4		0.6	
26	.020					7.4		0.7	
27	.017					7.4		0.7	
28									
29									
30	.085					7.3		0.8	
31	.018					7.4		0.6	

PLANT STAFFING:			
Day Shift Operator	Class: B_	Certificate No:8937	Name: Steve Fuller
Evening Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: A_	Certificate No: 9139	Name: <u>David Rodriguez</u>
Type of Effluent Dispos	al or Reclaimed Wa	ter Reuse: (2) Percolation/Evaporation	<u> Ponds</u>
Limited Wet Weather D	ischarge Activated:	Yes: No: X Not Applicable: I	f yes, cumulative days of wet weather

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

## 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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

Crystal River Utilities, Inc 6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 9/1/04

To: 9/30/04

MAILING ADDRESS:

Sarasota, FL 34240

LIMIT:

Final

N/A

R001

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

CLASS SIZE:

THREE MONTH AVERAGE DAILY FLOW: 0.017 113 % of capacity GROUP: Domestic

LOCATION:

Camp Mack Road and Silver Oaks Drive

DISCHARGE POINT NUMBER:

WAFR NUMBER: 37258

COUNTY:

PLANT SIZE/TREATMENT TYPE:

11 miles East of Lake Wales, FL Polk NO DISCHARGE FROM SITE: [ ]

		Quantity	or Loading	Units	Qu	Quality or Concentration			No Ex.	Frequency/ Analysis	Sample Type
Parameter							1		ļ		C. L. L. I.D. III. A
Flow	Sample Measurement	0.013	1	MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg
Flow	Sample Measurement	0.031		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement	( <i>3.</i> )			3.5			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement			Region	20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg
CBOD5	Sample Measurement				2.0		2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.7			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L	7,43	Report Monthly	Calculated-Roll-Ari Avg
Solids, Total Suspended	Sample Measurement				4.6		4.6	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement				7.2		7.6	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an complete. Lam aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

submitted information is rue, accurate an complete. I am aware that there are significant	t penanties for submitting faise information including the possibility of this 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
David Rodriguez A-9139, Chief Operator		863-858-2504	

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR: 9/2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity or Loading			Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				56				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement			1000	0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						2.8	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						-12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				142.0			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report (FEB) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				118.0			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report (FEB) Annual Sample			mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 9/2004

Three month Average Daily Flow: 0.017 (TMADF/Permitted Capacity)x100: 113%

#### Rosalie Oaks WWTF

		Rosalie Oaks WWTF												
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate					
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620					
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646					
1	.026				30 May 2 20 - 41	7.5		0.7						
2	.029					7.4		1.0						
3	.027					7.5		1.2						
4														
5						-								
6	.150					7.4		0.9						
7	.066					7.3		0.6						
8	.035					7.2		0.5						
9	.031					7.4		0.6						
10	.037					7.4		0.8						
11														
12														
13	.084					7.3		0.7	·					
14	.028					7.5		0.8						
15	.018	2.0		4.6		7.5	1.0	0.9	2.8					
16	.029					7.6		0.8						
17	.021					7.5		1.0						
18														
19														
20	.059					7.4		0.7						
21	.052					7.3		0.9						
22	.021					7.4		3.5						
23	.032					7.3		1.8						
24	.025					7.3		2.9						
25														
26														
27	.040					7.4		0.6						
28	.010					7.2		0.5						
29	.078					7.3		1.9						
30	.030					7.5		1.0						
31														

Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller

Evening Shift Operator Class: Certificate No: Name: Name: Name: Name: Name: Certificate No: Name: Name: Certificate No: Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

#### 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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

Crystal River Utilities, Inc 6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 10/1/04

To: 10/31/04

Sarasota, FL 34240

LIMIT:

Final N/A

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

CLASS SIZE: THREE MONTH AVERAGE DAILY FLOW: 0.022

146 % of capacity

GROUP: Domestic

LOCATION:

DISCHARGE POINT NUMBER:

WAFR NUMBER: 37258

Camp Mack Road and Silver Oaks Drive

R001

COUNTY:

11 miles East of Lake Wales, FL

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: [ ]

		Quantity	or Loading	Units	Qi	Quality or Concentration			No Ex.	Frequency/ Analysis	Sample Type
Parameter								<u> </u>			
Flow	Sample Measurement	0.014		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.022		MGD	-				0	Monthly	Elapsed Time Meters
PARM Code 50050 1 Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement	0,7			3.6		<u> </u>	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				3.1		3.1	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	ṁg/L	1	Monthly	Grab.
Solids, Total Suspended	Sample Measurement				2.8			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg
Solids, Total Suspended	Sample Measurement			-	3.8		3.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
рН	Sample Measurement				7.3		7.6	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Sife No EFA-01-06646 Calculated Rolling Annual Average is the aver	Permit Requirement				6.0 (Min)	Benzie, werster. Benzie, warster.	8.5 (Max)	s.u		.5x/Week	Gmb

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

		and hard internation mercaning are possibility of thic and imprisonni		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUT	THORIZED AGEN   SIGNATURE OF PR	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator			863-858-2504	]
			003-636-2304	1 1
COMPANIE AND PUBLICATION OF ANHARON ATTOMORY OF A				<u></u>

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Version 07/9/99

FACILITY NAME: Rosalie Oaks WWTF

MONTH/YEAR:

10/2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter			Quantity	or Loading	Units	Qu	tion	Units	No Ex.	Frequency/ Analysis	Sample Type	
Coliform, Fecal		Sample Measurement				1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal		Sample Measurement				56				0	Monthly	Calculated Rolling Annua Average
PARM Code 74055 Mon Site No EFA-01-06646	Ι	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)		Sample Measurement				0.5			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.5 (Min)			mg/L		5x/Week	Grab
Nitrate		Sample Measurement						11.0	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5		Sample Measurement				142.0		, , , , , , , , , , , , , , , , , , , ,	mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G	Permit Requirement				Report (FEB) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended		Sample Measurement				118.0			mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G	Permit Requirement				Report (FEB) Annual Sample		A. A	mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 10/2004

Three month Average Daily Flow: 0.022 (TMADF/Permitted Capacity )x100: 146%

#### Rosalie Oaks WWTF

	Rosalie Oaks WWTF												
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate				
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620				
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646				
1	.045					7.5		0.9					
2													
3													
4	.082					7.4		1.0					
5	.033			b.		7.3		1.0					
6	.020					7.3		1.1					
7	.030					7.3		1.3					
8	.017					7.4		1.1					
9													
10													
11	.072					7.5		0.5					
12	.014	3.1		3.8		7.5	1.0U	2.5	11.0				
13	.027					7.5		2.5					
14	.047					7.3		2.5					
15	.020					7.4		3.0					
16													
17													
18	.062					7.6		2.5					
19	.021					7.5		2.5					
20	.021					7.6		2.5					
21	.022					7.4		2.2					
22	.021					7.5		2.0					
23													
24													
25	.068					7.5		1.3					
26	.015					7.6		1.6					
27	.020					7.4		1.0					
28	.022					7.3		0.9					
29	.015					7.5		0.9					
30													
31													

PLANT STAFFING:			
Day Shift Operator	Class: B	Certificate No:8937	Name: Steve Fuller
Evening Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: A_	Certificate No: 9139	Name: David Rodriguez
Type of Effluent Dispos	al or Reclaimed Wa	ter Reuse: (2) Percolation/Evaporation	<u>Ponds</u>
Limited Wet Weather D	ischarge Activated.	Yes: ☐ No: X Not Applicable: If	ves cumulative days of wet weather

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

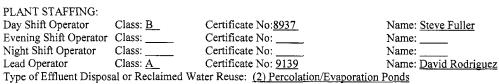
Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 10/2004

Three month Average Daily Flow: 0.023 (TMADF/Permitted Capacity )x100: 153%

Rosalie Oaks WWTF

_	Rosalie Oaks WWTF												
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate				
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620				
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646				
1	.060					7.6		0.9					
2	.017			V		7.4		0.9					
3	.014					7.4		0.9					
4	.020					7.4		3.0					
5.	.020					7.4		2.0					
6													
7													
8	.050					7.5		1.0					
9	.011	2.0		5.9		7.6	72.0	0.6	11.0				
10	.021					7.4		1.3					
11	.018					7.4		1.3					
12	.017					7.6		1.7					
13													
14									Ţ				
15	.045					7.6		1.7					
16	.016					7.3		1.0					
17	.017					7.4		0.8					
18	.015				,	7.3		0.9					
19	.012					7.3		1.0					
20													
21													
22	.048					7.3		0.6					
23	.017					7.4		0.7					
24	.015					7.4		0.7					
25	.017					7.3		0.9					
26	.015					7.3		0.9					
27													
28													
29	.045					7.3		0.6					
30	.015					7.4		0.8					
31													



Limited Wet Weather Discharge Activated: Yes: No: X Not Applicable: If yes, cumulative days of wet weather \_\_\_\_ \*Attach additional sheets if necessary to list all certified operators.

## 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

PERMITEE NAME: Donald J. Clayton, President

Crystal River Utilities, Inc

6960 Professional Parkway East, Suite 400 MAILING ADDRESS:

Sarasota, FL 34240

MONITORING PERIOD

PERMIT NUMBER:

From: 11/1/2004 To: 11/30/04

FLA011045-001-DW3P

LIMIT:

Final

R001

CLASS SIZE: N/A THREE MONTH AVERAGE DAILY FLOW: 0.023

153 % of capacity

REPORT: Monthly GROUP: Domestic

WAFR NUMBER: 37258

FACILITY: Rosalie Oaks WWTF LOCATION:

Camp Mack Road and Silver Oaks Drive

11 miles East of Lake Wales, FL

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: [ ]

COUNTY: Polk

		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type	
Parameter								1				
Flow	Sample Measurement	0.014		MGD					0	Monthly	Calculated Rolling Annual Average	
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.	
Flow	Sample Measurement	0.017		MGD					0	Monthly	Elapsed Time Meters	
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters	
CBOD5	Sample Measurement				3.3			mg/L	0	Monthly	Calculated Rolling Annual Average	
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.	
CBOD5	Sample Measurement				2.0		2.0	mg/L	0	Monthly	Grab	
PARM Code 80082 1 Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)	- 10 A	60.0 (Max)	mg/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.8			mg/L	0	Monthly	Calculated Rolling Annual Average	
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.) ⊤∉			mg/L		Report Monthly	Calculated-Roll-An Avg	
Solids, Total Suspended	Sample Measurement				5.9		5.9	mg/L	0	Monthly	Grab	
PARM Code 00530 1 Mon Site No EFB-01-06646	Permit Requirement		- 197 3	******	30.0 (Mo Avg.)	d d	60.0 (Max)	mg/L		Monthly	Grab	
pH	Sample Measurement				7.3		7.6	S.U.	0	5X/Week	Grab	
PARM Code 00400  Mon Site No EFA-01-06646  Calculated Rolling Annual Average is the average.	Permit Requirement		-1 B-3		6.0 (Min)		8:5 (Max)	S.U.	EL E	5x/Week	Grab	

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an 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 AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	

FACILITY NAME MONTH/YEAR:

FACILITY NAME: Rosalie Oaks WWTF

11/2004

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type	
Coliform, Fecal		Sample Measurement	-			72.0		72.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-01-06646	Y	Permit Requirement	- 1. ** 			Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal		Sample Measurement				61				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 Mon Site No EFA-01-06646	I	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)		Sample Measurement				0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 Mon Site No EFA-01-06646	I	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate		Sample Measurement						11.0	mg/L	2	Monthly	Grab
PARM Code 00620 Mon Site No EFA-01-06646	I	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5		Sample Measurement		· · · · · ·		142.0			mg/L	0	Annual	Grab
PARM Code 80082 Mon Site No INF-01-06645	G	Permit Requirement				Report (FEB) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended		Sample Measurement				118.0		·	mg/L	0	Annual	Grab
PARM Code 00530 Mon Site No INF-01-06645	G	Permit Requirement				Report (FEB) Annual Sample			mg/L		Annual (February)	Grab

## 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

LIMIT:

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

Crystal River Utilities, Inc 6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 12/1/04

Final

R001

To: 12/31/04

Sarasota, FL 34240

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

CLASS SIZE: N/A THREE MONTH AVERAGE DAILY FLOW: 0.019

LOCATION:

Camp Mack Road and Silver Oaks Drive

DISCHARGE POINT NUMBER:

126 % of capacity GROUP: Domestic

11 miles East of Lake Wales, FL

WAFR NUMBER: 37258

COUNTY:

Polk

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: [ ]

		Quantity	Quantity or Loading Units Quality or Concentration					Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter				<u> </u>							ļ.
Flow	Sample Measurement	.015		MGD					0	Monthly	Calculated Rolling Annua Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	.018		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.3			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				4.3		4.3	mg/L	0	Monthly	Grab ·
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30,0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.3			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				6.8		6.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L	2.7	Monthly	Grab -
pH	Sample Measurement				7.1		7.6	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement				6.0 (Min)		8.5 (Max)	S.u	10.00	5x/Week	Grab:

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an 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 AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	05/01/05

## **DISCHARGE MONITORING REPORT – PART A (CONTINUED)**

FACILITY NAME: Rosalie Oaks WWTF

MONTH/YEAR:

Rosalie Oaks WWTI 12/04 PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR - 37258

Parameter		Quantity	or Loading	Units	Quality or Concentration Units No Ex.					Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				4.0		3.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				62				0	Monthly	Calculated Rolling Annua Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab.
Nitrate	Sample Measurement						1.5	mg/L	2	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				142.0			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report (Feb ) Annual Sample			mg/L		Annual (February)	Gráb
Solids, Total Suspended	Sample Measurement				118.0			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report (Feb ) Annual Sample			mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Three month Average Daily Flow: .018 (TMADF/Permitted Capacity)x100: 126%

Month/Year: 12/04

	la esta esta esta esta de la constancia de				Rosalie Oaks			I	T
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	.013					7.4			.8
2	.011					7.1			3.5
3	.020					7.3			3.5
4									
5						-			
6	.048					7.5			2.2
7	.012					7.6			1.6
8	.015	4.3		6.8		7.4	4.0		1.51.5
9	.020					7.4			1.2
10	.013					7.5			1.2
11									
12									
13	.048					7.6			3.0
14	.015					7.5			2.2
15	.013					7.4			1.9
16	.015					7.4			1.8
17	.013					7.3			1.8
18									
19									
20	.045					7.4			1.1
21	.015					7.3			1.7
22	.016					7.3	_		1.8
23	.015					7.3			1.8
24	.015					7.4			1.8
25	-								
26									
27	.090					7.5			.7
28	.021					7.6			1.8
29	.029					7.6			1.7
30	.024					7.6			2.5
31	.032					7.6	·		2.2

PLANT STAFFING:			
Day Shift Operator	Class: B	Certificate No: 8937	Name: Steve Fuller
Day Shift Operator	Class	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: A_	Certificate No: 9139	Name: David Rodriguez
Type of Effluent Dispo	sal or Reclaimed	Water Reuse: (2) Percolation/E	vaporation Ponds

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

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

Version 07/9/99

PERMIT NUMBER:

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

PERMITEE NAME:

Donald J. Clayton, President

FLA011045-001-DW3P

MAILING ADDRESS:

Crystal River Utilities, Inc

MONITORING PERIOD

From: 1/1/05

To: 1/31/05

6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

11 miles East of Lake Wales, FL

LIMIT:

Final N/A

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

CLASS SIZE: THREE MONTH AVERAGE DAILY FLOW: 0.020

133 % of capacity GROUP: Domestic

LOCATION:

Camp Mack Road and Silver Oaks Drive

DISCHARGE POINT NUMBER:

WAFR NUMBER: 37258

R001

COUNTY:

Polk

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: [ ]

		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter						, ,					
Flow	Sample Measurement	.016		MGD		,			0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD					V	Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	.025		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD			7. 17. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14			5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.3			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg
CBOD5	Sample Measurement				2.0		2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Ayg.)	¥	60.0 - (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.5			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)	All Page		.mg/L		Report Monthly	Calculated-Roll-An Avg
Solids, Total Suspended	Sample Measurement				2.8		2.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)	7	60.0 (Max)	, mg/L		Monthly	Grab
рН	Sample Measurement				6.8		7.6	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement				6:0 (Min)		8.5 (Max)	s.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an 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 AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Senior Facility Operator		863-858-2504	05/02/03

## DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF

MONTH/YEAR:

Rosalie Oaks WV

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR - 37258

Parameter		Quantity (	or Loading	Units	Qu	ality or Concentral	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				14.0		14.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement			in di Walio Georgia	Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				121				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L;	7.2	5x/Week	Grab
Nitrate	Sample Measurement						1.3	mg/L	2	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				142.0			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report ( Feb ) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				118.0			mg/L	0	Annuai	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report ( Feb ) Annual Sample			mg/L /		Annual (February)	Grab

FLA011045-001-DW3P (R001 To Percolation ponds) Permit Number:

Three month Average Daily Flow: .020 (TMADF/Permitted Capacity)x100: 133%

Month/Year: 1/05

Flow (MGD) 50050	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform	TRC (For Disinfect)	Nitrate
						Bacteria (#/100ml)	(mg/L)	
D-11 022.2	80082	80082	00530	00530	00400	74055	50060	00620
INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
							<u> </u>	
.021	2.0U		2.8		7.4	14.0	2.0	1.3
.024					7.3		1.4	
.032					7.4		2.8	
.027					7.4		2.5	
.069					7.6		2.5	
.018					7.5		2.0	
.031					7.4		1.7	
.015					7.4		1.0	
					7.4		1.2	
.100					7.5		1.3	
							+	
							<b>.</b>	
.074					7.3		0.7	
				<del> </del>			<del> </del>	<u> </u>
							-	
.043					1.2		2.2	
072					7.2		1.0	
	.024 .032 .027	.021	.021	.021	.021     2.0U     2.8       .024     .032       .027     .069       .018     .031       .031     .015       .031     .032       .032     .032       .025     .029       .018     .025       .029     .018       .023     .023	.021         2.0U         2.8         7.4           .024         7.3         7.4           .032         7.4         7.4           .027         7.4         7.4           .018         7.5         7.5           .031         7.4         7.4           .031         7.4         7.4           .031         7.4         7.4           .032         7.4         7.4           .025         7.4         7.3           .029         7.2         6.8           .029         7.2         7.2           .018         6.8         6.8           .023         7.2         7.2	.021     2.0U     2.8     7.4     14.0       .024     7.3     7.4       .032     7.4     7.4       .027     7.4     7.4       .069     7.6     7.5       .018     7.5     7.4       .031     7.4     7.4       .031     7.4     7.5       .032     7.4     7.3       .029     7.3     7.2       .018     6.8     7.2       .023     7.2     7.2	.021         2.0U         2.8         7.4         14.0         2.0           .024         7.3         1.4           .032         7.4         2.8           .027         7.4         2.5           .069         7.6         2.5           .018         7.5         2.0           .031         7.4         1.7           .015         7.4         1.0           .031         7.4         1.2           .002         7.4         1.1           .032         7.4         1.6           .025         7.4         1.0           .029         7.3         0.8           .074         7.3         0.7           .025         6.8         0.6           .029         7.2         1.9           .018         6.8         3.0           .023         7.2         2.2

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Day Shift Operator Day Shift Operator

Class: B Class:

Certificate No: 8937 Certificate No:

Name: Steve Fuller

Night Shift Operator

Class:

Certificate No:

Name: Name:

Lead Operator

Class: A

Certificate No: 9139

Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

Limited Wet Weather Discharge Activated: Yes: No: X

Not Applicable: If yes, cumulative days of wet weather \_\_\_\_

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

Crystal River Utilities, Inc 6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 2/1/05

To: 2/28/05

Sarasota, FL 34240

LIMIT:

CLASS SIZE:

Final N/A

R001

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

THREE MONTH AVERAGE DAILY FLOW: 0.021

140 % of capacity GROUP: Domestic

LOCATION:

Camp Mack Road and Silver Oaks Drive

DISCHARGE POINT NUMBER:

WAFR NUMBER: 37258

Sample Type

11 miles East of Lake Wales, FL

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Polk

NO DISCHARGE FROM SITE: [ ]

Quantity or Loading Units Quality or Concentration Units No Frequency/ Ex. Analysis

Parameter									1	
Flow	Sample Measurement	.016	MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)	MGD						Report Monthly	Calculated-Roll-An Avg:
Flow	Sample Measurement	.021	MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)	MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement			3.1			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement			20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg
CBOD5	Sample Measurement			3.2		3.2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement			30.0 (Mo Avg.)		60,0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.5			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement			20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement			3.5		3.5	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement		55	30.0 '(Mo Avg.)	Tarji.	60.0 (Max)	mg/L		Monthly	Grab :
рН	Sample Measurement			7.0		7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement			6;0 (Min)		8.5 (Max)	s,u	3-3	5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an 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 AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	ENT TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Senior Facility Operator		863-858-2504	04/08/28

## DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF 2/05

MONTH/YEAR:

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR - 37258

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				9.0				0	Monthly	Calculated Rolling Annua Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						0.19	mg/L	2	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab∉
CBOD5	Sample Measurement				130.0	***		mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report ( Feb ) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				100.0			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report (Feb ) Annual Sample			mg/L		Annual (February)	Grab

FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 2/05

Three month Average Daily Flow: .021 (TMADF/Permitted Canacity)x100: 140%

	(IMADF/Permitted	Capacity)X100:	140
Rosalie Oaks WWTF			

_				*	Rosalie Oaks	WWIF		,	
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	0.019	3.2	130.0	3.5	100.0	7.1	1.0U	1.5	0.19
2	0.021					7.0		1.9	
3	0.024					7.1		2.5	
4	0.022					7.2		2.2	
5						-			
6									
7	0.074					7.3		1.9	
8	0.017					7.4		2.5	
9	0.024					7.4		3.0	
10	0.019					7.3		3.0	
11	0.021					7.1		2.5	
12									
13									
14	0.067					7.3		1.9	
15	0.019					7.0		2.5	
16	0.022					7.2		2.2	,
17	0.019					7.0		2.7	
18	0.018					7.2		2.2	
19									
20									
21	0.057					7.3		1.8	
22	0.013					7.0		2.6	
23	0.016					7.2		1.9	
24	0.015					7.0		2.8	
25	0.020					7.0		2.5	
26									
27									
28	0.085					7.1		1.8	

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Day Shift Operator

Day Shift Operator

Class: B Class:

Certificate No: 8937 Certificate No:

Name: Steve Fuller Name:

Night Shift Operator

Class: \_ Class: A\_ Certificate No: Certificate No: 9139 Name:

Name: David Rodriguez Lead Operator Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

Limited Wet Weather Discharge Activated: Yes: No: X

Not Applicable: If yes, cumulative days of wet weather \_\_\_\_

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

Crystal River Utilities, Inc

6960 Professional Parkway East, Suite 400

MONITORING PERIOD

From: 3/1/05

To: 3/31/05

Sarasota, FL 34240

LIMIT:

Final

CLASS SIZE:

N/A

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

11 miles East of Lake Wales, FL

DISCHARGE POINT NUMBER:

THREE MONTH AVERAGE DAILY FLOW: 0.025

166% of capacity GROUP: Domestic

LOCATION:

Camp Mack Road and Silver Oaks Drive

WAFR NUMBER: 37258

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: [ ] COUNTY:

		Quantity	or Loading	Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter									<u> </u>		101111111111111111111111111111111111111
Flow	Sample Measurement	.018		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD						Report Monthly	Calculated-Roll-An Avg
Flow	Sample Measurement	.030		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.3			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				4.5		4.5	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement			16 A	30.0 (Mo Avg.)	Service Constitution	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.1			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)		State 1	mg/L		Report Monthly	Calculated-Roll-Au Avg.
Solids, Total Suspended	Sample Measurement				10.0		10.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
рН	Sample Measurement				6.8		7.5	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

1 certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

submitted information is true, accurate an complete. I am aware that there are significan	t penalties for submitting faise information including the possibility of fine and imprisonmen	ll		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD	
David Rodriguez A-9139, Chief Operator		863-858-2504	05/04/06	

## DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR - 37258

MONTH/YEAR:

<u>3/05</u>

Parameter		Quantity	or Loading	Units	Qu	ality or Concentrat	ion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0		1.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				62.0				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)				1	Report Monthly	Calculated-Róll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L	V.	5x/Week	Grab
Nitrate	Sample Measurement						0.15	mg/L	2	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				130.0			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report (Feb ) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				100.0			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report ( Feb ) Annual Sample			mg/L		Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 3/05

Three month Average Daily Flow: .025

(TMADF/Permitted Capacity)x100: 166%

Rosalie	Oaks	WWTF

_					Rosalie Oaks	WWTF			
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	0.024	4.5	130.0	10.0	100.0	7.3	1.0U	2.4	0.15
2	0.029					7.4		1.8	
3	0.029					7.0		2.6	
4	0.031					7.3		2.5	
5									
6									
7	0.071					7.5		2.2	
8	0.020					7.0		2.0	
9	0.024					7.3		1.7	
10	0.031					7.4		1.8	
11	0.030					7.2		1.8	
12			_						
13									
14	0.071					7.5		0.7	
15	0.017					6.8		0.7	
16	0.032					7.1		0.8	
17	0.019					7.0		2.0	
18	0.064			- "		7.4		3.0	
19									
20									
21	0.095					7.4		0.9	
22	0.044					6.8		0.7	
23	0.044					7.2		0.9	
24	0.029					6.8		0.6	
25	0.043					7.0		0.7	
26									
27									
28	0.089					7.2		1.2	
29	0.018					7.0		0.7	
30	0.032					7.4		0.8	
31	0.017					7.0		1.0	

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Day	Shift	Operator
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Day Shift Operator Night Shift Operator

Class:	

Certificate	No:	

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Lead Operator

Class:	
Class:	<u>A_</u>

Certificate No: Certificate No: 9139 Name:

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

Limited Wet Weather Discharge Activated: Yes: No: X

Name: David Rodriguez

Not Applicable: If yes, cumulative days of wet weather \_\_\_\_\_

Class: B

Certificate No: 8937

Name: Steve Fuller

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

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

PERMITEE NAME:

Donald J. Clayton, President Crystal River Utilities, Inc

PERMIT NUMBER:

FLA011045-001-DW3P

**MAILING ADDRESS:** 

6960 Professional Parkway East, Suite 400

MONITORING PERIOD LIMIT:

From: 4/1/05

To: 4/30/05

Sarasota, FL 34240

CLASS SIZE:

Final N/A

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTF

THREE MONTH AVERAGE DAILY FLOW: 0.025

166% of capacity GROUP: Domestic

LOCATION:

R001 DISCHARGE POINT NUMBER:

WAFR NUMBER: 37258

Camp Mack Road and Silver Oaks Drive 11 miles East of Lake Wales, FL

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: [ ]

Polk

COUNTY:

		Quantity	or Loading	Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter								ļ			
Flow	Sample Measurement	.018		MGD					0	Monthly	Calculated Rolling Annual Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD	(2) 10 10 10 10 10 10 10 10 10 10 10 10 10					Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	.018		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement				3.4			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement			3 A O	20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
CBOD5	Sample Measurement				5.0		5.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.6			mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L	7.5	Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				6.9		6.9	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
рН	Sample Measurement	<u> </u>			7.0		7.6	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an 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 AGEN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	05/04/06

## **DISCHARGE MONITORING REPORT – PART A (CONTINUED)**

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR:

4/05

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR - 37258

Parameter		Quantity (	or Loading	Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				8.0		8.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				9.0				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			mg/L	0	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						1.9	mg/L	2	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				130.0			mg/L	0	Annual	Grab
PARM Code 80082 G Mon Site No INF-01-06645	Permit Requirement				Report (Feb ) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement				100.0			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report ( Feb ) Annual Sample			mg/L		Annual (February)	Grab

FLA011045-001-DW3P (R001 To Percolation ponds) Permit Number:

Three month Average Daily Flow: .023

Month/Year: 4/05

(TMADF/Permitted Capacity)x100: 153%

Rosalie (	Oaks 🛚	W	W	7	F
-----------	--------	---	---	---	---

					Rosalie Oaks	WWTF			140
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646
1	0.033					7.3		1.0	
2									
3									
4	0.069					7.5		0.9	
5	0.020	5.0		6.9		7.4	8.0	0.9	1.9
6	0.024				,	7.2		0.8	
7	0.026					7.5		0.8	
8	0.021					7.3		0.7	
9									
10									
11	0.060					7.4		2.0	
12	0.017					7.2		0.7	
13	0.022					7.0		0.8	
14	0.014					7.3		0.9	
15	0.017					7.4		0.8	
16									
17									
18	0.058					7.6		1.0	
19	0.014					7.0		0.9	
20	0.015					7.3		1.0	
21	0.013					7.0		0.6	
22	0.020					7.4		0.7	
23									
24						:			
25	0.053					7.3		1.1	
26	0.011					7.0		1.5	
27	0.018					7.2		1.4	
28	0.019					7.5		2.0	
29	0.020					7.3		1.7	
30									
31									



Day Shift Operator Class: B Certificate No: 8937 Name: Steve Fuller Day Shift Operator Certificate No: \_ Name: Class: Class: Certificate No: Name: Night Shift Operator Lead Operator Class: A Certificate No: 9139 Name: David Rodriguez

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Percolation/Evaporation Ponds

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

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

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

PERMITTEE NAME: Aqua Utilities Florida

PERMIT NUMBER

CLASS SIZE:

FLA011045

MAILING ADDRESS: 6960 Professional Parkway East

Sarasota, FL 34240

LIMIT:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Rosalie Oaks WWTP

Camp Mack Road & Silver Oaks Drive

Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

two percolation, including Influent

COUNTY:

Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD

To 5/31/05

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.019		MGD				,	1	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)		MGD						Monthly	Calculated
Flow	Sample Measurement	0.019		MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Weck	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly.	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.5			MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				5.6			MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Ayg.)	60:0 (Max.)	9	MG/L		Monthly	Grab

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT David Rodriguez, A-9139, Senior Facility Operator (863)585-2504

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

#### **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 5/1/05

PERMIT NUMBER: FLA011045

To 5/31/05

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				6.8	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			-	9.2		·	#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement				1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8		**-		0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.7			MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	0.022		MGD					1	Monthly	Calculated
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)		MGD			10.2			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement				146%			PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon Site No. OTH-01	Permit Requirement				Report (Mo.Total)		- P	PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
	Permit Requirement	19.7 - 19.9 - 21. 24.2 - 22.2 - 22.2	ere ere		Report			MG/L		Annual Each January	Grab
	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement		( s = 1 )	77.455 Th	Report			MG/L		Annual Each January	Grab
	Sample Measurement	0						Gallons	0 .	Monthly	Calculated
PARM Code 49019 P. Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)						Gallons		Monthly	Calculated

Permit Number: Monitoring Period FLA011045 From: 5/1/05

To: 5/31/05

Facility:

Rosalie Oaks WWTP R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1								
2	0.053	·			7.2	1.6		0
3	0.016	2.0U	5.6	1.0U	7.4	1.2	5.7	0
. 4	0.019				7.5	1.4		0
- 5	0.038	-			7.0	1.5		0
6	0.026				7.2	2.0		0
7								
- 8								
9	0.064				7.0	1.4		0
10	0.013				7.0	1.0		0
11	0.025				7.3	1.3		0
12	0.013				7.0	1.0		0
13	0.019				7.2	0.8		0
14								
15								
16	0.052				7.1	1.0		0
17	0.012				7.0	1.3		0
18	0.018				7.3	1.4		0
19	0.012				7.0	1.0		0
20	0.016				7.4	1.6		0
21								
22								
23	0.040				7.1	2.0		0
24	0.024				7.0	2.5		0
25	0.015				7.2	2.2		0
26	0.023				6.8	1.3		0
27	0.019				7.1	1.5		0
28					1			
29			***************************************					
30	0.056				7.2	1.8		0
31	0.016				7.0	0.9		0
Total	0.0589				157.0	31.7		0
Mo. Avg.	0.019				7.1	1.4		0

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	8937	Name:	Steve Fuller
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	A	Certificate No:	9139	Name:	David Rodriguez

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

PERMITEE NAME:

Donald J. Clayton, President

PERMIT NUMBER:

FLA011045-001-DW3P

MAILING ADDRESS:

Crystal River Utilities, Inc

6960 Professional Parkway East, Suite 400

MONITORING PERIOD LIMIT:

From: 6/1/05

To: 6/30/05

Sarasota, FL 34240

CLASS SIZE:

Final N/A

R001

**REPORT: Monthly** 

FACILITY:

Rosalie Oaks WWTF

THREE MONTH AVERAGE DAILY FLOW: 0.025

166 % of capacity

GROUP: Domestic

LOCATION:

Camp Mack Road and Silver Oaks Drive

DISCHARGE POINT NUMBER:

WAFR NUMBER: 37258

11 miles East of Lake Wales, FL

PLANT SIZE/TREATMENT TYPE:

COUNTY:

NO DISCHARGE FROM SITE: [ ]

Polk

		Quantity or Loading Un		Units	Qu	ality or Concentra	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Parameter				ļ			T		ļ		Calculated Rolling Annua
Flow	Sample Measurement	0.022		MGD					0	Monthly	Average
PARM Code 50050 Y Mon Site No INF-01-06645	Permit Requirement	0.015 (An Avg.)		MGD				7.1		Report Monthly	Calculated-Roll-An Avg.
Flow	Sample Measurement	0.039		MGD					0	Monthly	Elapsed Time Meters
PARM Code 50050 I Mon Site No INF-01-06645	Permit Requirement	Report (Mo Avg.)		MGD						5x/Week	Elapsed Time Meters
CBOD5	Sample Measurement	8.7			3.2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mg/L	0	Monthly	Calculated Rolling Annual Average
PARM Code 80082 Y Mon Site No EFA-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg
CBOD5	Sample Measurement				6.3		6.3	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No EFA-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.9			mg/L	0	Monthly	Calculated Rolling Annua Average
PARM Code 00530 Y Mon Site No EFB-01-06646	Permit Requirement				20.0 (An Avg.)			mg/L		Report Monthly	Calculated-Roll-An Avg.
Solids, Total Suspended	Sample Measurement				4.8		4.8	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No EFB-01-06646	Permit Requirement				30.0 (Mo Avg.)		60.0 (Max)	mg/L		Monthly	Grab:
рН	Sample Measurement				6.8		7.3	S.U.	0	5X/Week	Grab
PARM Code 00400 I Mon Site No EFA-01-06646	Permit Requirement				6.0 (Min)	The second second	8.5 (Max)	s.ů		5x/Week	Grab

Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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 an complete. Lam aware that there are significant penalties for submitting false information including the nossibility of fine and imprisonment

submitted information is true, accurate an complete. I am aware that more are significan	t penantes for submitting taise unormation metading the possibility of this tail imprisonmen	15,	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
David Rodriguez A-9139, Chief Operator		863-858-2504	

## DISCHARGE MONITORING REPORT – PART A (CONTINUED)

FACILITY NAME: Rosalie Oaks WWTF MONTH/YEAR:

6/2005

PERMIT NUMBER: FLA011045-001DW3P

DISCHARGE POINT NUMBER: R001

WAFR - 37258

Parameter		Quantity (	or Loading	Units	Qu	ality or Concentrat	tion	Units	No Ex.	Frequency/ Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0		3.0	#100 ml	0	Monthly	Grab
PARM Code 74055 Y Mon Site No EFA-01-06646	Permit Requirement				Report Mo.Geo.Mean		800 (Max)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				9.2				0	Monthly	Calculated Rolling Annual Average
PARM Code 74055 I Mon Site No EFA-01-06646	Permit Requirement				200 (An Avg.)					Report Monthly	Calculated-Roll-An Avg.
Total Residual Chlorine (For Disinfection)	Sample Measurement		-		0.8			mg/L	Q.	5X/Week	Grab
PARM Code 50060 I Mon Site No EFA-01-06646	Permit Requirement				0.5 (Min)			mg/L		5x/Week	Grab
Nitrate	Sample Measurement						2.8	mg/L	2	Monthly	Grab
PARM Code 00620 I Mon Site No EFA-01-06646	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				130.0			mg/L	0	Annual	Grab
PARM Code 80082 G -Mon-Site No INF-01-06645	Permit Requirement		i de la composición dela composición de la composición dela composición de la compos		Report (FEB) Annual Sample			mg/L		Annual (February)	Grab
Solids, Total Suspended	Sample Measurement	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			100.0			mg/L	0	Annual	Grab
PARM Code 00530 G Mon Site No INF-01-06645	Permit Requirement				Report (FEB) Annual Sample			mg/L		-Annual (February)	Grab

Permit Number: FLA011045-001-DW3P (R001 To Percolation ponds)

Month/Year: 6/2005

Three month Average Daily Flow: 0.025 (TMADF/Permitted Capacity )x100: 166%

Rosalie Oaks WWTF

			-	Rosalie Oaks WWTF						
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS(mg/L)	pH (Min Max)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate	
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	
Mon Site	INF-06645	EFA-06646	INF-06645	EFA-06646	INF-06645	EFA-06646	EFA-06646	EFA-06646	EFA-06646	
1	.021					7.0		1.0		
2	.036					7.0		0.8		
3	.028					7.2		0.9		
4										
5										
6	.169					7.3		0.8		
7	.025	6.3		4.8		7.0	1.0	2.0	2.8	
8	.095					7.1		2.0		
9	.034					7.2		1.8		
10	.055					7.0		1.8		
11										
12										
13	.153					6.9		1.0		
14	.036					7.0		1.0		
15	.048					6.9		1.0		
16	.031					6.8		1.1		
17	.047	<u> </u>				6.9		0.9		
18										
19										
20	.090					6.9		0.8		
21	.022					7.0		0.8		
22	.030					7.0		0.7		
23	.036					7.1		1.7		
24	.040					6.9		1.8		
25										
26										
27	.092					7.0		1.5		
28	.027					7.1		1.2		
29	.031					7.3		1.0		
30	.026					7.0		1.0		
31										

PLANT STAFFING:			
Day Shift Operator	Class: B	Certificate No:8937	Name: Steve Fuller
Evening Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: A_	Certificate No: 9139	Name: David Rodriguez
Type of Effluent Dispos	al or Reclaimed Wa	ter Reuse: (2) Percola	tion/Evaporation Ponds
Limited Wet Weather D	ischarge Activated:	Yes: □ No: X	of Applicable: If yes, cumulative days of wet weather

<sup>\*</sup>Attach additional sheets if necessary to list all certified operators.

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

PERMITTEE NAME: Aqua Utilities Florida

PERMIT NUMBER

FLA011045

MAILING ADDRESS: 6960 Professional Parkway East

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Rosalie Oaks WWTP

Camp Mack Road & Silver Oaks Drive

Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

two percolation, including Influent

COUNTY:

Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/05

7/31/05

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023		MGD					1	Monthly	Calculated
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)		MGD						Monthly	Calculated
Flow	Sample Measurement	0.023		MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		<u> </u>		7.6	7.6		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3			MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			, MG/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		or and a second of the second	. Anii.	6.4	6.4		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YY/MM/DD) David Rodriguez Senior Facility Operator

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

## **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 7/1/05

PERMIT NUMBER: FLA011045 To 7/31/05

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				6.8	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		,SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				31.6			#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An Avg.)			#/100MIL		Monthly	Calculated
Coliform, Fecal	Sample Measurement				270			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.11			MG/L .	. 0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			MG/L	31	Monthly	. Grab
Flow	Sample Measurement	0.027		MGD				·	1	Monthly	Calculated
	Permit Requirement	0.015 (3-Mo.Avg.)		MGD						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement				180			PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon Site No. OTH-01	Permit Requirement				Report (Mo.Total)			PER- CENT		Monthly	Calculated
•	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Requirement				Report			MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report	64 96 (20)		MG/L	\$ 100 mg	Annual Each January	Grab
Sludge Production, Total	Sample Measurement	0						Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)						Gallons		Monthly	Calculated

Permit Number: Monitoring Period FLA011045 From: 7/1/05

To: 7/31/05

Facility:

Rosalie Oaks WWTP R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	.038				7.0	1.0		0
2								
3								
4	.116				7.1	0.9		0
5	.021	7.6	6.4	270.0	7.0	1.2	0.11	0
6	.033				6.9	1.2		0
7	.023				7.0	1.0		0
8	.020				7.0	1.0		0
9								
10								
11	.084				7.1	0.7		0
12	.023				7.0	0.7		0
13	.028				7.1	2.0		0
14	.025				7.0	1.5		0
15	.023				6.9	1.6		0
16								
17								
18	.068				7.1	1.8		0
19	.021				7.0	1.5		0
20	.023				7.1	1.5		0
21	.018				7.0	1.7		0
22	.020				6.9	1.8		0
23								
24								
25	.062				6.8	1.3		0
26	.019				7.0	1.1		0
27	.017				7.1	1.2	,	0
28	.020				7.3	1.0		0
29	.018				7.1	0.7		0
30								
31								
Total	0.720							
Mo. Avg.	0.023				7.0	1.2		0

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	8937	Name:	Steve Fuller
Evening Shift Operator	Class:		Certificate No:		Name:	·
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	A	Certificate No:	9139	Name:	David Rodriguez

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

PERMITTEE NAME: Aqua Utilities Florida Sarasota, FL 34240

PERMIT NUMBER

FLA011045

MAILING ADDRESS: 6960 Professional Parkway East

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Rosalie Oaks WWTP

Camp Mack Road & Silver Oaks Drive

Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

two percolation, including Influent

COUNTY:

Polk

NO DISCHARGE FROM SITE: MONITORING PERIOD

From: 8/1/05

8/31/05 To

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ration Units			Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.024		MGD					0	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An Avg.)		MGD						Monthly	Calculated
Flow	Sample Measurement	0.028		MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD					Salar Salar	5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5			MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<b>2.0</b> U			MG/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.4			MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement			6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	20.0 ' (An:Avg.)			.MG/L		Monthly	Ćalculated
Solids, Total Suspended	Sample Measurement				3.6			MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	The second of the con-	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

# David Rodriguez, Senior Facility Operator

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

#### **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 8/1/05

PERMIT NUMBER: FLA011045

To 8/31/05

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.0	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8,5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				31.5			#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML	rien. Part	Monthly	Calculated
Coliform, Fecal	Sample Measurement				4.0			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6				0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.8			MG/L	0	Monthly	Grab
PARM Code 00620 A Mon Site No. EFA-01	Permit Requirement				12,0 (Max.)			MG/L:		Monthly	Grab
Flow	Sample Measurement	0.023		MGD					1	Monthly	Calculated
PARM Code 50050 P Mon Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)		MGD .			Alexander (			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement				153%			PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement				Report (Mo.Total)			PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		(	MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Requirement				Report			MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report			MG/L		Annual Each January	'Grab
Sludge Production, Total	Sample Measurement	0						Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)	e de la companya de			an management ya kapinak	alkonori Ar Xiyasi is	Gallons		Monthly	Calculated

Permit Number: Monitoring Period

FLA011045 From: 8/1/05

To: 8/31/05

Facility:

Rosalie Oaks WWTP R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	.057				7.4	1.4		0
2	.014	2.0U	3.6	4.0	7.3	1.5	7.8	0
3	.019				7.2	1.3		0
4	.019				7.2	1.8		0
5	.034				7.3	1.5		0
6								
7								
8	.089				7.0	1.0		0
9	.038				7.1	1.2		0
10	.026				7.1	0.9	<del>                                     </del>	0
11	.047				7.3	0.8		0
12	.025				7.3	0.8		0
13								
14								-
15	.083				7.5	0.7		0
16	.032		<del></del>		7.3	0.7		0
17	.028	<u></u>	<u> </u>		7.2	0.6		0
18	.020				7.3	1.7		0
19	.022				7.3	1.8		0
20				<u> </u>		-		
21				<u> </u>				
22	.061				7.1	1.5		0
23	.020				7.1	0.8		0
24	.020				7.2	1.0		0
25	.018				7.0	1.3	<del> </del>	0
26	.023	1			7.2	1.2		0
27				1	-		<u> </u>	
28								
29	.095				7.0	1.3	-	0
30	.035			1	7.2	1.0		0
31	.028				7.3	1.8	+	0
Total	0.873	1		<u> </u>			<u> </u>	+
Mo. Avg.	l			<del>                                     </del>	7.2	1.0		0

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	8937	Name:	Steve Fuller
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	Α	Certificate No:	9139	Name:	David Rodriguez

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

PERMITTEE NAME: Aqua Utilities Florida

PERMIT NUMBER

FLA011045

MAILING ADDRESS: 6960 Professional Parkway East

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Rosalie Oaks WWTP

Camp Mack Road & Silver Oaks Drive

Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

two percolation, including Influent

COUNTY:

Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 9/1/05 9/30/05

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023		MGD					1	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)		MGD						Monthly	Calculated
Flow	Sample Measurement	0.016		MGD					1	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD				in the second second		5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon Site No. EFA-01	Permit Requirement				20:0 (An.Avg.)			→ MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.8	3.8		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-01	Permit Requirement				30.0 (Mo:Avg:)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.5			MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement			-0.25	20.0 (An.Avg.)			MG/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				6.2	6.2		⊂ MG/L	0	Monthly	Grab
PARM Code 00530 A Mon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	26.	. MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David Rodriguez, Senior Facility Op	perator		

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 9/1/05 PERMIT NUMBER: FLA011045 To 9/30/05

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
pН	Sample Measurement				6.8	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-01	Permit Requirement				6.0 (Min.)	.8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				103.5			#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement		1500+230*1/2=	>>>>>>	865			#/100ML	1	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7				0	5 Days/Week	Grab
PARM Code 50060 A Mon,Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.1			MG/L	0	Monthly	Grab
PARM Code 00620 A Mon Site No. EFA-01	Permit Requirement				12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	0.022		MGD					1	Monthly	Calculated
PARMiCode 50050 P P Mon Site No ELW-01	Permit	0.015 (3-Mo.Avg.)		MGD						Monthly.	Calculated
	Sample Measurement				146%			PER- CENT	1	Monthly	Calculated
PARM Code 00180 P Mon Site No. OTH-01	Permit Requirement	i in	esp. 64.1	100	Report- (Mo.Total)			PER- CENT		_ Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement	-			MNR			MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Requirement			3.5	Report			MG/L	33	Annual Each January	Grab .
Solids, Total Suspended	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Requirement				Report			MG/L	i y ii	Annual  Each January	Grab
Sludge Production, Total	Sample Measurement	0						Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon Site No. OTH-01	Permit Requirement	Report (Mo.Total)						Gallons		Monthly	Calculated

Permit Number: Monitoring Period

FLA011045 From: 9/1/05

To: 9/30/05

Facility:

Rosalie Oaks WWTP R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	.022				6.8	1.0		0
2	.028				6.9	1.0		0
3								
4								
5	.068				7.1	1.4		0 -
6	.014				7.0	1.2		0
7	.024				7.2	0.7		0
8	.013				7.3	0.9		0
9	.019				7.0	0.9		0
10								
11								
12	.045				6.9	0.7		0
- 13	.010	3.8	6.2	865(average)	7.1	0.9	7.1	0
14	.018				7.0	1.2		0
15	.012				7.0	1.5		0
16	.013				6.9	2.0		0
17								
18								
19	.039				6.9	0.8		0
20	.010				7.1	0.8		0
21	.014				7.0	0.8		0
22	.015				7.0	0.8		0
23	.017				6.9	0.9		0
24								
25								
26	.045				7.0	0.7	-,	0
27	.007				7.3	2.5		0
28	.014				7.2	2.5		0
29	.017				7.0	2.5		0
30	.020				7.3	2.0		0
31								<del> </del>
Total	0.484							
Mo. Avg.	L							

PLANT STAFFING: Day Shift Operator	Class:	В	Certificate No:	8937	Name:	Steve Fuller
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	Α	Certificate No:	9139	Name:	David Rodriguez

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

PERMITTEE NAME: Aqua Utilities Florida

PERMIT NUMBER

FLA011045

MAILING ADDRESS: 6960 Professional Parkway East

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Rosalie Oaks WWTP

Camp Mack Road & Silver Oaks Drive

Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

two percolation, including Influent

COUNTY:

Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: 10/1/05 To

10/31/05

Parameter		Quantity o	or Loading	Units	ts Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023		MGD					1	Monthly	Calculated
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)		MGD						Monthly	: Calculated
Flow	Sample Measurement	0.019		MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6			MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An.Ayg.)			MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon-Site No. EFA-01	Permit Requirement,				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.5			MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon Site No. EFA-01	Permit Réquirement				20.0 (An.Avg.)		70 F. 10 F.	MG/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				3.6	3.6		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo,Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

TELEPHONE NO DATE (YY/MM/DD) NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT David Rodriguez, Senior Facility Operator

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

#### **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 10/1/05 To PERMIT NUMBER: FLA011045 10/31/05

Parameter		Quantity o	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SÚ		5 Days/Week	Grab
Coliform, Fccal	Sample Measurement				104.5			#/100ML	00	Monthly	Calculated
PARM Code 74055 Y Mon,Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement				13.0			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab :
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5				0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-01	Permit Requirement				0.5 (Min.)		78 - 77 - 77 - 78 - 78 - 78 - 78 - 78 -	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.1			MG/L	0	Monthly	Grab
PARM-Code 00620 A Mon Site No. EFA-01	Permit Requirement	terror reconstruction - Section	A CAST CONTRACT OF THE CAST CONTRACT CONTRACT OF THE CAST CONTRACT CO		12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	0.021		MGD	\ \tag{1}				I	Monthly	Calculated
PARM Gode 50050 P Mon Site No FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)		MGD				4.2		Monthly	:Calculated
The state of the s	Sample Measurement				140%	,		PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon Site No. OTH-01	Permit Requirement	t Jan 19			Report (Mo.Total)			PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report			-∉MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Requirement	) 1			Report			≈ MG/L		Annual Each January	Grab ⟩
Sludge Production, Total	Sample Measurement	0						Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)						Gallons		Monthly	Calculated

Permit Number: Monitoring Period FLA011045 From: 10/1/05

To: 10/31/05

Rosalie Oaks WWTP R-001 Facility:

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Ion. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1								
2								
3	.045				7.3	1.6		
4	.013	2.0	3.6	104.5	7.1	1.4	3.1	
5	.024				7.0	1.0		
6	.015				7.1	2.0		<u> </u>
7	.021				7.1	2.2		
8								
9								
10	.051	Ī			7.2	0.5		
11	.015	,			7.3	0.6		
12	.013				7.3	0.5		
13	.011				7.1	0.8		
14	.017	<u> </u>			7.3	0.8		
15								
16								
17	.039				7.4	0.8		
18	.013				7.3	1.5		
19	.012				7.5	1.3		
20	.012				7.1	1.2		
21	.013				7.2	1.6		
22								
23								
24	.075				7.0	1.0		
25	.034				6.9	0.8		
26	.027				6.8	0.7		
27	.034				6.8	0.8		
28	.026	<del>                                     </del>			6.9	0.8		
29		<del></del>						
30	<del> </del>	<del>                                     </del>						
31	.066				7.0	0.7		
Total	0.576	1		1				
	g. 0.019	+	<del></del>	+			<del></del>	<del> </del>

PLANT STAFFING: Day Shift Operator	Class:	В	_ Certificate No:	8937	Name:	Steve Fuller	
Evening Shift Operator	Class:		Certificate No:		Name:		
Night Shift Operator	Class:		_ Certificate No:		Name:		
I ead Operator	Class:	Α	Certificate No:	9139	Name:	David Rodriguez	

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

PERMITTEE NAME: Agua Utilities Florida

PERMIT NUMBER

FLA011045

MAILING ADDRESS: 6960 Professional Parkway East

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY:

Rosalie Oaks WWTP

Camp Mack Road & Silver Oaks Drive LOCATION:

Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

two percolation, including Influent

COUNTY:

Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: 11/1/05

11/30/05

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023		MGD					1	Monthly	Calculated
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0,015 (An,Ayg.)		MGD						Monthly	Calculated
Flow	Sample Measurement	0.019	Market Color Provincian Color Color	MGD			and the state of the Paper of the Lagrange of the State of the Lagrange of the L	3.00	0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon Site No. FLW-01	Permit Requirement	Report (Mo:Avg.)	Art (1) The state of the state	MGD				74.5		5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L	Q.	Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3		,	MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				4.7	4.7		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60,0 (Max.)	de Sie	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT DATE (YY/MM/DD) TELEPHONE NO Steve Fuller Operator III 863-858-2504

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

#### **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 11/1/05 PERMIT NUMBER: FLA011045

Parameter **Quantity or Loading** Units Quality or Concentration Units No. Frequency of Sample Type Analysis Ex. pН Sample 7.0 7.7 SU 0 5 Days/Week Grab Measurement PARM Code 00400 A Permit 6.0 8.5 SU 5 Days/Week Grab Mon.Site No. EFA-01 Requirement (Min.) (Max.) Coliform, Fecal Sample 137 #/100ML Calculated Monthly Measurement PARM Code 74055 Y Permit 200 #/100ML Monthly Calculated Mon.Site No. EFA-01 Requirement (An.Avg.) Coliform, Fecal Sample 940+1\*1/5= 470 #/100ML 0 Grab Monthly Measurement PARM Code 74055 Permit Report 800 #/100ML Monthly. Grab Mon.Site No. EFA-01 Requirement (Mo.Geo.Mean) (Max.) Total Residual Chlorine (For Sample 0.6 5 Days/Week Grab Disinfection) Measurement PARM Code 50060 A Permit 0.5 MG/L 5 Days/Week Grab Mon.Site No. EFA-01 Requirement (Min.) Nitrogen, Nitrate, Total (as N) Sample 1.2 MG/L Monthly Grab Measurement PARM Code 00620 A Permit 12.0 MG/L Monthly Grab" Mon.Sitc No. EFA-01 Requirement (Max.) Flow Sample 0.019 MGD Monthly Calculated Measurement PARM Code 50050 P. Com Permit-0.015 MGD Monthly Calculated Mon Site No. FLW-01" Requirement (3-Mo:Avg.) Percent Capacity, (TMADF/Permit Sample 125% PER-Monthly Calculated Capacity) x 100 Measurement CENT PARM Code 00180 P Permit. Report PER-Monthly Calculated Mon'Site No. OTH-01 Requirement CENT (Mo.Total) BOD, Carbonaceous 5 day, 20C Sample MNR MG/L Annual Grab Measurement Each January PARM Code 80082 G Permit Report MG/L Annual Grab Mon.Site No. INF-01 Requirement Each January Solids, Total Suspended Sample MNR MG/L Annual Grab Measurement Each January PARM Code 00530 Permit Report MG/L Annual Grab Mon.Site No. INF-01 Requirement Each January Sludge Production, Total Sample 0 Gallons Monthly Calculated Measurement PARM Code 49019 P Permit Report Gallons Monthly 1,00 Calculated Mon.Site No. OTH-01 Requirement (Mo.Total)

Permit Number: Monitoring Period FLA011045 From: 11/1/05

To: 11/30/05

Facility:

Rosalie Oaks WWTP R-001

Monto	ing i criod	110m. 11/1	703		10. 11/30/	03	K	-001
	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	0.017	2.0U	4.7	940	7.2	0.6	1.2	0
2	0.027				7.0	0.8		0
3	0.030	·			7.5	3.5		0
4	0.023				7.6	3.1		0
5								
6								
7	0.072				7.5	1.4		0
8	0.018		-	1.0	7.7	3.5		0
9	0.013				7.6	3.5		0
10	0.028			<u> </u>	7.7	2.8		0
11	0.018				7.4	0.9		0
12								
13								
14	0.048				7.5	1.9		0
15	0.022				7.6	2.0		0
16	0.015				7.4	1.4		0
17	0.019				7.6	2.1		0
18	0.015				7.5	2.2		0
19								
20					<u></u>			
21	0.056				7.6	2.2		0
22	0.020	·			7.7	2.2	<u> </u>	0
23	0.018				7.6	2.2		0
24	0.018				7.7	2.2		0
25	0.015				7.6	2.2	-	0
26					<del>                                     </del>			
27			-	:				
28	0.055				7.6	2.2		0
29	0.015				7.7	3.5		0
30	0.019				7.6	2.2		0
31								
Total			1					
			<u> </u>					
Mo. Avg.						1	1	

PLANT STAFFING: Day Shift Operator	Class:	С	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	8937	Name:	Steve Fuller

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

PERMITTEE NAME: Aqua Utilities Florida

PERMIT NUMBER

FLA011045

MAILING ADDRESS: 6960 Professional Parkway East

Sarasota, FL 34240

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY:

Rosalie Oaks WWTP

LOCATION: Camp Mack Road & Silver Oaks Drive

Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

two percolation, including Influent

COUNTY:

Polk

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: 12/1/05 To

12/31/05

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023		MGD					1	Monthly	Calculated
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)		MGD						Monthly	Calculated
Flow	Sample Measurement	0.019		MGD					0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 1 Mon Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.9			MG/L	0	Monthly	Calculated
PARM Code 80082 Y Mon:Site No: EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.0	6.0		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EFA-01	Permit:		Part I		30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	- Grab
Solids, Total Suspended	Sample Measurement	The state of the s			5.8			MG/L	0	Monthly	Calculated
PARM Code 00530 Y Mon,Site No. EFA-01	Permit Requirement		Strike and the action of the strike and the strike		20,0 (An.Avg.)			MG/L	eliste 🕸	Monthly	Calculated
Solids, Total Suspended	Sample Measurement				11	11		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller Operator III

863-858-2504

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

#### **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: 12/1/05

То

PERMIT NUMBER: FLA011045 12/31/05

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
рН	Sample Measurement			,,,,,,	7.3	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				137			#/100ML	0	Monthly	Calculated
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Calculated >
Coliform, Fecal	Sample Measurement		<u> </u>		1.0			#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly.	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		The second secon		2.2				0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.14			MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)			-MG/L		Monthly	Grab
Flow	Sample Measurement	0.019		MGD					1	Monthly	Calculated
PARM Code 50050 P P	Permit Requirement	0.015 (3-Mo.Avg.)		MGD			And State of the			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	tales produced and an arrangement and				125%			PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon Site No. OTH-01	Permit Requirement				Report (Mo.Total)			PER- CENT	1.5	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Requirement				Report			MG/L		Annual  Each January	Grab
Solids, Total Suspended	Sample Measurement				MNR			MG/L	0	Annual Each January	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report			MG/L		Annual Each January	Grab"
Sludge Production, Total	Sample Measurement	0						Gallons	0	Monthly	Calculated
PARM Code 49019 P Mon, Site No. OTH-01	Permit Requirement	Report (Mo.Total)						Gallons		Monthly	Calculated

Permit Number: Monitoring Period

FLA011045 From: 12/1/05

To: 12/31/05

Facility:

Rosalie Oaks WWTP R-001

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site		EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1	0.018				7.7	5.0		0
2	0.019				7.7	4.8	4	0
3								
4								
5	0.045				7.6	3.9		0
6	0.012	6.0	11	1.0U	7.6	4.2	0.14	0
7	0.017				7.7	3.0		0
8	0.019				7.8	3.4		0
9	0.024				7.5	3.0		0
10								
11								
12	0.068				7.4	3.2		0
13	0.016				7.5	2.5		0
14	0.025				7.3	3.4		0
15	0.021				7.7	2.7		0
	0.021				7.5	3.5		0
17								
18								
	0.067				7.4	3.2		0
	0.024				7.7	2.8		0
	0.026		<del> </del>		7.5	3.0		0
	0.022				7.8	3.1		0
	0.025				7.4	2.8		0
24	0.023				7.4	2.0		0
25			<u></u>					
L	0.060				7.6			
	0.060				7.6	3.2		0
	0.019				7.8	2.5		0
28	0.024				7.5	2.2		0
	0.018				7.6	2.8		0
L	0.028				7.6	2.2		0
31								
Total	0.618							
Mo. Avg.	0.019							

PLANT STAFFING: Day Shift Operator	Class:	С	Certificate No:	13244	Name:	Eddie Christmas
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	В	Certificate No:	8937	Name:	Steve Fuller